

Health *first*

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Beating Winter Flu

With winter approaching, it's a reminder to put flu vaccinations at the top of the list of priorities this month.

In winter the chance of contracting the virus is at its greatest and so between March and June, General Practitioners are providing free flu shots to members of the community who are particularly susceptible to the effects of the virus.

'People over the age of 65 and those with existing health problems such as diabetes, chest conditions, heart disease, and cancer are at particular risk from contracting the virus,' says Dr. Mel Brieseman, Canterbury Medical Officer of Health. 'By offering free vaccinations we not only ease the financial and social burden on these people but we can also ease the pressure on the health system by ensuring those at serious risk are protected.'

People over the age of 65 and with serious health problems are often more prone to contracting the virus and may suffer complications or more severe symptoms that may lead to hospitalisation, pneumonia or even death. The risk of hospitalisation for those who contract the virus is reduced by half if they get a flu shot.

While it is imperative that those who are most susceptible to possible infection accept the Ministry of Health offer of a free vaccination, Community and Public Health point out that there is also value in others getting immunised. This is particularly important among those who provide care to others, in order to prevent the spread of infection to those at special risk. Many employers have also found that investment in a staff vaccination programme results in decreased absenteeism in the work place. Workplace immunisation programmes are therefore commonly provided and are valuable in disease prevention.

The influenza virus has three major types (A, B and C). Only the first two of these affect humans. The vaccine protects against the current strains of these two types. Annual vaccination is essential because the flu virus strains vary from year to year and a new vaccine needs to be given to cover those changes.

Vaccinations are the best way for people to protect themselves against the flu virus. However Community and Public Health also recommend that people are more conscious of personal hygiene during the winter months.

'People need to adopt a cough etiquette whereby they cough directly into a tissue and immediately dispose of it. Regularly washing your hands is also a good way of preventing the spread of influenza and other bugs,' says Dr. Brieseman.

While vaccinations aren't 100% foolproof, influenza



Daisy Jamieson gets her flu vaccination from Sjaak van den Blom, nurse at the Pacific Health Clinic, 163 Worcester Street, Christchurch.

vaccinations are 70 – 90% effective in preventing Influenza A and B viruses from infecting people under the age of 65. The chance of someone over the age of 65 experiencing complications, including pneumonia, if they contract the virus is reduced by over 50%.

It can take around two weeks for the vaccination to give full protection. Free flu shots for over 65s are available until the end of June. People should consult their GP or nurse to see if they qualify for a free flu vaccination.

According to Dr Brieseman, immunisation cannot give you the flu since it does not contain any infective units.

'There are, of course, many other viruses around in winter and there will be no protection against these through the influenza vaccination. It is contracting one of these other viruses following immunisation which gives the mistaken impression that the injections cause flu,' he says.

Influenza immunisation is FREE for the following people:

- Anyone aged 65 and over
- Anyone under the age of 65, including children, with any of the following conditions:
 - heart disease
 - stroke and related diseases
 - ongoing respiratory (chest) diseases such as chronic bronchitis and asthma needing regular preventative medication
 - diabetes
 - ongoing renal (kidney) disease
 - most cancers
 - other conditions that affect the immune system such as HIV/AIDS, auto-immune diseases such as rheumatoid arthritis, organ transplants or being on medications which suppress the immune system.

For more information talk to your family doctor or practice nurse, or call 0800 IMMUNE (0800 466 863).

Family Ties

Christine and Amy Mauger, mother and wife, respectively, of All Black star Aaron, and Felix (Amy and Aaron's son) joined the staff at Christchurch Women's Hospital to celebrate the hospital's first birthday at its new site.

The female members of the family were delighted to be part of the celebrations given their long association with the hospital.

Christine Mauger's mother and family matriarch, Timi Bachop had two of her seven children at Christchurch Women's Hospital when it was still located on the Colombo Street site. Sixteen of her grandchildren, including two All Blacks, and one great grandchild were also born there. A second grandchild was born at Burwood Hospital and the third was born at the new Women's Hospital.

Timi was diagnosed with cancer and the family have nothing

but praise for the care and attention she received in the hospital and at home until her death on 14 February 2005.

The family were pleased to accept the invitation to attend the celebrations and take part in cutting the birthday cake as a sign of gratitude for the wonderful care they had been provided at the hospital over the years.

Aaron was unable to attend the function because of his Super 14 commitments.

As part of the 1st Birthday celebrations, posies of flowers were delivered to one patient on each floor at Christchurch Women's Hospital.

Image: Felix, Amy and Christine Mauger join Pauline Burt, General Manager, Women's and Children's Health, cutting the 1st birthday cake.



Hepatitis C

- a Personal Account

In 1998 I donated blood in place of my son who was on antibiotics. A straight forward procedure, or so I thought.

Three months later a little brown envelope turned up in the mail informing me that I had contracted Hepatitis C.

Naturally, my first thoughts were: how, when, why? I then wondered how much longer I had to live, whether I would need a transplant and what was happening to my liver.

The Hepatitis C Resource Centre stepped in, saved what was left of my over-active imagination and provided me with plenty of reassurance.

This virus was first discovered in the 1980s and was referred to as 'non-A and non-B virus', and consequently was named Hepatitis C. Like all the other hepatitis viruses, it attacks the liver and can cause a number of health problems.

Hepatitis C is spread through blood only, therefore making intravenous drug users, people who had blood transfusions prior to 1992, and those who had unsafe tattoos and body piercing before safe practices came into place, prime targets.

This virus is often referred to as the sleeping dragon as it generally takes some time before symptoms start to show. It can be as long as 15 or 20 years before people begin to feel unwell and seek medical attention for symptoms which range from fatigue to muscular and joint pain.

First signs

The first sign that something was wrong with me was my tiredness: an all-consuming lethargy that never goes away. The fatigue also causes something often referred to as brain fog that can interfere with day-to-day living. The symptoms of Hepatitis C, however, do not typically show through until the liver begins to succumb to the virus, causing end-stage liver disease or cirrhosis that can ultimately result in a liver transplant.

