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GEMS OF NEW ZEALAND

Primary Health Care Research

Access to CME an issue for overseas-trained rural GPs

Difficulty in accessing CME has been identified as a negative aspect of rural practice in a study investigating retention of overseas-trained doctors in rural NZ. The study included thematic analysis of nine in-depth interviews of overseas-trained doctors working in rural settings. Other factors noted by interviewees as detracting from the rural practice environment were reduced options for employment of their spouse and for secondary schooling, and limited cultural and entertainment activities. On the positive side, doctors valued the scope of the practice work and the sense of community loyalty. The rural lifestyle offered also featured as a key attraction.

Kearns RA, Myers JM, Adair V, Coster H, Coster G. What makes 'place' attractive to overseas-trained doctors in rural New Zealand? *Health & Social Care in the Community* 2006;14:532-40. **Corresponding author:** R. Kearns. Email: r.kearns@auckland.ac.nz

Antibiotics not first-line treatment for acute purulent rhinitis

A meta-analysis of data from seven RCTs of antibiotics versus placebo for acute purulent rhinitis concludes that antibiotics are probably effective. However, as no serious adverse events occurred in the placebo group, antibiotics are not indicated as first line treat-

ment. This conclusion is in keeping with most guidelines which recommend against using antibiotics on the basis of one earlier study. Harms attributed to antibiotics in the RCTs were mainly vomiting, diarrhoea, and abdominal pain but also included rashes and hyperactivity (in children). A treatment approach of 'watchful waiting' is suggested, with antibiotics used only when symptoms have persisted for long enough to concern parents or patients.

Arroll B, Kenealy T. Are antibiotics effective for acute purulent rhinitis? Systematic review and meta-analysis of placebo controlled randomised trials. *BMJ* 2006;333:279. **Corresponding author:** B. Arroll. Email: b.arroll@auckland.ac.nz

Problem gamblers often have other problems

Primary care screening for problem gambling highlights common lifestyle and mental health co-morbidities. The cross-sectional study conducted in 51 urban and rural primary care practices in NZ found that people identified with concerns about their gambling behaviour were significantly more likely to have concerns about alcohol use, recreational drug use, and smoking. Problems with depression, anxiety and anger control were also more likely to be reported by these individuals. Problem gambling was readily identified using a brief multi-item screening tool containing a validated gambling question: 'Sometimes

I've felt depressed or anxious after a session of gambling—yes or no'. The study signals the potential of screening for problem gambling in the primary care setting.

Goodyear-Smith F, Arroll B, Kerse N, et al. Primary care patients reporting concerns about their gambling frequently have other co-occurring lifestyle and mental health issues. *BMC Fam Pract* 2006;7:25. **Corresponding author:** Felicity Goodyear-Smith Email: f.goodyear-smith@auckland.ac.nz

No geographic disparity for NZ women with breast cancer

Studies in Australia, Canada and the USA have shown that people living in regional and remote areas have higher mortality rates from cancer than people living in urban and suburban areas. A recent study of NZ with breast cancer showed no such geographic disparity, however. The study drew on the NZ Cancer Registry Data from a four-year period, involving 11 340 women. Just under a third lived within 10km of a cancer centre, another third lived 11–50km away, and the remaining third lived more than 50km away. Reasons put forward to explain the equity seen in stage at diagnosis include BreastScreen Aotearoa which has mobile/outreach services, high community awareness, and the natural history of the disease. Regional coordination of cancer services was seen as contributing to equity of survival, with



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service configuration attempting to balance centralisation and local access.

Bennett H, Marshall R, Campbell I, Lawrenson R. The effect of urban versus rural residence on stage at diagnosis and survival for women with breast cancer in Aotearoa-New Zealand. *NZ Med J* 2007;120(1266). **Corresponding author:** H. Bennett. Email: hayleyandcam@clear.net.nz

Dairy calves are a potential source for Giardia infection

A recent Otago study characterising Giardia genotypes present in calves and humans has found a substantial overlap of identical genotypes for assemblages A and B, the only assemblages capable of causing human infection, in the two hosts. The finding implies zoonotic transmission may have occurred and demonstrates the possibility of the dairy herd as a reservoir for human infection. It is of particular note given recent intensification of dairying in NZ and the potential for transmission via waterways contaminated by runoff.

Winkworth CL, Learmonth JL, Matthaei CD, Townsend CR. Molecular characterization of Giardia isolates from calves and humans in a region in which dairy farming has recently intensified. *Appl Environ Microbiol* 2008;74:5100-5105. **Corresponding author:** C. Winkworth. Email: Cynthia.winkworth@zoology.otago.ac.nz

Fast acting agents essential to breakthrough pain management in cancer

Most breakthrough analgesia for cancer pain fails to be effective in the time required. No useful analgesia is therefore provided but drug adverse effects increase. This paper addresses this problem, outlining a systematic, evidence-based approach to breakthrough pain management, whether due to end-of-dose failure, incident or idiopathic pain.

The paper details non-pharmacological as well as pharmacological approaches, while highlighting the value of fast acting fentanyl formulations (such as the oral transmucosal fentanyl citrate lozenge and the fentanyl buccal tablet), and analogues (such as intranasal alfentanil), specifically developed for breakthrough pain treatment.

