



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.

Australians not good at identifying their own melanomas

Australians have some of the highest rates of exposure to ultraviolet radiation (UVR) from the sun. This results in a high incidence of skin cancer, including melanoma.

Over the past four decades in particular, skin cancer rates have increased significantly, with two in every three Australians expected to develop some form of skin cancer by 70 years of age.

Despite this, routine skin cancer examinations are only recommended for high-risk individuals. For others, clinicians and outreach bodies provide general information on how to detect a possible melanoma and what things to look out for on the skin. It's a form of "self-screening."

Furthermore, the COVID pandemic hasn't helped, with some diagnoses delayed due to patients not seeing their doctor.

A new [Australian study](#) by researchers in New South Wales and Queensland investigated the effectiveness of self-screening for melanoma, focusing particularly on how accurately patients identify lesions of concern.

Participants were recruited from various clinics and screened by experienced skin cancer doctors, each with over five years of experience. The screenings were augmented by high-definition dermatoscopes equipped with artificial intelligence to assist in identifying potential melanomas.

A total of 260 participants with suspect melanoma lesions were biopsied. All collected tissues underwent examination at a professional laboratory. Separate to the testing of whether people did have melanoma, they were also surveyed about whether they had concerns about the lesions of concern and if they thought the lesion was a melanoma. That meant researchers could compare what the study participants thought against the lab results. The study also collected demographic information such as age, gender and skin type.

Out of 260 biopsied lesions, 83 were confirmed as melanomas. Of concern to researchers was the finding that only about 20 per cent of participants thought these lesions were melanomas. The melanomas were most often found on the back (44 per cent), shoulder (11 per cent), and upper leg (11 per cent). The results also showed that physician-detected melanomas tend to be found earlier and thinner than those identified by patients. The study also highlighted that Anglo skin

types were overrepresented among participants, limiting the generalisability of these findings in darker-skinned individuals.

The authors say that this study underscores the inadequacy of relying solely on self-screening for early detection of malignant melanomas. While some organisations say a substantial proportion of melanomas are self-detected, the findings suggest fewer than a quarter of participants could accurately identify a lesion of concern.

Researchers suggest a reassessment of skin cancer screening guidelines which currently don't recommend routine screenings for low-risk or asymptomatic individuals. They say enhanced screening protocols and campaigns emphasising professional skin checks over self-diagnosis are needed to improve early detection rates, particularly in rural and remote regions.

Does your practice offer skin checks?

If your practice has a Tonic TV, we can help you promote skin checks and other services.

You have access to 3 minutes every hour to promote your practice using either static slides or supplying us with videos of a 30 or 60 second duration.

A slide appears on screen for 15 seconds and can promote important information such as:

- Operating hours
- Services offered such as skin checks
- Local health updates
- Seasonal vaccination reminders
- New staff
- Special events and clinics

We can create the slides for you. Simply contact us with the information you'd like to share on screens, and we will design slides to promote your practice.

Further information

[Patients poorly recognize lesions of concern that are malignant melanomas: is self-screening the correct advice?](#) Peer Journal

[Melanoma Institute Australia](#)

Do multivitamins make you live longer?

Multivitamins are commonly used in the belief that they prevent disease and maintain health. In fact, approximately 45% of Australians take vitamins, minerals or supplements and it's estimated to be a \$5 billion dollar industry.

But in a [new study](#), their use didn't make a difference to how long people lived.

Researchers used data from three cohort studies in the United States. Collectively, the studies included almost 400,000 adults with no prior cancer or chronic diseases, assessed between 1993 and 2001, and followed for almost three decades. Participants' multivitamin use was self-reported at baseline and during follow-ups. Mortality data were obtained from the National Death Index and the researchers adjusted for potential confounders like lifestyle and health status.

Among the 390,124 participants, the median age was 61.5 years, and 55.4 per cent were male. During the follow-up period, 164,762 participants died. The study found no significant association between daily multivitamin use and all-cause mortality. The results were consistent across major

causes of death, including cardiovascular disease and cancer. Daily multivitamin users were more likely to be female, college-educated, and less likely to smoke compared to non-users.

The findings suggest that daily multivitamin use does not give a mortality benefit for healthy adults. Despite the widespread belief in their benefits, this study indicates that taking multivitamins may not extend lifespan or reduce the risk of death from major diseases.

Further information

[Multivitamin Use and Mortality Risk in 3 Prospective US Cohorts](#): JAMA Network

Does walking reduce low back pain?

