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.

Is mental health declining over generations?

Recent data from several countries, including Australia, indicate a notable trend of declining mental health, even before the COVID-19 pandemic. In Australia, this trend is particularly evident in the increasing rates of mental and behavioural issues as reported in the National Health Survey. From 2001 to 2020, these rates more than doubled, with a rise from 9.6 per cent to 21.4 per cent in individuals aged 15 and older. Similar patterns have been observed in many OECD countries, with a significant impact on younger populations.

This study delves into the reasons behind the increasing mental health challenges in Australia, focusing on three different phenomena – period, age, and cohort effects.

- Period effects are changes experienced by all population groups simultaneously, such as economic crisis or environmental changes.
- Age effects relate to shifts in the population's age structure and have been studied through surveys showing a U-shaped pattern in mental well-being across ages (i.e. people are typically mentally well when young, often have a dip in mental wellbeing through their middle years, and then recover in older age).
- Cohort effects, on the other hand, are unique to specific birth years and are influenced by societal shifts like the rise of social media or smartphone use.

The research employs various modelling techniques to differentiate these effects and assess how each contributes to an overall trend of declining mental health.

The research found that cohorts born recently, especially in the 1990s and later, report worse mental health than earlier cohorts at comparable ages. This trend is increasingly evident in more recent surveys, suggesting a strong cohort effect. The analysis, based on data spanning 20 years from the Household Income and Labour Dynamics in Australia (HILDA) survey, shows that younger cohorts are witnessing a quicker decline in mental health compared to older cohorts. These observations are consistent across various sensitivity analyses, including different ways of defining a cohort and measuring mental illness.

The consistency of these findings across genders, accounting for various methods of measurement, show interventions are much-needed to address the challenges faced by these younger people. The authors believe that recognising and tackling the factors contributing to this decline, such as technological influences, economic stressors, and broader societal changes, is essential – especially as this burden of mental illness may not resolve itself over time (or certainly not fully), meaning it will have significant health system and economic impacts for decades to come.

Opioids and cannabis use

Opioid and cannabis use disorders are a major concern worldwide, constituting almost 80 per cent of all illicit drug use disorders. Their co-occurrence is of particular concern to clinicians and public health officials, especially with a backdrop of opioid harms and less restrictive cannabis policies globally. While there are claims that cannabis might help reduce opioid use, evidence supporting this hypothesis has been limited and inconsistent. Now a long-term study examines the relationship between cannabis, heroin and other opioid use over a 20-year period.

The Australian Treatment Outcome Study (ATOS) is a longitudinal study tracking individuals entering treatment for heroin dependence in Sydney, Australia. The study began with about 600 participants, including both individuals in treatment and a comparison group not in treatment. Participants were assessed at multiple points over 20 years, providing data on their use of cannabis, heroin, and other opioids, with modelling analysing the relationship between cannabis and heroin use, taking into account various other factors like someone's criminal history, psychopathology, and general health.

The study makes several key findings. Over long-term follow-up, there was a significant decrease in daily heroin use and a fluctuation in cannabis use frequency. The study found that increases in heroin and cannabis use at one time point predicted further increases in the respective substance use at subsequent follow-ups. An increase in heroin use at certain points was associated with a decrease in cannabis use at later points. And there was no relationship detected between use of cannabis and use of other opioids, including prescribed opioids. These findings suggest a complex, non-linear relationship between cannabis, heroin and other opioid use over a long period.

Despite the prevalence of cannabis use among individuals with long-term opioid use disorder, the study provides little consistent evidence for a strong association between cannabis and heroin use, or cannabis and general opioid use, over the extended period. These results imply that the interaction between these substances is more nuanced than previously thought. The authors say that clinicians and policymakers should be cautious about using cannabis as part of a strategy to manage opioid use considering growing global legalisation.

Delaying cord clamping to help preterm babies thrive

Over 13 million infants are born prematurely worldwide each year, posing significant risks to their survival and long-term health. One area of major interest in neonatal care is the timing of umbilical cord clamping. While delayed clamping (waiting at least 60 seconds after birth) is beneficial for term infants, its effects on preterm infants, particularly those born extremely preterm, are more uncertain. Various strategies like early clamping, delayed clamping, and cord milking have been proposed, but their relative effectiveness is less clear.

To address this uncertainty, a comprehensive systematic review and individual participant data meta-analysis was conducted. This approach, considered the gold standard for combining trial data, involved pooling de-identified participant-level data from 48 randomised trials and more than 6,000 babies. The researchers wanted to evaluate the effects of deferred cord clamping,

cord milking, and immediate clamping on mortality and morbidity in preterm infants. The methods included thorough searches of medical databases and trial registries and data quality checks.

