



### 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.

### Strong connection between childhood maltreatment and mental illness

Mental health conditions have a significant impact on people worldwide, with some studies suggesting upwards of 10 per cent of the global population experience a mental health condition at any one time. We also know that some mental health issues are associated with experiences from childhood such as maltreatment and abuse. A [recent study](#) from researchers at the University of Sydney has delved into quantifying the extent to which preventing childhood maltreatment could ease the burden of mental ill-health in Australia.

Researchers took data from three large cross-sectional national surveys: the Australian Child Maltreatment Study (ACMS) 2023, the National Study of Mental Health and Well-being 2020-2022, and the Australian Burden of Disease Study 2023. Using this combination of studies, they were able to estimate the prevalence of maltreatment and various mental health issues, and then estimate the proportion of those illnesses attributable to maltreatment. To measure maltreatment, a standardised tool called the Juvenile Victimization Questionnaire was used. It collected data on physical, sexual, and emotional abuse, medical and physical neglect and domestic violence exposure to measure whether children had experienced maltreatment.

Researchers found that childhood maltreatment accounted for substantial portions of mental health conditions, including 21 per cent for depression, 39 per cent for self-harm and up to 41 per cent for suicide attempts. In numbers, this translates to over 1.8 million cases of depressive, anxiety, and substance use disorders.

These results underscore the profound impact that childhood maltreatment has on mental health and the potential benefits of targeted prevention strategies. By comparing the burden of mental health conditions attributable to maltreatment with other health risks, such as tobacco use and its association with cancer, the study advocates for more resources to be directed towards preventing childhood maltreatment.

Lead author Dr Lucinda Grummitt said these results must serve as a 'wakeup call'.

'The results are devastating and are an urgent call to invest in prevention – not just giving individual support to children and families, but wider policies to reduce stress experienced by families,' Dr Grummitt said.

Effective prevention could not only save millions from suffering but also considerably reduce the overall mental health burden on the healthcare system. The study reinforces the need to shift from treating mental health outcomes to preventing their causes and comprehensive policy measures that address the root causes of maltreatment and support families and children at risk.

#### Further information

[Burden of Mental Disorders and Suicide Attributable to Childhood Maltreatment](#): JAMA Network

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

### **Long-term risks of atrial fibrillation**

[Atrial fibrillation](#) (AF) and its close cousin atrial flutter are significant causes of hospitalisation, accounting for a substantial portion of AF-related healthcare expenditures. While the immediate outcomes following hospitalisation for these cardiac arrhythmias are well understood, the long-term impacts remain less clear. A [new study](#) from researchers at the University of Queensland aimed to shed light on the survival rates, loss of life expectancy, and frequency of hospital re-admissions in patients up to ten years after their initial hospitalisation for AF or flutter.

The study encompassed all public and most private hospitals in Australia and New Zealand, reviewing records from 2008 to 2017. It included more than 260,000 adults hospitalised with a primary diagnosis of AF or flutter, covering more than a million person-years. Researchers modelled survival and life expectancy loss.

During the study period, about 69,000 patients died. The survival probability was 91.2 per cent at one year, dropping to 55.2 per cent by the tenth year. The study calculated an average loss of 2.6 years in life expectancy or 16.8 per cent of expected life duration for these patients compared to the general population. Notably, re-hospitalisations were frequent, with 41.2 per cent of patients readmitted for AF or flutter within ten years. The study also highlighted a low uptake of catheter ablation, a recommended treatment for reducing AF burden, which was performed in only 6.5 per cent of patients over the decade following their initial hospitalisation.

The findings indicate a significant long-term impact on patients hospitalised for AF or flutter, with a marked reduction in life expectancy and high rates of returning to hospital. These outcomes show the need for improved management strategies both in hospital and post-discharge settings to mitigate the long-term effects of these conditions. Catheter ablation being underused points to a potential area for clinical practice improvement. This study not only aids in patient counselling regarding prognosis but also highlights crucial areas for healthcare policy and practice enhancements to better manage the long-term outcomes of AF and flutter.

#### Further information

[Long-term outcomes after hospitalization for atrial fibrillation or flutter](#): European Heart Journal

[Atrial fibrillation](#): myDr.com.au

## How does a GP's lifestyle advice change behaviour?

Lifestyle factors like smoking, alcohol consumption, and poor diet are well-known contributors to chronic medical conditions. Although many health guidelines stress the importance of clinicians encouraging lifestyle modifications, how effective such advice from general practitioners (GPs) in Australia is, and how often GPs deliver it, have not been well documented. [A study](#) using data from the 2020–21 National Health Survey aimed to fill this knowledge gap by examining the relationship between GP-provided lifestyle advice and subsequent changes in patient behavior.

The study was a secondary analysis of the 2020–21 National Health Survey by the Australian Bureau of Statistics, which included a nationally representative sample of about 13,000 Australian adults. Participants reported on whether they received advice from their GPs in the past year on topics such as smoking cessation, moderate alcohol consumption, maintaining a healthy weight, increasing physical activity, and improving diet. Researchers used logistic regression analyses adjusted for sociodemographic and clinical factors to explore the association between receiving GP advice and behavior changes in alcohol consumption, smoking, and diet.

