



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.

Medicare reform: How to stay ahead of the game

General Practice is in a difficult place and the biggest changes in decades are about to occur.

All practices need to consider if you are doing everything you can to maximise value for your practice and patients.

In a recent *General Practice in a Rapidly Changing World* webinar presented by Tonic Media Network, Dr Norman Swan asked his guests, Dr Steve Hambleton and Dr Wally Jammal what practices can do now to stay ahead of the game.

Dr Steve Hambleton, former President of the AMA, a leading proponent of reform and a General Practitioner in Brisbane, believes practices need to be systematic about their 'regulars'. "Are you looking after them with chronic disease management plans and annual health assessments? They're the high value item numbers". He also highlighted the importance of relationships and building links between you and your patients including your part-time GPs "Are you structured correctly because one day patients will be asked which practice they want to link to and funding will follow that registration." Dr Hambleton also encouraged practices to consider if you are making the best use of practice nurses to wrap around the care your practice is giving alongside better understanding your local population to match your services to needs.

Dr Wally Jammal, a General Practitioner in Sydney, believes the current funding mechanism drives us to do certain things in certain ways and is anti-teamwork. "We need to use the team around us to the best of their ability, even under the current system. It can save time, increase income, increase efficiency and improve patient outcomes. And we know this because we have the data. Practices should start thinking how they can tweak things and become better organised". Dr Jammal also believes practices should look at ways of better using the data available to them.

Further information

To watch or listen to a recording of this *General Practice in a Rapidly Changing World* webinar visit Webinar: <https://www.tonicmedianetwork.com.au/gp-webinar-access/>

[Everything you need to know about 10997 billings](#): A blog featuring tips for success from leading Practice Intelligence Platform provider Cubiko.

Intermittent fasting and inflammation: The effect on healthy ageing

In recent years [intermittent fasting](#) (IF) has grown in popularity. It's an eating plan which alternates between states of fasting and windows of eating. Intermittent fasters repeat this pattern, depending on the type of program they're doing, every day (16:8) or twice a week (5:2).

The idea behind it is that by giving your body a break from eating, it provides a chance to use stored energy, which can lead to health benefits like weight loss. And while trials have shown an IF diet can lead some to shed the kilos, what do we know about other health effects?

In a [randomised controlled trial](#), around 50 people were divided into two groups. One group followed an IF diet for six months, while the other ate their usual diet. In the second six months of the trial, the people on their usual diet switched to intermittent fasting, so all trial participants were now on IF. The researchers were testing to see the effect of IF on various metabolic and molecular markers of healthy ageing – particularly C-reactive protein, a substance in the blood that can be a sign of inflammation in the body (which in turn can indicate one's speed of ageing and risk of things like heart disease, stroke and dementia).

The researchers found that an IF diet did have a significant impact on bodyweight. Most participants were overweight when starting the trial and afterwards had lost up to seven kilograms or eight per cent of their total body weight. But weight loss didn't come with a corresponding decrease in inflammatory markers – there was not a change over time in the C-reactive protein or other similar markers of ageing and metabolic health. That's significant because when you lose weight by other methods, such as changes in nutrition or more exercise, you do also see a reduction in inflammatory markers. So, while there is weight loss associated with an extended IF diet, it may not achieve all the benefits seen by weight loss occurring via other means.

The study shows that while IF can help with weight loss goals, it's likely not just to be how you eat - but what you eat. Research has shown that if the food you eat on these diets is Mediterranean in style, namely cooking with extra virgin olive oil, not much red meat and a large variety of vegetables, then you can get the metabolic benefits of the weight loss.

Apathy as a predictor of dementia or its severity

Dementia has overtaken coronary heart disease as the leading cause of premature death in older Australians.

Mild cognitive impairment, or MCI is a condition which affects cognitive abilities like memory and language. Those with MCI may have more difficulty remembering recent events, names or appointments, and may have trouble following complex directions or making decisions. But they can still perform most of their daily activities on their own. This condition is a transition stage between the normal cognitive decline of ageing and the more severe decline of dementia.

While not everyone with MCI will develop dementia, research suggests people with MCI are at a higher risk of progression than those without it. One common symptom of MCI is apathy – defined as limited motivation and goal-seeking.

The broader question is whether this apathy acts as a predictor of dementia down the track or its severity?

In a [new study](#), data was collected on almost 200 people with mild cognitive impairment including each person's level of apathy and depression. Levels of apathy gradually increased in the cohort the longer people were followed – at baseline, about a third of people had indications of apathy but three years into the study that grew to almost half of participants. Depression, on the other hand, was relatively constant throughout the study period.

