

# GP Connect

Keeping GPs informed in the changing primary health landscape



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## Nutrition and weight management in older adults

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Monitoring body weight can be a quick and easy way of tracking health status and can highlight changes early. A large emphasis is placed on identifying overweight or obesity. The proportion of WA adults who are overweight or obese increases with age, from 57.4 per cent of adults aged 25 - 34 years to 76.8 per cent for older adults (>65 years)<sup>1</sup>

However, weight management in older adults is complex, and weight reduction does not correlate with improved health outcomes in this cohort as it does in younger adults. About 25 per cent of weight loss achieved is due to a reduction in fat-free mass which can lead to sarcopenia<sup>2</sup>

Sarcopenia leads to changes in body composition, frailty and increases the risk of falls, fractures, functional dependence, and disability. Longitudinal studies show weight loss is predictive of mortality in this patient cohort.

Research indicates 40 per cent of older Australians are either malnourished or at high risk of malnutrition (undernourished). Older adults are at higher risk due to normal aging processes that lead to altered bodily functions and is characterised as a time in the life cycle where one experiences progressive physical, cognitive, and psychosocially related functional declines.



### What is a healthy weight for older adults?

In adults 18 – 65 years of age, a healthy BMI is regarded as 18.5 – 24.9kg/m<sup>2</sup> however a higher BMI in older adults provides a level of protection. Research indicates that there is a U-shaped association between all-cause mortality and BMI, with a lower risk of mortality in older adults being correlated to a BMI of 24 - 30.9kg/m<sup>2</sup><sup>3</sup>. Risk of death from any cause increases at either end of this BMI range, 37 per cent higher with a BMI less than 21kg/m<sup>2</sup> or 18 per cent higher with a BMI greater than 35kg/m<sup>2</sup><sup>4</sup>.

An 'obesity paradox' has been described for the reduced mortality risk in older adults with increasing BMI. This paradox has been observed for overall mortality and disease-specific mortality, including heart failure, hypertension, coronary artery disease and stroke.

### What can be done?

Screening nutritional status in older adults is not difficult and there are many valid and reliable nutritional screening tools available. For example, the Malnutrition Screening Tool (MST)<sup>5</sup> has been demonstrated as reliable at identifying risk. The MST was created in Australia and is widely used in hospitals due to its ease of use. *Continued page 2*

## Nutrition and weight management in older adults (cont)

The MST consists of two questions, providing a score out of five, with a score of two or more indicating risk (see figure below).

Malnutrition Screening Tool <sup>1</sup> (MST)	
1. Have you/the patient lost weight recently without trying?	
No	0
Unsure	2
Yes, how much (kg)?	
1 - 5	1
6 - 10	2
11 - 15	3
> 15	4
Unsure	2
2. Have you/the patient been eating poorly because of a decreased appetite?	
No	0
Yes	1
<b>Total Score</b>	

Applies to the last six months  
 If unsure, ask if they suspect they have lost weight - eg, clothes are looser  
 For example, less than three-quarters of usual intake may also be eating poorly due to chewing and swallowing problems  
 Of weight loss and appetite questions

Ferguson, M, Capra, S, Bauer, J, Banks, M. 1999 Nutrition, 15:458-64

Weight loss in older adults can be multifactorial and may require some investigative work (see table). Social isolation and financial difficulties with the rapidly increasing cost of living are common and can be devastating when combined with other comorbidities such as diabetes, heart or kidney failure, liver or pulmonary disease, recurrent infections, or gastrointestinal disorders.

### Multifactorial causes of unintentional weight loss 'MEALS ON WHEELS'<sup>®</sup>

M	Medications: Digoxin, theophylline, SSRIs, antibiotics
E	Emotional: Depression, anxiety
A	Alcoholism, or older adult abuse
L	Late-life paranoia or bereavement
S	Swallowing problems
O	Oral factors: Tooth loss, xerostomia
N	Nosocomial infections: TB, pneumonia
W	Wandering and other dementia-related factors
H	Hyperthyroidism, hypercalcemia, hypoadrenalism
E	Enteral problems: Oesophageal stricture, gluten enteropathy, chronic cholecystitis
E	Eating problems
L	Low salt, low cholesterol, and other restrictive therapeutic diets
S	Social isolation

Consider referring to a dietitian for dietary education and nutrition support options for any older adults at risk. The HealthPathways WA [Nutrition and Weight Management – Older Adults](#) pathway offers advice on assessment, management and referral for patients who are:

- Overweight or obese
- Underweight
- Undernourished (regardless of weight)
- Residents of an aged care home

