



fortnightly update

Tuesday 12 January 2010

Welcome to 2010!

The gpa fortnightly update is posted on our [website](#). If you would like to be included on the email distribution list, please contact Mandy M at GPA on 5674 0900.

Public Health Alert:

Excessive Iodine levels in BonSoy milk products

BonSoy soy milk has been withdrawn from the marketplace following detection of high levels of iodine in the product. This product should not be consumed.

Several patients have been diagnosed with thyroid conditions believed to be associated with consumption of BonSoy soy milk.

BonSoy is a soy milk product distributed throughout Australia. Tests have shown it contains extremely high levels of iodine and consumption has been linked to clinical thyrotoxicosis and hypothyroidism.

GPs are asked to be alert to any patients presenting or who have presented in the last few months with thyroid conditions.

Advice for the general public about the recall of BonSoy soy milk product and a factsheet about iodine is available on the Food Standards Australia and New Zealand website:

<http://www.foodstandards.gov.au/>

New warnings for psychotropics

A wide range of new and clearer warning statements are needed for the adverse effects of psychotropic drugs such as SSRIs and atypical antipsychotics, a TGA panel has recommended.

Prescribers are not getting a clear picture of the risks of psychotropic drugs because they are faced with muddled and verbose product information (PI) documents that are often missing crucial information, a major [report](#) has found.

The review of adverse event case reports by three psychiatrists recommends several changes in Australian product information documents, including better information on areas such as serotonin syndrome with SSRIs, and the need for glycaemic monitoring with antipsychotics. One major recommendation is for all antidepressants to include a standard warning about the risk of inducing mania in patients at risk of bipolar disorder. Atypical antipsychotics should also come with clearer warnings about monitoring for symptoms of akathisia, the report says.

The three psychiatrists were part of an independent panel set up in 2008 to address concerns raised by several doctors over cases of adverse events with SSRIs and atypical antipsychotics. Their review found that many of the concerns were already covered in the existing PI documents, but the information was not presented in a way that is accessible to a busy doctor. They described PI documents as being inconsistent, poorly presented and often omitting important safety data that was available in US documents for the same drug. As well as improved PI documents, there is a need for more consistent warnings on psychotropic adverse effects and interactions in prescribing software, they say.

Adapted from www.6minutes.com.au of interesting stuff for doctors today 5/01/2010

FYI from GPV

A GP does not have to be vocationally registered to have their services included in a practice PIP calculation.

As this is my first communiqué for the year I wish all readers a very safe and happy 2010. Is that twenty ten or two thousand and ten and is it the start of a new decade? Quite a debate has been waged on the radio waves recently and suffice to say, I am not going to add to the debate or record my thoughts as I am certain the year will evolve despite the debate.

I have been discussing and marketing the worth of LAOS with relevant Gippsland hospital staff late in 2009 as records have not increased significantly since the change of record selection criteria in July. I am anticipating an increase in records for review over the coming months. I am also hopeful of recruiting a few more GPs to add to the list of committed reviewing GPs in this region. Over the last 12 months, because there have been few records forwarded from the small rural hospitals in this region, our reviewing GPs have been able to support coordinators from other region in the review of their records. I am always grateful for the cooperation and support from GPs in this region for the program since inception in 2002. Keep up the good work.

Seeking GPs to develop resources

Deakin Uni is looking for GPs who may have an interest in musculoskeletal problems – and maybe, but not necessarily, in mental health - to help develop resources for patients with arthritis who have co morbid depression/anxiety. For further information contact Lucy Busija, Research Fellow, Deakin University t: 9244 6914 m: 0403 347 177 e: [ljoudmila.busija@deakin.edu.au](mailto:ljudmila.busija@deakin.edu.au)

Female Cancers and Psychosocial Care

gplearning has just released the new ALM *Female cancers and psychosocial care* which has been designed to help provide optimal primary care management to women diagnosed with a malignancy. Suitable for general practitioners, this ALM comprises of a predisposing activity, two core activities (totalling 5 hours) plus a choice of three elective activities and a reinforcing activity. Learners must complete both core activities and at least one elective (totalling 6+ hours).

Components of this activity can be completed alone, for RACGP QA&CPD Category 2 points, or as a complete ALM for Category 1 points. Completion of the activity is approved for 40 Category 1 points in the RACGP QA&CPD Program. This activity has been approved for Women's Health points.

If you wish to have more details about this ALM contact Julie Bernardson at the Division on 5674 0911.

Continuing Professional
Development

YOUNG MINDS:
TREATING DEPRESSION AND ANXIETY IN
YOUNG PEOPLE
2 EVENINGS
Wednesday 10th and
17th February 2010

RSVP: Wednesday 3rd Feb 2010 by
phone: 5674 0900, fax: 5674 3124
or email
j.tiziani@gpasouthgippsland.com.au

NECESSARY FOR THOSE GPs WHO WANT
TO CONTINUE CLAIMING ITEM 2710
FOR THE MENTAL HEALTH PLAN

NATIONAL PERINATAL DEPRESSION INITIATIVE

When: Tuesday 2nd February 2010
Time: 7pm to 9pm
Venue: General Practice Alliance
South Gippsland Office
11 Williams St, Inverloch

A light meal will be provided

The Division has received some funding to provide assessment and treatment for women who have been identified as being at risk of or having been diagnosed with perinatal depression. I am planning an information evening on Feb 2nd and would like at least one representative from both GPs and Practice nurses to come along and assist with information about current services, what is available and what you would like to see available.

The aim of this program is to ensure that patients receive continuity of care through to specialist mental health treatment.

The program provides free counselling for women who are at risk of deterioration of their mental state and needing ongoing support from their GP, midwife and C&MH nurses.

Please contact Judy Tiziani – 56740900 or email
j.tiziani@gpasouthgippsland.com.au