

# Health *first*

CANTERBURY DISTRICT HEALTH BOARD'S FREE COMMUNITY PUBLICATION

ISSN 1176-0435

OCTOBER 2004 – ISSUE 19



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## October is Breast Cancer Awareness Month

October is Pink Ribbon month – a time to highlight breast cancer awareness. In New Zealand, over 2,000 women are diagnosed with breast cancer each year and one man in ten will have a mother, wife, sister or daughter die from this disease.

Supporting the call for increased awareness is the Canterbury and West Coast Division of the Cancer Society, which has an active programme for working with women with breast cancer. Liz Horn, Manager of Support Services, says the society aims to provide as much support as possible to ensure that women and their families can retain a good quality of life.

'We have a team of volunteers made up of women who have had a breast cancer experience and they receive training to support other women,' says Liz. The Society also has two Cancer Information Nurses. 'Often when a woman has been diagnosed she is in a position where she is given treatment options and she sometimes needs to be able to talk through the options to make the best decision for herself. It helps to be able to talk through all the options with both a nurse and someone who has been through a similar experience.'

The team of volunteers visit patients both pre- and post-



surgery. 'As well as being informed, it's a positive experience for the woman, who will be able to see someone who looks fit and well and confident about life. Some of the volunteers wear tight skivvies when they visit and offer the challenge to see if anyone can notice which breast is artificial.'

Other services the Society offers are the facilitation of Look Good, Feel Better, a prosthesis fitting service with a trained corsetiere, a turban service for women who have hair loss due to their treatment, as well as compression sleeves for patients who may wish to fly somewhere but who have an increased risk of lymphedema from their treatment. Information is available on health subsidies and the Cancer Society also has community liaison staff to support people in their own homes.

'Often women can be in a younger group,' says Liz, 'so they do have special needs. As well as government funding, we have funding to bridge the gaps between what's available for them and what their needs are – for instance, short-term home aid or nanny care. We also provide frozen meals to assist families around treatment times.'

'There are often things that are taken for granted but which, with a little bit of help, can ensure patients maintain their independence. We see our role a bit like being the icing on the cake – making a difference to people's quality of life,' says Liz.

## Canterbury Health Researchers Showcase Their Work

Health research plays an important role in enhancing health care in Canterbury. Last month, for the first time, 70 researchers from local institutions gathered at the Christchurch School of Medicine and Health Sciences to present papers on their areas of interest.

Convenor of the Inaugural Canterbury Health Science Research Conference, Dr Geoff Shaw, says it is important for local researchers to get together and showcase their work. The presentations in the Rolleston Lecture Theatre came from the School of Medicine and Health Sciences, the University of Canterbury, Lincoln University and the Canterbury District Health Board, demonstrating the strength of health research in the region.

'Health researchers are not working in some kind of ivory tower divorced from the needs of the health system,' says Dr Shaw. 'Many of the presentations had very direct relevance to clinical care at the bedside. That's why the theme of this conference was Research Saves Lives.'

The Conference opened on the evening of Sunday, September 5, following the Health Research Open Day, with a keynote address from Monash University stem cell scientist Professor Alan Trounson, who spoke on the use of human embryonic stem cells.

These amazing cells are able to be 'coached' to turn into any sort of cell, from heart muscle to brain neuron. They have the potential to lead to new treatments for a wide variety of disorders, including heart disease, diabetes, Parkinson's disease and even spinal cord injury. The value of this research has been recognised by the Australian government which has given over \$100 million to fund Professor Trounson's programme.

By contrast, this was followed by a debate on the future of New Zealand's health research strategy, with Associate Minister of Health, Ruth Dyson; opposition spokesperson on Research, Science and Technology, Dr Paul Hutchison; Professor Mark Richards and Associate Professor Tony Kettle. Professors Richards and Kettle made a strong case that funding of

biomedical research in New Zealand is not in 'good health', and is slipping behind comparable countries.

On September 6, nearly 50 researchers delivered presentations in the Rolleston lecture theatre illustrating the range of health research being carried out in Canterbury. Some of the highlights were presentations showing the strength of prominent local research groups involved in research into cancer, heart disease and child development.

Prizes for the best student presentations went to Anna Pilbrow and Dr Richard Geary from the Christchurch School of Medicine and Health Sciences. The \$2,000 travel prize for the best overall presentation was won by Dr Lianne Woodward from the University of Canterbury.

Professor Trounson's visit and all prizes were supported by the Canterbury Medical Research Foundation. Other funding was provided by the Maurice & Phyllis Paykel Trust and the Guardian Trust.

**Reminder:** From 31 October this year, all outpatients, visitors, contractors, students and staff at all Canterbury District Health Board hospitals and other sites e.g. laboratories, **will not be permitted to smoke on Canterbury District Health Board premises.** Similar policies have been introduced by all District Health Boards in New Zealand as part of the important message that smoking is dangerous to your health.

