Dr Gaham Gulbransen

Kingsland Family Health Centre

Auckland

Addiction Issues - Shift Happens - Main Session (Workshop options scheduled)

Friday, 21 June 2013 Start 3:15pm Duration: 25mins Baytrust

ADDICTION Issues ‘Shift Happens’

Graham Gulbransen,
FRNZCGP, FAChAM
General Practitioner, Kingsland

Rotorua GPCME 21 June 2013

The GP Consultation
Tony Dowell
GPCME Rotorua, 12/6/11

'We do amazing things in 15 minutes...

[with] hugely skilful management & social interaction...'

Try, 'have you got any more questions today?'

3 Take Home Points:

- 'Shift happens!' – brief advice & counselling in 1° care are effective
- Alcohol use single screening question: 'In the average 7 day week, how many alcohol drinks do you have?'
- Anyone who does have hepatitis C or is cured will always be HCV Ab positive, so one HCV Ab test is all that is ever needed. There is no point in repeating the test.

Today's Topics

Annual smoking-related deaths = 4500 – 5000

Annual alcohol-related deaths = 600 – 1000

New Zealanders with hepatitis C > 50,000
Undiagnosed cases > 30,000

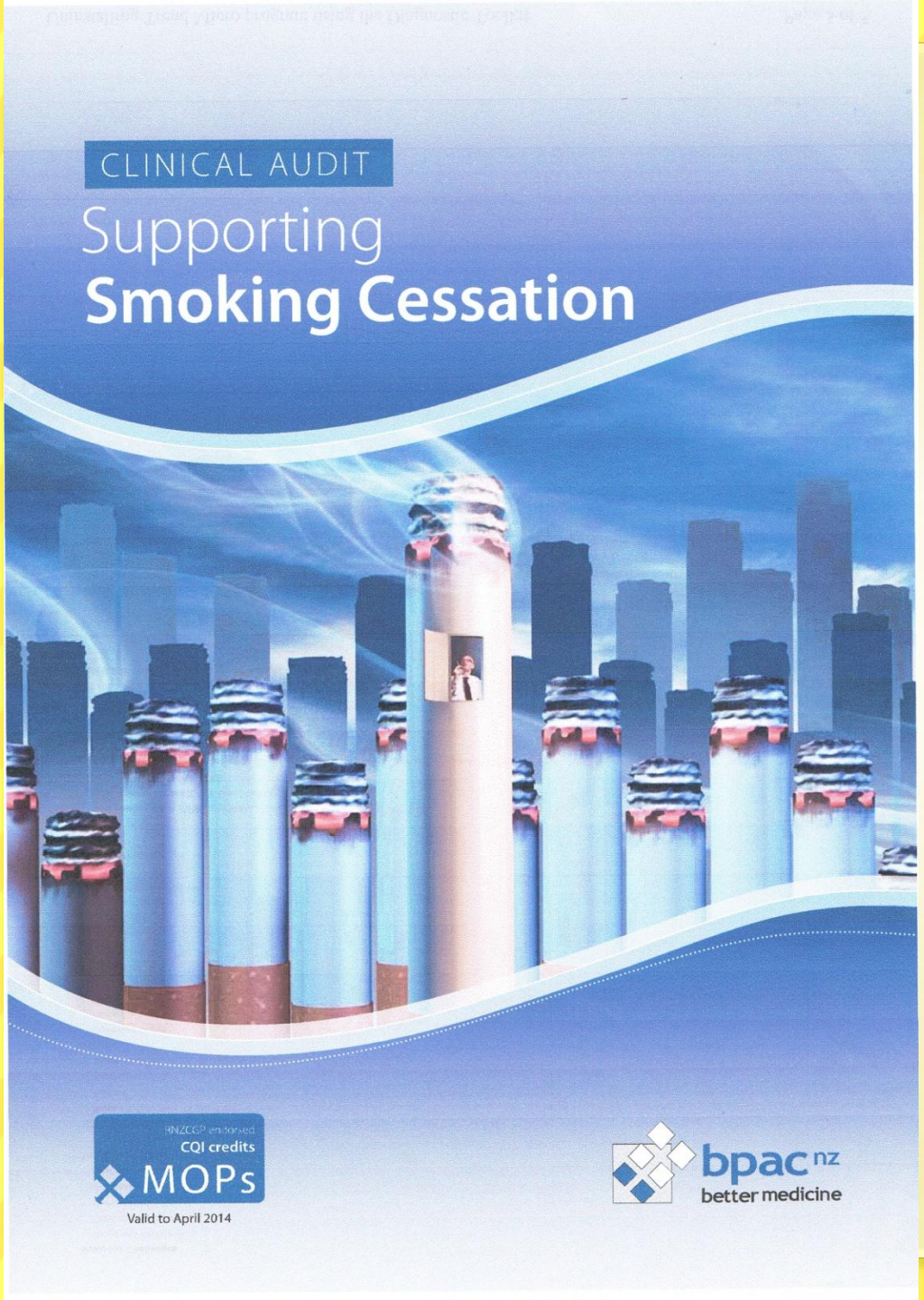
200 deaths pa

[HCV figures from Ed Gane]

'Addiction involves repeated powerful motivation to engage in a purposeful behaviour that has no survival value... with significant potential for unintended harm' (Robert West, 2012)

Primary care teams can support behaviour change & make 'shift happen'.

Nicotine

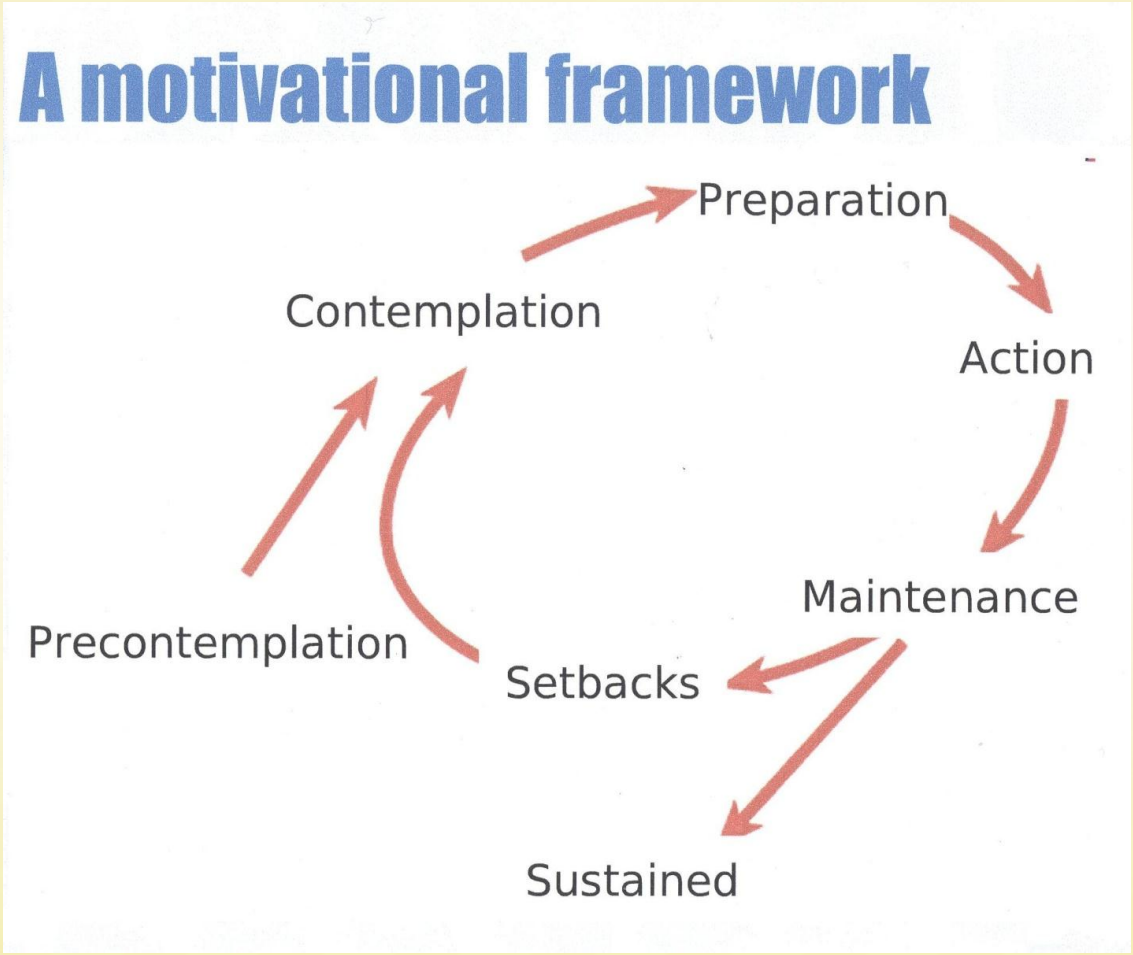


- Approved Clinical Audit
- % smoking status recorded
- How well you are managing smoking cessation

ABC prompts

- **A**sk about smoking status;
- to give **B**rief advice to stop smoking to *all smokers* regardless of their interest in quitting
- *and to provide evidence-based* **C**essation support for those who wish to stop smoking.