The meta-analysis found with high certainty that deferred cord clamping, compared to immediate clamping, significantly reduces the risk of death before discharge in preterm infants. This beneficial effect of deferred clamping was consistent across various subgroups of preterm infants. In contrast, the evidence for cord milking was less clear, with no significant difference in mortality compared to immediate clamping. However, they did find that cord milking might increase the risk of severe intraventricular hemorrhage, particularly in infants born before 28 weeks of gestation. Both deferred clamping and cord milking were associated with reduced need for blood transfusion.

This meta-analysis provides robust evidence that deferred cord clamping is beneficial for preterm infants, potentially guiding changes in clinical practice and international guidelines. The findings highlight the need for careful consideration of cord clamping strategies in preterm births, particularly for the most vulnerable infants. While the benefits of deferred clamping are clear, the authors say the potential risks associated with cord milking need to be investigated further.

Heat-related occupational injuries to Australian workers

The relationship between high ambient temperatures and workplace health and safety is increasingly relevant as global warming increases average temperatures across the world. Previous studies have shown that heat stress can cause a range of occupational injuries, with certain industries that involve working outdoors like agriculture, mining, and construction being particularly vulnerable. In Australia, the financial and social impact of heat-related injuries on both individuals and the healthcare system is significant. In a new study, researchers from Sydney, Adelaide, Melbourne and Canberra focused on quantifying the burden of occupational injuries attributable to high temperatures in Australia.

This was a retrospective observational study which analysed data from the Australian Institute of Health and Welfare (AIHW) and Safe Work Australia in order to estimate the burden of occupational injuries as disability-adjusted life years (DALYs). The study spanned from July 2014 to June 2019 and included both years lived with disability (YLDs) and years of life lost (YLLs) due to occupational injuries. The researchers assessed this in light of the different climate zones in Australia, using a methodology that calculates the proportion of this burden attributable to heat exposure.

The study found that between 2014 and 2019, Australians lost an estimated 42,884 years of healthy life to occupational injuries, with heat-related injuries accounting for 967 DALYs (2.3 per cent of all occupational injury-related DALYs). As you might expect, the burden was disproportionately high in tropical climate zones. The highest rate of heat-attributable occupational injury burden was observed in the Northern Territory.

The findings indicate that a significant portion of the occupational injury burden in Australia is attributable to high temperatures, which the authors say emphasises the need for adaptive measures and industry-specific policies to protect workplace health and safety. As global temperatures continue to rise, the heat-attributable occupational injury burden is likely to increase, particularly in heat-exposed industries. The researchers suggest solutions might involve things like restructuring work hours and providing better facilities at worksites for cooling and hydration, to mitigate the impact of high temperatures on workers, especially in tropical and subtropical regions of Australia where the burden is highest.

Shingles Awareness Week
We recently marked Shingles Awareness Week which was established to raise awareness around misconceptions about the risks of developing shingles.

According to the Australian Institute of Health and Welfare, about 1 in 3 people in the Australia will develop shingles in their life. The risk of having shingles increases as people get older or if they have a weakened immune system.

Shingles can cause other complications, including pneumonia, hearing problems, blindness, swelling of the brain, as well as severe neuralgia.

The shingles vaccine Shingrix® replaced Zostavax on the National Immunisation Program (NIP) on 1 November. The NIP will fund a 2-dose course for eligible people for this non-live vaccine.

According to the Department of Health, people can receive Shingrix® at the same time as other inactivated vaccines such as tetanus-containing vaccines, pneumococcal vaccines, influenza vaccines and COVID-19 vaccines. However, it is preferable that Shingrix® be given by itself where possible. There is potential for increased adverse events when more than one vaccine is given at the same time.

Five million Australians have become eligible for the free vaccination including Australians aged 65 and over, First Nations people over 50 and immunocompromised people 18 and over.

Although it hasn't been a smooth transition with many practices having difficulty receiving sufficient supply of the vaccine for their NIP-eligible patients. This is expected to continue for some time.

Preparing your clinic for flu season

With flu season fast approaching, it's essential that General Practices are prepared for the upcoming flu season. General Practice plays a critical role in ensuring that patients are vaccinated against influenza and are well equipped to avoid getting sick this flu season.

The following article from leading Practice Intelligence Platform provider Cubiko, outlines the steps you can take to help ensure that your clinic is prepared for flu season this year.

Identifying patients who are eligible to receive the government-funded flu vaccine

Knowing how many patients in your clinic are eligible to receive the government-funded flu vaccine is crucial to a well-managed flu season. It dictates how many vaccines you will need to order, and the amount of nursing and clinic hours you will need to dedicate to your flu clinic in order to effectively deliver the vaccine.

