



Message from the Tonic Media Network Editorial Committee*

Welcome to another edition of Practice Connect - a newsletter designed for you, your practice and your patients with up-to-date news and information.

Can weight gain be driven by seasons and celebrations?

According to the Australian Institute of Health and Welfare 67% of adults aged 18 and over are overweight or obese. When broken down by gender, it's slightly more common in men than women.

Weight gain is obviously the core problem, and a particular area of focus is understanding when and why it happens. Part of the picture suggests it may be cultural celebrations such as New Year or Christmas that are chiefly responsible for annual weight gain. Other research lays responsibility at the feet of the seasons – that we gain weight in winter and shed it in summer. These patterns aren't well understood in Australia, but some new research aimed to make the picture clearer.

A [new study](#) from researchers at the University of South Australia and the University of Queensland recruited more than 300 Adelaideans aged 18 to 65. They were asked to wear Fitbits for a year and to record their weight daily. At the start of the study, the baseline weight of the participants was 84 kilograms on average. The participants were broadly and evenly spread over the normal, overweight, and obese BMI categories.

Researchers found that a typical person's weight tended to fluctuate about 250 grams on a week-to-week basis. Considered over a year, the participants gained about 220 grams on average. Weight tended to increase sharply between December and January (about a 500-gram increase), then gradually decreased until April (the start of autumn), increased through to the end of winter and then eased again when spring arrived.

The researchers say these findings are evidence of both seasonal and cultural influences on weight with colder months leading to steady weight gain and sharp increases at Christmas and Easter. They also found a weekly pattern, with people heaviest after a weekend, which is probably no surprise since most of us change our diet from Friday through to Sunday. The authors say these significant increases in weight at specific times might warrant targeted weight-related interventions.

Further information

[Weekly, Seasonal, and Festive Period Weight Gain Among Australian Adults](#) - JAMA Network

Are exercise ‘weekend warriors’ at increased risk of heart disease?

For many, the working week leaves little time for exercise – it’s something you fit in as a “weekend warrior” on the courts, in the water, on the pavement or in the gym. Many physical activity guidelines recommend people space out their exercise, but is there evidence that squeezing your fitness into one or two days is any worse than a less-crammed schedule?

[A study](#) used data from the UK Biobank - a prospective cohort of more than 500,000 people who have various parts of their health information and records captured for medical research. About a fifth of these people wore activity trackers which collected data about their movements and which researchers were able to translate into various forms of physical activity such as running, walking, cycling and so on. Then researchers examined whether there were links between physical activity and outcomes like atrial fibrillation, myocardial infarction, heart failure and stroke.

Considering the 90,000 people who had adequate data recorded, researchers found that people fell into three groups – the weekend warriors who were very active on one or two days (though not always the weekend), the active group who were active over several days, and a group who were mostly inactive. Comparing the weekend warriors with the broadly active group, the researchers found there was no difference in their risk of major heart issues over time – the incidence of heart failure, heart attack and stroke were the same in both groups. The weekend warrior pattern was also the most common way people were active (i.e., most active people were highly active on just one or two days).

Further information

[Accelerometer-Derived “Weekend Warrior” Physical Activity and Incident Cardiovascular Disease - JAMA Network](#)

[Physical activity and exercise: getting started](#) – myDr.com.au

Do alcohol apps help curb young drinking?

You probably have a general sense of how much you drink, if you drink – but we all know there can be a big difference between ballpark estimates and cold hard data. Do you think you’d change your drinking behaviour if you were receiving regular reminders about your alcohol consumption? That’s what researchers were aiming to test.

According to the Australian Bureau of Statistics 25.8% or 5 million people aged 18 years and over exceeded the Australian Alcohol Guidelines in 2020-21. One in seven (14.4%) people aged 18-24 years consumed more than 10 standard drinks in the week prior to interview.

The [study](#) included over 300 psychology students from the University of Melbourne with an average age of 21 years. The participants gave their demographic data and undertook surveys of their alcohol use, anxiety, depression and cognition. Some of them also downloaded a smartphone app on which they recorded their alcohol use over a two-week period in real time. Based on the survey responses, students were categorised as either hazardous or non-harmful drinkers (based on World Health Organisation criteria). Then students were randomised into three groups – a control group, a group that received feedback about their levels of alcohol consumption over time, and a group that received that same feedback plus information about their levels of impulsivity (based on the initial surveys) and how that might influence their alcohol use.