Low back pain is pervasive globally, affecting millions. And though it is usually self-limited, recurring symptoms are common, adding significantly to both personal disability and economic costs. Despite exercise being recommended for prevention, the effectiveness of easy, accessible interventions like walking has been uncertain.

In the WalkBack trial, a randomised controlled [study](#), those enrolled had recently recovered from non-specific low back pain. Participants received either a tailored walking and education program or no treatment. The study tracked outcomes over 1-3 years, focusing on the days until recurrence of activity-limiting low back pain as the primary outcome of interest.

The intervention group (the people with the walking and education program) experienced a significant reduction in low back pain recurrence compared to the control group. Median time to recurrence was much longer in the intervention group (208 days) versus the control group (112 days). Adverse events were similar between groups, though more lower-extremity issues were noted in the intervention group.

This study shows the effectiveness of a structured walking and education program in reducing low back pain recurrence. The findings suggest that such interventions, delivered by physiotherapists, can be scalable and cost-effective, potentially reshaping how low back pain is managed on a broader scale. The focus on empowering individuals to self-manage their condition aligns with current guidelines. Future research could explore adaptations of the intervention and its delivery to optimise outcomes and accessibility, particularly in different demographic groups.

Care Plans

Medicare subsidised Care Plans play an important role in chronic disease management. Patients with eligible chronic medical conditions can receive up to five rebated sessions each year under the supervision of a Exercise Physiologist or Physiotherapist, under an Enhanced Primary Care Plan.

Further information

[Effectiveness and cost-effectiveness of an individualised, progressive walking and education intervention for the prevention of low back pain recurrence in Australia \(WalkBack\): a randomised controlled trial](#): The Lancet

Dementia risk reduction and prevention: Tips from a leading expert

Dementia is the leading cause of death for women (second overall for the population) according to Dementia Australia.

There is a lack of knowledge and understanding in the community about dementia, and it can often be a stigmatised or neglected group.

Even the 1.6 million people in Australia involved in the care of someone living with dementia must search far and wide for the right advice, information and support services at the various stages of dementia.

The vital role GPs play

Dr Stephanie Daly is a GP with a special interest in dementia. She believes that GPs have a vital role in brain health and risk reduction.

Age is a big risk. Research suggests that 10% of 75-year-olds have dementia which increases rapidly to 30% for 85-year-olds. An Annual Health Assessment is available to all patients over the age of 75. "More should be made of a brain health check, rather than an opportunity to only perform a mini-mental state examination".

It's never too early and never too late' for dementia risk reduction and dementia prevention, according to a [2020 report from the Lancet Commission](#).

Dr Daly believes that if dementia risk factors can be targeted in early and mid-life, GPs have an opportunity to make a real difference. "GPs can also include health assessments for 45–49-year-olds at risk of disease, and General Practice Management Plans for any disease that is a risk factor, e.g. hypertension, obesity, or diabetes."

"Brain health checks do not have their own item number, but many other item numbers can be used to offer brain health advice."

"We also know there are [14 modifiable risk factors](#) which includes two risk factors, and represent 45% of the risk. They might delay the onset of the disease process, which means that we should be talking about brain health like we talk about heart health and eradicate the stigma of this disease."

"You or your nurse can also regularly ask patients if they have noticed any issues with their memory or thinking and undertake further investigation where needed."

"2 in 3 people with dementia are thought to be living in the community and it's our role as their GP to make sure this time is as fulfilling and enjoyable as possible," Dr Daly said.

Useful resources

While many GPs know about the support and resources provided by [Dementia Australia](#), [Dementia Support Australia](#) and [Dementia Training Australia](#), Dr Daly often refers to <https://forwardwithdementia.au/> which has resources for people living with dementia, carers and health professionals.

Fewer Australians are getting their annual influenza vaccine

It's peak flu season but about 540,000 fewer Australians have had a flu shot compared to this time last year at the time of writing.

A National Centre for Immunisation Research and Surveillance (NCIRS) survey was conducted to find out why people were choosing not to get an influenza jab.

The research identified the main reasons for not vaccinating against flu were that they didn't think influenza was serious, the vaccine would give them the flu, or it wouldn't work.

Experts also believe that vaccine fatigue after COVID and cost of living pressures have also played a role.

Queensland passed a milestone recently with more people in hospitals with influenza than with COVID. Furthermore, 80% of hospital admissions for flu are for patients who've not been vaccinated, ranging from children to older people.

Doctors are encouraging patients to get the flu vaccine as it reduces the severity of flu and protects people from pneumonia and other illnesses.

Further information

[Australian Respiratory Surveillance Report](#)
[Qld Health acute respiratory infection surveillance reporting](#)

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