GP Connect

Keeping GPs informed in the changing primary health landscape

20 May 2021

Glycaemic control for Type 2 Diabetes

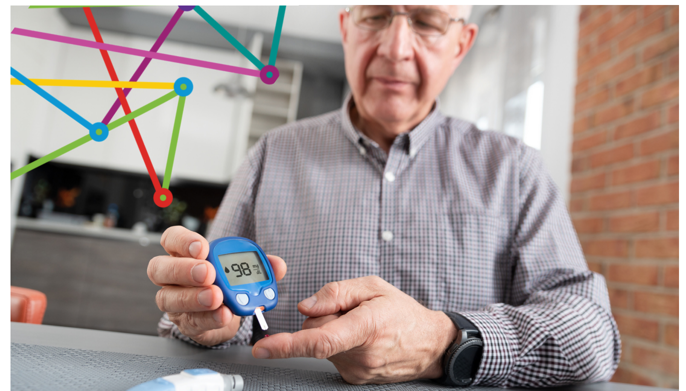
By Dr Karen M Rothacker MBBS FRACP, Endocrinologist at Royal Perth Hospital and the Keogh Institute

New pharmacological therapies to manage type 2 diabetes continue to emerge. The choice of available therapies allows individualised treatment thus offering the possibility for safer, more effective and holistic patient management.

Prior to initiating or intensifying pharmacological therapy for a person with type 2 diabetes it is important to:

- Be confident in the diagnosis of type 2 versus an alternative form of diabetes (e.g. type 1 diabetes, pancreatic diabetes)
- Know the individual's co-morbid health conditions
- Determine their individual glycaemic target
- Consider whether non-pharmacological interventions could help them achieve their glycaemic target.

Clinical features raising the possibility of non-type 2 diabetes include alean build or unintentional weight loss, autoimmunity or recurrent pancreatitis. More acute onset osmotic symptoms may also be a clue. If a finger-prick glucose is >15 mmol/L, ketones should be measured. If a patient is hyperglycaemic (or normoglycaemic on sodium glucose co transporter 2 (SGLT2) inhibitor therapy), with ketones >1.5 mmol/L on finger-prick or 3+ on urine dipstick, urgent specialist diabetes assessment/Emergency Department review is warranted.



If ketones are absent but suspicion for non-type 2 diabetes remains, measurement of c-peptide, IA-2 and GAD-65 antibodies would be useful prior to specialist referral.

Knowing a patient's co-morbid health conditions helps determine their individual glycaemic target as well as the preferred pharmacological therapy. While an HbA1c ≤7% (53 mmol/mol) is a general target, in patients managed with lifestyle modification and/or metformin or younger patients without co-morbidities a tighter target HbA1c of ≤6.0 – 6.5% (42 - 48 mmol/mol) may be appropriate. By contrast, a more relaxed glycaemic target is suggested in patients who are older, have significant co-morbidities or a limited life expectancy.

Non-pharmacological interventions which may improve glycaemic control include:

- Dietary modification
- Increasing physical activity/breaking up sedentary time
- Psychosocial approaches to improve motivation and adherence with diabetes management (e.g. psychological support, medication aids)
- In those patients on insulin, reviewing injection technique.

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Glycaemic control for Type 2 Diabetes (cont)

Considering the above, referral to a diabetes educator, dietitian, exercise physiologist or community program may be appropriate. In patients with type 2 diabetes who are overweight or obese, intensive weight management (potentially using very low-calorie meal replacement products, weight loss pharmaceuticals or bariatric surgery) can significantly improve glycaemic control.

When prescribing pharmacological therapy in type 2 diabetes, metformin is generally considered first line. Individualised add-on therapy considers:

- Patient's co-morbidities, especially history of atherosclerotic cardiovascular disease, heart failure and chronic kidney disease
- Desire for weight loss
- Preference to avoid hypoglycaemia
- Acuity of need to improve hyperglycaemia.