# Calendar for Kids Cancer Research Launched



Left image: Vicky O'Connor, originator of the Cancer Research for Kids calendar, surrounded by her own family of four daughters: Genevieve, 8½ years (top left), Emily, 5½ (bottom left), Bridgette, 10½ (top right) and Siobhan, 7 (bottom right).

With its theme of 'When I Grow Up', the 2005 Cancer Research for Kids calendar has a strong focus on the positive.

The cover says it all with a cute Einstein-type kid holding aloft a microscope slide, alongside which are the words, 'Somewhere, something incredible is waiting to be known...'

Last year's inaugural Cancer Research for Kids calendar was a sell-out, raising \$45,000 for the Children's Cancer Research Group.

The 2005 version, launched on October 1, is expected to be twice as popular and accordingly, the

print run has been doubled to 10,000 to meet expected demand. A fundraising concept initiated by Vicky O'Connor from Westport, whose daughter Emily was diagnosed with the condition when she was two, the calendar this time features children in fun and novel settings with inspirational messages to complement the graphics.

'There are so many negatives for children and families in this situation, and it is so difficult for people to understand, so we

wanted to give it a positive, hopeful push this time,' says Vicky.

'The clinical and nursing staff at the Child Cancer Unit and all the hospital staff are absolutely fantastic – they're gifted and special people – and this was a chance to be positive about them too.'

'The calendar is dedicated to all our cancer kids in the hope that we can help more children like them reach their dreams of simply growing up, and to those who sadly no longer have the chance.'

Vicky said this year's calendar launch would be a 'great big party.'

'I wanted to do something special for the families and children, with a special theme and a lunch – a real celebration.'

'It will involve last year's children and their families too, although sadly we have lost some of our little friends off the 2004 calendar.'

The 2005 calendar will sell for \$19.95 through a variety of outlets including the Westpac Bank branches, The Press, Child Cancer Foundation branches, Ronald McDonald House, Postie Plus shops and within the Canterbury District Health Board.

Inside each calendar this time there will be a fridge magnet with the logo of the Children's Cancer Research Group and details of how to contact them. Vicky hopes that people will retain this information even when the calendar has expired, and be encouraged to keep

supporting the work being done by the Research Group.

The photographs of the children in the new calendar were taken by John Kirk-Anderson and Don Scott of The Press, and David Geddes.

Dr Michael Sullivan, director of the Children's Cancer Group at the Department of Paediatrics Christchurch School of Medicine and Health Sciences, University of Otago, says his group's theme is 'Research Saves Lives.'

Last year's fundraising allowed him to attend a specialist tumour course in Scotland, and enabled the group to expand its research programme and purchase additional laboratory equipment and computers.

He said funds raised this time would support a PhD research student, permit the development of a new clinical research project and support a new nursing research project.

The most exciting development for his group in the past year has been membership of the Children's Oncology Group (COG), the largest children's cancer research organisation in the world.

'With over 240 member institutions in the USA, Canada, Australia and now New Zealand, membership of COG gives us access to the very best cancer treatments. Being a COG member also allows us to collaborate in leading edge research projects.'

'By doing good clinical and laboratory based research, many more children and young people with cancer will grow up to become 'what they want to be.'



## Christchurch Women's Hospital

Christchurch Women's Hospital continues preparations for the big move mid-next year to the Christchurch Hospital site. Once moved, the hospital will still be known as Christchurch Women's Hospital.

Look out for more information on the move in the next issue of *Healthfirst*. Closer to the time, we will be running advertising campaigns that will answer a range of questions and there will be numbers to call for more specific information.

## Do you have Type 2 Diabetes and one or more of the following?

High triglycerides

Waist measurement  
>102cm (males) >88cm (females)

High blood pressure

Are you aged 18 to 65 years?

And you DO NOT use insulin?

You could be eligible to participate in a clinical trial being run by Professor Russell Scot at the Lipid and Diabetes Research Group looking at a new medication to treat diabetes.

If you are interested, please contact Zarnia Morrison at Christchurch Hospital (03) 364 1375 or email [zarnia.morrison@cdhb.govt.nz](mailto:zarnia.morrison@cdhb.govt.nz)

## Profile – BreastScreen Aotearoa

In 1998, the Ministry of Health set up the BreastScreen Aotearoa programme to try to reduce the number of Kiwi women dying from breast cancer.

Since the programme was set up it has provided over 100,000 mammograms annually to women aged between 50 and 64, and detected breast cancer in 2,635 women. Its scope was increased in July this year when, following a recommendation from an advisory group set up in February, it was extended to include women from the age of 45 up to 69.