### References:

1. Australian Bureau of Statistics (2017-18), [Overweight and obesity](#), ABS Website, accessed 28 August 2023.
2. Volpi E, Nazemi R, Fujita S. Muscle tissue changes with aging. *Curr Opin Nutr Care*. 2004; 7 (4): 405 – 410).
3. Gill L, Bartels S, and Batsis J. Weight management in older adults. *Curr Obes Rep*. 2015 Sep; 4(3): 379–388.
4. Winter J, MacInnis R, Wattanapenpaiboon N, Nowson C. BMI and all-cause mortality in older adults: a meta-analysis. *Am J Clin Nutr*. 2014 Apr;99(4):875-90
5. Ferguson M, Capra S, Bauer J, Banks M. Development of a valid and reliable malnutrition screening tool for adult acute hospital patients. *Nutrition*, 1999 Jun;15(6):458-64
6. Morley, JE. Cause of weight loss in Adults, Anorexia of aging: Physiologic and pathologic. *American Journal of Clinical Nutrition*. 1997; 66:760

## Hospital Liaison GP Updates

### New Hospital GP Liaison for Rockingham General Hospital

Dr Alison Soerensen has recently been appointed Hospital Liaison GP (HLGP) Officer for Rockingham General Hospital.

Employed by WA Primary Health Alliance (WAPHA) and the South Metro Health Service, the role of the HLGP Officer is to share information, provide education and work towards a better integration of federally funded general practice and state funded hospital services.

Dr Soerensen is a GP practicing at Murray Medical Centre in Mandurah, and has particular interests in breastfeeding, paediatrics and women's health. Living and working as a GP in the Peel region, Alison has been an invaluable, longstanding member of the emergency department team at Rockingham General Hospital for the past decade.

Alison is passionate about improving patient care through better communication between primary care and hospital teams and has a strong track record in medico-political advocacy, having been involved with the RACGP and the AMA at both state and federal levels. She is an elected member of the RACGP WA Faculty Council, the Treasurer of the Breastfeeding Medicine Network of Australia and New Zealand and was awarded the AMA(WA) Camille Michener Legacy Award for Junior Doctor in 2018.

Dr Soerensen can be contacted via [alison.soerensen@health.wa.gov.au](mailto:alison.soerensen@health.wa.gov.au)

## Clinical Updates

### WA endometriosis and pelvic pain clinics now accepting referrals

Endometriosis affects around 1 in 9 Australian women<sup>1</sup> with those suffering waiting an average of seven years before diagnosis.

To build the capacity of primary care to manage this condition and improve access to expert, multidisciplinary services, the Australian Government is funding 20 endometriosis and pelvic pain clinics across Australia.

In WA, The Garden Family Medical Clinic in Murdoch and Pioneer Health Albany have been funded by WAPHA to participate. Women do not need to be an existing patient to access services.

The Garden Pelvic Pain Clinic in Murdoch can provide patients with a personalised, evidence-based treatment plan through education, support and connection to a qualified multi-disciplinary team. They are also offering services to all parts of WA through GP, nurse and pelvic physio appointments via telehealth (video or phone). Existing and new patients can find out more and register for an initial appointment at [thegardenmedical.com/service/pelvic-pain-clinic/](http://thegardenmedical.com/service/pelvic-pain-clinic/) or by phoning 08 6186 7162.

Download a copy of the flyer for your patients [here](#)

Women in and around the Albany area can access the Pioneer Pelvic Pain Clinic for a multidisciplinary approach that provides comprehensive care. The dedicated patient support coordinator will work closely with patients, their treating GP and allied health providers to tailor a management plan that is specific to their needs and priorities.

New and existing patients can find out more and self-refer by emailing [pelvicpain@pioneerhealth.com.au](mailto:pelvicpain@pioneerhealth.com.au), calling 08 9842 2822 or visiting [www.pioneerhealth.com.au/Services/Pioneer-Pelvic-Pain-Clinic](http://www.pioneerhealth.com.au/Services/Pioneer-Pelvic-Pain-Clinic).

Download a copy of the flyer for your patients [here](#)

#### References:

1. <https://www.aihw.gov.au/reports/chronic-disease/endometriosis-prevalence-and-hospitalisations/summary>

## Free Head to Health mental health and wellbeing services for your patients

Head to Health is an Australian Government service making it easier for GPs and other health professionals to support the mental health of the people they look after, and those who support them, through improving access to, and coordination of, mental health services in their local community.

### Digital Platform - [headtohealth.gov.au](http://headtohealth.gov.au)

includes over 750 evidence based digital mental health resources, apps and online programs. This includes dedicated online forums, peer support services, chat and email services.