Wheel of Change

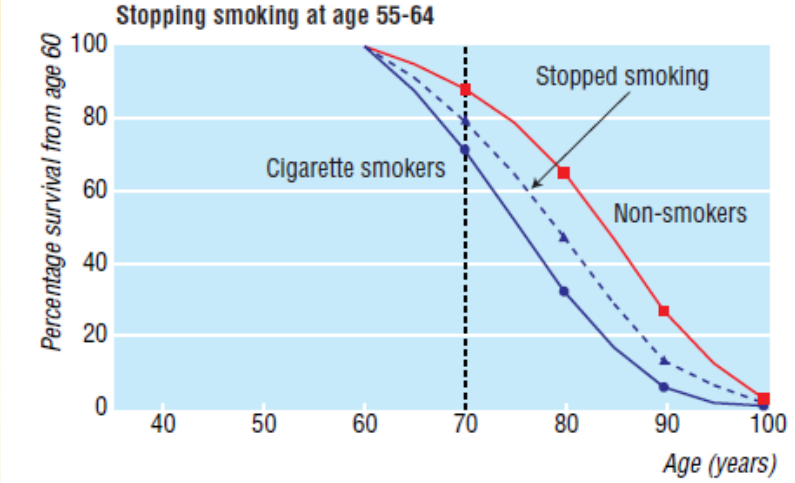


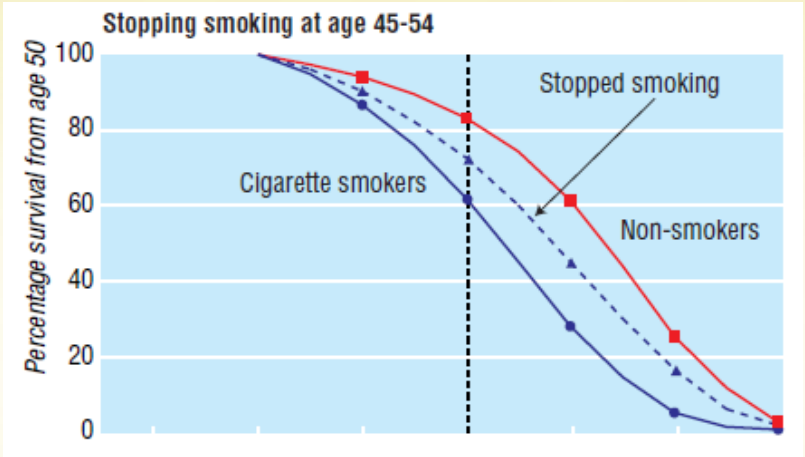
Bottom Line: Give Brief Advice to all smokers

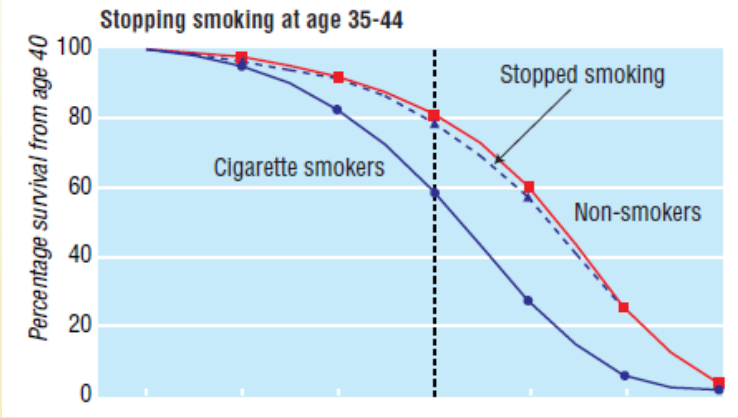
Benefit of stopping smoking:

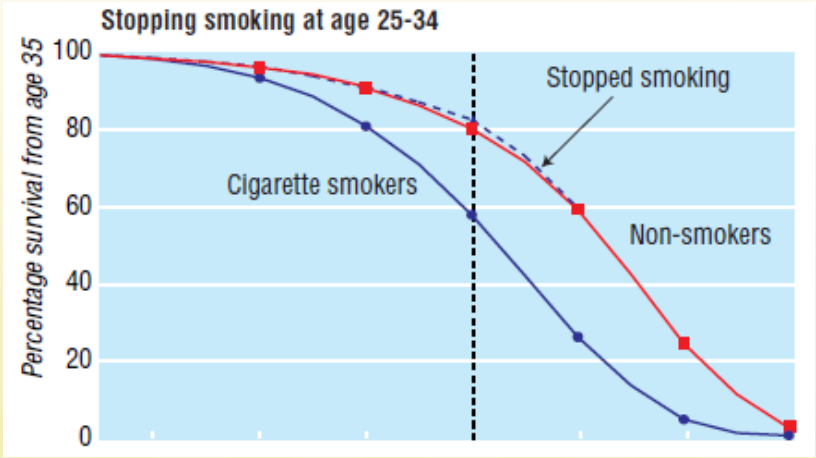
- Six hours of increase in life expectancy for every day of smoking prevented
- Improved health and functioning
- Greater happiness and life satisfaction
- Possible benefit to mental health
- More disposable income

Benefits of stopping smoking









Doll et al 2004 BMJ

Smoking cessation

- Quitting before age 30 →

  normal life expectation

- Continuing to smoke after age 30 → smoker loses 3 months of life

  for every year of continued smoking

Are smokers interested in your offer of help?

In England 10% smokers who received offer of help report having tried to quit as a result

Heavier smokers are just as likely to respond as lighter smokers

Smokers from lower socio-economic groups are more likely to respond

- Willpower method (unassisted quit rate): 2 to 3%,

Brief advice can increase quitting by a further 1 to 3%

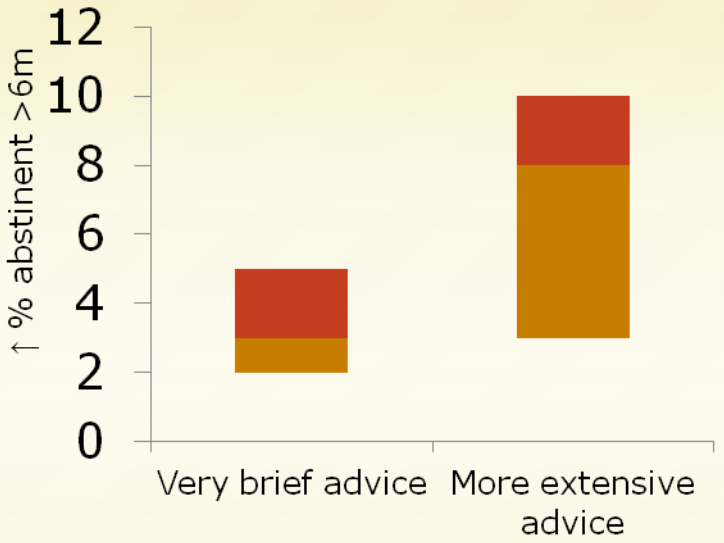
(median NNT =34)

Stead et al. Physician advice for smoking cessation. Cochrane Database of Systematic Reviews 2008, Issue 2

Brief advice: efficacy

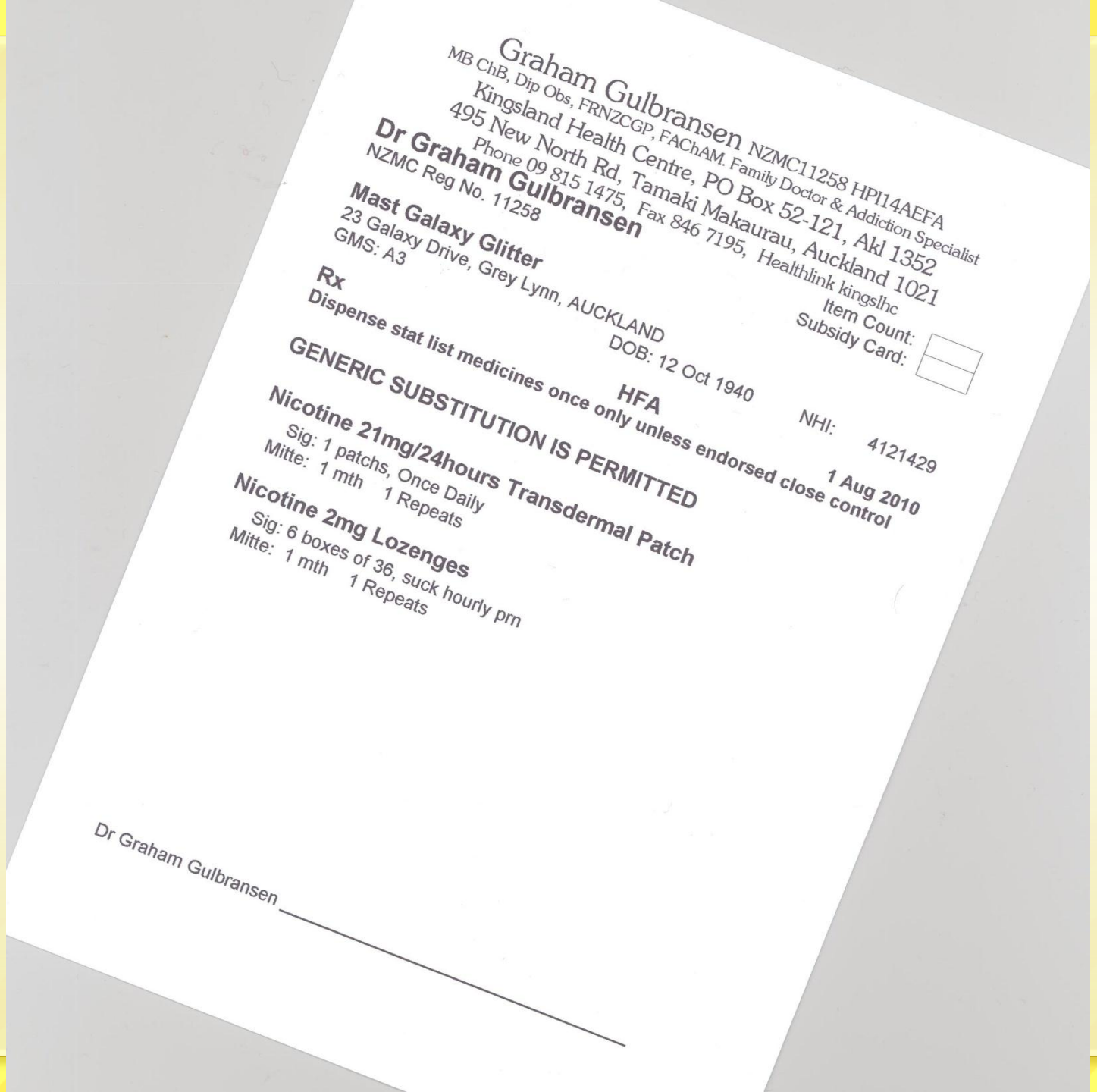
Stead et al 2008, Cochrane

- Very brief advice: N=13,724
- More extensive advice: N=1,254
- 95% confidence intervals from meta-analyses



