

GP Connect

Keeping GPs informed in the changing primary health landscape



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Helping patients understand hereditary haemochromatosis

By Karin Calford, from
Haemochromatosis Australia

Hereditary haemochromatosis is a condition affecting 1 in 180 people of Anglo-Saxon background. Left undetected it can have a significant impact upon the health and wellbeing of an individual. GPs are well placed to not only make an early diagnosis, but to improve patient understanding and experience by sharing quality patient resources at the point of care.

Individual patient presentation may occur due to a family member being diagnosed with the condition or following incidental pathology results. The patient's reason for presentation and their health literacy suggests the sorts of ideas, concerns and expectations that may be held by an individual patient.

Some points to consider:

- Dietary iron intake is a common concern of patients found to have inherited iron overload. Whilst removing all iron from the diet is neither practical nor wise, it is understandable a patient may initially feel they want to do this.
- Providing patients with appropriate information can help the uptake of cascade screening for a genetic condition the family may otherwise be unaware of. Containing simple and brief information, the [Haemochromatosis Australia Family Letter](#) is ideal for a family member to take to their own GP to discuss testing (1).
- Overall, HFE gene-testing will reveal many unaffected heterozygotes and relatively fewer compound heterozygotes or homozygotes. It's important for any individual given HFE gene test results to receive advice regarding the inheritance of the condition, and their likelihood of developing iron overload (2).
- A temporary [moratorium on genetic tests in life insurance](#) came into effect from July 1 this year, giving some certainty to patients worried about the impact of HFE gene testing upon life insurance (6).
- The general and non-specific symptoms that may occur because of inherited iron overload can also be caused by other conditions. Helping a patient understand which symptoms may or may not resolve with venesection, and why, is helpful.
- Ferritin is an acute phase reactant, with ninety per cent of hyperferritinaemia not related to iron overload (3). It is easy for a patient with hyperferritinaemia to misunderstand the relevance of this. There is no evidence that therapeutic venesection is helpful in patients with hyperferritinaemia who do not have iron overload (haemochromatosis).
- A significant proportion of those with inherited iron overload are eligible to become therapeutic donors with the Australian Red Cross Lifeblood (formerly the Australian Red Cross Blood Service). Therapeutic donors are referred to Lifeblood via the [High Ferritin App](#) (4) Endorsed by Haemochromatosis Australia, this app has considerably streamlined this referral process for patients.
- Whilst therapeutic donors have reported that they love knowing their blood can be used, they may donate with some anxiety. Around 80 per cent of donations from haemochromatosis patients is used to manufacture blood and blood products for the Australian community. This has been shown to be very safe

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GP Hospital Liason Updates

Rockingham General Hospital obstetric model of care

Rockingham General Hospital (RGH) Obstetrics is an exclusively shared antenatal care model between the hospital and GP Obstetricians (GPOs)/ GPs . The referral form can be found on the [RGH Website](#). The appointment schedule is below.

- GP/Hospital shared care: Hospital visit with midwife at 18 to 22 weeks and 36 weeks. All other appointments with a GP.
- GP/Endorsed Midwife (EM) /Hospital shared care – Hospital visit with midwife at 30 weeks. All other appointments with a GP/EM.
- GPO/EM /Hospital shared care – Hospital visit with midwife at 30 weeks. All other appointments with a GPO/EM.

GPs/GPOs may request an appointment with a specialist obstetrician. It is preferred these requests are lodged at 14 weeks of pregnancy. [Click here](#) to access the referral form.

Information regarding which patients require referral to a Specialist Obstetrician and clinical guidelines for the community can be found in the [Antenatal Shared Care Guidelines: Information for GP Obstetricians, GPs and Endorsed Midwives](#).