### Assessment and Referral Phone Service - 1800 595 212

The state-wide phone service offers free confidential assessment and referral for GPs seeking help for the mental and emotional wellbeing of patients. All Head to Health mental health clinicians are trained in and use the Initial Assessment and Referral Decision Support Tool (IAR-DST) to determine the most appropriate level of care for individuals seeking mental health support. One referral is all the GP needs to make to connect patients to the most appropriate services and supports.

If patients call the phone service number directly, a qualified clinician will use the IAR-DST to guide them to suitable treatment options to support their level of need.

Training is also available for GPs in the use of this tool. Designed to complement the GP or clinician's clinical judgement, IAR-DST is best used as part of a comprehensive mental health assessment. More information is available at the [WA Primary Health Alliance website](#) and the '[Mental Health Stepped Care and the IAR-DST](#)' pathway on HealthPathways WA.

### Head to Health Centres

Head to Health Centres aim to improve access to mental health services for people whose condition is too complex for primary care but doesn't meet the criteria for an emergency department visit. They offer a walk-in service providing advice, support and, if needed, assessment and treatment for people 18 years and over experiencing emotional and psychological distress. Centres are currently located at Midland, Gosnells and Mirrabooka. Phone 1800 595 212 or [headtohealth.gov.au](http://headtohealth.gov.au)

## WA Telehealth rollout to residential aged care homes



WA Primary Health Alliance has commissioned telehealth technology provider [Visionflex](#) to deploy telehealth carts to residential aged care homes (RACHs) to connect GPs and other health care providers to patients living in these facilities across WA.

This technology is expected to improve access for RACH residents to primary care services, reduce travel time for health care professionals, facilitate better management of chronic conditions, increase early intervention, and potentially decrease hospital admissions, especially in the after-hours period.

The telehealth carts are equipped with a video call platform and Bluetooth-enabled devices including pulse oximeter, blood pressure cuff, digital stethoscope with headphones, and a high-definition examination camera. The platform allows clinicians to live monitor residents' vital signs and manage imaging for wounds and skin conditions, with data integration into practice management software and uploaded to My Health Record.

Approximately 150 RACHs have expressed interest in securing equipment to enhance their resident's health care experience. It is expected that the first 75 carts will be delivered and in use within the next four months. Enquiries about the telehealth carts and rollout can be sent to [RACFTelehealthandAfterhours@wapha.org.au](mailto:RACFTelehealthandAfterhours@wapha.org.au).

## Notification of infectious diseases and related conditions

The Communicable Disease Control Directorate reminds GPs, nurse practitioners and other medical practitioners of their legal obligation under the [Public Health Act 2016](#) and the [Public Health Regulations 2017](#) to report diagnosis of a suspected notifiable infectious disease or a related condition.

Visit the [WA Department of Health website](#) for more information including a list of notifiable infectious diseases and how to notify.

Interested practitioners can also access the WA Health notifiable infectious disease report [here](#)

## 60-day prescriptions information kit for prescribers

The Australian Government Department of Health and Aged Care has developed an information kit providing information to prescribers about key changes to the Pharmaceutical Benefits Scheme medicines with increased dispensing quantities (60-day dispensing). The kit includes details of which medicines are eligible, FAQs and case studies. Download a copy [here](#)



## Staying abreast of prescribing safety



The Therapeutic Goods Administration (TGA) regularly issues safety alerts, product recalls and medication shortage alerts. These are available via the [TGA Product Safety](#) page.

All prescribers should ensure they regularly review these updates and should be aware that it can take time for TGA updates to be reflected in the medication information provided within practice software. There is also a “TGA Alerts” button (circled above) on the [HealthPathways WA](#) homepage.

## Updated Practical Guide to Eczema Care

A Practical Guide to Eczema Care has recently been updated with a new look and new resources to help health professionals provide consistent eczema education to parents of children with eczema. The guide was funded by the Perth Children’s Hospital Foundation and developed by Perth Children’s Hospital (PCH) in collaboration with National Allergy Council and Allergy & Anaphylaxis Australia.

PCH currently have hard copies of the guide available for distribution to GPs and practice nurses. Please email [Jemma.Weidinger@health.wa.gov.au](mailto:Jemma.Weidinger@health.wa.gov.au) to request copies for your practice.

The resource can also be accessed online at the [Nip Allergies in the Bub](#) website under “Eczema training, plans and guides”.

## Antibiotic shortage substitution advice

The National Centre for Antimicrobial Stewardship (NCAS) and the Therapeutic Guidelines have developed resources to provide advice on antibiotic prescribing given the multiple concurrent antibiotic shortages. This includes a table from the Therapeutic Guidelines on appropriate alternatives if a first-line agent is unavailable.

