GP Connect

Keeping GPs informed in the changing primary health landscape

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An Australian Government Initiative

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Cerebral Palsy and Lung disease

By Dr Rachael Marpole, Dr Andrew Wilson, Dr Noula Gibson and Dr Katherine Langdon Perth Children's Hospital *

Cerebral palsy (CP) is the most common physical disability in childhood. The prevalence of CP is 1.4 per 1000 live births. It is a heterogeneous group of disorders, caused by a non-progressive lesion in the developing brain. CP can present with other comorbidities such as epilepsy or secondary complications such as progressive musculoskeletal issues, or respiratory disease. Whilst the secondary complications to the musculoskeletal system are relatively well known, the impact on the respiratory system is less known.

Respiratory disease in CP is the most common cause of mortality, morbidity and poor quality of life in the most severely affected. Children with CP are admitted more often and for longer than other children, with respiratory admissions being the most common cause of admission. Parents report that unplanned hospital admissions have a significant impact on quality of life. Also, adults with CP are 14 times more likely to die from respiratory diseases than the general adult population.

The respiratory disease process in CP is mainly caused by aspiration with the added issues of gastrointestinal dysfunction, motor impairment and epilepsy.

Respiratory disease in CP presents as recurrent episodes of respiratory failure/wheezing with otherwise mild illnesses and/or silent progressive disease.

Red flags include – severe cerebral palsy (Gross motor functional scale V), admission to hospital for respiratory illness during the previous year, or patients having required two courses of oral antibiotics for respiratory illness within 12 months. Potentially modifiable risk factors include oropharyngeal dysphagia (meal-time modifications), frequent respiratory symptoms, current seizures, gastrooesophageal reflux, mealtime respiratory symptoms and snoring every night. See Figure 1.

The modifiable risk factors all have multiple different treatment options. By treating these we may reduce or prevent respiratory disease in this group improving mortality, morbidity, and quality of life.

What does this mean for GPs and primary health care providers?

- Be aware that children with cerebral palsy and other severe neurodisability are at increased risk of respiratory disease.

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- Be aware of the risk factors.
- Prevention by treating potentially modifiable risk factors is key.
- Earlier treatment of wet sounding cough with antibiotics is indicated in these children, even if the rest of their examination is stable. Children with CP and wet cough may need a prolonged course of antibiotics as they are unable to effectively cough.
- If there are more than two episodes of antibiotics required for respiratory illness in 12 months consider referral to a respiratory doctor.
- Children with oropharyngeal dysphagia may not cough but present with gurgling/ wheezing during and post feeding.
- Aspiration is likely occurring all the time. There does not need to be an episode of choking/vomiting. Check that parents have had their child's meal time management assessed by a speech pathologist.
- Gastrooesophageal reflux is common in children with CP. Management includes thickening feeds, sitting upright post meals, having small frequent meals and treating constipation. A trial of proton pump inhibitors for symptoms may be helpful. If there is associated delayed gastric emptying a hydrolysed formula may be tried. If this fails, consider referral to a gastroenterologist for further assessment and interventions.

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References:
1. Gibson N, Blackmore AM, Chang AB, Cooper MS, Jaffe A, Kong WR, et al. Prevention and management of respiratory disease in young people with cerebral palsy: consensus statement. Dev Med Child Neurol. 2021;63(2):172–82.

Trans Healthcare - transitioning with a patient to better outcomes

Opinion piece by Hunter Gurevich, Chair, Transfolk of WA

Current research demonstrates that trans and gender diverse (TGD) people represent about one to two percent of the community, and that number is growing as people become more aware of the distinction between sex and gender. However, the capacity among GPs to provide appropriate care does not meet demand. There is currently a dearth of opportunities for GPs to upskill with regards to providing quality healthcare to TGD people, both in terms of the specifics of gender transition/affirmation, and in terms of the long-term care of an individual.

