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Establishing the Gaming Disorder Clinic at Fiona Stanley Hospital - clinician reflections

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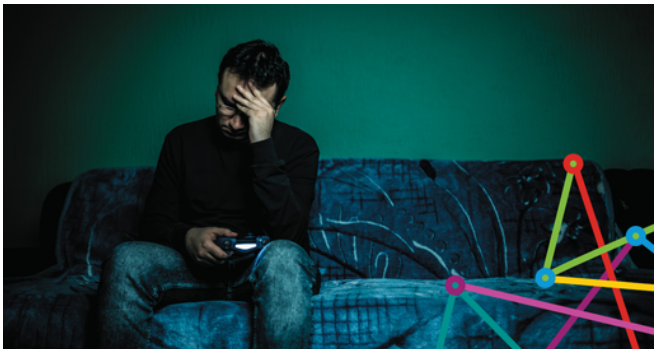

The critical relevance of a specialist clinic for gaming disorder (GD) was first recognised by a group of clinicians at Fiona Stanley Hospital (FSH) approximately four years ago. During the COVID-19 pandemic, FSH clinicians noticed a steep rise in gaming, GD and related problems in adolescents and young adults, presenting to the emergency department, youth and adult mental health and medical wards.

The first publicly funded Gaming Disorder Clinic (GDC) in WA was conceived and piloted in 2021 within the FSH Alcohol and Other Drug Service. To our knowledge, the GDC at FSH is unique in Australia, as other international centres tend to have clinics as outpatients or detox camps, rather than one embedded within an acute hospital setting.

From our early observations, GD is often hidden, but in many cases drives the acute conditions leading to hospital admission to one of our acute units. This includes severe mood and anxiety disorders, psychotic presentations, suicidality, or other medical emergencies.

Typically, patients do not self-identify as having a GD problem, despite experiencing severe symptoms and impairments, directly or indirectly leading to the acute hospitalisation. The underlying GD problems are only revealed when clinicians ask direct questions on specific GD symptoms and impairments. For some, GD leads to school refusal, poor attendance at university or higher education, unemployment, gambling debts, and aggression; and for others, suicidality and even an acquired brain injury (in one extreme case due to erroneous administration of insulin while preoccupied with excessive gaming, leading to hypoglycaemic coma).

Our early clinical experience is likely influenced by the referral bias associated with our service, located and embedded within a statewide acute hospital. The clinic was initially not known in the community or to GPs. As such, patients who self-identified as having GD would not have been referred by their GPs, teachers, and parents, due to lack of awareness of the clinic. Despite this limitation, we found consistency with international literature (e.g., Cheng, 2018) that GD arises from a complex interplay between social and familial factors, as well as psychiatric and neurodevelopmental disorders. Specifically, these include attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder (ASD), mood and anxiety disorders, social phobia, obsessive compulsive disorder, and substance misuse.

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Clinician reflections on establishing the Gaming Disorder Clinic at Fiona Stanley Hospital (cont)

We have also encountered other forms of internet and digital addictions. For instance, female patients tend to present with problematic social media use and copying of harmful behaviours seen in online content, such as cutting, self-harm, and eating problems.

Aside from formal psychiatric disorders, we also found other social and familial correlations and likely determinants of GD not otherwise classifiable by formal diagnostic criteria. These include family problems (conflict, discord, communication breakdown), educational failure, bullying, social isolation and peer rejection. Some patients live within unbearable social situations, such as exposure to domestic violence, abuse, or severe bullying; and escaping into online worlds initially provides some form of solace and comfort. But these coping strategies become addictive over time.

The GDC sees a range of patients. Their primary problems include GD, hazardous gaming, problematic internet use, social media addiction, and pathological gambling, with occasional cryptocurrency gambling addiction and pornography addiction.

Our recent audit indicated patient age ranges from 8 to 59 years, with the majority between 15-19 years. There is a preponderance of male patients (72 per cent), and the majority (96.7 per cent) of patients have other psychiatric comorbidities. Common comorbidities include ADHD, ASD, depression, anxiety disorder and substance use disorder. Less common comorbidities include PTSD, psychosis and bipolar disorder.