Aveyard et al 2012, Addiction

- Advice only increased quit attempts by 24% (95% CI: 16-33%)
- Offering behavioural support increased quit attempts by 117% (95% CI: 52-210%)
- Offering prescription increased quit attempts by 68% (95%CI: 48-89%)



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Phone 09 815 1475, Fax 846 7195, Healthlink kingslhc

Dr Graham Gulbransen
NZMC Reg No. 11258

Item Count:
Subsidy Card:

Mast Galaxy Glitter
23 Galaxy Drive, Grey Lynn, AUCKLAND
GMS: A3
DOB: 12 Oct 1940
NHI: 4121429

Rx

Dispense stat list medicines once only unless endorsed close control

HFA

1 Aug 2010

GENERIC SUBSTITUTION IS PERMITTED

Nicotine 21mg/24hours Transdermal Patch
Sig: 1 patchs, Once Daily
Mitte: 1 mth 1 Repeats

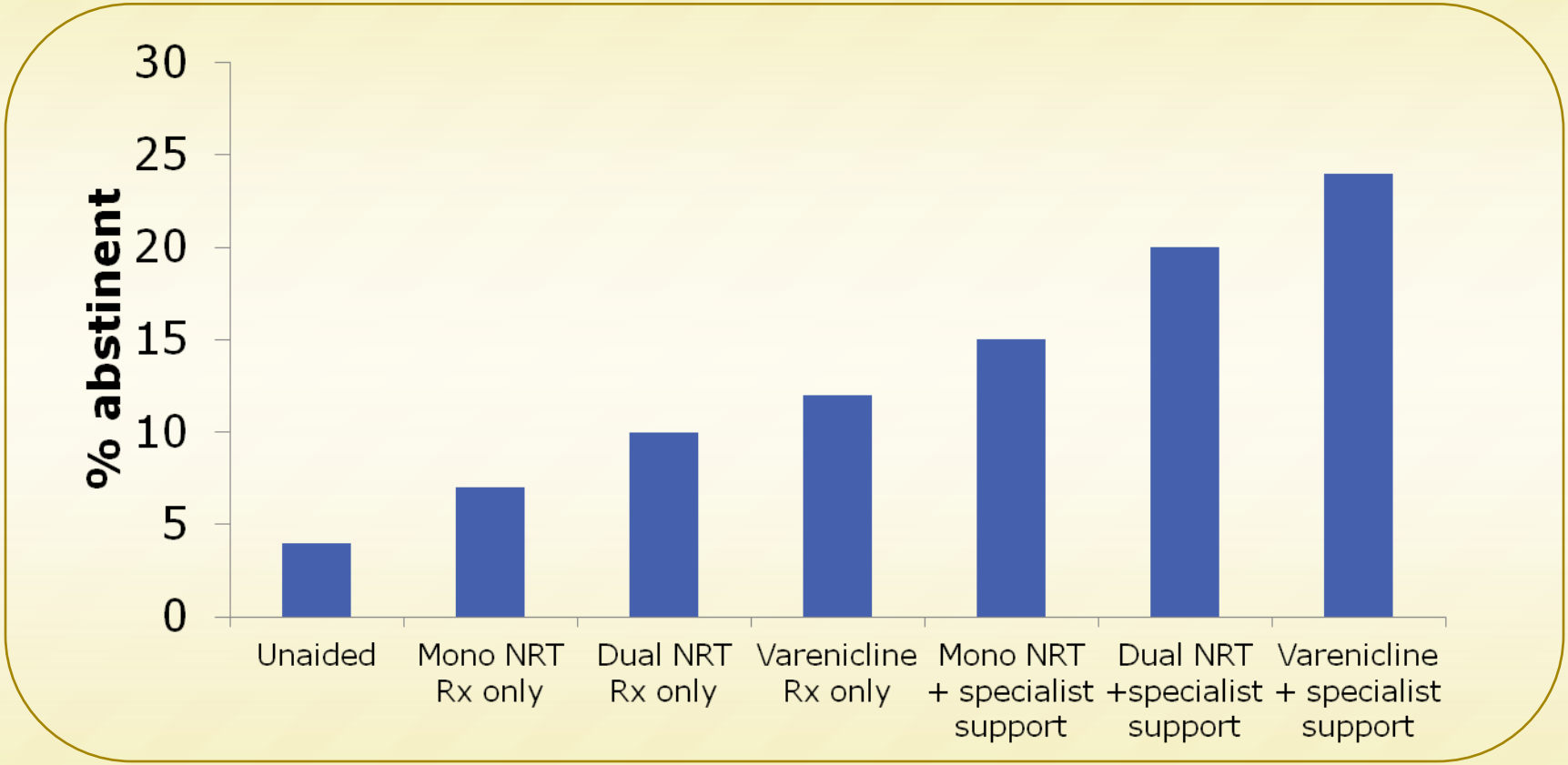
Nicotine 2mg Lozenges
Sig: 6 boxes of 36, suck hourly prn
Mitte: 1 mth 1 Repeats

Dr Graham Gulbransen _____

NICORETTE® QuickMist

- Cost: $45 at Countdown, $50 at pharmacy
- 150 puffs = 75 cigarettes

52-week abstinence rates for selected methods of stopping smoking



Based on treatment as directed in guidelines

Bupropion, nortrip = dual NRT

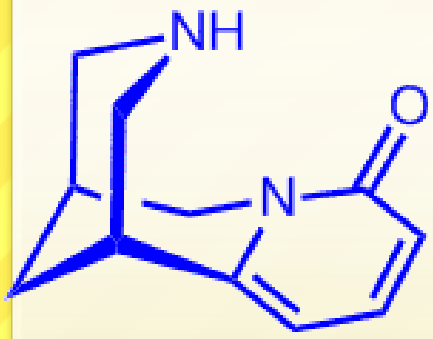
West and Owen 2012 www.smokinginengland.info

Cytisine

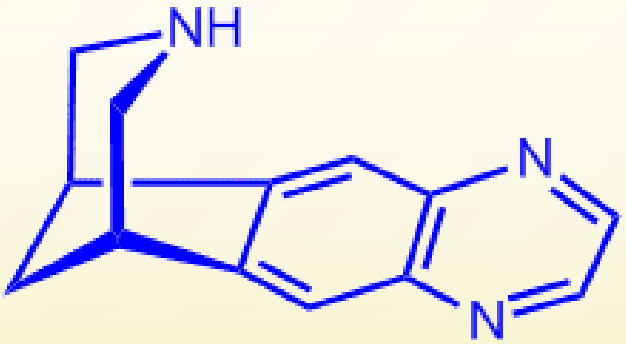
Tabex

- derived from the golden rain tree
- related to kowhai tree that has cytisine
- used for 40 years in Bulgaria
- was modified → varenicline (champix)
- may appeal to Maori, smoking rate over 40%

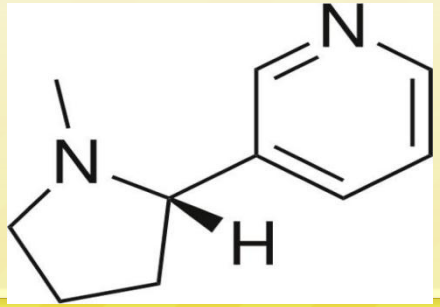
http://gallagherresearchgroup.files.wordpress.com/2012/01/cytisine-and-othe-nicotinic-receptor-binders.gif



Cytisine



Varenicline (Chantix™)



Nicotine

- Tabex is available from international websites but is not permitted to be sold in New Zealand as it is a medicine and is not yet registered by the Health Ministry

- Auckland University's Clinical Trials Research Unit with Quitline, is conducting a trial comparing Tabex to nicotine replacement therapy (NRT).

[www.nzherald.co.nz & personal communtication.]

Ministry of Health
Phone 0800 243 666

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA1161
April 2013

APPLICANT (stamp or sticker acceptable)

Reg No: .....

Name: .....

Address: .....

.....

.....

Fax Number: .....

PATIENTNHI: .....

First Names: .....

Surname: .....

DOB: .....

Address: .....

.....

.....

REFERRER Reg No: .....

First Names: .....

Surname: .....

Address: .....

.....

.....

Fax Number: .....

Varenicline tartrate

INITIAL APPLICATION
Applications from any relevant practitioner. Approvals valid for 5 months.