Resources do exist, but they are not yet made readily available. Further, nothing is currently in the university curricula to ensure graduating doctors are sufficiently educated in this area. Therefore, the onus falls disproportionally on individual GPs and physicians to educate themselves in this area either out of personal interest, or due to the arrival of a patient with these specific needs.

This article will aim to provide a brief entry point into care for TGD people, explain the nuances of language, addresses some inaccuracies, and provides some guidance to appropriate care.

Language:
- Sex: Chromosomal, gonadal and anatomical characteristics associated with biological sex.
- Gender: Part of a person's personal and social identity. It refers to the way a person feels, presents and is recognised within the community.

- Cisgender: Adjective describing a person whose biological sex aligns with their gender
- Transgender: Adjective describing a person whose biological sex does not align with their gender
- Non-binary: Umbrella term, adjective describing a person for whom neither 'man' nor 'woman' sufficiently encompasses their experience. Non-binary may include, but is not limited to, genderfluid, genderqueer, gender-non-conforming, agender.
- Intersex: An umbrella term used to describe a person who was born with a biological variation in sex. Many intersex variations exist.
- Pronouns; Article of language denoting the third person. For TGD people, it is preferable that pronouns are volunteered or requested, as not all people will use the pronouns one might presume. Some may prefer they/them pronouns, rather than he or she.

Note: Many languages and have their own words for TGD identities that could fill a PhD. Notably in Western Australia, Aboriginal trans people may be called Brotherboys and Sistergirls. It is important to be sensitive to the particular culture of the individual.

Language to avoid:

- Transexual: This is an outdated term with negative connotations. Transgender is the current appropriate term.
- 'Used to be a boy/girl' :Many TGD people feel they were never the gender they were assigned at birth. To describe a trans history, we might say, 'assigned male/female at birth' or 'presumed male/female at birth'.

Myth-busting:

- *Transgender and non-binary identities are a pathology* - TGD identities are not the norm, but they are as prevalent as blue eyes or red hair. And like blue eyes or red hair, a TGD identity does not inherently create dysfunction. It is simply a natural variation. It is also important to note that a person's gender identity, like many other aspects of personality, body habitus, disease states and wellness, these may be fixed, but also may vary across time. As with all variation, it is not in itself a pathology, but a natural characteristic of experience for some people.

- *Trans people are a symptom of modern society* - Many cultures have language and long histories of TGD identities. Hawaiian culture describes the 'Mahu' people, 'Hijra' emanates from the Indian subcontinent, and a huge selection of world religions display gender variant gods and legendary figures. The biblical Adam is described as both male and female before Eve is separated from him. The concept is not new by any means.

- *Trans people are crazy* - TGD people do have higher rates of mental health issues than the general population. This is largely the result of social concerns rather than inherent correlation to a TGD identity. Evidence demonstrates that, when TGD people are not subjected to social exclusion, isolation, stigma, violence and abuse, and when given appropriate medical care, their outcomes match those of the general population.

- *This is not my problem* - Statistically speaking, at least two per one hundred patients will be TGD, and among young people it is more like one in ten. Therefore, it is incumbent upon all health services providers, but especially GPs, to be familiar with providing appropriate care for this community. It is especially important given that many TGD people avoid the GP due to fear of a negative experience, and this contributes to their poorer health over time.

Transitioning to better healthcare for TGD people:
The key to better healthcare for TGD people is to communicate and empower.

Flag yourself as a safe provider by providing the opportunity for patients to volunteer their pronouns on intake forms, having staff pronouns on badges, and declaring intolerance for homophobia/transphobia in the waiting room.

Understand that revealing a non-cisgender identity to a GP, even in the context of an existing relationship, may be extremely daunting and make a patient feel vulnerable. Having the context and understanding to receive that information and be able to direct a patient's care around this revelation is vital to their ongoing health.

Ask a person what they need from you, but do not ask them to educate you. Ask them about their experience, what they feel good about, what they feel bad about, and what they need from you, but do not ask them to explain the language, or what the medical pathways are.