There are six main strains, or genotypes, of Hepatitis C and a person can be unlucky enough to have more than just one. Genotypes 1 and 4 have probably been around the longest and 2 and 3 are the relative newcomers. Genotyping classification determines the length of treatment required.

More established genotypes and types 1 and 4 require a year-long treatment while genotypes 2 and 3 usually only require a 6-month course.

Treatment consists of a single, weekly injection (called pegylated interferon), which is self-administered before bedtime and a prescription of anti-viral pills called ribavirin, taken twice daily. Patients with genotypes 1 and 4 can expect a clearance rate of up to 50% while those with genotypes 2 and 3 can look forward to an 80% clearance. *Patients with genotypes 2 or 3 are only eligible for the more advanced pegylated interferon unless they have significant liver damage, otherwise they receive alpha-interferon taken three times weekly.

The impact of this virus on the community is significant and growing daily. It is conservatively estimated, that more than 40,000 people nationally are infected with the virus and at least half are not aware that they have it, mainly because of its asymptomatic nature. It is estimated that around 4000 people (1% of the national total) are infected in Canterbury.

Avoid infection

Avoid direct contact with blood. This means avoid sharing personal items such as toothbrushes and nail clippers. Make sure that tattoo/piercing parlours have up to date sterilising techniques and are clean in general. Wear plastic or rubber gloves when dealing with first aid situations.

The virus is known to be resilient and can only be totally killed using full strength bleach.

I am very grateful to the Hepatitis C Resource Centre which has made sure that I know everything I need to know about looking after myself and keeping myself safe and relatively healthy.

For more information on Hepatitis C treatment and measures to avoid infection, call the Hepatitis C Resource Centre on 03 366 3608 or visit their office at: Level 2, Gough House, 90 Hereford St, Christchurch.

The Emergency Department

- How it Works for You



Gordon Davies

Autumn has arrived and with it the onset of what is often the busiest time of the year for Christchurch Hospital. However, Christchurch Hospital is already working at winter volumes. So this message is more urgent as older people can succumb to many illnesses. We all need to take extra care to wrap up warmly. We also recommend flu injections – I have just had one!

It is also the time when our already busy Emergency Department can become very overcrowded. Emergency Departments exist to treat people in emergencies. When the ED becomes clogged up with people who fit neither category, then the treatment of the acutely ill can be compromised. If the hospital fills as a result, booked elective surgery may need to be cancelled, causing distress and disappointment to other potential patients. This is a situation no one wants – neither patients nor staff who are always doing their very best to provide appropriate care.

While it is understandable that some people may be dissuaded from going to their GP or to the After Hours services for attention because of cost, their cost savings by attending ED have the potential to cause harm to others.

If you are in a truly genuine emergency then naturally the ED is the place to come. But if the matter is less serious and you could be attended to by your GP or an After Hours service, then that is where you should go. The ED does not offer a GP service.

Everyone should have a GP whom you can see if you become unwell or are injured. You should discuss with your GP what to do if you become ill or injured after hours or during the weekend, and in particular what services are available in town.

Your GP is the person who is able to determine when you need to see a specialist and which service is best for your particular problem. Your GP knows when it is appropriate for you to go to the ED.

When you have a condition that warrants hospital assessment or treatment, your GP will facilitate this transfer of care by contacting the hospital team personally in advance. This may mean that you

bypass the ED for some conditions. If you still need to go to the ED then the ED staff know what the problems are and often can begin to start the assessment and treatment sooner.

Your GP is able to send any relevant medical information to the hospital so that the staff are better informed about your past history.

GP referrals to inpatient teams may be sent to the Emergency Observation Area to be seen by a specialist team there.

Critically ill or injured patients will also be seen in the resuscitation area regardless of how they arrived.

Patients with a new arm or lower leg injury who have been referred by a GP or After Hours clinic, will be fast-tracked to the Orthopaedic Outpatient area and will bypass ED altogether unless they need some quick pain relief first.

Children who have been referred by the GP will be fast-tracked to the Children's Assessment area next to ED, once the ED nurse is certain they do not require a resuscitation bed. Most will bypass ED altogether.

If you feel that you have a genuine emergency and come in to ED, an experienced triage nurse will determine how urgent it is for you to see a doctor. This process is called triage. If you are very sick then you will be seen very quickly; immediately, for life threatening conditions. If the problem is less urgent, and one which a GP could have been expected to look after, then the triage score will be in the less urgent group and you will wait much longer – perhaps for many hours.

There are no appointments in ED and no guarantee when patients with minor problems will be seen. If any patient with a more serious problem comes in after you, then that person will always be seen ahead of anyone with a minor complaint, no matter how long they have waited. The ED deals with emergencies first!

Good wishes for a safe and healthy winter.

Gordon Davies

CEO, Canterbury District Health Board

Christchurch Heart Cancer Operation

a 'First' for New Zealand



Dr Michael Reardon (left) pictured with Mr Singh and Dr Rice.

The combined skills of a team of American specialists and a Christchurch cardiac surgeon have resulted in a 'first' for Christchurch Hospital and a positive outcome for a local patient.

The 73-year-old man was successfully operated on in December after earlier being told his angio sarcoma, a rare malignant heart tumour, was inoperable.

The eight-hour operation was carried out by Chief of Surgery and Head of Cardio Vascular Surgery at the Methodist DeBakey Heart Centre, Dr Michael Reardon, and Dr David Rice, Assistant Professor of Surgery at the University of Texas M.D. Anderson Cancer Centre, and Christchurch cardiac and thoracic surgeon, Mr Harsh P. Singh.

The procedure involved the removal of a lung, the reconstruction of the pulmonary artery to the other lung, and a triple coronary artery by-pass.

Dr Reardon's clinical and research interests have focused primarily on coronary artery disease, cardiac valvular disease, cardiac tumours and heart failure. He performed the first successful autotransplant – which involves removing the heart from the body, excising the tumour, reconstructing the heart and reimplanting the heart – for a cardiac malignancy in 1998 and the first autotransplant for left ventricular sarcoma in 2003. He has

collectively done surgery for 20 malignant cardiac tumours, the largest single series by a surgeon in the world.

Internet searches by both the Christchurch patient and his doctors resulted in the discovery of Dr Reardon and his work.

