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GPPARTNERS' BULLETIN

January 2014
Volume 3, Issue 1

From the Editor……

Welcome to the first Newsletter for 2014 from GP Partners. We hope you all had a wonderful festive season and had a chance enjoy some quality time with friends and family.

Now that 2014 is upon us, we look very forward to providing our members with a variety of GP focused education sessions across Brisbane. I have included some date information for you. Please keep your eye on our website and in your in-box for registration details **www.gppartners.com.au**. Last year many of the events were very well attended, and we would hate for you to miss out!

We are excited to be working with some outstanding local hospitals including the Wesley, Monserrat and Holy Spirit Northside to bring you clinical updates and GP education sessions with a focus on delivering sessions that are relevant to the day to day practice of local GPs.

Please encourage your practice partners, colleagues and GP registrars to become members of GP Partners, so they too can remain up to date with our upcoming meetings and events. We have waived the usual subscription fee until June 30 2014, making now the perfect time to renew or join.

We look forward to meeting more of our members face to face at upcoming meetings, and if there are any issues you would like to discuss with the directors of GP Partners, or topics for educational sessions you would love to see covered, please don't hesitate to contact us at : **contact@gppartners.com.au**

Dr Sarah Cavanagh Board Member

SAVE THE DATE

Upcoming Education Sessions

30 Jan 2014
"Getting to the bottom of it all"
North Lakes Day Hospital

18 Feb 2014
"ENT update"
Wesley Hospital

27 Feb 2014
"Back and Hip Pain—New Ideas on Diagnosis and Management"
ACU Health Clinic, Banyo

TICK BITE REMOVAL AND PREVENTION – A GUIDE FOR PATIENTS

With summer upon us, we are seeing more and more tick bites presenting to GPs. While most tick bites pose no medical problems apart from some localised swelling and redness at the bite site, in some cases tick bites pose a serious threat to human health. Occasionally people develop a severe allergic reaction or anaphylactic shock from a tick bite. Other serious tick borne diseases in Australia include paralysis, Queensland tick typhus and Flinders Island spotted fever and there are concerns that other serious illnesses, such as a Lyme-like disease, may be carried by ticks, though this is not yet proven.

Please follow the link below to some patient information for the prevention and management of tick bites.
http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-tick-bite-prevention.htm

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THE DOWN'S SYNDROME MEDICAL INTEREST GROUP

The Down's Syndrome Medical Interest Group (DSMIG) is a British organisation who provide excellent evidence based guidelines to assist medical practitioners care for their Down's syndrome patients. A summary of salient points is provided below. Please follow the link for the complete guideline.

http://www.dsmig.org.uk/library/category.html?CategoryID=4

Patient's with Down's syndrome have a small risk for major neurological damage caused by cervical spine instability.

- Cervical spine X-Rays have no predictive validity for subsequent acute dislocation/subluxation at the atlanto-axial joint.
- Children with Down's syndrome should not be barred from taking part in sporting activities.
- Anaesthetists should be alerted to the possibility of cervical spine injury whilst manipulating the head and neck in the unconscious patient.
- Ambulance personnel should be alerted to the possibility of cervical spine injury when attending at Road Traffic Accidents.
- Clinical symptoms - often mild - are currently the most useful predictors of future risk and merit urgent specialist referral.

Advice regarding asymptomatic individuals with Down 's syndrome

- X Rays
- Cervical spine X rays are unreliable and in asymptomatic children have no proven predictive validity for subsequent acute dislocation/subluxation at the atlanto-axial or occipito-atlantal joints therefore on the basis of current evidence, routine radiological screening for asymptomatic people with Down syndrome is not recommended.
- Sport
- Asymptomatic individuals with Down syndrome should not be barred from normal sporting activities because there is no evidence that participation in sports increases the risk of cervical spine injury any more than for the general population.

The DSMIG also provide some other excellent resources for the management of Down's syndrome patients.