Prerequisites (tick boxes where appropriate)

☐ Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking

and

☐ The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring

and

☐ The patient has tried but failed to quit smoking after at least two separate trials of nicotine replacement therapy, at least one of which included the patient receiving comprehensive advice on the optimal use of nicotine replacement therapy

or

☐ The patient has tried but failed to quit smoking using bupropion or nortriptyline

and

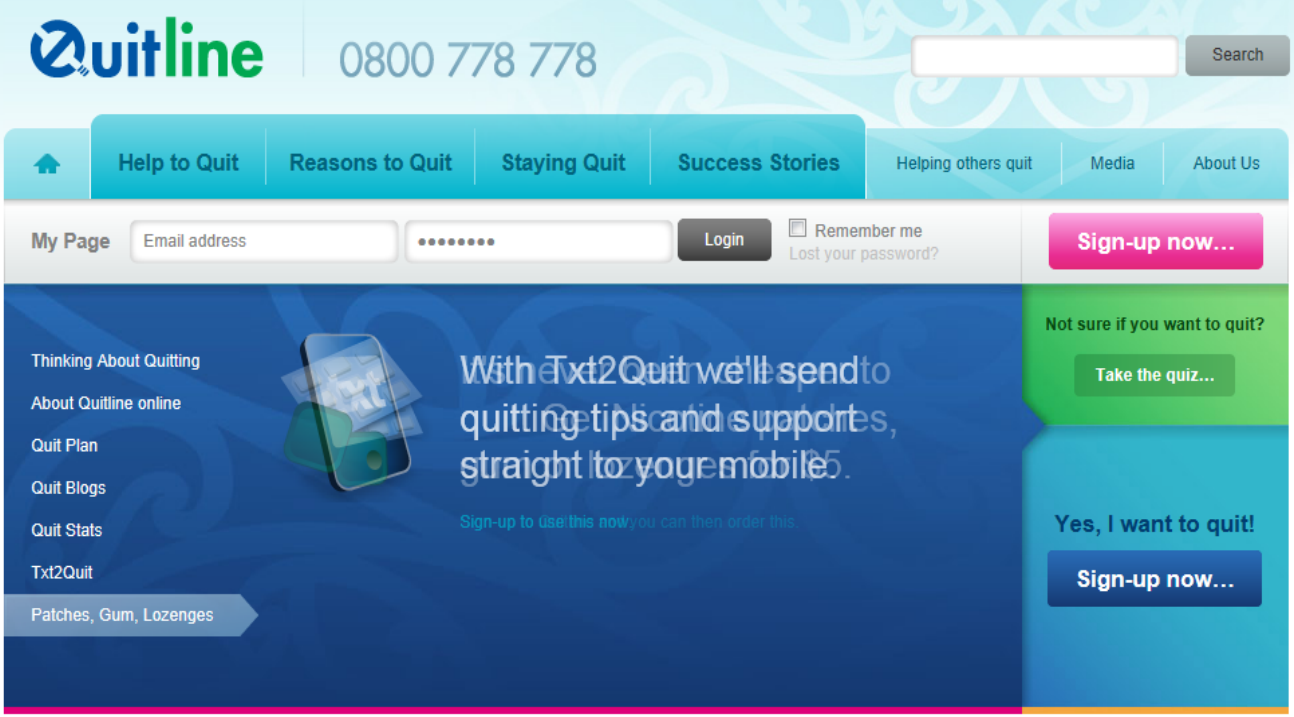
☐ The patient has not used funded varenicline in the last 12 months

and

☐ Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this

Quitline

referrals@quit.org.nz



or Fax 04 460 9879

face to face counselling available

Alcohol

Screening for Risky & Problem Drinkers

Alcohol

- **'In the average 7 day week, how many alcohol drinks do you have?'**

- AUDIT, brief AUDIT or AUDIT C [consumption]
- 'any general opening question leads to opportunities to explore alcohol use. In the series I did for my thesis in my practice, half those with alcohol problems were identified by screening and half from clinical awareness during consults.'

  Dr John McMenamin

We need to ask

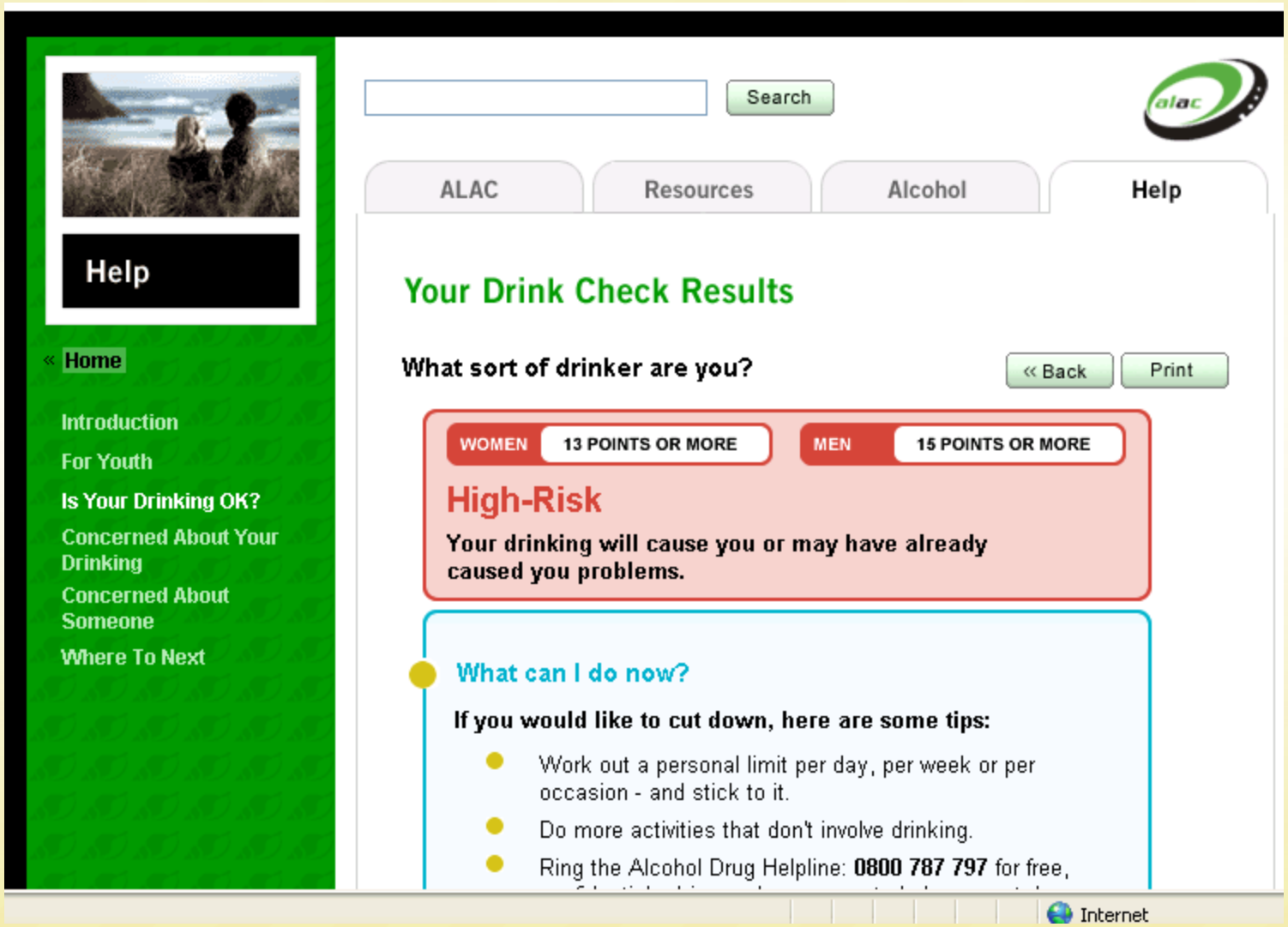
Most patients are open to being asked about alcohol consumption

Alcohol NZ Guidelines 2012

- See conference app

- http://www.alcohol.org.nz/ for guidelines & leaflets

Links you to ALAC website



Standard Drinks

Wine | **Spirits** | **Beer**

Port/ Sherry	Small glass	Large Glass	1 nip	2 nips	3 nip cocktail	Small glass	Handle
1 SD	1 SD	2 SD	1 SD	2 SD	3 SD	1 SD	2 SD

1 Standard drink = 10 g alcohol

NZ Low Risk Alcohol Guidelines 2012

Alcohol NNT = 8

- It is estimated that the number of hazardous or harmful drinkers that need to receive intervention for one to reduce drinking to low-risk levels is 8

- It could be more effective if we consider those who don’t reduce drinking immediately, but are primed to act at a later date.

NICE Clinical Knowledge Summaries. The Alcohol Brief Interventions page

‘The benefits of brief intervention were similar in the normal clinical setting and in research settings with greater resources.’

Kaner et al (2009), Effectiveness of brief interventions in primary care populations, Cochrane Summaries

***Bertholet*, *N*., Daeppen, J-B., Wietlisbach, V. *et al*. (*2005*) *Reduction* of *alcohol consumption* by *brief alcohol intervention* in *primary care*: *systematic review and meta-analysis*. *Archives* of *Internal Medicine 165*(9), 986-995.**

Authors' conclusion:

Focusing on patients in primary care, our systematic review and meta-analysis indicated that brief alcohol intervention is effective in reducing alcohol consumption at 6 and 12 months.

Kaner, E F et al (2007) 'Effectiveness of brief alcohol interventions in primary care populations', Cochrane Database of Systematic Reviews, Issue 2;

Authors' conclusions:

- Brief interventions consistently produced reductions in alcohol consumption.
- Current literature had clear relevance to routine primary care.

