



### Message from the Tonic Media Network Editorial Committee\*

Welcome to another edition of *Practice Connect* with topical news and information for you and your patients.

#### The urgent need to reduce our salt intake

Australians eat too much salt. Our high salt consumption of around 10 grams a day per person is double what the World Health Organisation recommends. This overconsumption is mostly from highly processed foods - packaged foods available at the supermarket as well as fast foods and eating out. Too much salt can cause an increase in blood pressure and a higher risk of heart attacks and strokes. Getting people to eat less salt is difficult, and previous interventions haven't generally worked.

#### Could reformulating the foods we eat help solve the problem?

In a new [study](#) Australian researchers modelled the impact of reducing the sodium levels in packaged foods to the levels recommended by WHO benchmarks set out in 2021 to see the effect it would have on health outcomes. To achieve this, they firstly analysed data on typical sodium intakes for different demographics, then linked this information to other datasets which held information on the sodium content of foods found in supermarkets.

Applying the WHO reformulation benchmarks, the researchers found an average Australian would see a 12 per cent reduction in their daily sodium intake. It may not sound big, but when spread over the population, the authors modelled that this would lead to 1770 fewer deaths per year (largely from cardiovascular disease) and prevent more than 4000 new cases of heart disease each year.

Australia does have sodium reformulation targets for some foods, but they are voluntary and aim to reduce less salt than the WHO targets. With this area continuing to be a focus for heart-healthy people and global health advocates, it remains to be seen whether the targets will be strengthened over time.

## **The health of procrastinators**

We all have struggled with procrastination at some point in our lives. This delaying or postponing, often accompanied by the knowledge that it could be to our detriment can be a difficult behaviour to shake. And a group of researchers has found that significant levels of procrastination may be linked to negative health outcomes.

In a new [study](#), more than 3,000 university students were monitored for a year. At five different points in time, a series of health markers were assessed for each student (things like depression, anxiety, pain, sleep quality and drug & alcohol use). They also completed a 'Pure Procrastination Scale' questionnaire - a series of questions asking them to identify whether certain scenarios represented them (such as putting off tasks or handing in work late). That survey was used to give participants a procrastination score out of 25, with high scores signifying significant procrastination. About two thirds of the participants were women and the average age was 25.

The researchers found that the average level of procrastination was 13 out of 25, indicating moderate levels of procrastination in the study population. But for each standard deviation increase in that score, there were significant associations with higher levels of depression, anxiety and stress, as well as poor sleep quality, physical inactivity and loneliness. The authors suggested that procrastination may be a driver of these health outcomes, and not the other way around, given the multiple measurements made over time.

For chronic procrastinators, the authors suggested cognitive behavioural therapy (CBT) as the gold-standard treatment for procrastination. It typically involves becoming more aware of, and changing thoughts and behaviours that are ingrained. Other advice centred on tweaking one's environment to remove distractions and allowing focus to develop - which usually means mobile phones and other screens should be put away.

## **More young people are using e-cigarettes**

Australia is a global success story when it comes to reducing rates of smoking – in 1998 nearly 30 per cent of people smoked, while three decades later that figure has been cut to 13 per cent. But in just the past decade, the number of people trying out or using e-cigarettes has continued to grow.

Proponents argued that these were people using the vape to quit smoking, but new Australian figures suggest that may not be the case.

In a [study](#), people were interviewed about their health behaviours and lifestyle during phone surveys conducted over a five year period, from 2016 to 2020. Among the questions asked were how often someone used e-cigarettes as well as their main motivation. About 60 per cent of those surveyed were men, and participants were from a wide spread of ages (though the bulk of participants were aged 25-39).

The researchers found e-cigarette use doubled between 2016 and 2020, jumping from 6.6 per cent of respondents to 13 per cent. Younger people were much more likely to vape – one in five people in the 18-24 group reported using an e-cigarette while among those 65 or older it was 5.2 per cent. The main overall increase in e-cigarette use was also largely put down to more widespread use among young people. The main reason people reported using e-cigarettes was to help them quit smoking.

The paper's authors say this growth in use, especially among young people, points to the failure of e-cigarettes as a device to help smokers quit and suggest that stronger measures are needed to curb excessive use. They say that while e-cigarettes containing nicotine are illegal in Australia, they continue to be generally accessible.