Be aware of how the WA healthcare system operates to provide care around a medical transition/affirmation. WA Primary Health Alliance will soon be releasing a HealthPathway on this.

Be prepared to provide care for a TGD patient across their lifetime. This means committing to continued learning as more research is completed and ensuring your standards of care are up to date and evidence based.

While the HealthPathways WA Transgender Health and Gender Diversity HealthPathway is underdevelopment, see the NSW TransHub website for more information on transgender health.

Hospital Liaison GP Updates

Royal Perth Hospital – "GP Notify" System Not Operational

The RPH 'GP Notify' system has been turned off since 15 September 2021 and a solution is still under investigation for technical problems which caused multiple duplicate notifications to be sent.

'GP Notify' is the system RPH uses to send GPs automated notifications about their patient's admission, discharge or death by fax or email.

Other communications such as discharge summaries or outpatient letters are NOT affected by GP Notify being out of action and will continue as usual.

RPH apologises for any inconvenience if you received duplicate notifications and/or for lack of notifications until a solution is identified.

Dr Jacquie Garton-Smith, Hospital Liaison GP
Royal Perth Hospital
Email:Jacquie.Garton-Smith@health.wa.gov.au
Mondays and Thursdays

Help older people restore their independence with short-term restorative care

Short-term restorative care (STRC) provides a range of multidisciplinary, early intervention services for up to 8 weeks, twice within a 12-month period, to reverse or slow functional decline in older people who are having difficulty performing their day-to-day activities.

The aim of STRC is to help older people restore their independence at home by providing services that can improve their health and wellbeing, prevent or reduce problems completing daily tasks, and delay or avoid long-term or higher levels of care.

STRC services are provided with the older person's input and may include, aids and equipment, audiology, nursing support, continence management, physiotherapy, occupational therapy, podiatry, cooking assistance, nutrition, personal care and home maintenance.

An older person must have an Aged Care Assessment Team assessment to be eligible for STRC. GPs can refer a patient to My Aged Care and request an aged care assessment with a view to STRC by completing the online health professional referral form. It is important to state the urgency and include as much information as possible because requests will be triaged.

The current STRC providers across Western Australia's three PHNs include:

- Perth North – Amana Living, Catholic Homes, myHomecare, Mercy Community Services and Southern Cross Care WA.
- Perth South – Amana Living, Catholic Homes, myHomecare and Mercy Community Services.
- Country WA – Catholic Homes, Silver Chain Group, Life Without Barriers, WA Country Health Services and Southern Cross Care WA.

For further information about STRC and the eligibility requirements, refer to the Practice Assist STRC fact sheet, the STRC Programme manual or the STRC Programme webpage on the Australian Government Department of Health website.

Face-to-face support for patients and their representatives about STRC or other aged care services is also available through Services Australia on 1800 227 475.

Supporting your patients to keep mentally healthy

Resources on the behaviours known to protect and improve mental health, are available for GPs and their patients through the Act Belong Commit website.

The evidence-based message of Act Belong Commit encapsulates three things known to support good mental health: staying active - mentally and physically; connecting with others and fostering a sense of belonging; and doing things which give meaning to your life, such as contributing to a cause or taking up a new challenge.

Or as the campaigns key messages says, 'Do something; do something with someone; do something meaningful'.

As well as information on mentally protective behaviours, the Act Belong Commit website includes an Activity Finder and a self-assessment tool Given the measurable increases in anxiety and depression in the community during COVID-19,there's never been a better time for GPs to remind patients of specific behaviours that help them to stay mentally well.

For more information see the Act Belong Commit website or contact Actbelongcommit@curtin.edu.au to receive Act Belong Commit resources for your practice.

New interactive diagnostic tool for investigating symptoms of lung cancer

Investigating symptoms of lung cancer: a guide for all health professionals, assists health professionals in the identification and appropriate investigation of symptoms and signs of lung cancer, and supports the timely referral of patients into the multidisciplinary diagnostic pathway.

