



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.

Tonic TV

For those of you who have a Tonic TV installed at your practice, we can help you advertise your changes in operating hours over the holiday period on Tonic TV. We can also arrange for the TV to automatically turn off for the times when you are closed.

You can also let us know if you would like Tonic TV installed at your practice. Please contact our team by emailing customer care@tonicmedianetwork.com.au

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Associate Professor, Tammy Brady of Johns Hopkins University School of Medicine in Baltimore was the lead researcher. She recently told the ABC's Health Report "I advocate for measuring the mid-arm circumference with the measuring tape, it takes 10 seconds tops, and then looking at the markings on the cuff that comes with the device to make sure you are choosing the correct cuff."

So, size does really matter when it comes to blood pressure readings.

[More information](#)

[Effects of Cuff Size on the Accuracy of Blood Pressure Readings](#): JAMA Network

Non drug treatments for both osteoarthritis pain and depression

According to the Australian Bureau of Statistics, nearly half of Australians of all ages (46.6%) had one or more chronic condition, and almost one in five (18.6%) had two or more.

Arthritis, especially osteoarthritis, and psychological issues like depression and anxiety rank among the top chronic conditions in Australia and osteoarthritis often coexists with depression. While medications such as NSAIDs can relieve pain, they do have side effects, and nonpharmacological approaches can help patients.

In a [new systematic review](#), researchers from the University of New South Wales dug into the best non-pharmacological methods to ease both pain and depression in those with osteoarthritis.

The review captured randomised clinical trials where non-pharmacological treatments for osteoarthritis had been tested - things like exercise, lifestyle education, yoga, resistance training, therapies such as cognitive behavioural therapy, and “multi-modal” treatments which combined various elements of these programs. These trials studied the effect of such interventions on pain and depression in people living with osteoarthritis. The typical person in one of these trials was in their mid-60s and they were mostly female.

The researchers split their findings in two - treatments for pain, and then treatments for depression. 23 different studies showed non-pharma treatments reduced pain, with “movement meditation” exercises (yoga or tai chi) and resistance training showing benefit. Movement meditation and mixed approaches also had significant benefits on depression.

The authors suggest these findings support treatments for osteoarthritis targeting mind and body which are more effective than exercise or therapy alone. They say this could be especially useful for people with dementia, many of whom experience pain linked to osteoarthritis and where the interventions studied might have multiple benefits.

Further information

[Nonpharmacological approaches for pain and symptoms of depression in people with osteoarthritis: systematic review and meta-analyses](#): Nature

Processed foods and depression

The Australian Bureau of Statistics estimates that 2.1 million Australians, or 9.3 per cent of our population, are suffering from some form of depression.

A growing body of research indicates that what we eat plays a role in determining our risk of depression. While there is good evidence connecting [ultra-processed foods](#) (UPF) — foods that are energy-dense, hyperpalatable and ready to eat (mostly anything in plastic packaging at your local supermarket) with various health issues, there is less data on their link to depression. Past studies have found it difficult to associate short-term diet data (over a week or month) with diagnoses of depression, or how these processed foods interact with other factors.

Now [new research](#) delves into the potential link between UPF, its components, and the onset of depression. This research used data on women involved in the Nurses Health Study, conducted in the United States between 2003 and 2017. Among other information, researchers collected diet data using food frequency questionnaires every four years (which get people to report what they eat and how often). These foods were then categorised according to their degree of processing. They also checked whether these women had depression, indicated by clinical diagnosis and antidepressant use. The study included almost 32,000 women with an average age of 52.

The researchers found those who ate ultra-processed foods more often had a higher BMI, higher rates of smoking, and were more likely to have hypertension and diabetes. And compared to those in the lowest fifth of ultra-processed food consumption, those in the highest fifth had a 49% increased risk in depression. That was even after adjusting for known confounding factors for depression – things like smoking, physical activity, age, income and marital status. Digging into the specific components of an ultra-processed food that may be harmful, they found that artificially sweetened drinks and artificial sweeteners more broadly were linked to greater risk of depression but weren't able to identify particular other components of ultra-processed foods associated with depression.

While the exact mechanism by which UPF influence someone's risk of depression is still unclear, recent findings suggest that artificial sweeteners might affect certain brain transmissions that could be linked to the development of mood disorders. As ever, Michael Pollan's advice on foods is cogent: "Eat food. Not too much. Mostly plants." He might even consider adding a fourth line – "Nothing in plastic!"

Further information

[Consumption of Ultra-processed Food and Risk](#): JAMA Network

Early menopause and diabetes

[Type 2 diabetes](#) affects about a tenth of all adults globally. Studies have typically focused on white men, but we know women may have unique risk factors for and predispositions towards type 2 diabetes – including menopause.

