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.
- Frooze 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