This tool can be used at the point of care and for educational purposes. The tool is designed to assist health professionals to:

- Navigate a step-by-step evidence-based approach to appropriate diagnostic pathways for assessment of symptoms and signs that might be due to lung cancer; and
- Facilitate appropriate referral and patient support.

This resource is an update of the 2012 publication Investigating symptoms of lung cancer: a guide for GPs.

New framework for infant and early childhood mental health assessment

A GP framework for infant and early childhood mental health assessment (0-5 years) – is now available through Emerging Minds Learning.

This free, accredited e-learning has been developed to equip GPs with knowledge of common child mental health conditions, strengthen their engagement skills for interacting with a child and their family, and develop practical skills for child mental health assessment and management.

The earlier released A GP framework for child mental health assessment (5-12 years), is also available.

These are the only courses available in Australia that are designed exclusively for GPs working in mental health treatment planning and management for children aged under 12.

Cancer Council Guides to Best Cancer Care

The Guides to Best Cancer Care (formerly named the What to Expect Guides), are a summary version of the earlier released 2021 Optimal Care Pathways.

These guides are consumer resources that can help patients (and their Carers, family and friends), understand the optimal cancer care that should be provided at each step. They include optimal timeframes within which tests or procedures should be completed and 'Questions to ask' to help patients and carers communicate with health professionals to ensure patients receive the care they need.

They are currently available in English and will be available in other languages.
Download here

AusVax Safety – Summary Report 2020

The 2020 Vaccine safety in Australia AusVaxSafety summary report is now available on the Australian Government Department of Health website.

Using de-identified data reported directly from people receiving vaccines in 2020 (or their parent or carer), AusVaxSafety monitors adverse events following immunisation at each schedule point and facilitates early detection of potential vaccine safety issues.

The report includes infographics highlighting the vaccines given at each schedule point, the percentage of reported adverse events, the percentage of those who saw a doctor or emergency department in the days after vaccination and the most commonly reported events. These infographics are an excellent resource when counselling patients on the short-term safety of vaccines at each vaccine schedule point.

Access the summary report here

ATAGI 2021 annual statement on immunisation now available

The Australian Technical Advisory Group on Immunisation (ATAGI) 2021 Annual Statement on Immunisation has been published in the Communicable Diseases Intelligence journal. It is the first publication in what will be a regular series.

The statement highlights the key successes, trends and challenges in the use of vaccines and control of vaccine preventable diseases (VPDs) in Australia in 2020. The statement also signals ATAGI's priority actions for addressing key issues for 2021 and beyond.

Read the full statement here

New app to help parents raise healthy minds

Raisingchildren.net.au has released a new app for parents and carers of children aged 0-12 years. It is free to download and filled with tips and practical ideas to help families raise confident, resilient kids.

There are also resources aimed at professionals working with children and families, to ensure they have the latest evidence-based information to.
You or your patients can download the app from the Apple or Google Play stores or access it via raisingchildren.net.au/raisinghealthyminds

Expansion of National Cervical Screening Self-Collection Program

All women and people with a cervix will now be able to collect their own sample under the National Cervical Screening Program from 1 July 2022. Currently, self-collection is only available to women aged 30 years or over, who have never screened, or are two or more years overdue.

Read the announcement from Minster for Health, the Hon Greg Hunt MP for more information or contact the National Cervical Screening team at NCSPCommittees@health.gov.au.

NPS MedicineWise podcast - Talking to parents about the COVID vaccine

NPS MedicineWise offer regular podcasts to help health professionals stay up to date with the latest evidence for medicines, tests and treatments, particularly during the COVID-19 pandemic.

In this episode, NPS MedicineWise medical advisor Dr Caroline West interviews Professor Julie Leask to discuss the COVID 19 vaccination and it's availability to children over the age of 12. They discuss the hesitancy some parents have toward the vaccines and how to address the questions parents have.