BreastScreen Aotearoa says it's a welcome move as there is evidence that although breast cancer is more difficult to diagnose in younger women, and the incidence is less, in a significant proportion of this group the cancer is more aggressive.

Regular mammography screening offers the best prospect for reducing deaths from breast cancer. The X-rays can detect breast cancers when they are small, before women have any signs of cancer. For women under 50, their chance of dying from breast cancer is reduced by about 20% and for women over 50 it is reduced by about 30%.

Mammograms are effective because they can detect tissue changes in the breast before anything can be seen or felt from the

outside of the breast. In most cases, the changes will not be cancer but early detection means a very good chance of successful treatment. Mammograms can detect about 75% of unsuspected cancers in women under 50, and 90% in women over 50. They are safe because only very small amounts of radiation are used and are particularly effective in women 50 years and over who have mammograms every two years.

In order to meet the increased demand, the Ministry of Health is working on initiatives to build capacity, including efforts to recruit and train new staff.

Under the programme over 200,000 New Zealand women will be offered publicly funded two-yearly screenings. BreastScreen Aotearoa has also expanded its services with the addition of a mobile mammography service – the Breast Bus. This unit travels around the country making screens accessible for rural women or those who cannot access a fixed service.

The breast screening programme has received great support from Kiwi women since it began. In the two years to December 2003, more than 62% of eligible women have had mammograms through BreastScreen Aotearoa.

## Interpreter Service

As the number of immigrants coming into New Zealand continues to grow, so too does the range of different languages heard in hospital corridors and doctors' waiting rooms. It means, however, that the health care industry has an increasing challenge to treat people who don't understand or speak English.

In a move designed to help health professionals and patients, the Canterbury District Health Board and Community and Public Health have merged their Interpreters' Service.

'There is a huge need for the service,' says Annie Davey of Community and Public Health, who facilitates Interpreter workshops. 'It's often terrifying for patients who can't understand English not knowing what is wrong with them or what is going to happen. They also don't know what services are available for them.'

Christchurch and Burwood Hospitals have 40 to 50 interpreters on their books and get about 100 requests for interpreters each month.

Organisational Development and Training Manager, Sue Chapman, says the service covers about 53 languages and dialects. 'However if we can't provide an interpreter for a particular language we can access the Police Interpreter list and also the Wellington Telephone Interpreting Service, which are available 24 hours a day, seven days a week. Although staff would prefer to have an interpreter present.'

At Christchurch Women's the list of available interpreters runs to over 100. 'Our most popular requests are for interpreters who speak Chinese and Korean,' says Manager Linda Leader. 'We also get asked for people who can speak Polish, Bengali, Croatian,

Russian, Afghani, Ethiopian and Swedish.' The hospital also has a team of six deaf interpreters.

'We get about 35 to 40 requests a month for interpreters,' says Linda, 'and the time involved can vary from 10 minutes for an ante-natal appointment to over five hours during labour.'

Although the demand for interpreters is not as great at Princess Margaret as at Christchurch Public or Women's, General Manager, Julia Fomison, says interpreters are often required for mental health and older persons' health.

In an effort to co-ordinate training so there are more interpreters to work in the health system, Community and Public Health has been working with the Christchurch Polytechnic to develop a Certificate in Liaison Interpreting. The course is now being offered at the CPIT Languages Department and according to Annie, has already proved very successful.

For people who think they might be interested in becoming an interpreter, Annie organises briefings that explain the service. She is also pushing for training for health professionals across the board so they will know how to treat and respond to a patient who doesn't speak English. Community and Public Health have already produced a video aimed at doctors that gives hints and advice on how to approach non-English speaking patients. 'It is being well received,' says Annie, 'because doctors and nurses want to help but dealing with foreign languages is something new for many people. It's also important to have the skills to manage the informed consent process when you are working through an interpreter. It's a bit more challenging than just a one-on-one conversation.'

# Myths and Truths About Breast Cancer

## Myth: No one in my family has had breast cancer, so I won't get it.

Truth: 90 – 95% of people diagnosed with breast cancer do not have a strong family history of it. The main risk is being female, and getting older. Early detection is your best protection against breast cancer. The earlier it is found, the more successfully it can be treated.

## Myth: I'm too young to get breast cancer.

Truth: Breast cancer can hit at any age. It is indiscriminate. Although the majority of women diagnosed are between 50 and 70 years of age, over 600 women under the age of 50 were diagnosed in New Zealand last year. All women should be breast aware, and women should have regular mammograms from the age of forty.

## Myth: If you find a lump in your breast, it means breast cancer

Truth: Nine out of ten breast lumps are not cancerous. However, they should be checked out by a doctor just in case, and for your own peace of mind.