Whitlock, E P et al (2004) 'Behavioral Counseling Interventions in Primary Care To Reduce Risky/Harmful Alcohol Use by Adults: A Summary of the Evidence for the U.S. Preventive Services Task Force', Annals of Internal Medicine, vol. 140.

Conclusions of US Preventive Services Task Force

- Behavioral counseling interventions for risky/harmful alcohol use among adult primary care patients are an effective component reducing risky/harmful alcohol use.

How does it work in practice?

The Whanganui ABC Alcohol pilot, Dr John McMenamin explored how ABC interventions could be delivered in a New Zealand Primary Care Setting to address alcohol related risk and harm.

As detailed in RNZCGP *Implementing the ABC Alcohol Approach in Primary Care*:

- **A**SK
- **B**RIEF ADVICE
  - Safe drinking, where to get advice
- **C**OUNSELLING
  - 'Establish rapport
  - Identify goals
  - Choose strategies'.

[Motivational Interviewing, Miller & Rollnick, 2nd Edition, p274]

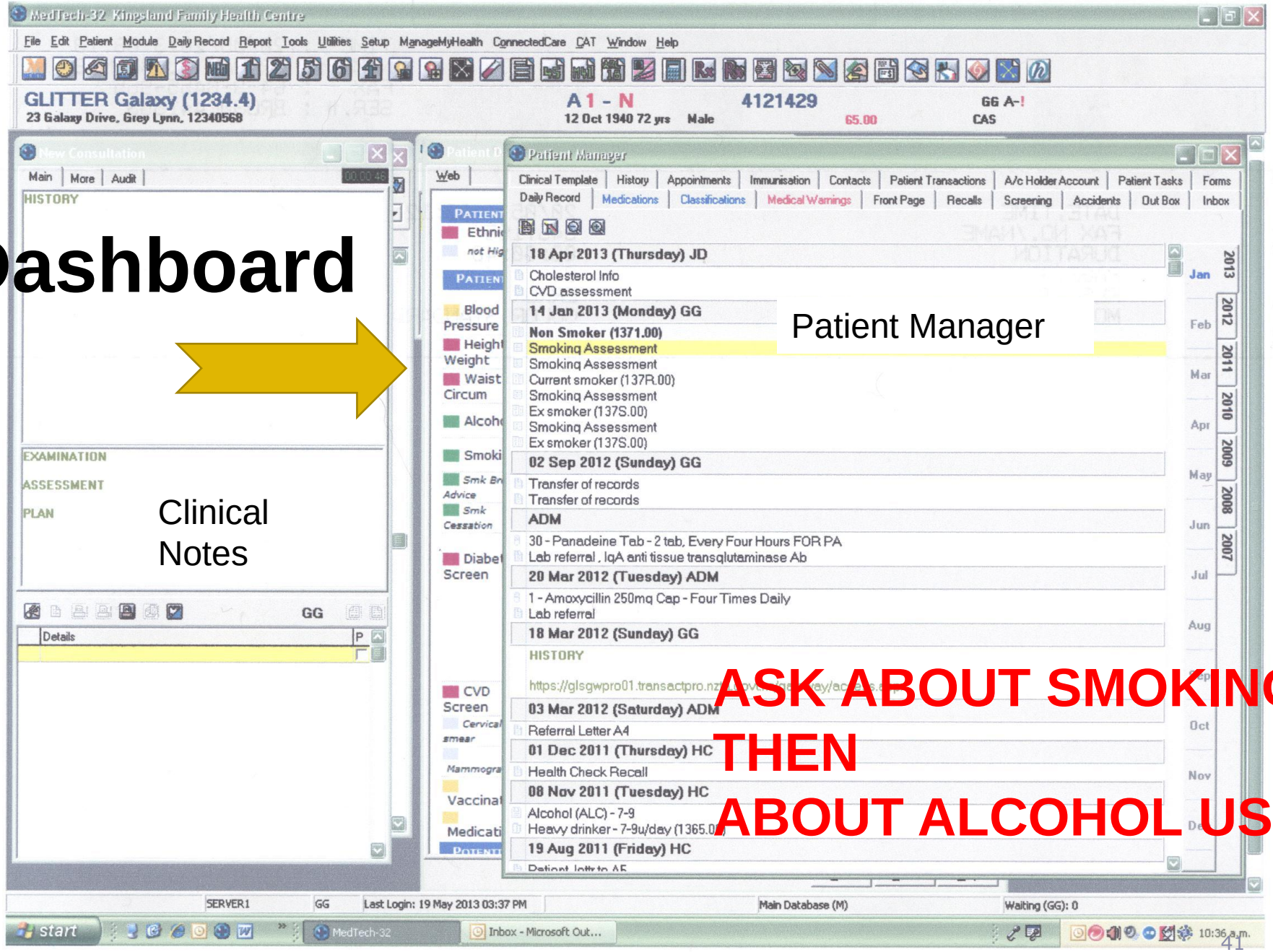
Limitations of guidelines....

- 'it must be acknowledged that motivation to get drunk and have fun are important predictors of alcohol consumption, and that health concerns often have little influence on people's alcohol consumption....'

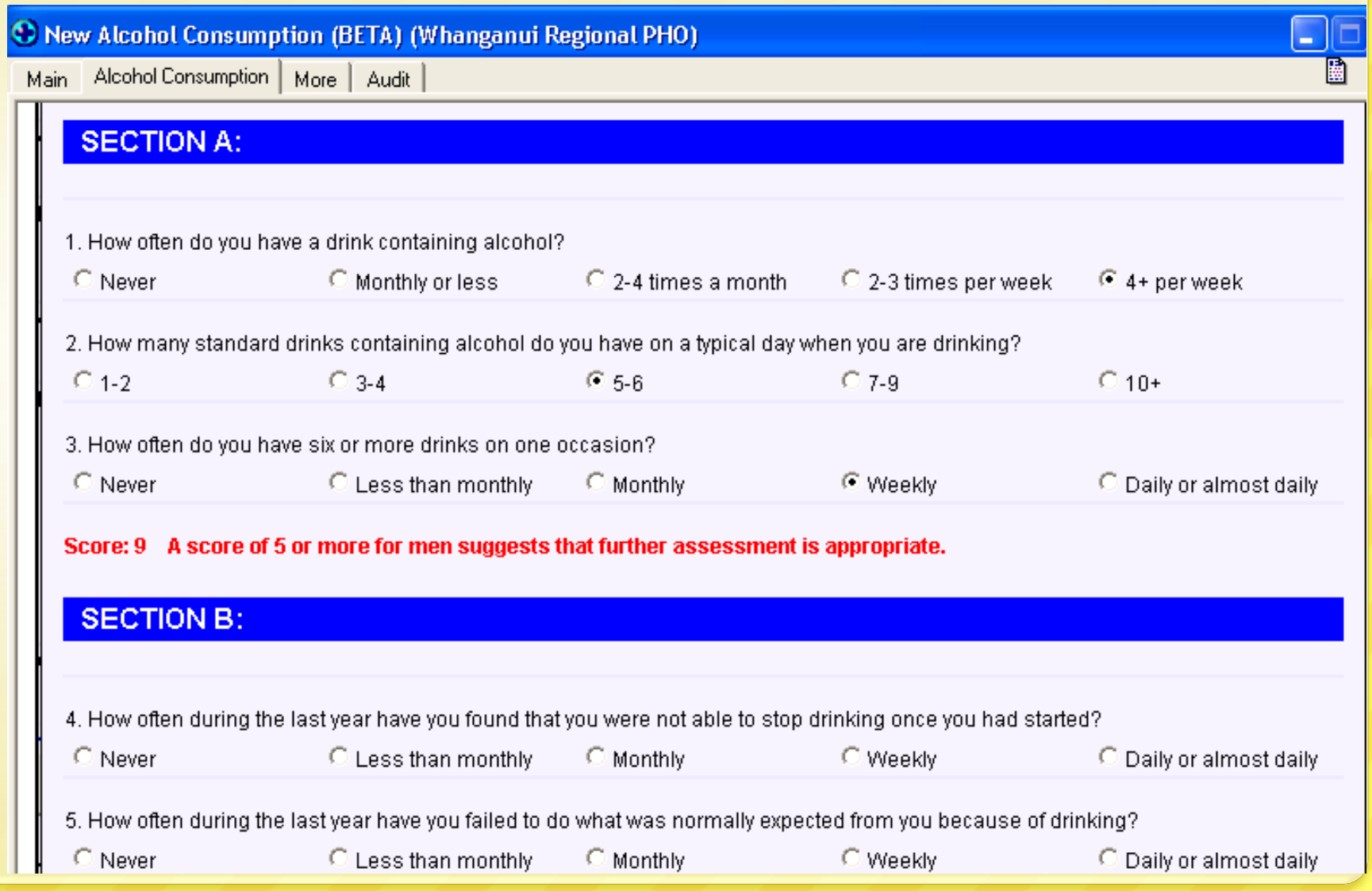
Furtwaengler & de Visser (2013), Lack of international consensus in low-risk drinking guidelines, Drug and Alcohol Review, 32, 11-18.

- ‘young people may use alcohol unit labelling to help them select the most potent drinks’

Furtwaengler & de Visser (2013), Lack of international consensus in low-risk drinking guidelines, Drug and Alcohol Review, 32, 11-18.