No subscription is required. The link can be found on the [HealthPathways WA](#) homepage (in the news section), or on the [NCAS Clinical Fact Sheets webpage](#). From the landing page, click on the link indicated in the image below to access the table.



Antibiotic prescribing in primary care:  
Therapeutic Guidelines summary table 2023

May 2023 Update:

Temporary advice for multiple  
concurrent antibiotic shortages

For background information on the development of the table, see the Therapeutic Guidelines news article; [Support for primary care providers regarding antibiotic medicine shortages - Therapeutic Guidelines \(tg.org.au\)](#)

If you do not have a login for HealthPathways, please email the team at [Health.Pathways@wapha.org.au](mailto:Health.Pathways@wapha.org.au).

## GP Psychiatry Support Line to help GPs manage mental health care

New support is available to GPs to continue to manage the mental health of patients whose conditions can be treated within primary care.

The GP Psychiatry Support Line, on 1800 16 17 18, is a free service funded by the Australian Government enabling GPs to speak directly with a qualified psychiatrist for expert advice in diagnosis, investigation, medication and safety plans for mental health care. [Download a copy of the flyer](#) or find more information [here](#)

## New mental health resources available for health professionals

GPs and other health professionals can now access new and updated mental health resources, microlearning and online learning pathways through the Australian Government Department of Health Mental Health Professional Online Development (MHPOD) Program.

MHPOD has more than 70 one-hour lessons, videos, audio, checklists and templates. Training covers different mental health topics including recovery, cultural awareness and eating disorders. The platform caters to different learning styles, including self-directed learning, hour-long modules, micro-learning to help people learn on the go, and self-assessment tools.

To learn more, see the [Mental Health Professional Online Development \(MHPOD\) Program](#)

## Resources to support the mental health and wellbeing of Aboriginal patients

To help support the mental health and wellbeing of Aboriginal patients, health professionals can access culturally relevant online resources on the [WellMob website](#) that was developed by eMHPrac (e-mental health in practice) in collaboration with the Australian Indigenous HealthInfoNet.

In addition to [mental health](#) and [wellbeing resources](#), the website also provides a range of [training](#) and [workforce resources](#) to enhance the skills and understanding of people who work with Aboriginal patients.

## Mindfulness Based Stress Reduction Program now available for veterans and their families

Veteran patients and their family members who may benefit from improving their stress management skills or building connections with others with similar experiences can now enrol in one of the Department of Veterans' Affairs (DVA) free online Mindfulness Based Stress Reduction (MBSR) forums.

MBSR is an eight-week evidence-based program that offers intensive mindfulness training to assist people with stress, anxiety, depression and pain. MBSR uses a combination of mindfulness meditation, body awareness, yoga and exploration of patterns of behaviour, thinking, feeling and action.

Participants can find out more on the [DVA website](#) or [register online](#).

## Cost effective musculoskeletal physio at Curtin Student-led Physiotherapy Clinic

The Curtin Health and Wellness Centre provides affordable physiotherapy assessment and care for musculoskeletal conditions for everyone. Care is provided by physiotherapy students in their final years of study, and intermittently, post-graduate physiotherapy students.

All consultations are closely supervised by experienced physiotherapists in professional treatment areas. The treatments offered are patient centred and evidence guided.

GPs can refer via the [referral form](#) or direct patients to self-refer by calling 08 9266 1717. To find out more about the Curtin Physiotherapy Clinic, including opening hours, visit the [Physiotherapy Clinic website](#).

## Find your next GP or practice nurse with Rural Health West's Recruitment Service



Rural Health West is passionate about bridging the gap between rural communities and health professionals. Their free recruitment service can support practices in rural and remote communities to find GPs or practice nurses to join their practice through a number of initiatives:

- Supervision support for international medical graduates.
- Access to the More Doctors for Rural Australia Program.
- Assistance with sponsorship of offshore health professionals to work in Australia.
- Vacancy advertising writing support
- GP Locum Placement Program.

Visit [www.ruralhealthwest.com.au](http://www.ruralhealthwest.com.au), email [recruit@ruralhealthwest.com.au](mailto:recruit@ruralhealthwest.com.au) or phone 08 6389 4500 to find out more.

## GP Education and events

### Newly refreshed National Cervical Screening Program education course

The [National Cervical Screening Program education course](#) for healthcare providers has now been updated to reflect the 2022 expansion of self-collection eligibility - a safe and accessible cervical screening test option. Further resources and information on assessment, management, and referral of patients requiring cervical screening is available on the [Cervical Screening](#) pathway at HealthPathways WA.