Researchers found that hazardous drinkers in both the group that received feedback about their drinking and the group that received feedback and insights about their impulsivity both reduced their drinking by a significant amount – a reduction of about a third over the study period (which was approximately four drinks a week). There was, as expected, no change in the control group over the course of the study. Interestingly, though the groups who received feedback reduced their alcohol intake, they didn’t change the frequency of their drinking (how many days they drank each week).

This study underscores the potential of technology-driven interventions for behaviour change among young adults. We have seen in other interventions that providing personalised feedback and tailored advice can be powerful ways of getting people to change behaviour and improve their health outcomes. It's also interesting that some information is not useful. The researchers thought that people learning about impulsivity might influence their drinking, but it wasn't the case in this study.

Further information

[Impact of personalized alcohol intake and cognitive feedback on alcohol use behavior in hazardous drinkers: A quasi-randomized trial](#) – Wiley Online Library

[Alcohol: how much is too much?](#) – myDr.com.au

Is early childhood abuse linked to poor pregnancy outcomes?

According to the 2023 Australian Child Maltreatment Study nearly two in three Australians (62.2%) reported that they had experienced at least one form of child maltreatment (58.4% of males and 65.5% of females).

We know that adverse experiences in childhood – such as domestic violence or substance abuse are linked to a range of negative outcomes throughout a person's life. But the high-level impacts on pregnancy have not been well-understood, a gap this research from the University of Queensland sought to address.

A [systematic review](#) and meta-analysis of existing papers which looked at associations between traumatic childhood experiences and complications during pregnancy – things like depression or anxiety during pregnancy, as well as adverse birth outcomes like low birth weight, preterm birth or stillbirth. Papers were assessed for their quality and bias, and data were extracted to inform the meta-analysis. In all, 32 studies were included in the final review.

Researchers found that there was a clear association between adverse childhood experiences and pregnancy complications. In particular, people who experienced these childhood events were 37 per cent more likely to be diagnosed with gestational diabetes, 39 per cent more likely to develop antenatal depression, 59 per cent more likely to have a baby with a low birth weight and 41 per cent more likely to have a premature delivery.

While the research demonstrates the critical importance of preventing childhood trauma and abuse, it also points to contextual factors that may be of interest to clinicians. If abuse is a known element of a patient's history, they may be at greater risk of poor pregnancy outcomes and need additional support or intervention at this time.

Further information

[The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: 2023 Brief Report - The Australian Child Maltreatment Study \(ACMS\)](#)

[The impact of childhood trauma](#) – myDr.com.au

Is the quality of sleep more important than quantity

We have often heard that an adult needs between seven and nine hours sleep a night to feel properly refreshed and to function at their best the next day.

A new international study led by researchers at Monash University has found that it's the quality of sleep rather than quantity and how well it is maintained throughout the night is associated with better cognitive function.

Published in [JAMA Network Open](#), the study investigated 5946 adults in the USA in five independent community-based cohorts involving an overnight sleep study and neuropsychological assessments.

“Our findings suggest different elements of sleep are important for cognitive health, particularly the quality of someone’s overnight sleep and whether or not they have sleep apnoea,” said Associate Professor Matthew Pase from the Turner Institute for Brain and Mental Health at Monash University.

Researchers found that better sleep quality and the absence of sleep apnoea in adults aged 58-89 who had not experienced stroke or dementia were associated with better cognition over five years of follow-up.

According to Associate Professor Pase the most interesting finding is “participants that have mild to severe sleep apnoea had worse cognition, so they had worse thinking and memory performance.”

“This is significant because there have been some studies that have shown relationships between obstructive sleep apnoea and poor cognition, but they’ve genuinely relied on people with a diagnosis,” he added.

According to Monash University, researchers will explore the aspects of sleep health most strongly related to dementia risk.

Further information

[Sleep Architecture, Obstructive Sleep Apnea, and Cognitive Function in Adults](#) – JAMA Network

Navigating MyMedicare: What you can do now to prepare

MyMedicare is a new voluntary patient registration model. It aims to strengthen the relationship between patients, their general practice, general practitioner, and primary care teams. It zeroes in on a crucial aspect of our healthcare system, continuity of care – particularly in the face of an ageing population and the increasing prevalence of chronic diseases.

MyMedicare is only at the early stages of development, so it will take some time for practices to get all the answers you need.