Dashboard
Clinical Notes
Patient Manager
ASK ABOUT SMOKING
THEN
ABOUT ALCOHOL USE

Option to complete AUDIT



Brief Advice for a Pre-contemplative patient

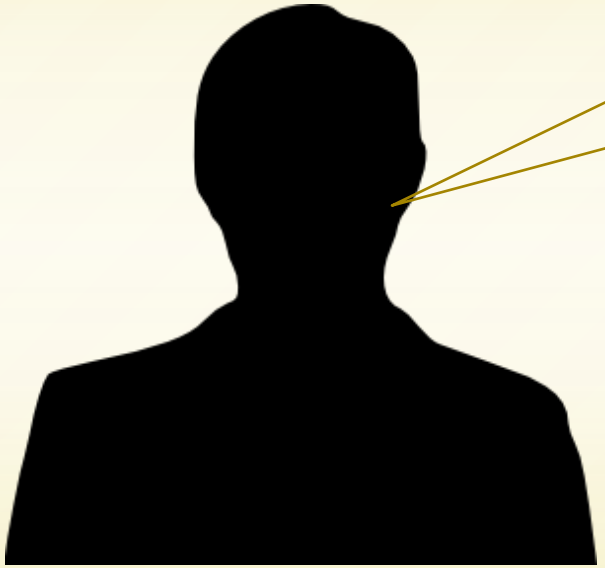
Modified from

Dr John McMenamin’s slides

It looks like your drinking pattern could be causing you problems. What do you think about this?

Oh well you have to die of some thing – at least I will die happy!

I see – do you have any concerns about your drinking?



Na – not really

How about your partner, do they have any concerns about your drinking?

Yeah, they think I spend too much money, but hey I earn it!

Ok, here’s a leaflet to look at. Let’s talk more at your next appointment – How does that sound?

OK

Brief Advice for a Contemplative patient

Now lets see the difference

Modified from

Dr John McMenamin’s slides

It looks like your drinking pattern could be causing you problems. What do you think about this?

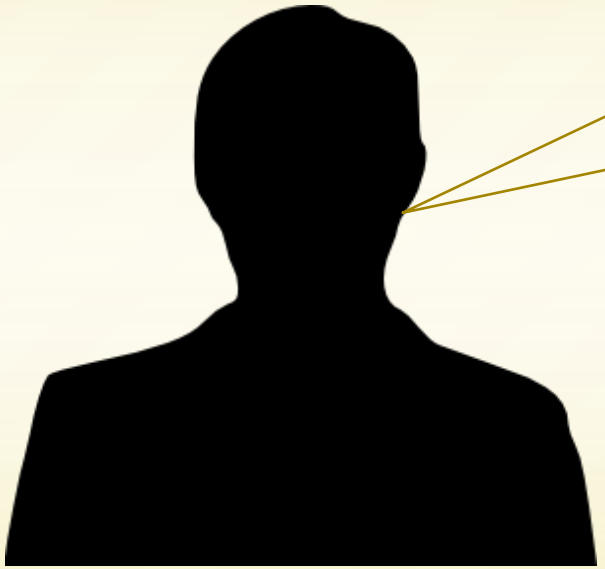
Well, I have tried to cut down in the past, but it never lasts.

Good that you've tried. It often takes people a few times. Tell me more…

Well I think I should cut down. I just don't know how to…

Have you seen the ALAC site? It gives some really good information on how to ease up on the drink. If you like I could make you an appointment at Addiction Services. They can support you in any changes you want to make.

Does it mean I will have to stop drinking?



Not necessarily. There are lots of options. You decide - it is up to you.

Yeah – it would be good to see someone

Keep working on
open-ended questions
to allow the patient to be heard

Hepatitis C

- Ab
- Viral load
- Who to screen
- Treatments

From Prof Ed Gane

- Liver biopsy is OUT, Fibroscan is IN
- IFN is on borrowed time – IFN-free regimens will be approved here within 12 months and available for all within 3-5 years
- People with mild disease should be given the option to wait and meantime address lifestyle factors:
  - alcohol, cannabis and excess weight are BAD
  - coffee is GOOD

Chronic hepatitis C in NZ
Challenges

- 50,000+ New Zealanders have HCV
- 200 deaths/yr ➡ 600/yr by 2030
  - All preventable by earlier treatment
- <1/3 HCV+ have been diagnosed
- <1/10 have been treated

➡ **Need to increase HCV awareness, earlier diagnosis and treatment**

Targeted Testing – Ask About

6 Risk Factors for HCV Exposure

1. **History of injecting drugs?**
2. **Blood transfusion pre-1992 or overseas?**
3. **Lived in or received health care in SE Asia, Middle East, Eastern Europe?**
4. **History of jaundice or acute hepatitis?**
5. **Previously imprisoned?**
6. **Mother has HCV?**

MINISTRY OF HEALTH
MANATŪ HAUORA

hepCentral

Tracing Patterns of Health
THEHEPATITISFOUNDATION

The Dominion Post 13 April 2013

negligently failing to abort a transit flight between Ohakea and Wellington when weather conditions deteriorated below recommended flying conditions.

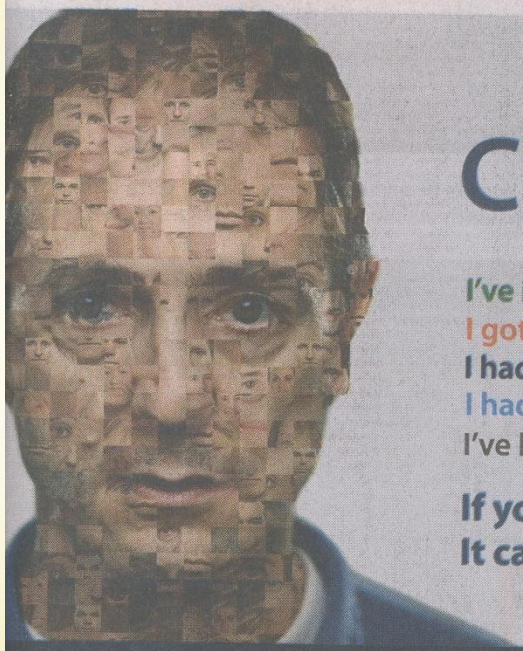
Pezaro has elected to be tried summarily and the proceedings will reconvene on Monday with evidence from the defence.

Three air crew died when their

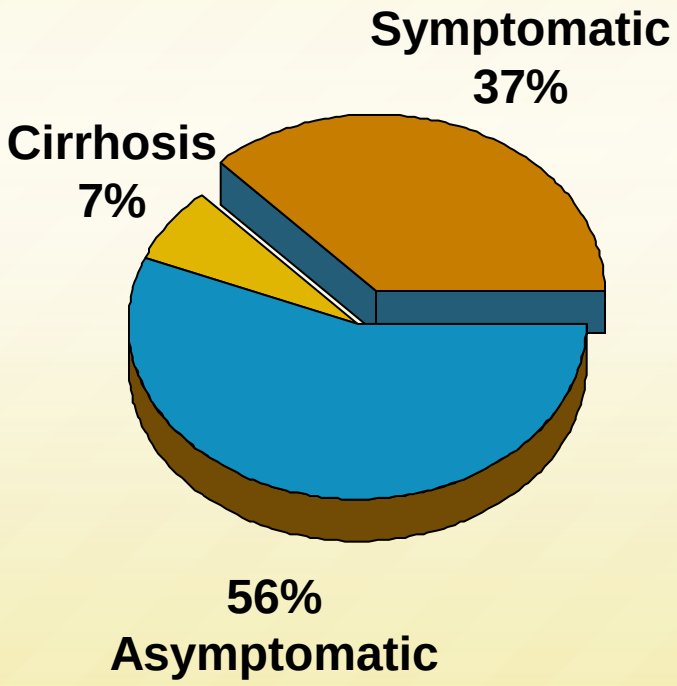
Wellington, about 6am on April 25, 2010.

Among the final witnesses called to give evidence yesterday was Air Commodore Peter Port, who told the proceedings Pezaro's ac-

"He wasn't on search and rescue or counter-terrorism, he was going to fly over an Anzac Day parade and, in my opinion, that doesn't justify breaking the rules," Air Commodore Port said. Fairfax N



Symptoms, or Lack of, in Chronic HCV Infection



Unpublished data from MCV Hepatitis Program, 1995.

