



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.

What's in the recently released Australian Long COVID inquiry report?

A parliamentary inquiry into Long COVID and repeat COVID infections has recently handed down its [final report](#)

The recommendations included:

- Establishing a better COVID and Long COVID data collection system
- Reviewing antiviral eligibility
- Providing more support and education for GPs to treat Long COVID
- Developing evidence-based guidelines for diagnosis and treatment
- Funding state health departments to set up Long COVID clinics at public hospitals
- Setting up an expert panel to advise on the impact of poor indoor air quality and ventilation on the economy
- Changes to the vaccination communication strategy to emphasise how vaccines can reduce the risk of Long COVID
- Funding more research into myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS)
- A national summit into Australia's response to COVID, including Long COVID

About 5 per cent of Australians who contract COVID-19 develop Long COVID, according to multiple studies cited in the report. It's a syndrome with "up to 200 diverse and non-specific symptoms, making recognition and diagnosis challenging", the report said.

The Department of Health and Aged Care has been tasked with developing a national plan to respond to Long COVID.

The committee also recommended the government use the definition of Long COVID as defined by the World Health Organization (WHO) and review it as more information became available. The WHO defines Long COVID as the continuation or development of new symptoms three months after the initial infection, and then lasting for at least two months.

Further information

For the latest COVID updates check out Coronacast:
<https://www.abc.net.au/radio/programs/coronacast>

50% of people with suicidal thoughts don't tell anyone

According to the Australian Bureau of Statistics more than eight Australians die every day by suicide and 75% of those who take their own life are male. That's more than double the road toll.

When someone says they are thinking about suicide, it's a key opportunity to intervene - encourage them to access the help they need and potentially save their life. But understanding how often people who are experiencing suicidal ideation or behaviours (which includes thoughts, plans or attempts to suicide) disclose these thoughts and feelings to others is incomplete.

How often do people experiencing ideation tell someone else, and what factors shape whether they disclose this information? These are key questions, especially given suicide is one of the leading causes of years of life lost globally and limited progress has been made on predicting and intervening.

Researchers at Melbourne's Deakin University and in the UK conducted a [review](#) of evidence considering more than 90 studies and over one million participants. They looked at people experiencing suicidal ideation, disclosures and death by suicide. These studies defined suicidal ideation in a variety of ways, but generally recorded a binary response to whether someone had or had not been thinking about suicide. The studies also usually recorded categories of people to whom a disclosure had been made (including healthcare professionals, family and friends).

The researchers found about half of all people who experienced suicidal ideation or behaviour didn't disclose that to anyone. There was some indication that women were more likely to tell someone about their suicidal ideation, though the authors say that any effect of gender is probably small. Family members were most likely to be confidants, followed by friends and health professionals.

The authors believe these findings might help health professionals in being alert to people who are experiencing suicidal ideation yet may be reluctant to disclose this due to factors like stigma and shame. They say opportunities to defer disclosure (for example, giving an option of preferring not to say alongside binary yes/no questions) and considering context factors (like gender and social supports) might be useful when treating patients presenting with mental health concerns.

Further information

[Suicide: what are the warning signs?](#)

Updated eligibility for oral COVID-19 treatments

An additional 160,000 Australians are now able to access subsidised COVID-19 antiviral treatments after the federal government expanded eligibility criteria under the Pharmaceutical Benefits Scheme (PBS).

There are two oral COVID-19 antiviral medicines approved for use in Australia and are available on the PBS - Lagevrio® and Paxlovid®.

From 1 April 2023, eligibility now includes:

- Anyone 70 years of age or older, regardless of risk factors and with or without symptoms
- People 60-69 years of age or older with 1 additional risk factor for developing severe disease
- People 50 years of age or older with 2 additional risk factors for developing severe disease or have had past COVID-19 infection resulting in hospitalisation
- First Nations people, 30 years of age or older and with 1 additional risk factor for developing severe disease or have had past COVID-19 infection resulting in hospitalisation
- Immunocompromised people over the age of 18

There's a long list of risk factors and they include living in residential aged care, disability with several conditions, frailty, neurological problems such as having had a stroke, living with dementia or multiple sclerosis and others, chronic lung disease, obesity, diabetes, heart disease, kidney or liver damage, living remotely with poor access to high level healthcare and past severe COVID disease.

Who should NOT have antiviral COVID-19 treatments?

- A person who is pregnant or breastfeeding. Instead, they should stay up to date with their COVID-19 vaccinations.
- A person with severe kidney or liver disease should not have Paxlovid® COVID-19 treatment. They should talk to their healthcare provider about alternative oral treatments.

COVID-19 treatments and fertility

If a person is prescribed the oral treatment Paxlovid® for COVID-19 and is also taking prescribed birth control 'the pill', they should use extra contraception as the treatment may affect how the pill works.