The GDC now provides outpatient care for the community in WA, accepting referrals from GPs, teachers, and non-GP specialists. It is a state-wide clinic, providing face-to-face, telephone and telehealth services for patients meeting referral criteria. We also aspire to provide primary and secondary prevention in the future when funding becomes available.

Notes on referral to the FSH GDC:

- Email referrals to fsh.gamingdisorderclinic@health.wa.gov.au
- Referral criteria includes patients who:
  - game excessively and experience functional impairments
  - are aged above 16 (but we can consider lower age range on a case-by-case basis)
  - are not currently suicidal
  - are currently case managed by a service or have already been referred and accepted. This includes those managed by a psychiatrist or paediatrician in hospital/community based public health services (or in the private sector on a case-by-case basis).
- Include comprehensive written referral, with medical clearance for organic illnesses if relevant.
- The intervention offers digital detox, relapse prevention, psychoeducation, social prescribing, assessment and treatment of underlying conditions, as well as intervention/education for carers or parents.

Additional resources recommended by the editor:

- headspace guide for family and friends - understanding gaming
- RACGP Journal Article - Just one more level: Identifying and addressing internet gaming disorder within primary care

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References:

- Cheng, C., Cheung, M.W.L. and Wang, H.Y., 2018. Multinational comparison of internet gaming disorder and psychosocial problems versus well-being: Meta-analysis of 20 countries. Computers in Human Behavior, 88, pp.153-167.
- Le, H. K., Ortiz de Gortari, A. B., Callan, A., Poynton, D., Vecchio, D., & Chen, W. (2023). Game transfer phenomena in a clinical case with psychosis and gaming disorder. Psychiatry International, 4(3), 286-296.

Hospital Liaison GP Updates

Important update from KEMH on gynaecology care

New Heavy Menstrual Bleeding Clinical Care Standard for Australia

GPs are key to the early management and investigation of heavy menstrual bleeding and the Australian Commission on Safety and Quality in Health Care (ACSQHC) has recently (13 June 2024) released an updated 2024 Heavy Menstrual Bleeding Clinical Care Standard.

More information is available on the ACSQHC Women's Health Hub – Heavy Menstrual Bleeding.

Referrals for heavy menstrual bleeding are directed to the local hospital gynaecology unit. For KEMH referrals, information can be found here

Mirena IUD now licensed for eight years effective contraception

The Therapeutic Goods Administration (TGA) has extended the license of Bayer 52mg Levonorgestrel Intrauterine Device (Mirena©) to eight years for contraception. The updated wording on the product information now states, '...shown to be effective for up to eight years for contraception, and up to five years for the indications of idiopathic menorrhagia, and protection from endometrial hyperplasia during estrogen replacement therapy.

In summary (taken directly from product information):

- **Contraception:** The system should be removed or replaced after eight years. If the user wishes to continue using the same method, a new system can be inserted at the same time. If pregnancy is not desired, the removal should be carried out within seven days of the onset of menstruation in women of reproductive age, provided the woman is experiencing regular menses. If the system is removed at some other time during the cycle or the woman does not experience regular menses and the woman has had intercourse within a week, she is at risk of pregnancy. To ensure continuous contraception, a new system should be immediately inserted, or an alternative contraceptive method should have been initiated.

A discharge summary will be sent to the GP when the patient transitions from an inpatient within the hospital to the HITH service and a further discharge summary will be issued at the end of the HITH admission.

- **Idiopathic menorrhagia**: The system should be removed or replaced in case symptoms of idiopathic menorrhagia or dysmenorrhea return. If symptoms have not returned after five years of use, continued use of the system may be considered. Remove or replace after eight years at the latest.
- **Protection from endometrial hyperplasia during estrogen replacement therapy:** The system should be removed or replaced after five years when used as part of menopause hormonal therapy.

Further 52mg LNG-IUD Mirena product information is available here.

When implementing this change to general practice recall systems, consider the need for cervical screening test every five years which often coincides with the changeover of contraceptive intrauterine devices.