Common Symptoms of Hepatitis C in the Absence of Cirrhosis

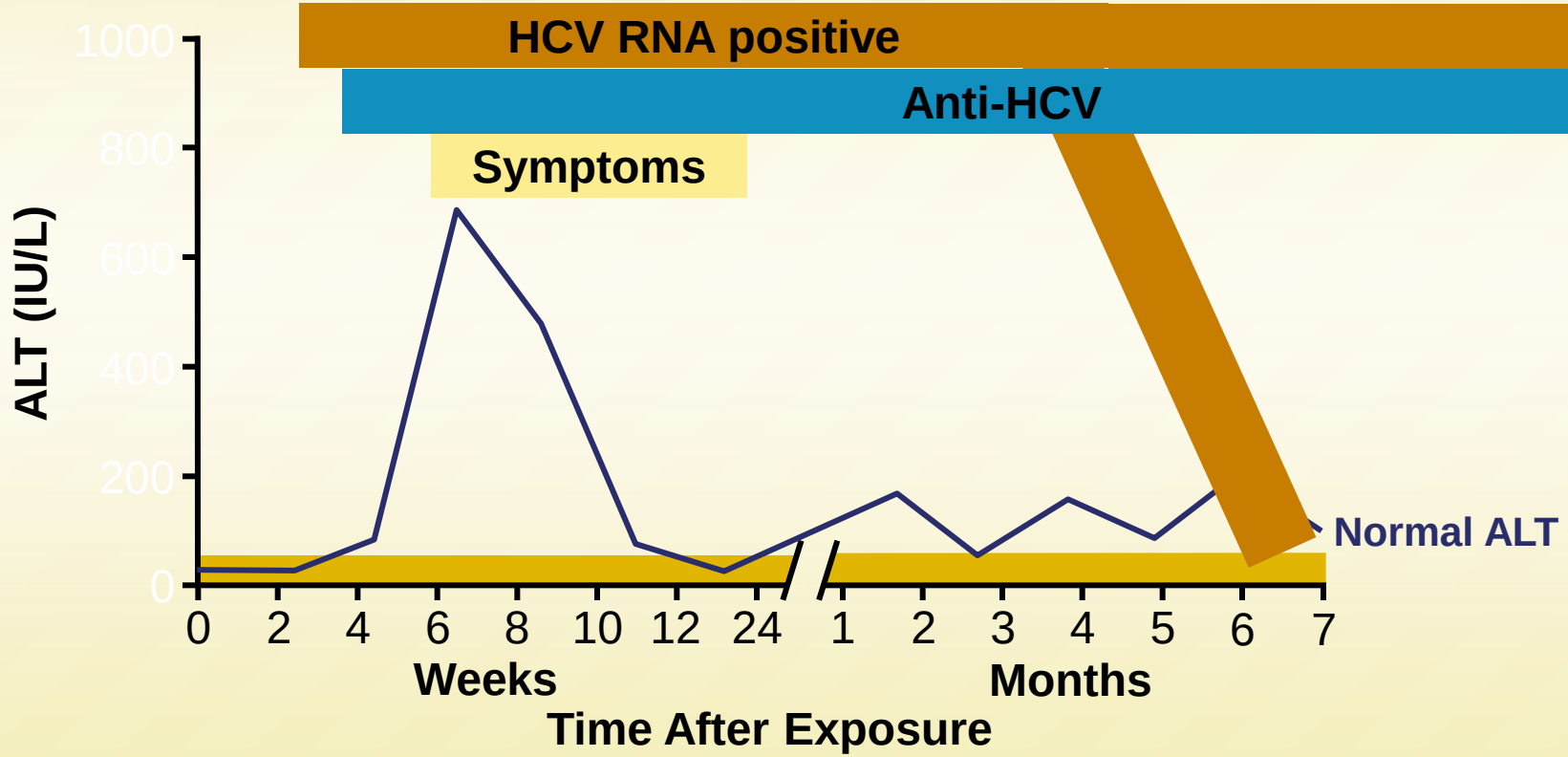
- Fatigue
- Impaired cognitive functions
- Low grade fevers
- Abdominal discomfort
- Appetite disturbances
- Abdominal pain
- Digestive disturbances
- Migratory arthralgia or myalgia
- Depression
- Anxiety
- Many others

NIH Management of Hepatitis C Consensus Conference Statement. June 10-12, 2002. Available at: http://consensus.nih.gov/2002/2002HepatitisC2002116html. Accessed April 10, 2007.

HCV diagnosis and staging

- **Symptoms and Signs**
  - Few until **advanced** cirrhosis
- **Liver Function Test**
  - POOR marker of liver injury in HCV
    - Up to 40% have NORMAL LFTs
- **Anti-HCV ELISA screening assay**
  - Inexpensive ($15), performed daily at all labs
  - Reflects HCV exposure, not active infection
    - Persists after viral clearance
- **Serum HCV RNA PCR assay – viral load**
  - Confirms active infection
  - Expensive ($250), performed weekly only at reference labs (ACH, Waikato, Wgtn, ChCh)

Course of Acute HCV Infection



Hoofnagle JH. Hepatology. 1997;26:15S. Carithers RL Jr, et al. Semin Liver Dis. 2000;20:159-171. Pawlosky JM. Hepatology. 2002;36(suppl 1):S65-S73. NIH Management of Hepatitis C Consensus Conference Statement. June 10-12, 2002. Available at: http://consensus.nih.gov/2002/2002HepatitisC2002116html. Accessed April 10, 2007.

HCV Antibodies Do Not Protect Patients From Further Infection

Point-of-Care and Rapid HCV Tests

- Many patients dont get their blood tests done:
  - concern of lack of venous access
  - suspect concealed tests (drugs, HIV, other)
  - fear of stigmatisation

1. **On-site rapid diagnostic tests on whole blood (pinprick), serum or oral swab**

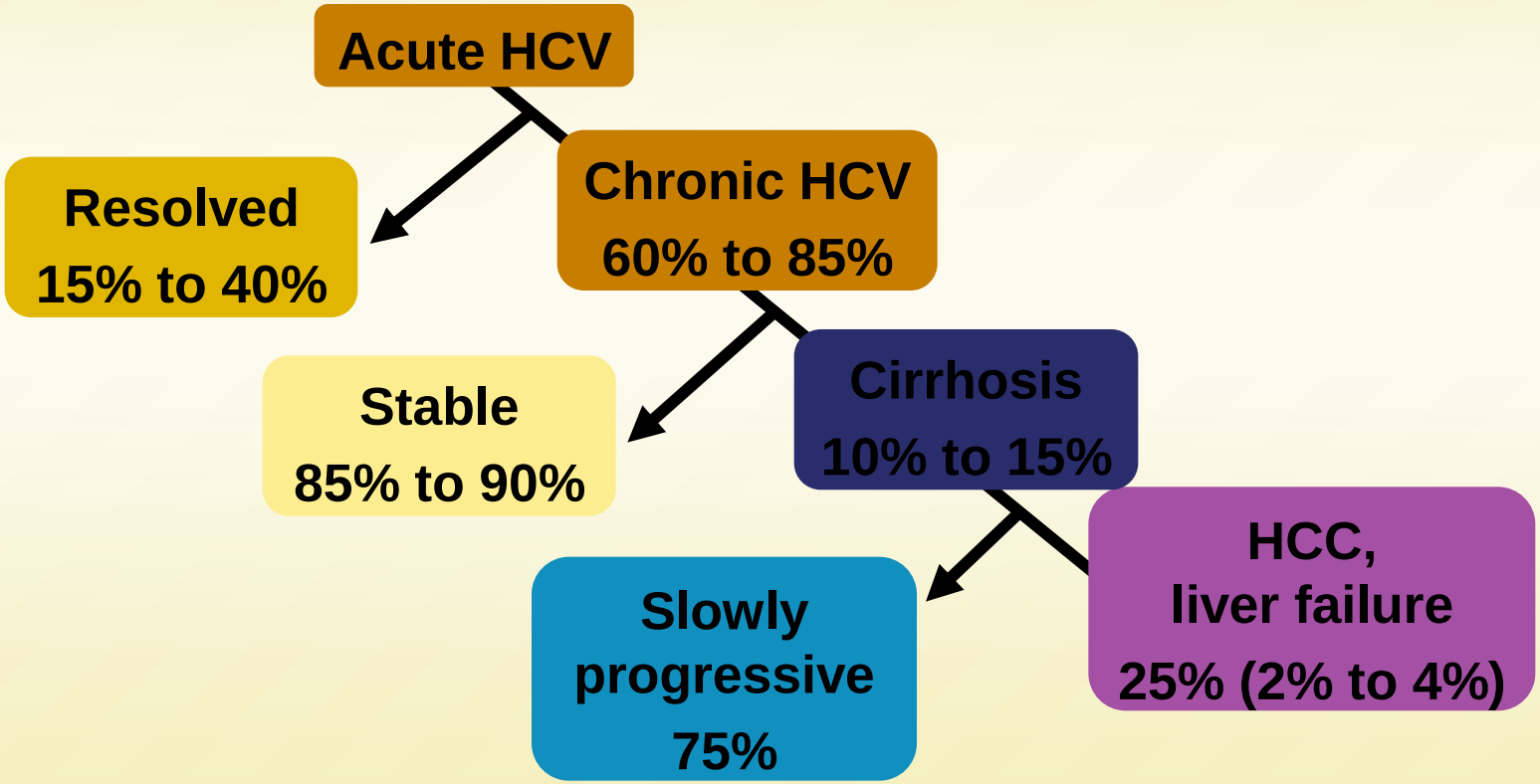
2. **Dried Blood Spot sent to local labs**
   - **Collect 4 drops onto blotting paper, send to lab**

Tests

- Dried Blood Spot ⇨ local labs
  - Simple, no training
  - Need follow-up appointment
  - Much better compliance
  - High rates of returning for test results
  - High rates of followup attendance at clinics

