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Māori Health Review

Making Education Easy

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In this issue:

Tēnā koutou katoa

Nau mai ki tenei Tirohanga hou Hauora Māori. He rangahau tuhi hou e paa ana ki nga hau ora a ki te oratanga o te Māori. No reira noho ora mai raa i o koutou waahi noho a waahi mahi hoki. Noho ora mai. Matire.

Greetings

Welcome to this issue of the Māori Health Review. Each issue attempts to bring you research relevant to the health and wellbeing of Māori. I welcome feedback and suggestions for papers/research to include in future issues and I'm pleased to hear and read about the excellent work being undertaken in Hauora Māori.

Stay well, regards

Matire
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A two-year randomized trial of obesity treatment in primary care practice

Authors: Wadden TA et al

Summary: This US-based study randomised 390 obese adults in 6 primary care practices to one of three types of intervention: Usual care, consisting of quarterly primary care provider (PCP) visits that included education about weight management; Brief lifestyle counselling, consisting of quarterly PCP visits combined with brief monthly sessions (10- to 15-min encounters) with lifestyle coaches who instructed participants about behavioural weight control; or Enhanced brief lifestyle counselling, which provided the same care as described for the previous intervention but included meal replacements or weight-loss medication (sibutramine or orlistat), chosen by the participants in consultation with the PCPs, to potentially increase weight loss. All interventions were delivered by the PCPs over a 2-year period in collaboration with auxiliary health professionals (lifestyle coaches) in their practices. Over 85% of participants completed the trial, at which time, the mean weight loss with usual care, brief lifestyle counselling, and enhanced brief lifestyle counselling was 1.7, 2.9, and 4.6 kg, respectively. Initial weight decreased at least 5% in 21.5%, 26.0%, and 34.9% of the participants in the three groups, respectively. For both of these measures of success, enhanced lifestyle counselling was superior to usual care; there were no other significant between-group differences. The benefits of enhanced lifestyle counselling remained even after excluding sibutramine recipients from the analyses.

Comment: Useful information for those of us working in primary care, the methods in particular providing detailed guidance on the content and delivery of counselling.

Reference: N Engl J Med. 2011;365(21):1969-79.

http://www.nejm.org/doi/full/10.1056/NEJMoa1109220

Community screening for cardiovascular risk factors and levels of treatment in a rural Māori cohort

Authors: Faatoese AF et al

Summary: These researchers sought to determine levels of cardiovascular disease (CVD), diagnosed and undiagnosed risk factors and clinical management of CVD risk in a rural Māori cohort of 252 adults aged 20–64 years (mean age 45.7 years). At the screening visit, 8% reported a history of cardiac disease, 43% were current smokers, 22% had a healthy BMI, 30% were overweight and 48% obese. A total of 25% of participants had previous diagnoses of hypertension; an additional 22% received new diagnoses of hypertension at screening. Similarly, 14% of participants had previous diagnoses of dyslipidaemia and an additional 43% were dyslipidaemic at screening. Type 2 diabetes was previously diagnosed in 11%. Among those with type 2 diabetes, only 21% achieved glycaemic control. Blood pressure and cholesterol exceeded recommended targets in more than half of those with diagnosed CVD risk factors.

Comment: As the authors state, opportunistic screening for CVD and diabetes should be encouraged. There is now also strong evidence confirming the role of obstructive sleep apnoea as a risk factor for CVD and DM; this too should be considered/enquired about during consultations.

Reference: Aust N Z J Public Health. 2011;35(6):517-23.

http://onlinelibrary.wiley.com/doi/10.1111/j.1753-6405.2011.00777.x/abstract

Child and adolescent injury report card: New Zealand 2009

Authors: Bland V et al

Summary: This paper reports on the status of New Zealand's child and adolescent unintentional injury prevention. The study authors applied the methodology of the European Child Safety Alliance Child Safety Report Card (completed for 24 countries in Europe, generating a standardised assessment of child and adolescent injury prevention) to New Zealand's injury prevention position, in relation to 12 injury topics covered by 102 questions. The results were considered by a panel of child and adolescent injury experts, who agreed on scores for each item. The overall score was 33/60. Deficiencies were identified across many injury prevention topics including passenger and driver safety, pedestrian safety, water safety, falls, poisoning, burns/scalds and choking/strangulation. The study notes that New Zealand lacks a robust home visiting programme and injury prevention strategies with specific child and adolescent targets.

Comment: I agree with the comments about the lack of robust programmes to visit homes as many child health assessments (e.g. Plunket, B4SC) are now undertaken in clinics. Importantly, such programmes should be developed in ways that are informative and not punitive.