Details regarding the classes, agents, properties, and PBS considerations of the glucose lowering therapies are available on the Australian Type 2 Diabetes Management Algorithm

If a patient has established atherosclerotic cardiovascular disease, a SGLT2 inhibitor or GLP-1 receptor agonist would be the favoured second line agent as studies have shown cardiovascular benefit. A SGLT2 inhibitor would be preferred over GLP-1 agonist in the setting of heart failure.

In the setting of chronic kidney disease (but eGFR ≥45 ml/min/1.73m2), SGLT2 inhibitors reduce chronic kidney disease progression. SGLT2 inhibitors and GLP-1 agonists are associated with weight loss whilst not causing hypoglycaemia. SGLT2 inhibitors carry a risk for ketoacidosis and should be discontinued in the event of fasting or intercurrent illness. SGLT2 inhibitor and GLP-1 agonists are safe to use concurrently but are not presently supported in combination under the Pharmaceutical Benefits Scheme.

Sulfonylureas and dipeptidyl peptidase (DPP-4) inhibitors may also be used as second line add-on agents or as triple or quadruple oral therapy. Sulfonylureas carry a risk of hypoglycaemia and may cause modest weight gain. DPP-4 inhibitors are considered weight neutral.

Where more rapid improvement in moderate to severe hyperglycaemia is required (e.g. intercurrent infection or high dose steroid therapy), insulin is likely the most appropriate treatment given its prompt onset of action and ability to quickly titrate dose according to changing patient circumstance. Insulin therapy may also be initiated at diagnosis of type 2 diabetes where there are moderate to severe osmotic symptoms. With lifestyle changes and initiation of other glucose lowering therapy insulin can possibly be subsequently discontinued. Insulin treatment may ultimately be required in patients with longer standing type 2 diabetes given the natural history of progressive beta cell failure.

See also "Glycaemic Control for Type 2 Diabetes" HealthPathway.

GP Hospital Liaison Updates

Changes to outpatient rheumatology referral acceptance at FSH, RGH, RPH and AHS

There are extended waitlists for new patient rheumatology appointments at Fiona Stanley Hospital, Rockingham General Hospital, Royal Perth and hospitals.

In order to see patients within a more appropriate timeframe, referrals will now only be accepted for patients who appear to have an autoimmune/ inflammatory condition. Referrals should contain information to support these possible diagnoses including:

- The rheumatological differential diagnosis
- Relevant clinical history and examination findings
- Results of relevant blood tests and/or radiology reports.

Referrals not including this information will be rejected. GPs may find the Rheumatology suite of HealthPathways useful. The on-call Rheumatology registrars at FSH (for SMHS- via Helpdesk 6152 2222) or RPH (for EMHS-via Switchboard 9224 2244) are available to discuss urgent referrals or cases of concern.

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Changes to urology services and plastic surgery follow up at RGH

RGH Urology Services
The South Metro Health Service has consolidated urology services to Fiona Stanley (FSH) and Fremantle Hospital (FH). Clinics or theatre lists are no longer available at Rockinham General Hospital (RGH).

GPs can continue to refer patients for urology services through the Central Referral Service and they will be offered an appointment at FSH/FH.

Considering these changes, it may be more efficient to refer stable urological emergencies and post-procedural issues requiring specialist consultation directly to FSH.

There are also significant delays to our patients waiting for vasectomy services at RGH.

See the 'Vasectomy Services' Healthpathway under urology requests for vasectomy services in the South Metro region.

Plastic Surgery Follow Up RGH
Fremantle Theatres will be closing for refurbishment in two stages. Theatre sessions will temporarily transfer to both RGH and FSH for a period of 6 to 12 months. The specialties transferring to RGH are as follows;

- General Surgery
- ENT
- Max Fax
- Plastics

Most follow up clinics will occur at FSH, however RGH will need to accommodate a higher Plastics follow-up load.