Not yet available in NZ

Natural History of HCV Infection



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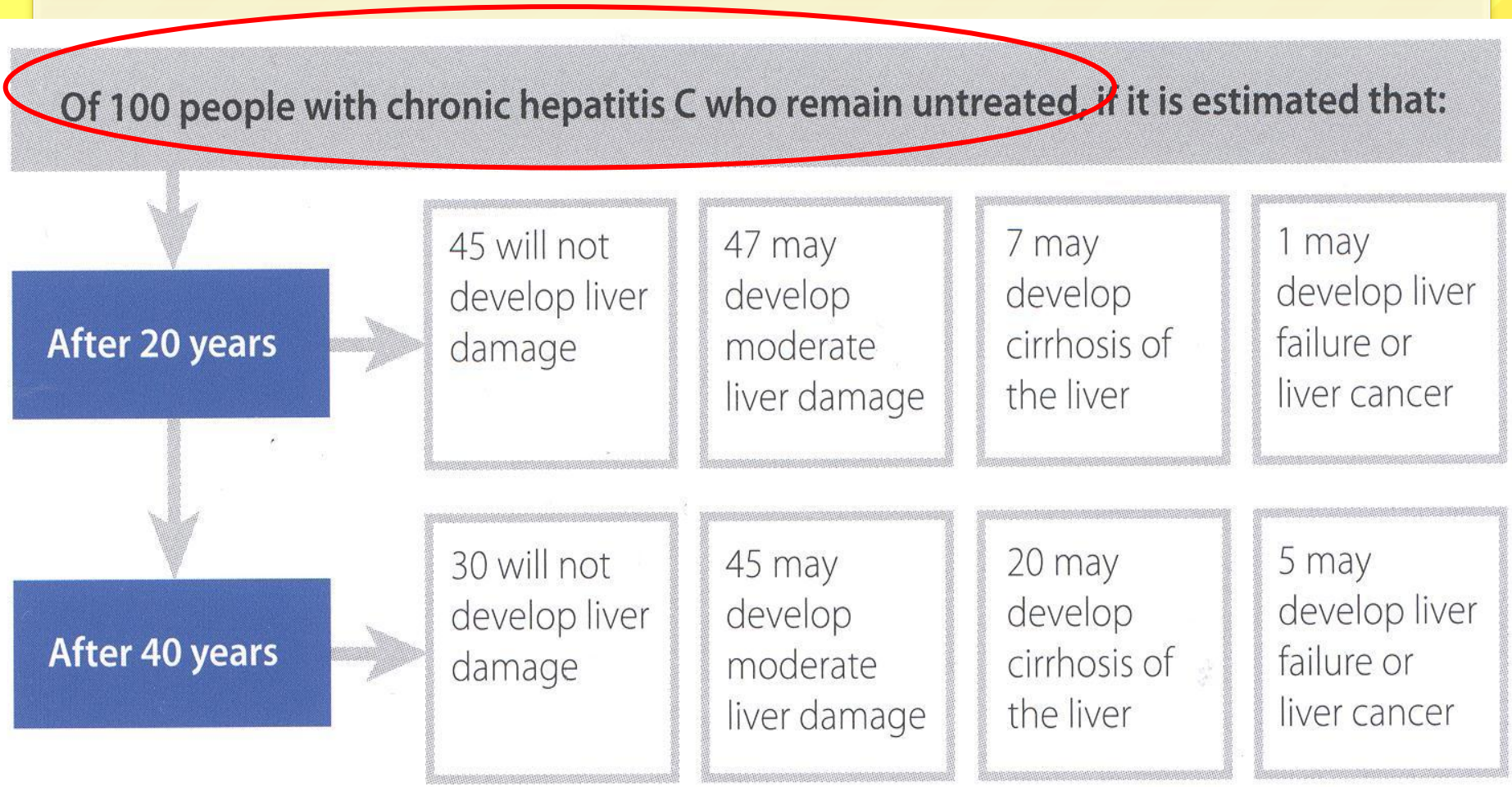
Hepatitis C

www.ashm.org.au



Hep C – what Factors are associated with rapid progression to Cirrhosis

- **Alcohol > 5 drinks/day**
  - Paralyses immune response to HCV
    - Increases HCV replication + injury
  - Recommended limit
    - Keep below ALAC guidelines
    - No alcohol if cirrhosis or on Interferon
- **Cannabis >2 joints per day**
  - Cannabinoid receptors in liver cause fibrosis
- **Obesity**

Hep C – what Factors are associated with slow progression to cirrhosis

1. **Young age**
2. **Female gender**
3. **Coffee!**
   - Dose-related ↓ risk of cirrhosis
     - 1 cup/day ⇨ reduce risk by 30%
     - 2 cups/day ⇨ reduce risk by 40%
     - >4 cups/day⇨ reduce risk by 80%

Klatsky,2006

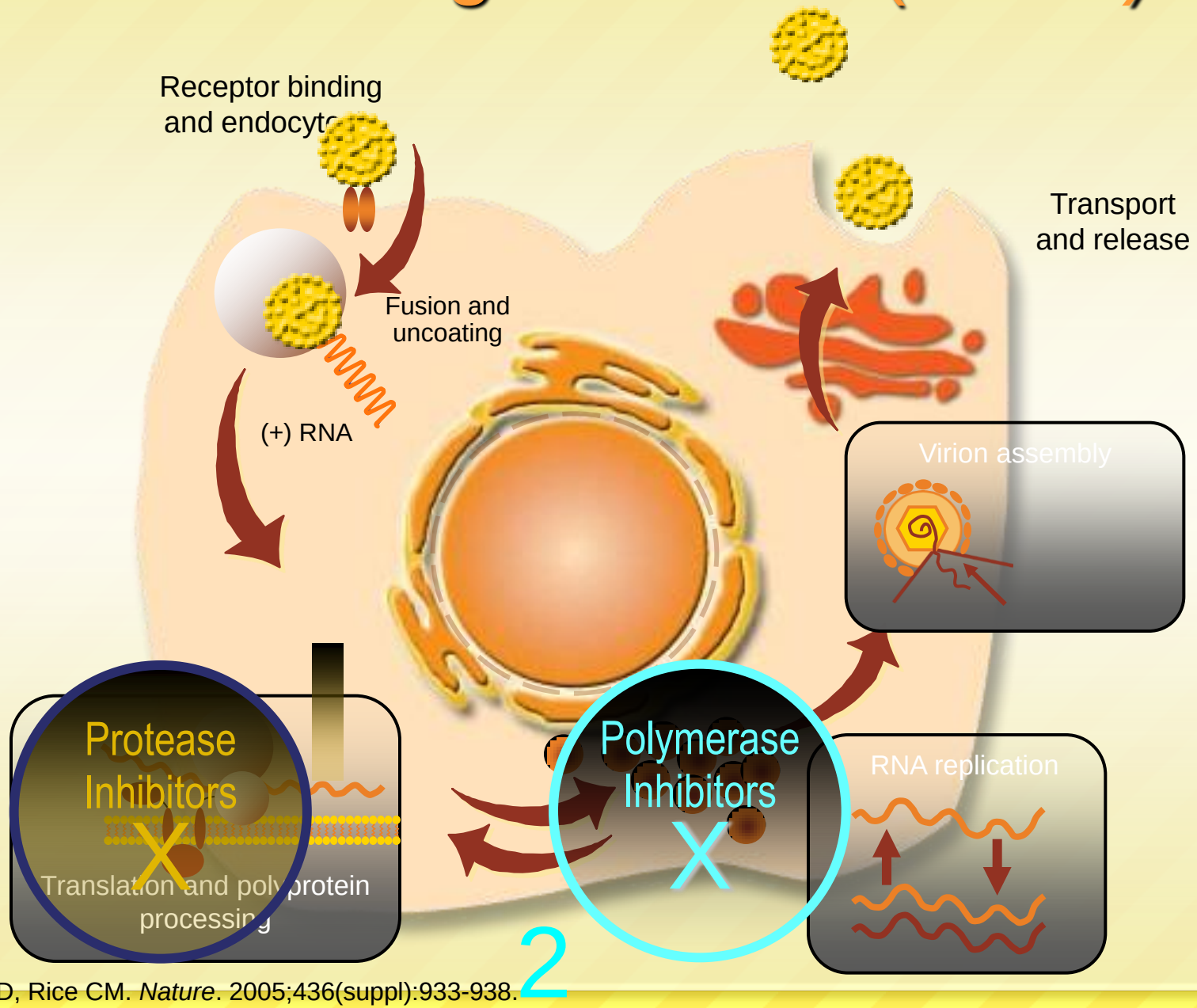
4. Antiviral therapy.

Chronic Hepatitis C - the Solution

Aims of Therapy

1. **Prevent death**
2. **Prevent transplant**
3. **Prevent or reverse cirrhosis**
4. **Improve quality of life**

Direct Acting Antivirals (DAAs)



Lindenbach BD, Rice CM. *Nature*. 2005;436(suppl):933-938.

Future Trends in HCV Therapy

http://learnonline.health.nz/course

Hepatitis C E-Learning for GPs

LearnHealth ▶ Hep C - Doctors

Welcome

Learn about hepatitis C by working through the five learning modules below.
Gain 1 CME credit by passing the assessment, completing the evaluation and then printing your certificate.

Access a range of resources to support you in your day-to-day work.
Help on using this programme.

Learn About

- What Is Hepatitis C — 15 min — Start
- Identifying Hepatitis C — 15 minutes — Start
- Diagnosing Hepatitis C — 15 minutes — Start
- Treating Hepatitis C — 25 minutes — Start
- The Future - Hepatitis C — 10 minutes — Start

Gain Accreditation

- Assessment
- Your feedback
- Print your certificate

Post-Learning Support

Quick facts

- What Is Hepatitis C
- Identifying Hepatitis C
- Diagnosing Hepatitis C
- Treating Hepatitis C
- The Future - Hepatitis C

Resources

- Patient Information Sheet
- GP Communication Guide
- Testing & Treatment Pathway
- Referral Form
- Programme References & Additional Reading

Got a question? Ask the experts — Find out more

Join the conversations — Find out more

In Conlusion:

- 'Shift happens!' – brief advice & counselling in 1° care are effective
- Alcohol use single screening question: 'In the average 7 day week, how many alcohol drinks do you have?'
- Anyone who does have hepatitis C or is cured will always be HCV Ab positive, so one HCV Ab test is all that is ever needed. There is no point in repeating the test.

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