



### Message from the Tonic Media Network Editorial Committee\*

Welcome to the final edition of *Practice Connect* for 2024 – your personal, practice and patient focussed newsletter with up-to-date news and information.

#### Are standing desks a waste of money?

The broad harms of a sedentary lifestyle include increased risks of weight gain, type 2 diabetes, heart disease and premature death. In response to this, there's been a surge in popularity over recent years of lifestyle interventions that aim to lower how long we sit and increase our active standing (such as using standing desks at work).

Now, [new research](#) from the University of Sydney and published in the *International Journal of Epidemiology* has found that over the long-term, replacing sitting with standing does not improve cardiovascular health, and could increase the risk of circulatory issues related to standing, such as varicose veins and deep vein thrombosis.

The study used data collected from 83,000 participants in the UK Biobank. For two years, participants wore wrist devices which measured how long they spent each day sitting or standing compared with more active time. The participants were followed up for nearly seven years, with deaths, hospitalisations, and primary care attendances linked. Researchers focussed on conditions including orthostatic hypotension (blood pressure dropping on standing), varicose veins, venous insufficiency, venous ulcers, ischaemic heart disease, stroke and heart failure. The researchers also took account of important factors such as age, BMI, smoking status, alcohol consumption, diet, family history and education level.

They found that sitting for over 10 hours a day increased both cardiovascular disease and orthostatic hypotension risk, reinforcing the need for greater physical activity throughout the day. The researchers also noted that standing more was not associated with *heightened* cardiovascular disease risk.

Lead author Dr Matthew Ahmadi, said there were other ways than just standing, for those with a sedentary lifestyle to improve their cardiovascular health.

“The key takeaway is that standing for too long will not offset an otherwise sedentary lifestyle and could be risky for some people in terms of circulatory health. We found that standing more does not improve cardiovascular health over the long term and increases the risk of circulatory issues,” Dr Ahmadi said.

According to co-author Professor Emmanuel Stamatakis, structured exercise may be a better way to reduce the risk of cardiovascular disease.

“Take regular breaks, walk around, go for a walking meeting, use the stairs, take regular breaks when driving long distances, or use that lunch hour to get away from the desk and do some movement. In Australia, we are now coming into the warmer months, so the weather is perfect for sun-safe exercise that helps you get moving,” Professor Stamatakis said.

#### Further information

[Device-measured stationary behaviour and cardiovascular and orthostatic circulatory disease incidence](#): International Journal of Epidemiology

[Physical activity and exercise guidelines for all Australians](#): Department of Health and Aged Care

### **Research shows issues with behaviour control, planning and focus are similar across neurodevelopmental conditions**

We often associate impairment in executive function with conditions like ADHD, with an image of a young person who struggles to focus or sustain attention, acts impulsively and finds it hard to juggle competing tasks. However, such impairments in what’s called executive function are linked with a range of neurodevelopmental conditions.

Neurodevelopmental conditions affect about one in ten children. These conditions affect learning, behaviour and development. Executive function delays are core to the challenges people with neurodevelopmental conditions experience.

Previous research has suggested that differences in executive functioning processes may underpin variations in presentations or diagnoses.

But in fact, new [University of Sydney research](#) shows executive function problems are similar across all neurodevelopmental conditions. Understanding these common issues could lead to better access to supports before waiting for a specific diagnosis.

Researchers looked at 180 studies, over 45 years, that compared executive function skills across two or more neurodevelopmental conditions. They brought the research together for all neurodevelopmental conditions including ADHD, Tourette’s syndrome, communication disorders and intellectual disabilities.

Surprisingly, researchers found most neurodevelopmental conditions showed very similar delays in executive skills. Children with ADHD showed difficulties with attention and impulse control, for example, but so did children with autism, communication and specific learning conditions.

There were very few differences between each neurodevelopmental condition and the type of executive delay.

By thinking of these delays/impairments as a commonality across neurodevelopmental conditions, we might be better able to facilitate support for these children, perhaps without having to wait for a specific diagnosis to be made. Offering common interventions to help children with these conditions develop their executive functioning skills could have a huge impact.

Another benefit could be more integrated research for children in need.

#### Further information

[Executive function in children with neurodevelopmental conditions-a systematic review and meta-analysis](#): Nature Human Behaviour

## Time-restricted eating and type 2 diabetes

Type 2 diabetes affects 1.2 million Australians and accounts for 85–90% of all diabetes cases. As is well known, type 2 diabetes is the cause of many complications, many of which are potentially disabling and life shortening.

Diet is a core intervention alongside exercise and medication and while individualised, professional dietary advice improves blood glucose, it can be complex and isn't always accessible.

The strategy of time-restricted eating (also known as intermittent fasting) has gained popularity in recent years, with studies over the short term showing improvements in glycaemic control.

A [new study](#) has compared time restricted eating to intensive, individualised dietician support on glycaemic control, with promising results.

Researchers compared time-restricted eating directly with advice from an accredited practising dietitian to test results across six months.

They recruited 52 people with type 2 diabetes who were currently managing their diabetes with up to two oral medications. There were 22 women and 30 men, aged between 35 and 65. Participants were randomly divided into two groups: diet and time-restricted eating. In both groups, participants received four consultations across the first four months.