He and Dr Rice were invited to come to New Zealand to perform the procedure at the request of Mr Singh. The patient had originally planned to go to Texas for the operation.

'He was willing to go there, but we decided to invite the American clinicians here, so we could learn too,' said Mr Singh. 'It is pioneering surgery and very good for the department. It had not been done before in New Zealand.'

'The surgery was challenging; it raises the department level to an international standard. We are keen to foster this relationship, and in the future using their expertise we would like to be able to undertake this procedure here in Christchurch.' Consultation and agreement with other District Health Boards will be necessary however before such moves begin.

'This cancer is often terminal with a very bad prognosis. Our patient has made a very promising recovery and we're hoping for an extremely good long-term result. Without the surgery, his lifespan would have been months.'



New entrants from St James School in Aranui: Tyriek Taase, Paige Atkinson, Tavita Fonoti and Agnes Teu enjoying apples from the FIS programme.

Drink Water – It's on Tap 24/7!

In most parts of Canterbury, we enjoy pure and clear drinking water. Our bodies need water to function properly and the health benefits associated with adequate hydration are well documented.

That and the fact that it is free should be enough to make it the drink of choice.

Why water is best:

- Dehydration can sap your energy and make you tired. Children in particular become irritable and less able to concentrate when even mildly dehydrated. Since the body loses water through breathing, sweating and going to the toilet, it makes sense to replace it with the real thing, not something that has sugar and other additives added.
- Sweetened drinks and those containing caffeine and other energy enhancing substances are not as effective as water at hydrating the body.
- Water has no kilojoules (calories). We can drink it freely with no worries about supersizing! Research indicates that sugary drinks do not provide the same degree of satiety or fullness as foods with the same kilojoule content and that those who consume these drinks do not compensate by eating fewer kilojoules from other foods. This makes the drinks more likely to promote weight gain. Research has found that a child who consumes one can of soft drink per day is 60% more likely to be overweight or obese than a child who doesn't have any.
- Water is teeth friendly. Sugary and acidic drinks increase the likelihood of tooth decay. With over 50% of Canterbury children requiring fillings at the age of five, this is an issue of real concern.
- Refill, not landfill – water is on tap 24/7 and is environmentally friendly. Commercial drink packaging creates an enormous quantity of landfill each year!

Drink more water. Here are a few tips to increase your intake.

- Keep a jug of water in the fridge. Add lemon or orange slices or a sprig of mint for a nice fresh flavour. Aim to drink the water throughout the day.
- Have a jug of water on the table with meals as a matter of course.
- Alternate alcoholic drinks with water. This way you will drink less alcohol and have less chance of a hangover.
- If you have to remind yourself to drink, link drinking a glass of water with a common activity e.g. 'Every time I clean my teeth or wash my hands I will drink a glass of water.'
- Keep a full water bottle in the fridge and take it with you when you go out.
- Be a role model for children – show them that you enjoy drinking water.

What about fruit juice?

Fruit juice contains the same amount of sugar as soft drinks, so in theory has the same potential to promote weight gain as any other high-energy drink. Although it contains more useful nutrients, fruit juice makes kilojoules easy to over-consume and is not good for teeth. For this reason it is not recommended except as an occasional treat. As a general rule, if you can eat a food whole, for example an orange, do not have it in drink form.

What about diet drinks?

While these may appear to be a good alternative to sugary drinks, they are not a healthy option and should not be promoted as such.

They perpetuate the idea that drinks should come from a bottle, be coloured, flavoured and taste sweet... as well as costing money! The acidity of diet drinks promotes tooth decay and some contain significant quantities of caffeine. Diet drinks should be treated as an occasional drink, just like sugary drinks.

So, our message about drinks is simple:

WATER IS BEST ... Drink it, Enjoy it, Value it!

Fruit in Schools

After a successful North Island pilot, the Fruit in Schools (FIS) programme – where every child gets a piece of fruit each day for three years – is now up and running in ten Decile 1 and 2 schools in Christchurch. In return, participating schools agree to promote healthy eating, physical activity, sun protection and smokefree.

The initiative, aimed at promoting health and wellbeing in primary school communities, is a joint venture developed by the Ministry of Health, Ministry of Education, Sport and Recreation NZ (SPARC), the National Heart Foundation, the Cancer Society, NZ Principals' Federation, NZ School Trustees' Association, District Health Boards and Regional Sports Trusts.

Jo Holmes, Fruit in Schools Health Promoter with Canterbury District Health Board's Community and Public Health, says the FIS programme is all about enabling children to make good lifestyle choices. 'We want to encourage them, right from a very early age, to think about nutrition – the five plus servings of fruit and veges a day.'

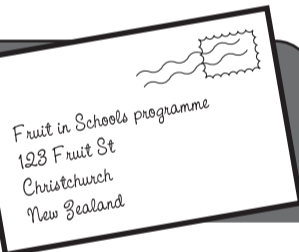
'We also want kids to be sunsmart, and smokefree, and to be physically active. We're establishing the groundwork for healthy eating and living patterns because small changes now can make a significant difference to health later in life.'

Jo says FIS has been an instant hit with children and teachers alike. Teachers have already noticed that a 'fruit break' during the day is helping to improve children's attention span, particularly in the afternoons when concentration levels can wane. There is also the kudos that goes with being the classroom's 'fruit monitor'. The fruit itself is of very high quality and Jo has received plenty of feedback on how much it is being enjoyed. Bananas and pears are particular favourites.

Jo attributes much of the programme's success to the dedication of the schools' staff. 'I can't speak highly enough of the teachers at these schools. They have gone the extra mile to make this programme work and are really committed to improving health and wellbeing in their school communities.'

The long-term goal is to make the FIS programme sustainable so that, after the initial three-year period, schools can continue to supply fruit to their students.

Fan Mail



'Thank you for the free fruit. I really liked them very, very much, You rock! Thank you again. My favourite fruit is pears. They were juicy.'

'Thank you for the fruit. It's really yum and fresh. I like the apples and all the other fruit.'

'Thank you for giving us a variety of fruit – yummy!'