They found that apathy was a marker of more severe clinical outcomes - that is, people with MCI and apathy were more likely to have worse cognition, poorer function, caregiver burden and dementia severity (when it developed) compared to those with MCI but without apathy. They contrasted that

finding with depression, which was linked with a much narrower set of outcomes and didn't increase over time.

The authors say these findings suggest clinicians should be on the lookout for those with apathetic mood, as this may indicate a higher likelihood of severe symptoms linked with MCI or a greater likelihood of developing dementia.

Why women are twice as likely to be diagnosed with Alzheimer's disease

Women are twice as likely as men to be diagnosed with Alzheimer's disease. Researchers have long been looking for the reason why, and it may be due to what's called 'cognitive reserve'—brain heft built up through things like education and time in the workforce—which seems to protect against cognitive decline. Older women may be suffering from lack of opportunities when they were young.

Researchers from the ISLAND dementia and cognition research clinic at the University of Tasmania conducted a study following hundreds of older Tasmanians over several years to gain a better understanding.

Associate Professor Jane Alty, Co-Director of the ISLAND clinic and staff specialist in neurology and stroke at Royal Hobart Hospital shared some insights about the study on ABC Radio National's [Health Report](#).

“We know from other studies that people who have had shorter or lower levels of education, are at higher risk of going on to develop dementia... So, we really wanted to look not just at how does having a longer education reduce your risk of dementia, but is that different for men and women?”

“Both men and women who had longer education had better cognitive scores than those with shorter education. But what was interesting is that another measure of cognitive reserve which is innate, so your IQ, your ability to pick up new concepts, that also seemed to be having a different effect in men than women. We could see that men with higher levels of cognitive reserve had a less rapid progression of those changes. So that cognitive reserve was protecting the men's brains.

“But in women, surprisingly we saw a different pattern... women who had a longer education overall had higher scores, but the rate that they changed over those five years was the same as women that had the lower levels of cognitive reserve.

“What we were seeing is that this cognitive reserve seemed to be having a nice protective effect on the men, as we would expect, but for some reason it just was not having that same protective effect on women.

“We don't know the reasons for that, but I think what this study is really highlighting is that it's really important when we're looking at modifiable risk factors for dementia, that we do look at men and women separately because certainly in our study, looking at cognitive reserve, we were seeing different effects on the men and women for this cognitive reserve protective effect.

“I encourage people who are interested to read the [Lancet Commission Dementia Prevention paper](#) which outlines the evidence for the 12 modifiable dementia risk factors that account for about 40% of dementia cases. And these can be broadly split into medical risk factors such as controlling blood pressure and diabetes, and then lifestyle risk factors such as stopping smoking, reducing alcohol intake, doing more physical activity, and so on. I think we probably should be looking at men and women separately in terms of how those risk factors modify risk.

“40% of dementia cases are now attributable to these risk factors, which is good news because it means that through our life we can start to do something about our risk, particularly those lifestyle factors, which are often quite hard to address, but effectively doing more, moving more, interacting more and so on, really seems to have a good effect”.

Does checking your phone reshape your brain?

Teenagers spend on average over 4 hours per day on a mobile device. A lot has already been written on the perils of too much screen time – that it's sapping our willpower and ruining our concentration. Could mobile devices be messing with the brain's development?

In a [new study](#), researchers wanted to test if the brains of adolescents differed depending on how frequently they checked social media apps like Facebook and Instagram. Over a three-year period, they had the 12-15-year old's complete what's called a 'Social Incentive Delay' task – a game in which they were shown adolescents with facial expressions that could be positive, negative or neutral. They also organised the adolescents into two groups - those who were 'non-habitual' in their phone-checking habits (meaning they didn't often check social media) and those who were habitual.

Researchers found that as time went on, those kids who habitually checked social media grew more sensitive to the social feedback of the 'Social Incentive Delay' task – potentially, that they were more sensitised to social feedback. There was also a correlational change in their brain imaging, meaning there was a marked difference in the brain scans of those habitual and non-habitual checkers.

What's less clear from this study is whether this is a good or bad thing – are these changes and a potential greater sensitivity to social feedback problematic? More work is needed to better understand exactly the implications of these shifts in brain development.

How patients can make the most of a skin cancer check

Being prepared and knowing what to expect will help patients get the best from their next skin cancer examination.

Simply living in Australia is one of the greatest risk factors for developing skin cancer. Australia has one of the highest rates of skin cancer in the world. Two in three Australians will be diagnosed with skin cancer by the age of 70. About 2,000 Australians die from skin cancer each year. Regular skin checks by a doctor are the only way to know whether that itchy mole or new freckle is cause for concern.

This new initiative from myDr helps patients ask the right questions at their next skin cancer check. <https://mydr.com.au/make-the-most-of-it/how-to-make-the-most-of-your-skin-cancer-check/>

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