- Cardiac Disease
- Growth
- Hearing Impairment
- Thyroid Disorders
- Vision/Opthalmic problems

Available here http://www.dsmig.org.uk/publications/guidelines.html

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(cont'd…….THE DOWN'S SYNDROME MEDICAL INTEREST GROUP

Some relevant points for GPs regarding cardiac disease and Down's Syndrome are highlighted below

Between 40 and 60% of babies with Down's syndrome have congenital heart defects.

Despite overall awareness of the risk of serious CHD in children with Down's syndrome some with important and sometimes severe CHD continue to present too late for the best chance of an optimum cardiac outcome

Irreversible pulmonary vascular disease is more likely to develop quickly in children with Down's syndrome and AVSD. Ideally surgery is desirable by 6 months and there is some evidence that surgery before 4 months may achieve best possible outcome

Clinical examination alone is insufficient to detect cardiac disease. Even the most serious abnormalities can be missed

These babies should all be referred and seen within 6 weeks of birth by someone with appropriate paediatric cardiology training for further clinical assessment and an echocardiogram

"Big News on Tummy Bugs & Others"

SALIENT POINTS FROM ST LUCIA EDUCATION MEETING

Presenter: Dr Sally Appleton – Clinical Microbiologist, QML

Faecal PCR - WHAT

- Multiple sets of pathogen-specific targets in the same reaction
- Parasites
- *Cryptosporidium, Giardia, Dientamoeba, Blastocystis, E. histolytica*
- Bacteria
- *Salmonella, Campylobacter, Shigella, Y. enterocolitica, Aeromonas*
- Together account for >95% faecal pathogens
- Performed daily

Faecal PCR

PROS	CONS
Rapid turn-around time	Not comprehensive
Higher sensitivity	No isolate
More specific for *E. histolytica*	Susceptibility testing (treatment)
Mixed infections (might explain failure to resolve on apparently appropriate therapy)	Serotyping (epidemiology)
	Mixed infections (which organism to treat?)
	No viral component
	… still need to request M/C/S, viral PCRs

- Detection rate 33% by PCR cf 6% by microscopy
- 2% have more than 1 enteric protozoan cf 0.3% by microscopy

(Slides from the evening's presentation will be available on GP Partners Website)

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"What would have advised Mother Theresa and President Nixon?"

SALIENT POINTS FROM THE HSN EDUCATION EVENING:

20% of embolic CVAs are from Atrial Fibrillation.

CHADSVASc Score

C	CCF	1
H	Hypertension	1
A	Age>75	1
D	Diabetes	1
S	Stroke	2
V	Vascular Disease	1
A	65 - 74	1
Sc	Female	1

If CHADVASc Score > or = 2 → oral anticoagulant (non valvular AF) Pradaxa, Xarelto, Eliquis.

Valvular AF (ie mitral stenosis or hypertrophic cardiomyopathy) →warfarin.

Opportunistic screening > 65 do CHADVASc score.

Diltiazim, atenolol and metoprolol control rate .

Sotalol or flecanide maintains sinus rhythmn (note - need to start flecanide in hospital)

Ischaemic heart diseaseà use antiplatelet therapy

Investigation of AF → ECG, TFTs, echocardiogram to look at LV dysfunction and mitral valve disease.

If rate controlled no need for treatment to slow heart. Do CHADVASc to see if anticoagulation needed.

Older patient stress test to look for IHD.

SPARC -Stroke Prevention in AF Risk Calculator http://sparctool.com/

PRESCRIBING:

Antibiotic and calcium-channel blocker a fatal combination

The antibiotic clarithromycin (Klacid) prescribed for patients already taking anti-hypertensive Calcium-Channel blockers is associated with increased in hospitalisation for acute renal impairment, hypotension and death, according to new research.

The article published online in the JAMA http://jama.jamanetwork.com/article.aspx?articleID=1769739 highlighted how Calcium-channel blockers are metabolized by the cytochrome P450 3A4 enzyme. Blood concentrations of these drugs may rise to harmful levels when CYP3A4 activity is inhibited. Clarithromycin is an inhibitor of CYP3A4 and azithromycin is not, which makes comparisons between these 2 macrolide antibiotics useful in assessing clinically important drug interactions.