The Plastics HOD, Dr Colin Song, has asked that all direct closures are followed up with the patient's GP. He has requested the surgeons use monocryl (absorbable suture material) wherever possible. Our patients will be informed of their histopathology results via a booked telephone appointment with the Plastics registrars on Fridays.

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Important changes to Gastroenterology ASI at Bentley Hospital

Effective **immediately**, gastroscopies and colonoscopies will no longer be delivered at Bentley Hospital under the Ambulatory Surgery Initiative (ASI). These procedures will instead transition to direct access endoscopy **only.**

Patients already on the waiting list will not be affected by these changes.

For **new** referrals, Bentley Hospital will no longer accept gastroenterology endoscopy referrals for "out-of-catchment" patients and, as a result, it is anticipated East Metro Health Service catchment patients will have earlier access to direct endoscopy.

The referral process for GPs will still be via the Central Referral Service (CRS). Pending an updated endoscopy referral form, the existing referral form (mentioning ASI) can still be used and CRS will forward referrals of the Royal Perth Bentley Group-catchment patients to Royal Perth Bentley Group.

Dr Jacquie Garton-Smith, Hospital Liaison GP
Royal Perth Hospital
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Mondays and Thursdays

Clinical Updates

A reminder to first look for public hospital investigation results and letters in your patients' MHR

Increasing numbers of Notification and Clinical summaries, outpatient letters and results of pathology and radiology investigations ordered in WA public hospitals are accessible through patients' My Health Records (MHR).

Checking your patient's MHR first may save you time and reduce the need to contact Freedom of Information and other hospital departments seeking information to assist with ongoing patient care.

VAD Implementation Update

It is time for all professionals within the health Industry and related care sectors to consider what their response will be should the question of voluntary assisted dying (VAD) arise in their workplace. Equally it is important that we all understand our obligations and responsibilities under the VAD Act once it is proclaimed on 1st July 2021.

The WA Health VAD Implementation Leadership Team is focused on supporting general practice and other service providers through this complex process. Read the latest communique outlining upcoming events and training, along with key resources now available on the Department of Health WA website here

2021-22 Health Budget wrap-up

Health Budget 2021-22 information is now available on the Australian Government Department of Health website. It includes the Budget at a Glance and a number of Health Portfolio Budget fact sheets to provide an overview of aspects of the Budget including:

- Guaranteeing Medicare and access to medicines
- Prioritising mental health, preventive health and sport
- Australia's investment in mental health and suicide prevention

Healthcare worker COVID-19 vaccination clinics

State-run vaccination clinics are available to general practice staff aged under 50 years to receive the Pfizer vaccination as part of Phase 1b of the national COVID-19 vaccination rollout.

Metropolitan
General practice staff can register and book a Pfizer COVID-19 vaccination using the Vaccinate WA website and the location's postcode. To access Osborne Park Hospital from 8am to 4pm Saturday and Sunday call 0418 066 610 or 0418 474 368.

Country
General practice staff in regional areas will be able to register for and book a Pfizer COVID-19 vaccination at WACHS COVID-19 Vaccination Clinics via VaccinateWA as bookings become available.

Find the latest metropolitan clinic dates and locations on Practice Assist

Continued funding for My Health Record

The Australian Government has announced that further funding is to be allocated to support the continued expanse and enhancement of My Health Record alongside an overhaul of MyGov, supporting the ability for consumers to access their personal record.

The most recent enhancement to My Health Record is the launch of the Consolidated Immunisation View, providing practitioners and consumers with an overview of all current and upcoming immunisation details, including those for COVID-19.

Scheduling influenza and COVID-19 vaccinations in 2021

During 2021, both influenza and COVID-19 vaccines are available. A minimum 14-day interval is required between the administration of a COVID-19 and influenza vaccine. To ensure the best possible protection against COVID-19 and influenza, providers should consider:

- People eligible for COVID-19 vaccination now should get their COVID-19 vaccine first and then influenza vaccine
- People not eligible for COVID-19 vaccination yet should get their influenza vaccine now and get COVID-19 vaccine when it becomes available to them.