City-to-Surf: Canterbury District Health Board Takes Stand on Sugary Sports Drinks

The Canterbury District Health Board's (CDHB) decision not to enter a corporate team into this year's City to Surf fun run/walk, sponsored by sports drink Powerade, received much attention recently.

The move was prompted by the CDHB's decision not to support events which promote products that contradict key public health messages. The CDHB also did not want to be seen to endorse, or be associated with sports drinks as appropriate for this level of activity.

Sugary drinks have been linked to a number of significant public health issues including obesity and poor dental health.

The attention surrounding the CDHB's stance on the event also highlighted public confusion about the role of sports drinks in activity. Common perception is that sports drinks are a healthy alternative to other sweet drinks.

Sports drinks and exercise

When you exercise, you use both fat and stored carbohydrate (called glycogen) as fuel. At lower intensities, (e.g. where you can continue to talk during exercise) body fat is the main source of fuel. As you increase the intensity of the exercise, more glycogen and less fat are used. At very high intensity, glycogen only is used. The body only has enough glycogen to last for a couple of hours of high intensity exercise. This contrasts with fat stores which can keep us going for

a very long time. Sports drinks are designed for use by athletes during prolonged higher intensity exercise (endurance events), where carbohydrate stores could run out and therefore limit their performance. They provide a source of carbohydrate in an easily used form, which has the effect of 'sparing' glycogen and therefore enabling the body to perform for longer. They are also designed to aid recovery from events when carbohydrate stores need to be quickly replaced before another bout of intense training or competition.

The City to Surf event is not classified as an endurance event even though for many participants it may seem so. By sporting standards it would be considered a fun run/walk so participants entering will have no physiological need for sports drinks. Fueling up a couple of hours before the race with a healthy meal and plenty of water is the best advice for performing well. Rehydrating and refueling afterwards with water and a sandwich will replenish body carbohydrate and fluid stores just as well as sports drinks. Kiwis have more than enough salt in their diet (one slice of bread contains all the salt the body needs in a day) so the sodium in sports drinks is also unnecessary in relation to this type of event.

A public health stance

Sports drink companies want the public to believe that sports drinks

are beneficial, or even necessary, during and after any form of exercise. People forget that the Olympics were held a long time before sports drinks were invented and that no one comes to any harm from not drinking a sports drink.

The CDHB has a responsibility to promote and protect health in Canterbury. With the majority of the adult population and a third of NZ children overweight or obese we must be careful to promote messages that promote healthy teeth and a healthy body weight. We are also concerned that children grow up believing that any bit of exercise requires refuelling with sugary food or drink.

The CDHB applauds the City to Surf event for the fun way it promotes physical activity. We are concerned however that by linking this with a sugary drink giveaway to all participants, a mixed message is being given to the community.

In line with its stance on the City to Surf, the CDHB is currently reviewing vending machines selling sugary drinks on District Health Board sites, with a view to making changes on this front.

If a CDHB team of 600 people had entered the City to Surf they would have been rewarded by the sponsors with 28.4 kilos of sugar!



Fun and Laughter at Boat Race

Photographs taken by Bob Ashford.

The annual paediatrics boat race took place on 17th February. A record number of teams took part in the event which has now become one of the highlights on the Canterbury District Health Board's (CDHB) social calendar.

Scores of young hospital patients and their parents lined the banks of the Avon River and overbridges to witness the action. Children hurled water bombs at the staff and squirted them with waterguns as they were locked in a competitive race to the finish line. The race starts on the riverside of the hospital allowing young patients who are unable to be outside the chance to see the activity from the window.

'The boat race started a number of years ago as a payback for young patients who often endure painful intervention in their treatments,' says race organiser and Children's Haematology Oncology Centre (CHOC) Charge Nurse, Jan



Millar. 'The children love being able to waterbomb their doctors and nurses. Fun and laughter is an integral part of our child health philosophy and this event provides both.'

Jan, who also participated in the race, says this year's race was particularly competitive in the race itself and in teams' attire.

'Everyone went to an enormous amount of trouble to dress up and it added to the colour and vibrancy of the day.'

A total of 22 teams took part in the event.

The medical teams who traditionally win the race had to take second place this year to Sarah Whyte and Sarah Noble, both teachers from the Southern Regional Health School.

The reward for their rowing effort: holding up the coveted race cup which was made by one of the children patients.



Practice Nurse Bev Bennett of Christchurch South Health Centre Limited gives Dr Doreen Pae her flu vaccination.

Protect yourself, your family & the patients in your care

That's the message to the Canterbury community this year. If you are over 65 or you have a specific relevant medical condition, your vaccination is free, but only until the end of June. Supplies of the flu vaccine are at all medical centres and general practices, so make your appointment now.

More and more businesses in Canterbury are providing free flu vaccinations for their staff and it is important that you take advantage of the offer. The flu can strike you regardless of your age or your health condition.

Medical experts recommend having the vaccination at the beginning of winter to get the maximum benefit. Influenza is a serious virus as it spreads easily and changes from year to year.

The word 'flu' is often taken to mean the common cold. The vaccination won't prevent you from getting this, but it is the best protection against the real influenza virus. This is the virus that hits you fast, when you ache all over and can't lift your head off the pillow. It can also make existing conditions worse, like asthma, heart or lung conditions, or diabetes. Influenza can also lead to pneumonia. These serious complications are what often put people in hospital – especially the elderly.

Canterbury
District Health Board
Te Poari Hauora o Waitaha

Protect yourself: get your influenza vaccination now.

Maggot Medicine

- A First for Christchurch



David Lewis

The use of maggots in modern medicine would almost be unthinkable, but Dr David Lewis, Prof. Justin Roake and the team at Christchurch Hospital has proved otherwise.

David Lewis, a vascular surgeon with the Canterbury District Health Board (CDHB), has been responsible for introducing maggot debridement therapy for the treatment of chronic wounds to Christchurch Hospital.

David was exposed to the use of maggots to treat wounds during his surgical training in the UK 10 years ago.

In a first for Christchurch, the therapy was successfully applied to a patient's necrotic foot wound recently.

'People were very receptive to the method. There is a definite 'can-do attitude' here in New Zealand. The nursing staff onsite, and the Nurse Maude Association especially, were very enthusiastic about the capabilities of maggots,' says David.