For all new insertions of 52mg LNG-IUD Mirena devices:

- The recall for changeover if used for contraception only will be eight years.
- If used for idiopathic menorrhagia recall will be review of symptoms at five years with changeover at eight years (at the latest).
- For all insertions as part of menopause hormone therapy recall for changeover remains at five years.
- GPs interested in contraception are encouraged to join the Australian Contraception and Abortion Primary Care Practitioner(AusCAPPS) network, a free online community of practice network that is endorsed by RANZCOG & RACGP.

KEMH has a Procedural Clinic for Long Acting Reversible Contraceptives for GPs to refer patients as needed.

The Clinic sees women for the insertion and removal of long-acting reversible contraceptive (LARC) methods when this is unable to be managed in primary care for medical reasons or where there has been failure of insertion or removal in primary care.

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Important update from KEMH on gynaecology care (cont)

Unintended Pregnancy and Abortion Information

Information for GPs regarding abortion legislation and abortion care can be found on the WA Department of Health website. This includes the new WA interim guidelines for abortion care.

Free 1800 4 CHOICE clinical advice helpline

GPs may also ring the 1800 4 CHOICE (1800 424 642) free helpline for clinical advice regarding abortion care and referrals.

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Clinical Updates

Now is the season to consider co-administering influenza and COVID-19 vaccinations

WA vaccination rates for COVID-19 boosters has slowed in the last year, especially for vulnerable populations. Administering COVID-19 vaccines with the influenza immunisation can increase uptake and improve protection against both diseases. Information on COVID-19 vaccination and advice on co-administration is available here.

Mpox information for clinicians

Mpox is an urgently notifiable infectious disease in WA, and DHAC is monitoring clusters of new, locally acquired Mpox cases in Victoria and Queensland.

While the overall risk to the Australian public from Mpox remains low, the number of new cases is already significantly higher than 2023. DHAC reminds GPs to remain aware of symptoms and consider testing as needed.

See the WA Department of Health Quick guide for primary healthcare workers on assessing and testing for Mpox. All suspected cases must be urgently notified by telephone to your local Public Health Unit at the time of consultation.

More information on vaccines and resources for practices and patients is available on the DHAC website. Refer to the WA Department of Health website for information on the local situation in WA

Updated RACGP Red Book

The RACGP Red Book has undergone a recent update to ensure it is accessible and relevant to Australia's changing health care landscape.

First published in 1987, the newly released 10th edition includes the latest recommendations on evidence-based screening, prevention of chronic disease, early detection of disease, and empowering patients through health education and promotion.

Download the RACGP Guidelines for preventive activities in general practice 10th edition here.

Streamlined 2024-25 CHSP Manual now available

DHAC has recently restructured and streamlined the Commonwealth Home Support Programme (CHSP) Manual (2024-25) to make it easier for health professionals and providers to find the information they need. Read and download the CHSP Manual 2024-25 and appendices and the summary document providing an overview of the changes

New vaping laws commenced 1 July 2024

The Therapeutic Goods and Other Legislation Amendment (Vaping Reforms) Act 2024 has taken effect from 1 July 2024, following passage through the Australian Parliament. The new legislation introduces a single, consistent framework that applies nationally to regulate the importation, domestic manufacture, supply, commercial possession and advertisement of all vapes.

The way Australians can access vapes have now changed as follows:

- Non-pharmacy retailers, such as tobacconists, vape shops and convenience stores, cannot sell any type of vape.
- Therapeutic vapes will continue to be available from pharmacies where clinically appropriate.
- To purchase vapes containing nicotine or a zero-nicotine substance, everyone will continue to need a prescription from a medical or nurse practitioner.
- Flavours for therapeutic vapes are restricted to mint, menthol and tobacco.
- The TGA encourages people to report any perceived breach or questionable practices relating to the importation, manufacture, supply, and advertising of therapeutic vapes, including the supply of vapes by a non-pharmacy retailer.

Read the full announcement from the Australian Government Department of Health and Aged Care (DHAC) here.

Emerging Minds Child Mental Health GP Toolkit

Emerging Minds produces a range of child mental health resources for GPs, including accredited online courses. This GP toolkit curates podcasts, factsheets, webinars, tools, online courses in one easy location. There are also materials to share with patients and their families.

Visit the Emerging Minds website to access the toolkit.

National campaign targeting smoking and vaping

DHAC has launched a new national public health campaign to encourage people to make a lifelong change to give up smoking and vaping.

