



### 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.

#### Are antipsychotic drugs safe during pregnancy?

Antipsychotic medications occasionally need to be used by women of reproductive age and during pregnancy. But this has raised concerns about the impact of these drugs on foetal development and childhood neurodevelopment. The medications, typically prescribed for conditions like schizophrenia and bipolar disorder, play an important role. But the uncertainty surrounding their safety during pregnancy has been a significant cause of anxiety for expectant mothers.

Researchers from Australia and Europe undertook a [comprehensive study](#) spanning from 2000 to 2020, across five Nordic countries (Denmark, Finland, Iceland, Norway, and Sweden), using data from national health and social registers, focusing on pregnant women diagnosed with psychiatric disorders and who'd had a single baby.

Data from more than 200,000 births were analysed, including 11,626 (5.5%) where the foetus was prenatally exposed to antipsychotics. These children were followed up for around six years, with the study evaluating their risk of intellectual, speech, language and learning-developmental disorders, as well as their academic performance in mathematics and languages.

The findings indicated no significant increased risk of neurodevelopmental disorders or poor academic performance in children exposed to antipsychotics in utero. The results remained consistent across various medications, time of exposure during pregnancy and various analytical methods, indicating no real effect of antipsychotics on child development across these measures.

The implications of this study are significant for women managing serious mental health issues during pregnancy. The study offers reassurance for clinicians and expectant mothers, providing them with evidence-based guidance for treatment decisions during pregnancy.

#### Further information

[Antipsychotic use during pregnancy and risk of specific neurodevelopmental disorders and learning difficulties in children: a multinational cohort study](#): The Lancet

[Antipsychotic medication](#): myDr.com.au

## Impact of Long COVID continues

More than four years on from the emergence of COVID-19, in a [study](#) from Western Australia, researchers have identified a high prevalence of Long COVID symptoms, affecting the ability of some people to return to work or study. This study focused on the COVID-19 Omicron variant outbreak in 2022 and provides valuable insights into the long-term effects of the virus on a population who were mostly vaccinated before significant outbreaks occurred.

The Australian National University (ANU) spearheaded this comprehensive survey, which included 11,000 Western Australians who tested positive during the Omicron surge.

The results revealed that nearly 20% of the respondents were still experiencing symptoms such as fatigue, memory loss and concentration difficulties three months post-infection. This rate was notably higher than previously reported figures from earlier stages of the pandemic and from other countries. A limitation of the study is the subjective nature of the reporting of symptoms. Participants self-described their symptoms and how they affected their work or study.

While this study had only three months of follow-up, another about the same time involving people in Melbourne found that about a third of participants had at least one symptom under the Long COVID umbrella two years out from an initial infection. Those people though had caught the virus in 2020 and were mostly unvaccinated at time of their first positive test. These studies highlight that the persistence of symptoms is real and can be disabling.

### Further information

[Long COVID in a highly vaccinated but largely unexposed Australian population following the 2022 SARS-CoV-2 Omicron wave: a cross-sectional survey](#): Medical Journal of Australia

[Don't believe the headlines, Long-COVID is real](#): myDr.com.au

## 'Social prescribing' could help cure loneliness, isolation

Social prescribing is being increasingly discussed in general practice and perhaps your practice is already deploying it. This concept, centered on holistic healthcare, seeks to connect patients with non-medical resources in their communities to improve overall health and wellbeing. Social prescribing particularly targets health-related social issues such as loneliness and isolation and might include prescribing patients to join a local running group, or to take up community lessons in a language or the arts, to support their physical and mental wellbeing.

[This study](#) encompassed a comprehensive analysis of social prescribing schemes in twelve countries, including Australia, Canada, England, Finland, Germany, the Netherlands and United States.

It revealed a diverse landscape of social prescribing practices. While the definition and scale of implementation varied significantly, a common thread was the focus on addressing non-medical causes of illness. Social prescribing generally involves referrals to local, non-clinical services by health professionals, with the aim of promoting physical, psychological and social wellbeing. However, robust evidence on the impact of social prescribing is scarce and often country-specific, with some indications of cost-effectiveness and a positive influence on wellbeing.

This analysis provides valuable insights into the different forms and impacts of social prescribing. It highlights the potential of social prescribing in addressing health-related social factors and enhancing community-based care. As countries grapple with complex health needs, the authors suggest that social prescribing could play a pivotal role. The findings suggest that policies could foster better integration of social prescribing into existing healthcare systems, enhancing collaboration across sectors and improving training for health and social care professionals. While

the concept and practice of social prescribing are still evolving, its potential to contribute to holistic healthcare is becoming clearer.

#### Further information

[A comparison of social prescribing approaches across twelve high-income countries:](#)  
ScienceDirect

[Can social isolation be linked to early death/heart disease?:](#) myDr.com.au

[Is social prescribing just what the doctor ordered?](#) myDr.com.au

### **Improving preconception care with electronic medical records**

There's a growing focus on "preconception care" or PCC among healthcare services and in research. PCC involves interventions to manage risk factors before pregnancy and has been shown to be effective in reducing adverse maternal and pregnancy outcomes. This includes mitigating risks associated with obesity, smoking, alcohol consumption, diabetes and mental health issues. But the systematic identification and documentation of these risks, particularly in primary care settings like general practices, is understudied according to researchers.