Access podcasts here

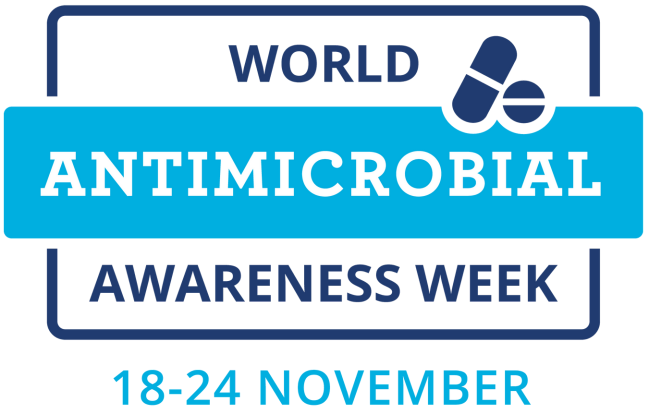
New online course for clinicians to support culturally responsive practice

The Australian Government Department of Health has released the Culturally Responsive Practice with Older People in Health and Aged Care online course.

The course is for clinicians and health practitioners working in aged care and health care settings and outlines appropriate clinical practice for working with senior Australians from CALD backgrounds.

Culturally responsive practice is part of the Aged Care Quality Standards, in particular, Standard 1. Participation in this training demonstrates a commitment to a key action under the Actions to Support Older CALD People: a Guide for Aged Care Providers action plan. It may also attract Continuing Professional Development for participants.

You can visit myauslearning.org.au for more information.



Spread Awareness, Stop Resistance - World Antimicrobial Awareness Week 2021

Join health organisations around the world to promote the appropriate and safe use of antibiotics during Antimicrobial Awareness Week (18 – 24 November).

Antimicrobial resistance is an urgent global health priority, with the World Health Organization reinforcing the importance of awareness and action.

Find out how your practice can get involved and download a range of resources and initiatives to help support the effective use of antimicrobials and spread awareness of antimicrobial resistance at safetyandquality.gov.au

Updated ATAGI advice on herpes zoster vaccination in older adults

The Australian Technical Advisory Group on Immunisation (ATAGI) has updated its advice for immunisation against herpes zoster in adults aged over 50 years. The updated advice recommends Shingrix as the preferred vaccine for this age group based on its higher efficacy, and outlines a number of other important considerations regarding vaccination in this age group. See the updated advice here

GP Education

Let's Look the Enemy in the Eye - What COVID looks like for WA GPs in 2022

With the release of the WA Government's roadmap to reopen the State's border, managing the transition with minimal impact to our health system will be key.

Join Dr Norman Swan to discuss the countdown to, and pathway out, of COVID-19 for WA, and what we can learn from the impact of the Delta outbreak in other parts of Australia.

Also hear from:

- WA's acting Chief Health Officer Dr Paul Armstrong
- Dr Lorraine Anderson (Medical Director, Kimberley Aboriginal Medical Service)
- Dr Matthew Gray (Chair South Western Sydney PHN and NSW GP)
- Dr Sean Stevens (immediate past Chair RACGP WA and WA GP)
- Dr James Wei (GP Regional Victoria

Date: Wednesday 8 December 2021
Time: 6:30pm

Register for the Zoom webinar here

GPs and Health Professionals - NDIS Mental Health Information Session

A seminar on accessing the NDIS

The National Disability Insurance Agency, in collaboration with we the people and St John of God Midland Public and Private Hospitals, would like to invite GPs to attend an information seminar on accessing the NDIS for people with Mental Health.

Topics to be covered:

- NDIS overview - Evidence of Psychosocial Disability form
- Funded supports between the NDIS and Health Department
- Dedicated Q&A session

Date: Thursday 9 December 2021
Time: 6:30pm - 8:30pm
Venue: The University Club of Western Australia, Seminar Room 4

Register for the MS Teams event here

During this seminar, GPs will be directed toward NDIS resources.

This session will earn 2 CPD points per hour under the CPD Activity RACGP CPD Program.