

NPNZ-Summary of GPCME - South 2019.

Gill Currie.
NP-Primary Health Care.

Theme of Obesity.

- ▶ Obesity epidemic in English speaking countries.
- ▶ BMI 30-35 can still be 'fit and fat'.
- ▶ BMI over 35 more risk just as low BMI at risk CVD
- ▶ Intentional weight loss is of benefit.
- ▶ VLCD can assist with 5% weight loss beneficial.
- ▶ First 3-5% loss of visceral fat. Most effective.
- ▶ Children need specific child charts.

Obesity-language-effect on life.

- ▶ Biomedical perspective.
- ▶ STIGMA
- ▶ Language.
- ▶ Medication.
- ▶ Bariatric surgery.

Dietician-'healthy' versus calorie content.

- ▶ Obesogenic environment.
- ▶ Not as simple as energy in/energy out scale.
- ▶ Marketing of food -want \$ not interested in health.
- ▶ Supermarkets- mood/lighting.
- ▶ Packaging can be misleading.
- ▶ Difference between healthy food choices and weight loss food choices.
- ▶ People consuming more calories than they realise.

- ▶ Chia seeds-37% fat.
- ▶ Wrap = calories equivalent to 4 slices of bread.
- ▶ Almonds-55% fat. 10 almonds =1 slice of bread.
- ▶ Dried fruit=calorie bursts. Intensified sugar.
- ▶ Froyo ball or bliss ball-popular. Smallest one =1 slice of bread. Child snack on packet then = ¼ loaf of bread.
- ▶ Fresh coconut =32% fat. Dessicated coconut-64% fat.
- ▶ Trendy to use coconut oil- ALL oils are dense in calories.
- ▶ Stopped eating lard in 1960's link to heart disease-this was 68% saturated fat
Coconut oil =92% saturated fat!!
- ▶ Avocado-25% fat. ½ avocado = calories 3 slices of bread.
- ▶ Smoothie-get food 'use machine to chew' it for you-> gain weight.

Pessaries.

- ▶ Hard to find training. Pelvic organ prolapse
- ▶ Primary care usually fit ring pessaries.
- ▶ Website repeated used was www.augs.org. *****
- ▶ Interactive and enables to show women prolapse ,rectocele and cystocele as well as urinary incontinence.
- ▶ Practical tips on how to fit pessaries as well as where to obtain the pessary fitting kit.
- ▶ Measure/fit/trial/valsalva-drop out too small and increase size.
- ▶ Ensure micturate before leave.
- ▶ Use ovestin to reduce erosion.
- ▶ Check 3/12, change 6-12/12.
- ▶ Main use cystocele or uterine prolapse less effective post hysterectomy/prior prolapse repair or rectocele.
- ▶ Other forms secondary care use Gellhorn, Cube,

PrEP.

- ▶ Pre exposure prophylaxis for MSM.
- ▶ NP co-presenting.
- ▶ People high risk exposure to HIV daily pill to reduce exposure to virus.
- ▶ PHARMAC strict criteria.
- ▶ Followed Healthpathways in Canterbury.
- ▶ Similar standards in SDHB also.
- ▶ Limitations-HIV +ve, compliance, condoms if missed more 1 dose, still @risk other STI.
- ▶ Requirement ongoing surveillance with 3/12 screen and f/u with Rx.
- ▶ NZAF have booklet available.
- ▶ Specialist approval for initial prescription then move to primary care for ongoing management.

And there's so much more....

THANKS