[Recent research](#) at the University of Queensland used data from across the world to make the links clearer between age of menopause, ethnicity, and risk of type 2 diabetes in women.

This analysis used data from InterLACE, a collection of observational studies of women in Australia, the UK, Japan, China, the Netherlands and Sweden. Data from more than 350,000 women who had experienced natural menopause were analysed. They reported their age at menopause, as well as whether and when they were diagnosed with type 2 diabetes after menopause, indicated by personal report or medical records. The data also included various factors like ethnicity, BMI, smoking habits and hormone therapy to understand their potential impact on the results.

Over nine years, 5.9 per cent of women developed type 2 diabetes. Women who went through menopause before the age of 45, and especially those before the age of 40 (premature menopause) had a higher chance of developing diabetes compared to those who experienced it later. This increased risk was evident across multiple ethnicities – including white, South and South-East Asian and black women. Late menopause did not increase diabetes risk in any group.

5-10% of women in developed countries experience early menopause, with even higher rates in developing nations. The authors say recognising these women as higher risk can help clinicians ensure they receive proper health monitoring and preventive measures.

Further information

[Ethnic Differences in the Association Between Age at Natural Menopause and Risk of Type 2 Diabetes Among Postmenopausal Women: A Pooled Analysis of Individual Data From 13 Cohort Studies](#): American Diabetes Association

Do blue light glasses help with your eyes?

The marketing around blue-light filtering or blocking lenses have been gaining popularity in recent years – with claims that they can boost visual performance while using devices like a smartphone or computer, protect your eyes from fatigue, and even improve sleep quality (because blue light is meant to suppress melatonin). A recent [Cochrane review](#) from researchers at the University of Melbourne and in the UK examined clinical trials to filter these claims.

Researchers scanned multiple databases, including Cochrane and Medline, focusing on randomised controlled trials of adults where the blue-light filtering glasses were compared to regular lenses. The outcomes they looked at included visual fatigue, visual performance, macular protection and sleep quality. The final review included 17 RCTs, though the typical sample size of the included studies was very small. The largest trial only had 156 participants.

The evidence suggested no noticeable difference in visual fatigue between users of blue-light filtering lenses and those of regular lenses. There was no difference in critical flicker-fusion frequency (a test where people record when they can no longer detect whether a light is flashing or steady, to measure of visual fatigue) or visual performance. They couldn't say with any certainty that the blue-tinted glasses helped with sleep or not, because studies were too varied in the outcomes they reported. Some users of blue-light glasses reported side effects (though reports were rare). These included increased depressive symptoms, headaches, and general discomfort related to the use of the lenses.

While blue-light filtering lenses might seem promising based on marketing claims, this systematic review suggests they may not alleviate eye strain from computer or mobile use and don't help with visual performance. The potential benefits on sleep quality remain unclear, and there is zero evidence they help to protect macular health. For consumers considering such glasses, better studies are needed to show that the benefits match the marketing claims.

Further information

[Blue-light filtering spectacle lenses for visual performance, sleep, and macular health in adults:](#)
Cochrane Library

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[Effects of Cuff Size on the Accuracy of Blood Pressure Readings:](#) JAMA Network

[Blood pressure: what is your target?](#) myDr.com.au

General Practice in a Rapidly Changing World: A conversation with Mark Butler

Tonic's exclusive GP Webinar Series, General Practice in a Rapidly Changing World, focuses on critical issues facing General Practice and GPs today.

In a recent wide-ranging conversation, Dr Norman Swan and The Hon. Mark Butler MP, Federal Minister for Health and Aged Care, discussed many issues general practices is facing including MyMedicare,

At the time of the webinar, Minister Butler confirmed that about half of General Practices (4000) and 77,000 patients had enrolled in MyMedicare since it become available to patients on 1 October.

Mark Butler said that he wants to make sure he "gets MyMedicare right", and to build a level of confidence in health sector and community. "We're not trying to do quick fixes based on political settlement. This is going to be evidence based and built to last".

The Minister is also focused on improving the work of practices and improving the experience of patients. One area is "lifting the constraints on the ability of some health professionals to work to the top of their scope of practice"..... utilising the *Scope of Practice Review* which is getting underway.

Mark Butler is also worried about the low number of medical graduates entering general practice as the population increases and more GPs retire. "This is the thing that I am most worried about in the health system: the sustainability of general practice in the medium term".

One of the topics raised by one of the many webinar attendees was around the failure of the Government and the Health Department to do a media campaign or communicate with people regarding MyMedicare and its value proposition with the heavy lifting yet again, being left to general practice. In response the Minister said "We are still working on that and that's a point really well made."

"I like getting this type of feedback from these webinars," Minister Butler added.

To watch the webinar [click here](#)

To listen to the podcast [click here](#)

*Drs Norman Swan AM and John Aloizos AM