Also, it is recommended they use effective forms of contraception:

- during treatment and for 4 days after with Lagevrio®
- during treatment and for 7 days after with Paxlovid®.

Men should use contraception during and for 3 months after taking Lagevrio®.

Further information

[Updated eligibility for oral COVID-19 treatments](#)

How to help teens quit vaping

The Minister for Health, Mark Butler recently announced severe restrictions on access, formulation and packaging of vaping products which limit their use to assist smoking cessation with a doctor's prescription. But that still leaves an unknown number of young Australians who are addicted to nicotine thanks to current vaping products. So how to help them? It's a huge concern to schools and parents.

Associate Professor Michelle Jongenelis from the Centre for Behaviour Change at the University of Melbourne recently shared some practical tips for parents to help their teen stop vaping on ABC Radio National's [Health Report](#) and for the online publication, [The Conversation](#)

Show compassion

There are many reasons why people vape. So be compassionate and try not to judge your teen. Lecturing, criticising and being punitive won't help them quit. Position yourself as someone they can rely on.

Boost their motivation to quit

Talk with your teen about their vaping. Ask them what led to them wanting to quit. You can both use those reasons to help motivate quitting.

Use that knowledge to balance the benefits of quitting with the costs of not quitting. You can do this using a practical exercise.

Discuss potential barriers that might get in the way of quitting. What is your teen worried will happen if they try to quit? Have they been using vaping to relax and are worried they will become more anxious? Are they worried about losing friends? Do they think they won't be able to quit?

Set a goal

Once your child is motivated, it's time to set a goal to quit. Work with your teen to develop a SMART goal that is **S**pecific, **M**easurable, **A**chievable, **R**elevant, with a **T**imeframe.

That goal might be to quit vaping by a certain date. But your teen may need to set smaller goals first. This might mean "This week, I will only vape on Monday, Wednesday and Friday."

Once achieved, these goals can be made more challenging until gradually, your teen has succeeded in quitting vaping.

Make sure you or your teen reward themselves for achieving their goals, even the small ones.

Establish coping strategies

Also coming up with coping mechanisms for when your teen faces barriers. When they're at a party and they get offered a vape, what are they going to do? Coming up with coping mechanisms for that, teaching them how to say no, what excuses they might want to come up with for why they're not vaping, again having those alternatives in place if they're doing it for stress reduction. It's not just a matter of 'I want to quit' and then you stop. In some cases that might work. But in other cases, you might need to be setting some coping strategies in place for what will happen when cravings set in or there's peer pressure to consume these products.

Seek support

If your teen has been using nicotine vapes – and many vapes contain nicotine even if they are not labelled as such, they may be addicted.

Contact the Quitline or see your GP to discuss support for your teen. They may need extra help weaning off e-cigarettes.

Further information

[Easy Access to Vapes for Teens](#)
[Significant Harm Linked to Vaping](#)
[E-cigarettes and teens: what you need to know](#)
[Lung Foundation Australia](#)

Does the Mediterranean diet reduce the risk of heart disease in women?

There's been a lot of evidence showing positive health outcomes for those who follow the Mediterranean dietary pattern, which is typically rich in vegetables, wholegrains, legumes and olive oil, low in processed foods and red meat and has a cuisine which cooks at moderate heat with bioactive rich mixtures such as extra virgin olive oil, onions, garlic, fresh herbs, tomato and other red and orange vegetables.

The diet has been associated with various benefits, including lower risk of cancer and Alzheimer's disease. Now a [major new review of the evidence](#) led by the University of Sydney has found that it has a significant protective effect against cardiovascular disease in women – in fact, women who followed a Mediterranean diet had up to a 24 percent lower risk of heart disease and a 23 percent lower risk of death.

The review examined data from 16 published studies where women were following the Mediterranean diet. The studies were between 2006 and 2021 and involved over 722,000 female participants, with most women being from Europe and the United States. Their level of adherence to a Mediterranean diet was typically measured through a 'tMDS' or 'traditional Mediterranean diet score' which gives points for consumption of those various food groups linked to the diet and to the avoidance of less healthy foods, with higher scores being better.

Most studies have only shown an overall protective effect of the Mediterranean diet, not by sex, with this study the first to confirm the benefits for women. Previous work has also shown significant and similar benefits for men in terms of heart health.

It's also exciting because this non-drug intervention can be readily recommended to people and can be incrementally adopted, with changes to a person's diet such as using olive oil instead of other oils during cooking, adding a couple of serves of fish each week (especially an oily fish like salmon), and choosing white meat over processed meat.

*Drs Norman Swan AM and John Aloizos AM