Maggots have been used to accelerate and improve the condition of wounds for centuries. The method was particularly popular during World War I when it was found that maggot-infested wounds healed better than those without maggots.

The maggots are placed into a wound and left to feast on the dead tissue that is liquidised by an enzyme secreted by the maggots. Once the maggots have had their fill and have grown to full size, they are removed and replaced with baby maggots the size of a grain of rice to continue the process.

'Most patients are a bit squeamish at first, but very few, if any at all, ask us to cease treatment. Usually intrigue overcomes any reservations that the patient might have', says David.

David says that patients with poor circulation or slow-healing wounds were ideally suited to the treatment, but points out that the maggot debridement therapy is just one of many methods used for wound care.

'There are many methods available, and this is just one of them. The advantage of maggot treatment is that it is a non-surgical procedure and patients don't feel a lot of pain, rather just a wriggling sensation as the maggots move around in the wound,' he concludes.

David assures us that they are using good kiwi maggots to do the job.



Christine Morris with PhD student So Young Moon (right), who will use the microscope in her research investigating the genetic basis of chronic lymphocytic leukaemia. Photographer: Bob Ashford.

New Microscope Boosts Health Research in Christchurch

It costs about \$280,000, is fully computerised and will significantly enhance research capability at the Christchurch School of Medicine and Health Sciences.

The Zeiss Universal Research Microscope has just been purchased by the University of Otago for the School and is the first of its kind to be installed in New Zealand and Australia.

It will enable much more detailed and sophisticated analysis of cancer cell and tissue samples, and increase the school's health research effort.

Associate Professor Christine Morris, who heads the Cancer Genetics Research Group in the Department of Pathology, is very excited about the new high-powered equipment. 'The Universal Research Microscope is a wonderful piece of equipment, and its advantages will be shared by several other research groups exploring different aspects of human disease biology at a microscopic level. There will also be significant spin-off benefits for clinicians and patients in Christchurch Hospital, and diagnostic laboratories,' she says. 'It will also complement similar equipment tailored for high-throughput genetic diagnosis of clinical syndromes and blood cancers, recently installed in the Cytogenetics Section of Canterbury Health Laboratories.'

The Zeiss camera in the powerful research microscope can capture fluorescent images at very high resolution and transfer

them to a computer screen, where medical scientists then carry out sophisticated analyses. This will enable a better understanding of the molecular basis that underlies cell growth and behaviour which, when disrupted, lead to diseases such as leukaemia and breast cancer.

'We'll be able to drill down into the molecular structure of cells and see how genetically abnormal cancer cells are arranged within a tumour and invade healthy tissue. All these functions will make a major difference to the detail and significance of our research.'

The new equipment is housed in a darkened room so that results of experiments can be visualised and the position of fluorescent molecules determined inside the cell or on its surface.

'There are now many different fluorescent labels available for molecular research. The use of combinations of these to identify different molecular structures in a single experiment vastly improves analysis of cells and their function,' explains Associate Professor Morris.

The Zeiss microscope presents a new challenge for researchers at the School of Medicine - at least in the short term. Compared to the existing equipment many of the controls are electronic and linked to quite different computer software programmes.



Healthy Active Maori in Christchurch

More than 1,500 people turned up for a full day of fun and competition when Te Roopu Takaro Maori Ki Otautahi recently celebrated its 11th annual Maori Sports Festival.

The theme of this year's festival, held at Aranui High school on March 18, was 'Healthy Active Maori' and featured a range of activities including touch rugby, netball, volleyball and a variety of 'kiwi sports' events for tamariki and whanau. There were also line dancing, tae chi, kapa haka, tai kwon do and even breakdancing displays.

'The day was a huge success and those who attended and participated in all the activities on offer did so in the spirit of that day and with great enthusiasm,' says Te Roopu Takaro chairperson and Pegasus Health Maori, Wendy Dallas-Katoa.

The Maori Sports Festival aims to create a greater awareness of healthier lifestyles for rangatahi and their whanau by promoting positive messages in a healthy and active environment and by encouraging the participation in sporting, cultural, leisure and recreational activities.

A variety of local health and sporting organisations operated stalls providing information on health initiatives and alternative employment and career services.

Clothing and food vendors also added a festive touch to the day. Vendors were encouraged to offer healthy alternatives, which included steamed salmon, corn and traditional hangi. Food like chips and hotdogs were banned from the event.

Local performers kept everyone entertained on stage with a non-stop programme of kapa haka, waiata, and hip hop supported by the Tahu FM crew.

Sponsors and supporters of the day included the Canterbury District Health Board (CDHB), Hauora Matauraka, Pegasus Health, He Oranga Pounamu, The Community Trust, Partnership Health, Sport Canterbury, Canterbury District Health Board, Te Runanga o Ngai Tahu, Tahu FM, Te Kotahitanga Kapa Haka, He Waka Tapu and Pharmac.

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 NEW ZEALAND EDUCATION

Preventing Tooth Decay Among Children



Tooth decay rates among Canterbury children are on the increase, according to the dentists and dental therapists providing dental treatment to young patients.

A new study of dental health records produced between 1996 and 2004 by the School and Community Dental Service's dental therapists, shows a 40 percent increase in the number of five-year-olds displaying signs typical of 'early childhood caries' (ECC).

Caries is a scientific term for tooth decay. What makes ECC different is that it first attacks the front teeth of infants and can then rapidly progress to the back teeth. By the time children with ECC reach the age of five they have, on average, eight of their 20 teeth affected by decay.

The age of young patients and the large number of teeth requiring treatment often make dental treatment for children with ECC difficult. Many require sedation or a general anaesthetic.

In the last year, over 1,500 Canterbury children underwent treatment for ECC and the increase in patient numbers is putting pressure on resources. Many children with ECC suffer from repeated episodes of toothache before they can be treated and their families have to manage with children who are not eating and not sleeping. In many instances, not all the decayed teeth can be saved and some have to be extracted. Gaps often close up and can lead to crowded teeth when permanent teeth come through.