## CPD activities for advance care planning and advance health directives

Completion of an Advance Care Planning (ACP) and Advance Health Directive (AHD) [mini-audit activity](#) will earn GPs 6 Measuring Outcomes CPD hours.

Developed by the WA Department of Health End of Life Care Program (EOLC), in consultation with the Royal Australian College of General Practitioners (RACGP), the mini-audit will help GPs review whether opportunities to introduce ACP or AHD conversations into consultations, assessments and care plans are being adequately undertaken and recorded, and to identify actions that practice teams can collectively take to increase effective ACP and AHD conversations.

A recent RACGP webinar presented by Dr Jacque Garton-Smith, Royal Perth Hospital Liaison GP & Clinical Lead for Primary Care Integration, Health Networks and Hatha McDivitt, CPD Program Coordinator, RACGP, is also available to walk through the use of the mini-audit activity and to educate GPs on supporting patients with ACP. A recording of the webinar can be viewed on-demand on the [RACGP website](#). After watching the webinar, GPs will be able to claim one hour of CPD via quick log.

For more information about ACP and AHDs:

- WA Department of Health:
  - [Advance care planning](#) including [ACP training and resources](#)
  - [Advance Health Directives](#)
- HealthPathways WA:
  - [Advance Care Planning \(ACP\)](#) pathway at HealthPathways WA.

GPs, practice staff and patients can also contact WA Department of Health Advance Care Planning Information Line on 08 9222 2300 or email the team at [ACP@health.wa.gov.au](mailto:ACP@health.wa.gov.au) for further information or to order hard copy resources.

TONIC MEDIA NETWORK + GENERAL PRACTICE IN A RAPIDLY CHANGING WORLD  
A WEBINAR SERIES FOR GPs

In association with

WA Primary Health Alliance  
Better health, together.

## NEW TREATMENTS FOR ALZHEIMER'S DISEASE ARE ALMOST UPON US

### How do they change general practice?

Hosted by  
**Dr Norman Swan AM**  
Norman is a multi-award winning broadcaster and journalist, and co-founder of Tonic Media Network.

Joined by panelists

**Prof Leon Flicker AO**  
Leading expert in geriatric medicine at the UWA and Executive Director of the WA Centre for Health and Ageing.

**Prof Amy Brodtmann**  
Lead of the Cognitive Health Initiative in the Department of Neuroscience, Monash University.

**Dr Simon Torvaldsen**  
Chair of the AMA WA Council of General Practice and GP in WA with extensive experience in aged and palliative care.

RACGP CPD Award  
Educational Activities  
**1** hours

The new antibody treatments for Alzheimer's have been described as game changers, but are they really? Join us for an exclusive webinar and live Q&A to discuss the latest advances in Alzheimer's treatment with some of the leading experts in the field. This session will explore what else is on the horizon, what other interventions should still be used and how the focus on intervention has shifted to early dementia.

**Tuesday 26 September 2023**  
**7:30 - 8:30 PM AEST**  
**5:30 - 6:30 PM AWST**

**REGISTER NOW**

Produced by Tonic Media Network in association with WA Primary Health Alliance and the PHN Cooperative

## MyMedicare - Webinars available on demand

The [MyMedicare](#) voluntary patient registration model aims to strengthen the relationship between patients, their general practice, GP and primary care teams. Practices are encouraged to register before patient registration commences 1 October 2023. Access the [MyMedicare Toolkit](#) on the Practice Assist website for more information and support.

If you would like to catch up on current information regarding MyMedicare, the following recorded webinars are available:

[Primary Car Reform and MyMedicare with Dr Walid Jamal - 11 August 2023](#) WA Primary Health Alliance

[MyMedicare: First steps: What is it, What do I need to know - 4 September 2023](#) RACGP

[MyMedicare Webinar](#) - Australian Government Department of Health and Aged Care webinar

Heart Foundation | WA Primary Health Alliance | phn  
RACGP CPD Award 1.5 hours

## Primary Care Virtual Roadshow

**CVD prevention streamlined.** Your roadmap to better identify, assess & manage CVD risk in the **Western Australian region.**

**Wednesday 11 October 6.00–7.30 pm AWST**

**SIGN UP NOW**

## Doctors Caring for Colleagues Workshop

Face-to-face and online

GPs who see doctors as patients, or who have an interest in doctors' health are invited to join this hybrid workshop online or at the Doctors Health Advisory Service WA. Find out more and register [here](#)

**Date:** Saturday 23 September 2023  
**Time:** 8am-12pm (AWST)

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