Further information is available in the ATAGI advice on influenza and COVID-19 vaccines and on the COVID-19 vaccines clinical considerations web pages hosted by the Australian Government Department of Health.

The influenza chapter within the Australian Immunisation Handbook has also been updated for the 2021 influenza season. Providers should also refer to the latest ATAGI advice on seasonal influenza vaccines in 2021.

NCIRS 2021 influenza factsheets

The National Centre for Immunisation Research and Surveillance (NCIRS) has developed a provider factsheet with key information about the 2021 influenza vaccines. The resource includes a summary of the vaccines available, recommended doses, age limits for the different vaccine brands, and more.

A fact sheet for patients providing answers to common questions about influenza viruses and available vaccines is also available.

Know Your Heart campaign

GPs are ideally placed to diagnose people with heart failure and provide effective treatments that reduce hospitalisations and save lives.

In 2015/16, 6,207 potentially preventable hospital admissions to Western Australian hospitals were due to heart failure, with an average length of inpatient stay of approximately six days.

At an estimated average cost of $9,500 per episode, this represents a potentially avoidable cost of approximately $59 million per annum for the hospital system.

Up to half of these admissions are estimated to be avoidable with improved management in primary care including self-management.

WA Primary Health Alliance has put in place a program of activities to support GPs, health professionals and patients.

The latest of these is a campaign to raise awareness among the community of the signs and symptoms of heart failure and to encourage people to seek help from their GP.

The Know Your Heart campaign directs people to further information about heart failure treatment and support developed by NPS MedicineWise who have also developed resources for health professionals to help identify patients with heart failure and provide effective life-saving therapy.

General practices can also download and share the campaign resources to share on their own channels, to raise awareness and encourage conversations with their own patients.

GP Events

New Guide for GPs to manage work related patient injury

Comcare has developed a new, national, one-page guide to assist GPs in managing the recovery pathway for injured workers in all Australian workers' compensation schemes.

The guide provides an overview of:

- The workers' compensation process and key timeframes
- Statutory function of medical practitioners
- Roles of case managers/RTW coordinators and employer obligations
- Critical elements to successfully complete certificates of capacity.

Click here to access the guide

New translated NPS information on active ingredients

To help culturally and linguistically diverse (CALD) communities have better access to important information about medicines, NPS MedicineWise has created a consumer fact sheet on active ingredients available in English and ten additional languages.

Download the fact sheet to help people understand why the information on their prescription now looks different.

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

WA Ear and Hearing Telehealth Forum 2021

Working together to explore ways to work together to explore the role of telehealth along the ear health pathway.

Health professionals and providers are invited to join Rural Health West, WA Primary Health Alliance and other WA Child Ear Health Strategy partners to:

- Explore the role of telehealth across the patient's ear health journey and lifespan.
- Identify statewide telehealth capabilities, where telehealth systems are working well and where improvements can be adopted.
- Share knowledge and skills to improve health care delivery in Aboriginal communities through innovative telehealth solutions.
- Participate in hands-on interactive upskilling and education.
- Learn practical applications including use of technology and culturally inclusive practices for Aboriginal people and families.
- Engage and network with other health professionals and providers working to reduce the burden of ear disease.

Date: Friday 11 June 2021
Time: 8:00am - 5:00pm
Cost: $99 (inc GST)

Travel support is available for currently practising health professionals and ear health coordinators who work and live in rural and remote Western Australia.

Registration and more information :
https://www.wapha.org.au/event/wa-ear-and-hearing-telehealth-forum-2021/

Value-Based Health Care Conference
Australian Health Care and Hospitals Association Thursday 27 - Friday 28 May 2021
Parmelia Hilton Perth

MEDCON21
AMA WA
Friday 18 June - Sunday 20 June
Perth Convention and Exhibition Centre