Dr Simone Stubbs
HLGP Rockingham General hospital
simone.stubbs@health.wa.gov.au
Available Thursdays

Clinical Updates

Measles fact sheet and checklist

The RACGP has published a new [Measles fact sheet and checklist](#) to support GPs and practice teams in response to an increased number of measles cases presenting at Australian general practices after international outbreaks. This resource includes key information and considerations for GPs and practice staff, alongside a preparation, response and recovery checklist for measles presentations. The factsheet is available via the [RACGP website](#) in conjunction with an extensive suite of general practice emergency planning and response resources.

Coronavirus mask distribution update

The Commonwealth Department of Health is making available up to 1 million surgical masks to GPs and health workers via the PHNs in each state and territory. In WA, this is taking place via WA Primary Health Alliance, as the operator of the state's three PHNs.

The national shortage of masks means we have had to prioritise the initial distribution of masks to practices in areas whose demographic makeup indicates a higher risk category. This includes but is not limited to having a relatively high number of foreign nationals including students and tourists, having a relatively large Aboriginal population, proximity to a port or airport, or having a relatively high number of patients with existing respiratory conditions.

To the best of our knowledge, we have contacted all WA general practices to confirm their delivery status, with the majority of deliveries now completed.

If you have not received a communication from us, or if you have any other queries about mask distribution, please contact our Practice Assist team on 1800 227 747 (Monday – Friday, 8.00am to 5.00pm) or practiceassist@wapha.org.au

For up to date clinical information, please access the [HealthPathways WA website](#). If required, email healthpathways@wapha.org.au for log on details.

Additionally, the [Department of Health WA](#) and [The Lancet](#) has regularly updated information and resources for health professionals.

You can register to download a [WA Health webinar](#) providing an update on the current situation with GP specific advice from Professor Paul Effler, Senior Medical Advisor, Communicable Disease Control Directorate, Department of Health Western Australia.

Healthpathways update

The '[Aged Care Assessment](#)' HealthPathway has recently been updated with the new My Aged Care e-Referral form. This form is now included in three GP software systems (Best Practice, Medical Director, and Genie) through HealthLink's Referred Services section. See the HealthPathway for more details.

Medicare bushfire recovery services

The Australian Government is offering mental health support for individuals or families impacted by the 2019-20 bushfires in disaster declared areas and affected responders, emergency management employees or volunteers. Anyone affected by the fires is able to access these Medicare Bushfire Recovery services until 31 December 2021. Although WA has thankfully not been impacted at the level seen in the eastern states, these services may be applicable to WA patients with families in or visiting disaster declared areas or WA based responders, emergency management employees or volunteers working interstate. Visit the [Department of Health website](#) or patients can be directed to the [Department of Human Services website](#) for more information.

New NCIRS report highlights need for effective Australian Immunisation Register reporting (AIR)

'Exploratory analysis of the first 2 years of adult vaccination data recorded on AIR' highlights that population-level vaccination uptake recorded on the Australian Immunisation Register (AIR) substantially underestimates true uptake in adults, which could be up to double that recorded on AIR. The report highlighted the need for continued engagement with providers to facilitate timely and effective reporting to AIR and to monitor and assess the completeness of adult vaccination data. This report is available on the [NCIRS website](#).

Child and youth mental health survey

Researchers from The University of Queensland in conjunction with the Telethon Kids Institute are conducting an evaluation of the Australian Government's National Support for Child and Youth Mental Health Program. Clinicians and who work with children and/or young people are invited to complete an anonymous [web based survey](#) about their views of their role and capabilities in supporting children and young people's mental health.

Help with talking to older patients about AOD use

WA Primary Health Alliance, in partnership with local addiction specialists and GPs, has developed a series of short online videos to help GPs have respectful conversations about alcohol and other drug use with older patients. The videos include GP clinical case scenarios exploring a variety of topics including a patient presenting with a recent fall and insomnia, a patient using substances to manage anxiety and chronic pain, and a patient discharged from hospital with acute pancreatitis. Watch the videos [here](#) and read more about what GPs can do to support patients with alcohol and drug use. There are also resources available in the suite of "[Alcohol and Drugs](#)" HealthPathways.