Patients eligible to receive the flu vaccine under the National Immunisation Program (NIP) include:

- Children aged 6 months to under 5 years
- People aged 65 years or over
- Aboriginal and Torres Strait Islander people aged 6 months and over
- Pregnant women at any stage of pregnancy
- People aged 6 months or over who have a medical condition that is associated with an increased risk of influenza disease complications

Identifying these patients from your patient cohort can be a challenging and time-consuming task. It often involves a lot of manual reporting, from running various SQL queries (if you know how) or trawling over your appointment book or wait lists.

Your time is better spent improving practice processes and ensuring that your patients receive the best care possible. Utilising reporting tools such as Cubiko can help streamline your vaccination clinic, by looking at historical data to help you easily identify patients who may be eligible to receive the government funded vaccine. You can give these lists to your practitioners who can then assess their patient's eligibility, and you can work together to ensure that the patient comes back to the Practice to receive their vaccine.

Determining the demand for private flu vaccines at your practice

The next step in preparing for flu season is to estimate how many patients at your practice may want to receive the flu vaccine, but do not qualify for a government funded vaccine. Similarly, without the proper reporting tools this can be a challenging and time-consuming exercise involving manual reporting, SQL queries or going though previously raised invoices.
Solutions such as Cubiko remove the need for manual reporting by providing you with a list of patients who may want the private flu vaccine, and details of any upcoming appointments such as when their last vaccine was received.

Managing your vaccine supply and flu clinic

For many practices knowing how many doses of the government funded and private flu vaccine to order is often guesswork and based on numbers from the previous flu season. All practices monitor and record their flu vaccines in such varied ways, that there is no specific process to determine how your flu clinic went last year. Whether you are manually looking back at last years appointments trying to pinpoint which of your item 3's were flu related, or pulling an SQL report based on appointment type, it is a huge task to undertake, especially for incoming practice managers.

For the 1,800+ practices using Cubiko the process is simpler. Cubiko pulls data from your patient's vaccination record in BP to provide you with a full list of patients who received the flu vaccine (private or government funded) last flu season. These insights can be used to analyse your patient numbers early in the year, to help you understand how many flu vaccines you'll need to order and look ahead for your flu clinics staffing and logistics.

Logistically, you need to ensure that your vaccine fridges can accommodate the number of vaccines you've ordered.

Using historical data, look at what your staffing requirements were from the last flu season. This data can help you better determine the staffing requirements you need for the upcoming flu season, and who from your team may be best at delivering the vaccines.

Patient outreach

You've identified patients who may be eligible for the NIP vaccine or wish to receive the private vaccine. You've estimated the number of vaccines you need to order for the upcoming flu season, and your team's capacity to run the flu clinic. Now you need to get patients in for their flu vaccination appointments.

Every practice is different in how they approach patient outreach for their vaccination clinic. Some have a running list of patients who have expressed their interest in a flu vaccine for this flu season, and systematically work their way through the list. Contacting patients to let them know that your clinic is now doing flu vaccines. Again, this is quite a manual process, and often by the time you make your way through the list the patient has probably already received the flu vaccination.

If you have Cubiko these lists are already generated for you, with a de-identified Best Practice ID. Upload these lists or a portion of these lists to your chosen online appointment vendor (such as HotDoc or Automed) and send out an SMS broadcast advising your patients that you've received your vaccine supply and ready to start booking patients in for appointments. These lists can also be used in case of 'emergency' or last-minute changes to your flu vaccination clinics, such as a Doctor or Nurse is away and cannot cover the sessions, or there is an outage of your fridge. You can easily download lists of patients scheduled for an appointment today and contact them to reschedule.

Ready to learn how you can streamline your flu season processes?

To summarise, General Practice plays a huge role in vaccinating patients against influenza. To set yourselves and your practice up for success this flu season, it's imperative that you plan ahead. Identifying eligible patients, estimating private vaccine demand, managing vaccine supply and staffing, and conducting patient outreach are all essential steps to achieve a well-managed flu season. With the help of reporting tools such as Cubiko, these steps can be streamlined and simplified, allowing more time to focus on improving practice processes and providing the best care possible to patients. If you're interested in learning more about how Cubiko can help you this flu season, book in a demo with one of our friendly team.

Upcoming Flu Season Webinar

Cubiko are also hosting a webinar "Preparing your clinic for flu season" on the 20th of March. Register here: https://www.cubiko.com.au/resources/preparing-your-clinic-for-flu-season-2024/

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