The Give Up for Good campaign empowers all Australians to give up cigarettes and vapes for good – or not start in the first place – so they can live healthier lives.

The campaign is running across television, cinema, digital video and audio, social media, radio, and out-of-home channels throughout 2024.

Campaign resources to share through your practice channels are available here including youth specific resources here.

The TGA's vaping hub also has information for prescribers including regulation reforms, prescribing and pathways for vaping and smoking cessation.

Become a registered provider of focused psychological strategies at your practice

Originating from evidence-based psychological therapies, focused psychological strategies (FPS) are specific mental health treatment strategies that allow GPs to be better equipped to support those experiencing difficulties with their mental health.

FPS skills training allows for greater access to mental health services, as both an affordable alternative, as well as in remote locations where there may not be an abundance of psychologists or psychiatrists.

GPs interested in learning FPS skills can complete level two accredited FPS skills training activities with the General Practice Mental Health Standards Collaboration (GPMHSC) and register as a provider of FPS with Medicare, allowing access to item numbers 2725 and 2727.

Visit the GPMHSC website to access training, learn more about the benefits and how to register with Medicare as an FPS provider. The GPMHSC is currently providing a $600 reimbursement to GPs who have undertaken GPMHSC accredited FPS skills training and have completed their registration with Services Australia.

Learn more about the $600 FPS subsidy here.

General Practice in Aged Care Incentive has arrive

From 1 July 2024, eligible providers and practices registered with MyMedicare can receive quarterly incentive payments for meeting the MyMedicare General Practice in Aged Care Incentive (GPACI) eligibility and servicing requirements. This incentive supports older people living in residential aged care homes to receive quality primary care services from their regular provider and practice.

This timeline outlines key dates to be aware of in the transition from the Practice Incentives Program GP Aged Care Access Incentive to the MyMedicare GPACI. For further information regarding eligibility and servicing requirements, visit the new webpage and factsheet on the DHAC website.

Updated warnings about persistent sexual dysfunction for antidepressants

The Therapeutic Goods Association (TGA) Product Information (PI) documents for all selective serotonin reuptake inhibitors (SSRIs) and serotonin and norepinephrine reuptake inhibitors (SNRIs) have been updated to include the risk of sexual dysfunction persisting in some patients after drug cessation.

Sexual dysfunction is a known risk of SSRIs and SNRIs and these medicines already carry this warning. However, the caveat that this effect can persist even after patients stop treatment was not present in some of the PIs in this drug class. Health professionals should be alert to this issue and consider if current or previous antidepressant use could be a factor in patients reporting sexual dysfunction. This adverse event is likely to be underreported and the TGA encourages health professionals to report if they are suspicious of an association. More information is available on the TGA website.

Key information on treating Veteran Card holders

The Australian Government Department of Veteran Affairs (DVA) website provides key information for treating members of the veteran and defence community and have developed resources to make it easier for GPs to adhere to DVA's requirements:

- DVA quick guides outlining what the DVA can offer your patients, how to refer, as well as services you can provide and how to receive payment for them.
- Fees, forms, and guidelines for GPs outlining DVA fees, forms and the rules for DVA arrangements.
- Notes for GPs defining the parameters for providing healthcare treatment and describing the relationship between DVA, the patient and the provider.
- Compliance information for treating Veteran Card holders.

Phone 1800 550 457 for general provider enquires or see the Contact Us page on the DVA website.

New CareSearch app to support GPs

The CareSearch GP app is a free digital tool to support GPs to deliver palliative care. The app brings together guidance on terminal prescribing for specific symptoms and evidence-based information on key care issues including:

- Advance care planning
- Recognising deterioration.
- Engaging in palliative care case conferences.
- Caring for the dying patient.
- Assisting families through stages of bereavement.

Interactive features include a checklist to support dying at home and the ability to curate your own learning resources and send links to quality information to individual patients. Find out more and download the app here.

New list of palliative care medicines for home-based patients

Palliative care patients need timely access to symptom control medicines to avoid unnecessary suffering or unwanted transfers to inpatient facilities. Funded by the Australian Government and led by Brisbane South Palliative Care Collaborative, the caring@home Project has worked with palliative medicine specialists, rural generalists, GPs, pharmacists, and nurses to develop a National Core Community Palliative Care Medicines List for use with home-based palliative patients in the terminal phase who require urgent symptom relief.