Like other forms of tooth decay, ECC is caused by too much sugar, poor dental hygiene and not enough fluoride. One of the earlier terms for ECC was 'baby bottle tooth decay' because of the established link between tooth decay in babies feeding on sweet drinks. Despite being natural, fruit juice contains a lot of sugar, as do many snacks targeted at children.

Some toothpastes have less fluoride than others. Low-fluoride or infant-formula toothpastes are made for areas with fluoridated water supplies but do not have enough fluoride to effectively prevent decay in unfluoridated areas.

Dental professionals therefore recommend the use of standard strength fluoride toothpaste for people living in Canterbury.

Two simple solutions to avoid ECC:

- Encourage children to drink milk and water. Fruit juice should be reserved for special treats and not used as a between-meal snack.
- Start brushing children's teeth with a fluoride toothpaste as soon as the first teeth come through.

Orthopaedic Services Seek Solutions

Following on from the last issue of *HealthFirst*, CEO of Canterbury District Health Board (CDHB), Gordon Davies, together with John McKie, Clinical Director Orthopaedic Services, look at issues facing orthopaedic services in the region.



Gordon Davies

It is important that we don't lose sight of the fact that significant increases in resourcing have gone into orthopaedics over recent years due to Government policies and we are doing many more public funded orthopaedic operations than ten years ago. However, with the increasing demand due in part to the aging population we need to do more and more just to maintain the status quo, let alone improve the level of service for the community.



John McKie

The same surgeons who perform the elective orthopaedic surgery are responsible for the provision of acute and emergency orthopaedic procedures. This workload fluctuates throughout the year but has steadily been increasing over recent years.

CDHB provides not only services for the people of Canterbury but also tertiary referral services for the rest of the South Island and the lower half of the North Island in some areas. Because of recent high acute workloads some elective cases have had to be cancelled to enable the acute procedures to be performed.

This has been a contributing factor for us being behind in our targeted number of joint replacements to be performed by the end of June. The management is actively looking at initiatives to endeavour to make up these numbers and provide the surgery.

Concern has also been raised about orthopaedic surgeons who work also in the private health system meeting targets on some of our better funded work, but failing to do so in the public system.

We have already outlined the impact that acute services often have on elective surgery but we also want to take this opportunity to point out that if surgeons were purely motivated by money, they would never choose to work in the public setting. What motivates them to work for less is the range of benefits such as the ability to work with other clinical specialists in a team environment – for example multi trauma surgery involves a large team that can include plastic surgeons, infection control teams and a large orthopaedic treatment team. Working with cancer patients with multiple specialist teams is also challenging.

Public work offers additional opportunities to work on research and teaching within a collegial environment.

The District Health Board (DHB) acknowledges the irritation of some surgeons that the workload they would like to achieve cannot always be attained in the public system. This can be due to staff sickness or other availability issues, day work plans interrupted by acute admissions, and general inefficiency in some DHB systems due to the many interdependencies with other important services.

The issues surrounding orthopaedics and other surgical specialities are complex and solving problems requires us to look at the larger picture across multiple disciplines. It is not about the perceived inefficiencies of one service but rather the relationship of multiple specialists and the impact of the whole system on patient care.

The orthopaedic surgeons remain keen to work with the DHB management on initiatives to improve the efficiency of public funded surgery to allow more services to be delivered and greater utilisation of the Board's capital resources.

Don't Plague Me Now. I Have The Gout Sir!



Artist: George Woodward (1789).

In the late eighteenth and early nineteenth centuries, the painful condition of gout featured in dozens of cartoons and art works. Grossly overweight men are typically illustrated, slumped back in their chairs, still eating and drinking but with swollen bandaged feet, or hobbling along on crutches and suffering constant pain. Gout was portrayed as the disease of fat rich people, of gourmands rather than gourmets, a symbol of the 'ancien regime'.

Two centuries on, 'the gout' is still with us and causing health problems for thousands of New Zealanders' but we now know much more about this form of arthritis and how to control attacks. Lifestyle and obesity are still major factors in the development of this condition, characterised by swollen, red and very painful joints. But it is hardly the preserve of the wealthy and there are other causes which are not simply related to the overindulgence of red meat, fish and wine.

Rheumatologists at the Christchurch School of Medicine

and Health Sciences and Christchurch Hospital, Dr Lisa Stamp, Dr John O'Donnell and Dr Peter Chapman are now researching how to improve the treatment for gout. Dr Stamp is leading one of a number of studies through the Department of Medicine, to improve understanding of gout and arthritis over the next two years.

'Gout is very common in New Zealand. The rates for Maori and Pacific Islanders are particularly high at about 14%', Dr Stamp explains. 'Neither is it an older person's illness; once you've had it you'll probably get more attacks.'

'Gout is caused by an excess of uric acid in the blood, which can then enter the joints and cause inflammation. We do have a drug, Allopurinol, which halts the production of uric acid and has been used for years. The problem is that we are still not sure what is the best dose to control the painful attacks without causing side effects. There are dosing guidelines but a large number of patients do not improve at the recommended dose.'

Consequently the Christchurch research team is investigating how to determine the best dose for each patient.

'Unfortunately there's no good evidence as to the optimum dose of Allopurinol, and whether increasing the dose will further reduce uric acid levels. We think we can determine this by measuring the drug levels in the patient's blood and looking at the uric acid level, and are now recruiting 100 people with gout to carry out these tests.'

The research team is also looking at other ways they can improve the treatment for the approximately 100 different forms of arthritis in the community. Another important project in this area is to encourage earlier referral by GPs and to start treatment earlier than in the past.

'It is only more recently that we have come to understand that there's often serious damage very soon after inflammation in the joints (inflammatory arthritis) is diagnosed. We need to prevent that damage happening and the earlier we intervene with drug therapy, the better chance we have of reducing joint damage.'

Dr Stamp and her colleagues are already running an Early Arthritis Clinic and working to encourage earlier referral of patients.

Another factor that makes arthritis such a complicated condition is that each patient needs a different level of drug to control the disease. The research team is also examining the use of a common Rheumatoid Arthritis drug, methotrexate, to measure the optimum blood levels for effective treatment with minimum side effects.