General practices can now begin the MyMedicare registration process and patients can register for MyMedicare from 1 October 2023.

Our friends at leading practice intelligence platform provider Cubiko recently held a MyMedicare webinar <https://www.cubiko.com.au/resources/navigating-mymedicare-what-you-can-do-now-to-prepare-your-practice/> with the Australian Association of Practice Management and shared some of the following information:

Patient registration

Patients will be able to register

- Through the Medicare App
- Online through MyMedicare website
- Paper forms

Two-way consent for registration

It requires both parties, the patient and the practice to accept a patient registered for that practice. For instance, a patient can register for a practice, and then the practice needs to accept the patient registration.

Know your patients

The first step to preparing for MyMedicare effectively is understanding your patient base. Different patients will benefit from MyMedicare in different ways. For instance, your patients who receive a GPMP <https://www.cubiko.com.au/blog/what-is-a-gp-management-plan/> once registered with your practice from November 2024, will only be able to receive that GPMP at your practice. Highlighting key benefits to key patient cohorts is crucial.

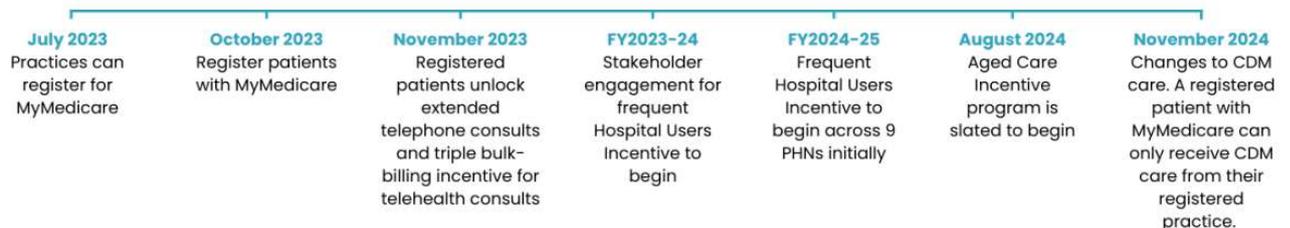
Set up your practice for Patient Cohort Analysis

- Make sure your patient database is accurate. Before you begin looking to register patients in October, make sure your patient database is set up for success. That means that the right patients are marked as active.
- Deactivate patients who are no longer active. MyMedicare patient eligibility is based on whether a patient has had two face-to-face visits in the last two years. You could use this as a base of whether a patient is active for MyMedicare at your practice.
- Focus on your active patients for MyMedicare. It wouldn't make much sense for a patient if they receive communication to register at your practice, and then they find they aren't eligible because they don't meet the criteria for two face-to-face visits in the last two years. Make sure you are contacting the right patients, at the right time.

Identify patients for MyMedicare

- Focus on where the changes are:

Focusing on where the changes are



The major changes announced can be summarised as:

- Changes to telehealth
- Changes to Aged Care incentives
- Future initiative for Frequent Hospital Users
- Changes to CDM

There's plenty of information still to be announced for frequent hospital users, so let's focus on telehealth, Residential Aged Care Facility (RACF) patients and Chronic Disease Management (CDM) patients.

Rob Dickson, Chief Operating Officer at Cubiko, who presented on the webinar advised to look at patients who have had previous billings as an indicator on different patient cohorts. For instance, patients with a previous telehealth item billed may be slated to benefit from future MyMedicare changes for telehealth in November 2023.

Strengthen patient-practitioner relationships

MyMedicare places a premium on the relationship between patients and healthcare providers. It rewards proactive and preventive care, encourages extended telehealth consultations, and incentivises GPs to register frequent hospital attendees.

Develop an education campaign

- Know your audience
- Use relatable language
- Choose the right medium such as email, SMS, mail or in-person
- Educate in the practice

It's important to create a meaningful message to patients about why they should register with your practice. Focus on the benefits for the varying patient cohorts under MyMedicare <https://www.cubiko.com.au/blog/a-guide-to-mymedicare-patient-registration-campaigns> and structure education around that.

MyMedicare Educational Posters

Cubiko has developed some great [MyMedicare posters](#) that can help your practice with communicating the benefits of MyMedicare for your patients.

Further information

To watch a recording of the Cubiko Navigating MyMedicare webinar [visit here](#).

For further information about MyMedicare including eligibility, how to register and frequently asked questions [visit here](#).

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