William L, MacLeod R. Management of breakthrough pain in patients with cancer. *Drugs* 2008;68:913-924. **Corresponding author:** L. William. Email: leeroy.william@waitemat-adhb.govt.nz

Thiazide diuretics 'justifiable' for hypertension in patients with pre-diabetes

This article, part of a series exploring uncertainties in clinical practice, considers whether diuretics are appropriate antihypertensive agents for patients with pre-diabetes. The ALLHAT 2002 trial provides the basis for this clinical uncertainty, having reported an increase in cardiac risk factors, including development of diabetes, as a result of treatment with the thiazide-like diuretic chlortalidone. A Japanese clinical trial (diuretics in the management of essential hypertension study; <http://clinicaltrials.gov/show/NCT00131846>) currently underway should provide the definitive answer when it concludes in a few years. In the interim, existing evidence suggests that use of thiazide diuretics as first-line agents for hypertension in pre-diabetic patients is 'justifiable', especially in resource-poor settings.

Arroll B, Kenealy T, CR Elley. Should we prescribe diuretics for patients with prediabetes and hypertension? *BMJ* 2008;337:a679. **Corresponding author:** B. Arroll. Email: b.arroll@auckland.ac.nz

Mobile phone cameras have potential for triage in rural practice

A study designed to assess population access and clinical usefulness of mobile phone cameras has shown the potential of such technology for triaging after-hours care. The study was conducted among 480 patients in two rural primary care practices in NZ. Mobile phone cameras were found to be widely available, with most patients open to the idea of their use for medical triaging. Clinical utility was tested by quizzing 30 health professionals using photographs of 10 primary care cases. The photographs used were taken on a standard mobile phone (Motorola v 360 with an integrated camera and 4 x zoom). Picture resolution was 176 x 220 pixels. Images were found to increase diagnostic confidence for all but one case.

Jayaraman C, Kennedy P, Dutu G, Lawrenson R. Use of mobile phone cameras for after-hours triage in primary care. *J Telemed Telecare* 2008;14:271-274. **Corresponding author:** R. Lawrenson. Email: LawrensR@waikatodhb.govt.nz

Tenosynovitis due to text messaging

This brief case report draws reader attention to a new overuse condition, 'texting tenosynovitis'. The case in question presented with tenderness over the tendons of extensor pollicis brevis and abductor pollicis longus at the wrist and distally, consistent with de Quervain's tenosynovitis. This had developed over a 3-month period during which the right-handed student had sent about 2500 texts every month, each of about 150 characters. Two international case reports of this condition are cited by the authors and the question is raised as to whether more cases are likely, given growing ownership and use of mobile phones.

Storr EF, de Vere Beavis FO, Stringer MD. Texting tenosynovitis. *NZ Med J* 2007;1267. **Corresponding author:** M. Stringer Email: mark.stringer@anatomy.otago.ac.nz

JOURNAL OF PRIMARY HEALTH CARE

The *Journal of Primary Health Care (JPHC)* is a peer-reviewed journal which has replaced the *New Zealand Family Physician*. It is a multi-disciplinary publication aimed at moving research into primary health care practice and practice into research. This includes the fields of family practice, primary health care nursing and community pharmacy as well as areas such as health care delivery, health promotion, epidemiology, public health and medical sociology of interest to a primary health care provider audience.

The journal publishes peer-reviewed quantitative and qualitative original research, systematic reviews, papers on improving performance and short reports that are relevant to its primary health care practitioners. For the aim, scope, instructions to authors and templates for publications see www.rnzcgp.org.nz/journal-of-primary-health-care/.

JPHC acts as a knowledge refinery to provide busy practitioners with up-to-date knowledge about the latest evidence and best practice. Continuing professional development includes pithy summaries of the latest evidence such as *Cochrane Corner*, *POEMS* (Patient Oriented Evidence that Matters), brief synopses of guidelines and bulletins, a *String of PEARLS* (Practical Evidence About Real Life Situations) and *Charms and Harms* (evidence of effectiveness and safety of complementary and alternative medicines). *JPHC* includes *Poumanu* (treasures of Maori wisdom) and *Gems of NZ Primary Health Care Research* published at home and internationally.

Evidence can help inform best practice. However sometimes there is no evidence available or applicable for a specific patient with his or her own set of conditions, capabilities, beliefs, expectations and social circumstances. Evidence needs to be placed in context. General practice is an art as well as a science. Quality of care lies also with the nature of the clinical relationship, with communication and with truly informed decision-making. *JPHC* publishes viewpoints, commentaries and reflections that explore areas of uncertainty on aspects of care for which there is no one right answer. Debate is stimulated by the *Back to Back* section where two professionals present their opposing views on a topic. There is a regular *Ethics* column. *Letters to the Editor* are welcomed.

While published in New Zealand by the Royal New Zealand College of General Practitioners, much of this research has generic implications. Our Editorial Board comprises renowned and active primary care clinicians, clinical and scientific academics and health policy experts with both New Zealand and international representation.

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