## Why is liver cancer on the rise in Australia?

Something unusual is happening to liver cancer rates globally, especially in developed nations such as Australia. While the incidence of many other cancers tend to be decreasing - as we get a better handle on risk factors like alcohol and tobacco use - liver cancer is moving in the opposite direction.

According to Cancer Australia, there were over 2900 new cases of liver cancer diagnosed in 2022 and sadly almost 2500 people died from liver cancer in 2022.

Between 1982 and 2014, the incidence of liver cancer increased more than 300 per cent. The mortality rate increased by 184 per cent. [Research](#) from the Queensland University of Technology, explored this trend and what could be driving the rise.

The authors say that the factors leading to the development of liver cancer - primarily hepatitis B and C, and alcohol consumption - were generally trending down in Australia over the study period, due to antiviral treatments, immunisation and other interventions. However, another factor, non-alcoholic fatty liver disease, was prevalent in Australia.

The team's analysis suggested liver cancer was becoming more prevalent particularly in the northern parts of Australia, which they hypothesised was linked to changes in climate. With several years in the past decade the hottest on record, they suggest this could lead to growth of *Aspergillus*, which produces the carcinogenic fungus aflatoxin, which is usually found on crops and which is also linked to liver cancer. More work is needed to make these associations clearer, but what is known is that the distribution of disease is changing as the climate changes over time.

## 5<sup>th</sup> COVID vaccine dose announced and Long COVID

[ATAGI](#), the advisory group on immunisation has recently announced its recommendations about the 5th dose.

- ATAGI **recommends** a 2023 COVID-19 vaccine booster dose for adults in the following groups, if their last COVID-19 vaccine dose or confirmed infection (whichever is the most recent) was 6 months ago or longer, and regardless of the number of prior doses received:
  - All adults aged 65 years and over
  - Adults aged 18-64 years who have medical comorbidities that increase their risk of severe COVID-19, or disability with significant or complex health needs.
- ATAGI advises the following groups should **consider** a 2023 booster dose if their last COVID-19 vaccine dose or confirmed infection (whichever is the most recent) was 6 months ago or longer, and regardless of the number of prior doses received, based on an individual risk benefit assessment with their immunisation provider.
  - All Adults aged 18-64 years without risk factors for severe COVID-19
  - Children and adolescents aged 5-17 years who have medical comorbidities that increase their risk of severe COVID-19, or disability with significant or complex health needs.
- ATAGI advises that a booster dose is **not recommended** at this time for children and adolescents aged under the age of 18 who do not have any risk factors for severe COVID-19.

This can occur from 20 February 2023 and preferably of an Omicron bivalent vaccine.

The background to this caveat is the growing evidence that hybrid immunity from natural infection and immunisation is quite long lasting against hospitalisation and severe disease and that a better immune response is obtained with a six-month gap.

The COVID-19 vaccine can be co-administered with influenza and other vaccines. Administration of a 2023 COVID-19 booster dose should aim to occur prior to June 2023 and at a time of 6 months or greater following the most recent COVID-19 vaccine dose or confirmed infection.

However, the evidence is that many Australians have become COVID complacent. Booster dose rates remain low and Long COVID is on the rise. Only 72.4 per cent of eligible Australians have had three vaccine doses and just 44.6 per cent have had four doses. Older, vulnerable Australians are also under-immunised.

### Long COVID

Health experts are calling for a rethink of Australia's COVID-19 approach after a new study showed one in 10 people will end up with Long COVID.

The study was published in [Natures Reviews Microbiology](#) and estimates that at least 65 million individuals worldwide have Long COVID, which is when symptoms persist for more than 12 weeks after the initial infection.

Experts warn that each time a person is reinfected with the virus they have the same likelihood of catching Long COVID.

More than 200 symptoms have been identified with impacts on multiple organ systems.

Long COVID is also having a significant impact on the economy.

### Combined COVID-19 and flu vaccine

Pharmaceutical company Novavax has begun the Phase 2 trial of a combined COVID-19 and flu vaccine that would enable people to get one shot every year to protect them from both viruses. According to Executive Vice President, John Trizzino the earliest Novavax expects to get combined doses in arms by the spring of 2025.

Several pharmaceutical companies are in the process of creating combination COVID-19 and flu vaccines. To date, Novavax's combined vaccine candidate has progressed the furthest.

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