The results revealed a small but significant proportion of participants recalling receiving lifestyle advice from their GPs. Specifically, eight per cent of those exceeding recommended alcohol limits, 27 per cent of smokers, and nine per cent of those with inadequate fruit and vegetable intake reported receiving relevant advice from their regular doctor. Notably, among those surveyed, 21 per cent of those advised on alcohol reduced their intake, 34 per cent of smokers reduced smoking levels, and 19 per cent improved their dietary habits. Statistically, those who received advice were more likely to alter their behaviours compared to those who did not.

The study shows the potential of GP-driven lifestyle advice in promoting healthier behaviours among Australians, though the lower percentage of patients receiving such advice highlights an opportunity for increased communication on these lifestyle factors. The findings suggest that while lifestyle advice from GPs can be effective, some patients may not be receiving the guidance they need to make healthful changes. What's known from smoking cessation is that brief interventions from GPs works but only if the GP offers a strategy such as pointing to a Quitline for example. The authors suggest that supporting GPs by integrating these practices more deeply into routine care or through public health initiatives could be of benefit, and further training and resources for GPs could also bolster the delivery and impact of lifestyle counselling.

### Further information

[Lifestyle advice from general practitioners and changes in health-related behaviour in Australia: secondary analysis of 2020–21 National Health Survey data](#): MJA

## How do health care homes measure up?

In response to the high prevalence of chronic diseases among older adults in Australia, the Health Care Homes (HCH) initiative was implemented as a primary care trial from October 2017 to June 2021. The HCH model aimed to improve the management of patients with multiple chronic conditions by integrating patient-centered medical home principles, which focus on comprehensive and coordinated care facilitated through bundled payments.

This quasi-experimental [study](#) analysed data from 227 practices enrolled in the HCH initiative across ten Primary Health Networks. The participant pool consisted of more than 11,000 individuals, matched in a 1:1 ratio with a control group receiving usual care, based on propensity scores. The study assessed various outcomes, including access to care, care processes, and clinical outcomes for chronic conditions like diabetes, using practice data extracts and linked administrative data.

The findings indicated several positive outcomes for patients enrolled in HCH. During the first year, these patients had higher rates of general practitioner encounters and allied health service claims compared to those in usual care. There was also a notable increase in annual influenza vaccinations and routine monitoring of health markers such as blood pressure, blood lipids, and kidney function. However, the data did not show significant improvements in diabetes management or overall reductions in emergency department visits and hospital admissions, except for a slight increase in such events during the first year. Mortality rates between the two groups were similar.

While the HCH model enhanced access to care and improved healthcare processes, it did not significantly affect diabetes outcomes, most hospital use measures, or mortality rates. These findings suggest that while patient-centered medical homes can improve service delivery and patient engagement in care, translating these improvements into better clinical outcomes remains challenging. This highlights the need for further research and potentially longer trial periods to capture the full impact of such models on chronic disease management and to fully assess the effectiveness of patient-centered care initiatives in primary healthcare settings in Australia.

#### Further information

[The Australian Health Care Homes trial: quality of care and patient outcomes. A propensity score-matched cohort study:](#) MJA

#### **Webinar recording: Managing behaviours and psychological symptoms in people living with dementia.**

Before being diagnosed with young onset Dementia, Lisa Campbell a mother of 3 children from Victoria, was working in a senior corporate role. According to her husband Luke, Lisa was a great mum, very intelligent, outgoing, energetic and a happy person. However, overtime things began to change.

“If you spent 5 – 10 minutes with Lisa, you wouldn’t think there was anything wrong. However, if you spent an hour or two, you would see the repetition and concerning behaviours”.

In a raw and frank discussion, Luke shared his experiences of living with his wife's dementia before diagnosis and the disruptive impact on their lives, home and their young children.

“Lisa started to spend less time with our kids and simple tasks like preparing meals started to drop off,” Luke said.

“She became quite irritable and aggressive. She would deny a lot of things and there were multiple versions of reality occurring for Lisa. Then everything intensified, the hoarding and the obsessive-compulsive type of behaviour, irritability, apathy and depression”.

Luke says that once Lisa’s condition was finally diagnosed at a clinic, they were basically shown the door. “There was no ongoing treatment plan. We were very much left on our own”.

General practice in a rapidly changing world is a webinar series for GPs. It is hosted by Dr Norman Swan and proudly brought to you by Tonic Media Network, in partnership with Dementia Support Australia

This practical webinar focuses on the knowledge and skills required to manage behaviours and psychological symptoms in people living with dementia (BPSD) including:

a suggested approach that GP's can adopt that works for the person, their family and carers the reality of disease progression and the role of advanced care planning, understanding, psychotic symptoms and delusions specific to BPSD and the limited role of antipsychotics,

implementation of positive behavior and routines in managing symptoms facilitating the ability of GP's to seek advice when they need it, and being able to call in professional assessment and care strategies.

“Having a good GP, who understands what's happening with the diagnosis of dementia, and can help facilitate and advocate for some of those post diagnostic supports is what everybody really needs, says Dr Stephanie Daly, a general practitioner with a special interest in Dementia.

“It took a long time, and trial and error to put the support teams in place. Lisa is stabilized and manages the deterioration better because of that network that was created,” Luke added.

Watch the [webinar](#), download the [podcast](#) and share with your colleagues.

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