In an effort to better understand how effectively general practices document preconception health risks, a retrospective audit was conducted in Melbourne using electronic medical records (EMRs) from 10 practices who consented to be part of the [study](#). Researchers wanted to determine the extent to which risk factors were documented in EMRs, to know whether this was a source of good data for identifying women who may have difficulties in pregnancy. This study analysed the EMRs of one thousand women aged 18–44, focusing on the documentation of various preconception risk factors including smoking, alcohol consumption, BMI, blood pressure and general medical history

The results revealed several lifestyle factors were commonly documented in practice EMRs: smoking status was documented for 79% of women, blood pressure for 74%, alcohol consumption for 63% and BMI for 57%. Several other factors were less commonly documented as part of an EMR – diabetes (5%), mental health issues (28%) and history of chronic conditions like asthma (13%) and thyroid issues (6%). Even so, a considerable number of women had conditions that could complicate pregnancy, including mental health issues (28%), obesity (24%), and high blood pressure (7%). Overall, the EMR documentation provided a rich record to help women planning to become pregnant.

Although EMRs are currently underused for this purpose, the authors say that enhancing their documentation could significantly improve the delivery of PCC and lead to targeted interventions for high-risk groups. The authors believe that for EMRs to contribute to preconception care effectively, it's essential for primary care providers to prioritise the recording of information in structured fields and ensure the regular updating of data.

#### Further information

[Preconception health risk factors documented in general practice electronic medical records:](#)  
British Medical Journal

[Pregnancy planning:](#) myDr.com.au

## **Differences between cell and egg-based flu vaccines**

The flu season is starting and peaking earlier these days. Based on the Northern Hemisphere experience, health authorities expect this year's season will be particularly bad and are encouraging Australians, especially the vulnerable, to be vaccinated.

There's also a new cell-based flu vaccine available, that experts hope will be more effective than the mostly egg-based vaccines many of us relied on in the past.

The Centers for Disease Control and Prevention states, 'Cell-based' refers to how the influenza (flu) vaccine is made. Most inactivated flu vaccines are produced by growing flu viruses in chicken embryos. The flu viruses used in the cell-based vaccines are grown in cultured cells of mammals.

The virus is not grown in the yolk of the eggs. The egg is used to create an embryo and the virus is grown on the embryo. That's why flu vaccines can be used in people with egg allergies unless your doctor advises otherwise.

One rationale for cell-based vaccines is to overcome a dampening of the immune response to egg based vaccines. The science is complicated but it appears that as each year goes by, your immune system adapts to the egg-based vaccine, and you get a slightly lower antibody response. If you have a cell-based vaccine, there's a slightly better antibody response.

It's not the Australian recommendation yet, but some experts believe that when a child is having their first vaccine, they should have a cell-based vaccine so that their immune system is not primed with this egg protein.

The Therapeutic Goods Administration (TGA) has approved the vaccine for use in adults and children older than six months. It is available for at risk patients on the National Immunisation Program.

The supply and availability of the cell-based vaccine is patchy, and if only the egg-based vaccine is available, then people are encouraged to continue to get that.

It should also be noted that there are a lot of vaccines available this year and there is a stronger vaccine available for people aged 65 and over, which will ensure they get a good antibody response.

### More information

[Flu season: cell-based vaccine now available - Health with Dr Norman Swan](#). ABC Radio National

## **Australia is facing a whooping cough outbreak**

Whooping cough, also known as pertussis, is an infection that occurs in the lungs and causes forceful coughing.

It is a highly contagious bacterial infection that can affect people of all ages, but is most severe in babies. The disease causes coughing spasms that can end in a high-pitched whooping sound as the child draws breath. It's not a benign disease and can cause severe respiratory distress and death.

Australia, like other parts of the world, is experiencing an outbreak. It is known to run in cycles every three to four years and our last cycle was in 2019 according to Queensland's acting Chief Health Officer Catherine McDougall on the ABC.

At the time of writing, there have been 3263 cases recorded in the [National Notifiable Disease Surveillance System](#). Cases are highest in Queensland (1412) and New South Wales (1303), followed by Victoria with 362 cases.

Vaccination rates are currently lower than they should be and parents are encouraged to vaccinate their children. In Australia, vaccination against whooping cough is recommended at age 2, 4, and 6 months as part of the National Immunisation Program Schedule. The 2-month dose can be given as early as 6 weeks of age.

Two booster doses are recommended – one at 18 months and one at age 4 years. An additional booster dose is recommended for adolescents between 11 and 13 years. This booster can be given as part of a school-based vaccination program. Pregnant women should be vaccinated to protect themselves and their babies once born.

Pertussis vaccination for eligible people is funded under the [National Immunisation Program](#) and [by states and territories](#).

#### Further information

[National Immunisation Program Schedule](#): Department of Health

[Whooping cough overview](#): myDr.com.au

[National Notifiable Disease Surveillance System](#)

\*Drs Norman Swan AM and John Aloizos AM