Reference: J Paediatr Child Health. 2011;47(11):783-7.

http://onlinelibrary.wiley.com/doi/10.1111/j.1440-1754.2011.02026.x/abstract

Usage and equity of access to isotretinoin in New Zealand by deprivation and ethnicity

Authors: Moodie P et al

Summary: In March 2009, PHARMAC widened access to oral isotretinoin for severe acne, granting prescribing rights to general practitioners. Formerly, only specialist dermatologists were entitled to prescribe isotretinoin, which was arguably due to the complexity of management and an appreciable risk of teratogenicity if given during pregnancy or within a month of conception. This funding restriction had the potential to create inequitable access barriers. These researchers report the outcomes of an audit on isotretinoin use in New Zealand by deprivation level and ethnicity, using dispensed prescription data for funded isotretinoin for the year ending June 2008. The researchers also analysed prescription data from the same period for cyproterone acetate with ethinyloestradiol, another acne pharmaceutical available on prescription with no funding restrictions. The data showed that people living in more deprived areas (as defined by NZDep Index) were less likely to use isotretinoin, as were Māori and Pacific people. The association with deprivation level was not present for cyproterone acetate with ethinyloestradiol, although disparities in use by ethnicity remained.

Comment: Reasons to explain disparities in acne treatment are not clear. It will be interesting to see if inequities persist now that funding restrictions have been lifted.

Reference: N Z Med J. 2011;124(1346):34-43.

http://journal.nzma.org.nz/journal/abstract.php?id=4967

Deaths and hospital admissions as a result of home injuries among young and middle-aged New Zealand adults

Authors: Kool B et al

Summary: This study describes the epidemiology of unintentional home injuries resulting in death or admission to hospital among young and middle-age New Zealanders. The study authors selected cases from Ministry of Health public hospital discharge (2000–2009) and mortality data (1998–2007), and included all 20–64 year olds where the place of injury occurrence was classified as 'home'. Only initial hospitalisations with a stay of ≥24 hours were included. The analysis revealed that on average 4,000 young and middle-age adults are admitted to hospital and 60 die annually as a result of unintentional injuries sustained at home. The highest mortality rates are associated with being male, older age (50 to 64 years), and Māori. Similarly, the highest hospitalisation rates are amongst males, older age groups (>40 years), and Māori. Poisoning, falls, and burns are the leading causes of unintentional home injury deaths. As age increased so did the incidence of hospital admission. The leading contributors resulting in admission to hospital were falls, cutting or piercing, overexertion, and poisoning. Falls-related injuries had the highest median length of hospital stay and in-hospital mortality rate. As deprivation increased so did the frequency of hospital admissions due to fall and cutting or piercing injuries.

Comment: In addition to the large numbers and inequities in home injuries, there are also significant disparities in the rates for long-term sequelae. These too should drive the development of targeted injury prevention strategies.

Reference: N Z Med J. 2011;124(1347):16-26.

http://journal.nzma.org.nz/journal/abstract.php?id=4997

Social inequalities or inequities in cancer incidence? Repeated census-cancer cohort studies, New Zealand 1981-1986 to 2001-2004

Authors: Blakely T et al

Summary: This paper examined ethnic and socioeconomic differences and incidence trends for 18 adult cancers in New Zealand between 1981–2004, with 47.5 million person-years of follow-up. Compared to European/Other people in New Zealand, Māori and Pacific people are 1.5–2.5 times more likely to develop cervical, endometrial, stomach and pancreatic cancers; Māori, Pacific and Asian people are 5 times more likely to develop liver cancer. For European/Other, rates of colorectal, bladder and brain cancers were 1.5–2 times higher and melanoma rates 5–10 times higher than rates of other groups; Pacific and Asian kidney cancer rates were half those of Māori and European/Other. Trends over time revealed faster decreases in rates of cervical cancer in Māori and Pacific people, whereas and Māori rates of colorectal and breast cancer increased faster, than European/Other rates. Male lung cancer rates decreased for European/Other, were stable for Māori and increased for Pacific. Female lung cancer rates increased for all ethnic groups. Other than lung (rate ratio 1.35 men, 1.56 women), cervical (1.35) and stomach cancer (1.23), differences in incidence by income were modest or absent.

Comment: Comparison studies such as these are important. Not only do they reflect changes in exposure to risk factors (such as smoking amongst females), they also highlight the effectiveness of certain interventions (such as screening for cervical cancer).

Reference: Cancer Causes Control. 2011;22(9):1307-18.

http://tinyurl.com/Cancer-incidence-trends

Self-reported pregnancy and access to primary health care among sexually experienced New Zealand high school students

Authors: Copland RJ et al

Summary: These researchers examined the prevalence in New Zealand of self-reported pregnancy among sexually experienced high school students, and the association between teenage pregnancy and access to primary health care, using data collected between March and October 2007 at 96 high schools nationwide participating in Youth'07, a Health and Wellbeing survey. A total of 2,620 (1,217 females and 1,403 males) year 9 through 13 students reported ever having sexual intercourse and responded to a question about whether they had ever been pregnant or ever caused a pregnancy. Nationwide, 10.6% of sexually experienced high school students self-reported that they had been pregnant (11.6%) or caused a pregnancy (9.9%). Māori (15.3%) and Pacific Island (14.1%) students had the highest self-reports of pregnancy. Foregone health care was reported by 24.2% of sexually experienced students. Students who self-reported pregnancy reported greater difficulty accessing health care (41.7% vs 20.6%; OR 2.6); however, when they accessed care, the majority received confidential care (67.4%) as compared with pregnancy-inexperienced peers (51.6%). Concern about privacy was the most common reason for not accessing health care. Other barriers included uncertainty about how to access care and lack of transportation (all p values <0.05).