This study is also recruiting 100 people and is expected to be completed by next year. The Research is funded by Canterbury Medical Research Foundation, Arthritis New Zealand and the Canterbury Rheumatology/Immunology Research Trust. If you have gout or arthritis and are interested in taking part, please contact the Rheumatology Research Nurse, Jill James on 03 364 0640 extn 86088.

New Kaupapa Maori Alcohol and Other Drug Service Launched



Hon. Lianne Dalziel – Member of Parliament for Christchurch East, Brent Tohiariki – Clinical Team Leader AOD Service, Hemi Lewis and Selina Eglington – Clinical Case Managers, Sandy McLean – Project Worker, Daryl Gregory – CEO He Waka Tapu.

Over one hundred people attended the powhiri on 17 February for the opening of the He Waka Tapu Regional Kaupapa Maori Alcohol and Other Drug (AOD) Service.

This new initiative by Canterbury District Health Board on behalf of all the District Health Boards in Te Wai Pounamu, will meet an established need for an intensive AOD treatment

programme offering 24 hour support within a kaupapa Maori framework.

Located in Aranui, the service will run initially as a day programme with supported accommodation planned from May 2006. This will enable tangata whaiora to either attend just the day programme or to receive 24 hour support if this is assessed as needed,

or for those who normally reside out of Christchurch.

For Brent Tohiariki, the Clinical Team Leader, the new programme is an opportunity to provide a service that is accessible, equitable, confidential and responsive to Maori in Te Wai Pounamu. 'A strong emphasis will be placed on providing a safe environment, with whanau involvement, cultural integrity and clinical validity,' says Brent.

The service is targeted at Maori men and women, aged 18 years and over, with moderate to severe AOD dependency. People referred are expected to be motivated for change, be at low risk to themselves or others and physically and cognitively able to participate in the programme. Detox issues must be addressed before admission to the programme and any other mental and physical health issues well managed.

Ideally the client will have whanau or other significant others willing to have an active involvement in the programme and a case manager (or similar) that can stay involved with the client, participate in reviews and provide aftercare and follow-up.

A 12-week pilot programme structure has been developed, with the first eight weeks being intensive treatment. The last four weeks will be transitional with an emphasis on re-entering the community and after-care.

Referrals from appropriate agencies are currently being accepted for the first intake to the day programme. Preferably this will include a comprehensive assessment report. If a person is found suitable for the programme they will be provided with regular support and contact until the commencement of the intensive programme.

Ongoing co-ordination with the referrer will be maintained throughout the referral and intake process to ensure a clear exit and after-care plan.

If you wish to make a referral or have any questions about this service please contact the clinical team at admin@hewakatapu.org.nz. Phone: 03 381 3205. Fax 03 381 3207.

Disability Support Forum

Do you want to learn more about what the Ministry of Health provides for disabled and their families/whanau?

A forum on disability support is being hosted by the Disability Services Directorate on 19th April at the Copthorne Central Hotel, 776 Colombo St, Christchurch. The meeting commences at 1 pm.

This is also a great opportunity for you to meet representatives from the Ministry's Disability Services Directorate and your local NASC.

To register for your pre-meeting information pack, contact Bernice Bryant, Disability Information Service on email dis@disinfo.co.nz, tel: 03 366 6189 or fax: 03 379 5939.

Respiratory Physiology Laboratory Receives Highest Accreditation

The Respiratory Physiology Laboratory has been awarded a Category Four Respiratory Function Assessment Service accreditation by the Thoracic Society of Australia and New Zealand Inc – the highest possible.

The accreditation, granted for five years, follows a formal assessment of the Respiratory Laboratory. It is the culmination of many hours of work and dedication by the respiratory scientific team and Medical Director to complete documentation fulfilling requirements for the accreditation. The Respiratory Physiology Laboratory is the first Category 4 laboratory in New Zealand.

'The accreditation is an endorsement of the high standards of our procedures and the quality of the service we deliver. It's a validation of the level of our operations,' says Maureen Swanney, Scientific Director of the Respiratory Physiology Laboratory.

The laboratory is the diagnostic arm of the Christchurch Hospital's Respiratory Department and performs diagnostic lung function measurements, conducts clinical research in respiratory science, and acts as an advisory and reference laboratory to the community and other respiratory laboratories throughout the country.

According to Maureen Swanney, who is currently completing her PhD on an easier method for patients to perform Spirometry, research forms an important part of the laboratory's key function. The laboratory is also currently conducting a research project into the oxygen requirements of people with lung disease who are flying.

The Respiratory Physiology Laboratory services a wide geographical area and its team of certified respiratory scientists deals with basic and sophisticated physiological cases.

Canterbury District Health Board Profiles....



Syd Bradley, Chairman (re-appointed), has been closely involved in the governance of the health sector for 15 years, and has chaired the Canterbury District Health Board for the past four years.



Alister James (elected) served 20 years as a City Councillor and is a lawyer with a particular interest in the effective delivery of adolescent, mental health, alcohol and drug treatment services.



Neville Fagerlund (appointed) is a chartered accountant in public practice with 30 years' experience. He has provided financial and commercial advice to community health organisations and providers for several years.



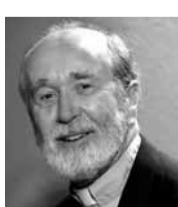
Olive Webb, Deputy Chairman (elected), is a clinical psychologist with over 30 years' experience and works as a health and disability consultant around New Zealand. She has served on the Canterbury District Health Board for four years and is committed to rural health issues and delivery.



Heather Carter (elected) trained and worked as a psychotherapist and is now a workplace and personal development consultant. Women's health and senior health are her particular interests.



Karen Guilliland (re-appointed) is Chief Executive of the New Zealand College of Midwives. She is a member of the Pharmac board and Deputy Chairperson of the Health Workforce Advisory Committee.



David Morrell (elected) has served on the Canterbury District Health Board for three years and is well known for his time as Christchurch City Missioner. He is committed to more accessible and affordable health services for everyone.



Jo Kane (elected) is a Waimakariri District councillor and Deputy Mayor, who believes in protecting family health and wellbeing as a basic right for all.