New clinical guidelines to help GPs improve care for older Australians

The RACGP has launched updated clinical guidelines for the care of older people – for the first time covering issues such as elder abuse and concerns in the care of older marginalised groups. [RACGP aged care clinical guide \(Silver Book\) Part B](#) details the latest evidence-based practice points on screening, diagnosis, management and treatment of older Australians. New additions to Part B include "practice points" on:

- Family and carers
- Older Aboriginal and Torres Strait Islander peoples
- Care of older LGBTI population
- Multiculturalism in aged care
- Disability in aged care
- Older people in rural and remote communities
- Abuse of older people

DVA veteran health check

The Veteran Health Check is an opportunity for veterans to access a comprehensive physical and mental health assessment and establish a relationship with a GP. The aim is to encourage early intervention to better promote better health outcome for veterans during their transition to civilian life. The Department of Veterans Affairs recommends that at least 45-minutes is scheduled to conduct a Veteran Health Check. GPs and practice staff may refer to the [FAQs page](#) for more information.

Education Events



Youth Mental Health Masterclass

This full day, interactive Youth Mental Health Masterclass is a rare opportunity to hear from preeminent clinicians and researchers about the latest evidence, research and best practice for working with young people with mental health concerns. Topics include clinical complexity, early psychosis, alcohol and substance abuse, self-harm and suicide prevention.

Presenters include:

- Professor Pat McGorry
- Assoc Professor Matt Coleman
- Helen Nicoll

Date: Wenesday 19 February 2020
Time: 8:30am - 4:00pm
Venue: Deloitte Perth, Brookfield Place,
 123/125 St Georges Terrace,
 Perth WA 6000
Cost: \$375 +GST

Registration and more information :
youthfocus.com.au/product/youthmentalhealthmasterclass/

View more upcoming GP
 education events at
wapha.org.au/event

[Burn Management Program for GPs](#) RACGP

Saturday 15 February

[Make your workplace mentally healthy for young employees](#)

Youth Focus

Tuesday 18 February

[Heart failure masterclass - Bunbury](#)

WA Primary Health Alliance

Sunday 23 February

[Breast Cancer Update](#)

Cancer Council WA

Wednesday 4 March

[WA Rural Health Conference](#)

Rural Health West

Saturday 21-Sunday 22 March

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- Therapeutic donors can be encouraged to join their state-based Haemochromatosis Australia LifeBlood team (5). This simultaneously affirms that those meeting eligibility criteria may donate with Lifeblood, and helps these donors feel they are a part of something worthwhile.

Providing every newly diagnosed patient with reputable, trusted patient resources at the point of care may help increase individual understanding of the condition, improve self-management, and reduce unfounded worries.

The new [My Iron Manager App](#) is available for free download to Apple and android devices (8). The app has links to information on hereditary haemochromatosis and allows patients to record blood test results, treatment history and record appointments. This plus more information and resources can be found at www.ha.org.au Patient information and resources are also contained within the WAPHA [Hereditary Haemochromatosis](#) HealthPathway.

References:

1. <https://haemochromatosis.org.au/wordpress/wpcontent/uploads/2014/07/Haemochromatosis-family-letter-2017final.pdf>
2. <https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/genomics-in-general-practice/hereditary-haemochromatosis>
3. <https://highferritin.transfusion.com.au/education>
4. <https://highferritin.transfusion.com.au>
5. <https://www.donateblood.com.au/lifeblood-teams#register-or-join-a-team>
6. <https://www.genetics.edu.au/publications-and-resources/facts-sheets/factsheet20-life-insurance-products-and-genetic-testing-in-australia>
7. Hoad, Bentley, Bell, Pathak, Chan and Keller. The infectious disease blood safety risk of Australian hemochromatosis donations. *Transfusion* 2016; 56: 2934-2940
8. <https://haemochromatosis.org.au/my-iron-manager-app-2/>