Comment: Confidentiality and privacy are commonly cited reasons for not accessing health, and particularly sexual health, care in young people and in rural centres. The answer is not clear but all stakeholders should be open to considering innovative solutions.

Reference: J Adolesc Health. 2011;49(5):518-24.

http://www.jahonline.org/article/S1054-139X(11)00118-2/abstract

Ethnic disparities in CPAP adherence in New Zealand: effects of socioeconomic status, health literacy and self-efficacy

Authors: Bakker JP et al

Summary: In this investigation into the influence of ethnicity on continuous positive airway pressure (CPAP) adherence in New Zealand, 126 CPAP-naïve patients (19.8% Māori, mean apnoea-hypopnoea index 57.9 events/h, CPAP 11.1 cm H_2O) underwent a 4-week supervised home trial of CPAP following pressure titration. After 1 month, objective CPAP adherence was significantly lower among Māori than non-Māori (median 5.11 h/night vs 5.71 h/night; p=0.05). In a multivariate logistic regression model incorporating 5 variables (ethnicity, eligibility for government-subsidised healthcare, individual deprivation scores, income, and education), non-completion of tertiary education, and high individual socioeconomic deprivation remained significant independent predictors of average CPAP adherence not reaching ≥4 h (OR 0.25, p=0.02; OR 0.10, p=0.04, respectively). The overall model explained approximately 23% of the variance in adherence.

Comment: A survey or qualitative study would also be useful to understand this phenomenon, as I suspect the reasons for non-adherence in CPAP are complex. OSA is a major health issue for Māori and CPAP is one of the most effective treatments; therefore, it is important that we identify ways to improve the uptake of CPAP for Māori.

Reference: Sleep. 2011;34(11):1595-603.

http://www.journalsleep.org/ViewAbstract.aspx?pid=28339

Independent commentary by Dr Matire Harwood

Dr Matire Harwood (Ngapuhi) has worked in Hauora Māori, primary health and rehabilitation settings as clinician and researcher since graduating from Auckland Medical School in 1994. She also holds positions on a number of boards, committees and advisory groups including the Health Research Council. Matire lives in Auckland with her whānau including partner Haunui and two young children Te Rangiura and Waimarie.

Research Review publications are intended for New Zealand health professionals.

Delaying mandatory folic acid fortification policy perpetuates health inequalities: results from a retrospective study of postpartum New Zealand women

Authors: Mallard SR et al

Summary: These researchers surveyed 758 postpartum women in hospitals and birthing centres across New Zealand about folic supplement use and bread intake in the periconceptional period. Criteria for the adequate intake of folic acid through proposed mandatory fortification were the habitual consumption of three or more slices of bread/day (118–150 µg folic acid/day) in the month prior to conception, and during the first trimester of pregnancy. Thirty-three percent of women reported having used folic acid supplements as recommended during the periconceptional period; with mandatory fortification, the proportion of women who would have achieved adequate folic acid intake increased to 59%. In a model of mandatory fortification, sociodemographic predictors of poor folic acid intake from supplements, including younger maternal age, increasing parity, minority ethnicity status, lower education and less income, were rendered either non-significant or appreciably attenuated. The fully adjusted odds ratio for pregnancy planning was reduced from 17.24 to 2.61 (both $p<0.001$).

Comment: Compelling evidence in support of folic acid fortification – certainly more compelling than anything else I've read from opposing agencies. One gripe though – use of the term 'minority ethnic group' to describe Māori ethnicity!

Reference: Hum Reprod. 2012;27(1):273-82.

http://humrep.oxfordjournals.org/content/27/1/273.short

Our lands, our waters, our people

Author: Hutchings J

Summary: This editorial describes the development of a special indigenous issue of *New Genetics and Society*, a collection of writings that were collated to inform and speak to a global audience at large about some of the critical issues facing indigenous communities with regard to science technology and society (STS). The Editorial states that the collection contributes to a broadening of our thinking about the issues of new genetics and indigenous peoples, and facilitates the emergence of critical indigenous voices in STS discourses.

Comment: I've included this editorial really to point readers to the fact that the entire issue of the journal is focused on the indigenous perspectives of genetic research. With articles from Maui Hudson and Linda Smith, there is something for everyone here. Importantly, the issue is dedicated to Bevan Tipene-Matua, a scientist and colleague I knew and worked with.

Reference: New Genet Soc. 2012:31(1):1-9.

http://www.tandfonline.com/doi/abs/10.1080/14636778.2011.597978

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