Norman Dewes (re-appointed) is the chief executive of the urban Maori authority based in Canterbury. He has a background in education, social work, sport and recreation and is particularly experienced in helping unemployed into the workforce.



Robin Booth (elected) is a self-employed builder/renovator and author who has served three years on the Canterbury District Health Board. He has a strong interest in community health and preventative medicine.



Laurence Malcolm (elected) is a doctor and former professor of community health. He has served on World Health Organisation committees and is internationally recognised as an expert in health and medical care.

Meetings Monthly board meetings, open to the public, are scheduled for May 12, June 9, July 14, August 11, September 8, October 13, November 10 and December 8. They will begin at 9am and be held in the Council Chambers at the Christchurch City Council in Tuam Street, unless otherwise advised. For information on their locations please check the Canterbury District Health Board (CDHB) website: www.cdhb.govt.nz. The website also carries information about the CDHB committees and their meeting times and reports.

More Than Just a Kiss

Intimate kissing increases risk of meningococcal disease by up to four times.

Now there's another reason for some teenagers to start and complete their MeNZB vaccinations.

A study recently published in the British Medical Journal says intimate kissing of multiple partners can increase a teenager's risk of contracting meningococcal disease by up to four times.

The study in the BMJ looked at the behaviour of 144 teens aged 15 – 19 years. It identified intimate kissing – with tongues – as a new risk factor. The researchers defined 'multiple partners' as two to seven partners within a two-week period.

In general population about 10 per cent of people may carry the meningococcal bacterium in the back of their throats. But in students, this can be up to 40 per cent because of their 'social interaction', according to the study.

Meningococci bacteria pass easily between people through coughing, sneezing and saliva.

In England and United States there was a dramatic increase in the incidence and fatality rate among teens from meningococcal disease epidemic: 58,882 people contracted the disease between 1991 and the end of 2005 – 238 of them died.

In 1999, the UK introduced a meningococcal C vaccine for babies and teenagers, which has been successful in reducing meningococcal C strain cases, but other meningococci remain a problem.

In New Zealand it is one particular B strain that has caused the epidemic here and which led the Government to introduce its Meningococcal B Immunisation Programme in 2004. Since New Zealand began MeNZB immunising, there have been early signs of a reduction in the disease.

The researchers in the BMJ study said that getting information to teens about the increased risk caused by intimate kissing of multiple partners was unlikely to have a significant impact. Developing further effective meningococcal vaccines should therefore remain a key health priority.

In New Zealand, Dr Diana Martin, Principal Scientist at Environmental Science and Research, says informing teenagers of the newly identified risk would be a good start. The message about the risks of sharing drink bottles has been well picked up. Perhaps we now need to make it clear to teens that kissing is also likely to increase their chances of getting this disease.

'By giving them this new information they can choose to modify their behaviour and make sure they are fully immunised.'

Dr Martin added that the MeNZB vaccine only offers protection against the predominant B strain, so people need to remain vigilant for other forms of meningococcal disease.

Time is now running out for 5 to 19-year-olds to be vaccinated. The mass vaccination programme for this age group ends June 30. First vaccination does therefore need to start as soon as possible. The vaccine will however be available until the end of December for 5 to 19-year-olds needing to complete second and third doses.



Youth Focus For Meningococcal B Vaccination Promotion

Graduating graphic designer Sandi Black is Partnership Health Canterbury Te Kei o Te Waka's secret weapon in their drive to increase meningococcal B vaccination rates. The primary health organisation (PHO) is using Sandi's senior project as a launching pad for a major campaign aimed at improving immunisation uptake among 16 – 20-year-olds.

Most students wait until they graduate to get a job but Sandi's compelling designs encouraging vaccination have given her a professional work opportunity before she even receives her diploma.

The graphic design project was one of Sandi's final requirements for a Bachelor of Design from CPIT. She got the idea from a documentary about Charlotte Cleverley-Bisman, who had all four limbs amputated at the age of six months due to meningococcal meningitis. While Baby Charlotte's story gave the issue of meningococcal B immunisation plenty of exposure, Sandi knew that her peers did not have a sense of urgency about being vaccinated.

'Healthcare runs in the family,' Sandi explains. 'My mother is a Plunket health worker, one of my sisters is a nurse and the other is a speech therapist. So I have a heightened awareness of medical issues and I wanted to explore different ways of making this topic important for my friends.'

For her student project, Sandi created coasters and a poster targeting 18 – 20-year-olds, completely unaware that Partnership Health Canterbury Te Kei o Te Waka was looking for the best way to reach people in that age group.

While Canterbury's meningococcal B immunisation programme has achieved an 83% success rate in the under-5 demographic, only 51% of 18 – 19-year-olds have initiated their first MeNZB vaccination, with even fewer completing the full course.

Michael O'Dea, Project Manager for Partnership Health Canterbury came across Sandi's display at a chance visit to Ignition 05, which showcased work by graduating CPIT design students.

O'Dea immediately realised the potential of Sandi's work and seized the opportunity to create a fully-fledged campaign out of it. 'We were lucky to find Sandi,' he says. 'Her designs have a unique appeal for her peers and because she's a member of our targeted demographic she helps us understand where they congregate, what motivates them and what they need to hear.'

Over the next two months, street and retail posters will combine with a radio campaign to raise awareness about MeNZB. The message includes a call to action to visit www.stepup.org.nz for a chance to win a share of \$10,000 in prizes, irrespective of immunisation status or intent.

While anyone aged 16 – 19 can register, even if they have had all of their MeNZB vaccinations, registering on the website serves as consent to receive texts encouraging participants to complete their full vaccination course. The Edge radio station and Vodafone have signed on as key sponsors, with numerous other companies providing prizes and promotional space for posters.



Sandi speaks highly of her first professional experience. 'I really appreciated how much creative input Partnership Health Canterbury allowed me on this campaign. Their open-mindedness led to a better end result.'

'Sandi has been a pleasure to work with,' says O'Dea. 'She's tremendously enthusiastic and has given us a lot of insight into the behaviour of her peer group. I wouldn't hesitate to recommend her or work with her again.'

Sandi recently commenced full-time employment at TKO, the Christchurch-based advertising agency.



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