Culturally safe support for women and families following pregnancy loss

Rural Health Connect is a new program funded by Australian Government to support women and families impacted by perinatal loss from higher risk populations.

Although the program provides support for anyone impacted, particular focus is on providing culturally safe care to those from populations deemed at higher risk and who may face additional challenges in accessing support including:

- Aboriginal people
- People form multicultural, migrant and refugee communities
- People in rural areas
- Women under 20 years of age.

Psychologists are trained in perinatal loss support and have access to training and supervision on culturally safe care relevant to the different target populations.

Psychology sessions are delivered via telehealth, with bulk billed and reduced fee sessions available with a GP referred mental health treatment plan. Free interpreting is available for those who need it. Download the patient information flyer or referral form or find information on the Rural Health Connect website.

Coronary heart disease most common underlying cause of death in Australia in 2022

What do Australians die from? by the Australian Institute of Health and Welfare highlights the most common causes involved in the 191,000 registered deaths in Australia in 2022. It uses all health conditions recorded on the death certificate to provide new insights into the health conditions causing and contributing to a person's death, highlighting the interplay of multiple diseases and the role played by each. Risk factors and psychosocial contexts involved in death are also explored. Coronary heart disease was involved in one in five deaths in 2022 when using all of the information included on the medical death certificate.

GP Education and Events

New RACGP CPD accredited quality improvement activities for GPs

To support professional development and improve patient outcomes, RACGP Member GPs can participate in new RACGP CPD accredited quality improvement activities with clinical audits and PDSA cycles developed by WAPHA's Quality Improvement Team.

Participating in the virtual RACGP CPD accredited quality improvement activities will equip GPs with valuable skills and insights to enhance clinical practice and drive continuous improvement, while helping to meet CPD requirements.

There are currently two activities available:

- 15 CPD hours: Optimising health outcomes for chronic obstructive pulmonary disorder patients with high complexity. More info from RACGP here
- 10 CPD hours: Optimising screening for chronic kidney disease in patients with diabetes using Primary Sense reports. More info from RACGP here

For further information and enrolment details, email QI@wapha.org.au

Rare Disease e-Learning modules for GPs

The RArEST Project has co-designed a short, free, and interactive e-learning module for GPs and other health professionals treating Australians living with a rare disease. It aligns with the National Recommendations for Rare Disease Health Care and includes videos featuring Rare Voices Australia's Ambassadors (people living with a rare disease) sharing their personal experiences.

The module is an RACGP CPD approved activity for 2.5 Educational Activities hours and 2 Reviewing Performance hours.

Find out more and enrol here.

Free depression management and suicide prevention training

July-November 2024 | ONLINE | 3 CPD hours

GPs are often the first point of contact for people seeking help with their mental health. To support GPs and GP Registrars with managing depression and suicide prevention in patients, WAPHA is partnering with Black Dog Institute to offer a suite of free, online training sessions,delivered by subject matter experts on topics including:

- Talking about suicide in general practice.
- Dealing with depression.
- Dealing with depression in rural Australia.
- Advanced training in suicide prevention.

For more information, dates and registration links, visit WAPHA's suicide prevention webpage.

GP Pain Seminar

Thursday 25 July | 4pm-5.30pm | RPH or ONLINE

The Royal Perth Bentley Group (RPBG) Postgraduate Medical Education Department along with RPBG Liaison GP, Dr Jacquie Garton-Smith would like to invite GPs to the upcoming Pain Seminar.

Join in-person or virtually to hear from Pain Medicine Fellow, Dr Reshad Mirnour about the latest in pain management.

GPs are welcome to self-log their time attending for Education Activity CPD Hours. Afternoon tea will be provided.

The learning objectives:

- Orientation to RPH Pain Management Services
- Understanding the Sociopsychobiomedical model in chronic pain.
- The role of opioids in chronic pain management
- The role of non-opioids in chronic pain management.
- The evidence based procedures in pain Medicine.
- Risks of transition of acute to chronic pain.

Find out more and register here.