During the next two months they managed diet alone, without consultation, and they continued to measure the impact on blood glucose. In the diet group, consultations focused on changing their diet to control blood glucose, including improving diet quality (for example, eating more vegetables and limiting alcohol). In the time-restricted eating group, advice focused on how to limit eating to a nine-hour window between 10am and 7pm.

Over six months, researchers measured each participant's blood glucose control every two months using the HbA1c test. Each fortnight, they also asked participants about their experience of making dietary changes (to what or when they ate). Medications were taken as usual.

The research found both time restricted eating and dietitian counselling yielded improvements in glycaemic control and weight, with the most benefit occurring in the first two months of intervention in both groups. Over time, the participants in the time restricted group were more likely to stick to the intervention. Neither group did more exercise during the trial, but both successfully reduced their energy intake.

While improving diet remains an important part of diabetes care, this study showed that restricting the window of eating can play a significant role in reducing energy intake and helping control blood sugar. It can be a useful tool for doctors to provide to their patients, especially if there are barriers to accessing or adhering to dietary advice.

### Further information

[Comparing the effects of time-restricted eating on glycaemic control in people with type 2 diabetes with standard dietetic practice - A randomised controlled trial](#): ScienceDirect

## Linking partner violence and reproductive coercion

According to the United Nations Office on Drugs and Crime (UNODC) every 10 minutes a woman or girl dies at the hands of an intimate partner or close relative. That's six every hour; more than 140 every day, worldwide.

Intimate partner violence (IPV) and reproductive coercion (RC) have severe mental and physical health effects, yet we know little about their prevalence in Australia. Reproductive coercion includes various types of abuse, pressure or manipulation to dictate a partner's reproductive choices. It can include both "pregnancy-promoting" behaviours (like threats of violence towards a partner trying to access abortion or contraception services, sabotaging contraception, or emotional abuse) and "pregnancy-preventing" behaviours. To better understand these behaviours, researchers conducted a study on IPV and RC in women attending a sexual health clinic in Perth.

The [study](#) used data from screening questionnaires and medical records of women (aged 16 and over) who attended a sexual health clinic in Perth between March 2019 and March 2020. Information such as age, birth country, socioeconomic status and partner gender was collected, along with responses to questions on IPV and RC. Statistical analysis was used to examine links between these demographic factors and reported IPV and RC cases.

More than 2600 women participated in the study. In total, 454 participants (17.3 per cent) reported experiencing IPV or RC, with 427 (16.3 per cent) experiencing IPV and 139 (5.3 per cent) experiencing RC. Higher rates of IPV were noted among women born in Australia, those with female partners, and Aboriginal or Torres Strait Islander women. The odds of current IPV were also higher in women aged 35–54 and those in middle socioeconomic areas. These findings suggest a complex relationship between demographics and IPV/RC prevalence, emphasising the need for individualised screening rather than reliance on demographic risk factors alone.

This study highlights a significant overlap between IPV and RC, underscoring the importance of healthcare professionals actively inquiring about these issues. The findings also challenge traditional assumptions about IPV risk, suggesting that abuse is prevalent across diverse demographic groups. Effective screening and support programs in clinics can play a vital role in identifying and assisting those affected.

### Further information

[Intimate partner violence and reproductive coercion - cross-sectional study of women attending a Perth sexual health clinic, 2019–20](#): Medical Journal of Australia

## Five ways to say thank you this Christmas

2024 has proven to be another busy and challenging year for practice teams across Australia.

As you know, Christmas is the perfect time to show your appreciation to your hard-working practice team, large or small. Of course, this already happens at practices in many ways.

Here are 5 ways you can say thank you this Christmas:

### *Secret Santa*

Secret Santa is a fun way of presenting or exchanging gifts. Instead of buying a specific gift for each team member, you can purchase gifts that are suitable for everyone in the team.

Set a budget of \$10 - \$15 per person and consider shopping at places like supermarkets and discount retailers.

Candles, soaps and other practical gifts for home are always popular.

Gather the team together for a morning or afternoon tea, and during the event, invite each person to select a wrapped gift from Santa's sack.

It's also a great opportunity to thank each team member in person.

#### *Food Hamper*

A quality food hamper is also a great gift idea to thank a team member.

Alternatively, for bigger teams, you could consider buying a couple of large hampers; put them in an appropriate area and ask the team to select a few items from the hamper at their leisure.

You could complement this with personalised messages in a Christmas card for each team member, highlighting the important contribution they have made throughout the year.

#### *Offsite Get Togethers*

This is a great opportunity to get together informally, whether it be at a picnic, fun activity or having a meal at a local establishment.

For a picnic, the practice management could purchase some of the food and the team could bring a few other items such as drinks.

If you are visiting a local establishment, you could consider putting a predetermined amount on the bar for food and/or drinks.

#### *A Gift Voucher For An Experience*

Depending on your budget, a gift voucher for an experience can be a fantastic gift. They can range from a movie voucher and zoo ticket to dinner at a local restaurant. There are also websites that cater for a whole range of experiences such as Red Balloon and Groupon, however these are generally more expensive.

#### *Practical Gifts For Work*

People love practical gifts that they can use at work. Drink bottles, hand creams and beautiful mugs all come to mind.

You could also consider gifts that brighten up their workspace such as a peace lily plant.

In addition, you could consider presenting some fun awards to team members (especially if this suits your workplace culture).

\*Dr Norman Swan AM and Dr John Aloizos AM