## Myth: Breast cancer only comes in the form of a lump

Truth: A lump in the breast is only ONE indication that cancer may be present. Women should regularly check their breasts and look for lumps or changes such as thickening, puckering or dimpling on the surface of the skin, unusual pain or discomfort and/or nipple discharge. Mammograms are important because they can find a cancer before a lump is felt.

## Myth: Antiperspirants cause breast cancer as they prevent the toxins escaping from the armpit.

Truth: There is no scientific or biological evidence to support this claim. The primary purpose of perspiration is to cool the body, not to expel toxins, which is the function of the kidneys and liver. Also, breast tissue is quite separate from the sweat glands under the arm and from the lymph nodes in the armpit.

## Myth: I don't smoke, I don't drink, I eat properly and exercise regularly and feel really great, so I won't get breast cancer.

Truth: A healthy lifestyle is certainly recommended for overall good health, but it does not guarantee 100% protection against breast cancer. The cause of breast cancer is still a puzzle. It doesn't matter how healthy you are – breast cancer is indiscriminate.

## Myth: If I get hit in the breast, I'll develop breast cancer

Truth: A bump to the breast will not cause breast cancer. However, while checking your breast after the bump, you may discover a lump if one already exists because a cancer has a greater blood supply and it will bruise easily.

## Myth: Men can't get breast cancer

Truth: Men do get breast cancer. About one per cent of those diagnosed in New Zealand are men. That's about 20 cases a year.

# Facts We Can't Ignore on Breast Cancer

- New Zealand has the sixth highest death rate from breast cancer out of 173 developed countries.
- Breast cancer affects one in ten women in New Zealand.
- About 2,300 women are diagnosed with breast cancer each year in New Zealand – that's about six a day.
- About 600 women die from breast cancer each year in New Zealand.
- Men get breast cancer too – about 20 are diagnosed each year in New Zealand.
- Maori women have a 47.7% higher death rate from breast cancer than non-Maori women.
- The rate of breast cancer will increase over the next few years due to an ageing population and women having fewer babies later in life.
- One man in ten will have a mother, sister, daughter or wife die of breast cancer in New Zealand.
- Two thirds of breast cancers diagnosed are in women over 50 years of age.
- One third of breast cancers diagnosed are in women under 50 years of age.
- Tumours found in younger women tend to be more aggressive. For example, the Auckland Breast Cancer Patient Register shows 53% of patients under 40 had grade 3 tumours – larger, more aggressive tumours. This compares to 28% with grade 3 tumours in those over 40.

Early detection of breast cancer saves lives, and breasts.

# Depression Self-help Book Launched

'Never be ashamed of who you are, always be proud, and hold your head up high.'

This is the advice of Tracey McNamara, Canterbury District Health Board clerical employee, and the author of a new self-help book on her experiences with depression and bipolar disorder.

With its sunshine yellow cover, *Me, Myself, My Shadow, The Survival Guide to Depression Note Book from a Personal Point of View* is much more than Tracey's story of her illness and recovery, although that was the way it started.

'When I sat down to write, it just flowed. It just seemed to fall together.'

After the first couple of chapters Tracey realised she wanted to engage the reader, so she reformatted the concept to include blank pages for the reader's comments.

Then she dropped in positive, encouraging snippets, added some zany graphics and let the story flow.

Twelve weeks later it was done.

'The result is that the book becomes your own personal journey on the road to recovery.'

'I asked the questions that I'd been asked by my psychiatrists, or felt should have been asked. The idea is that as you sit down with the book, you confront and deal with issues, and finally release them.'

'Once the issues are dealt with, don't go back over it. Finding your way is all part of the healing process.'

Endorsed by Professor Peter Joyce, Head of the Department of Psychological Medicine, the book has attracted some funding from Soul Works and support from the Mental Health Education and Resource Centre, where copies can be ordered.



But more sponsorship or better still, a publisher, is still being sought, says Tracey.

'I would really like this to be available New Zealand-wide. I believe strongly that this is what is needed rather than all the statistical analysis and the fear that surrounds an illness.'

'I'm not a clinician and the book is not aggressive or scary to read. It's not just for a person with an illness but for their family and friends too, to help them understand what's going on and be able to discuss it.'

One of the major messages Tracey sends to anyone in a similar situation to her own is to seek help.

'Do not try to recover on your own – that's one of the most fatal mistakes that I ever tried to make.'

'You're never alone. Trust yourself and those around you. Look forward to the sunshine.'

Tracey believes the stigma of mental illness is gradually abating and she hopes to follow up the release of her book with a website, *Shadow Boxing*, aimed at adolescents.

*Me, Myself, My Shadow* will be part of a pack sent by Tracey to Christchurch's 70 general practitioners.

Copies of the book, which retails at \$19.95 (plus \$5 postage if being mailed), can be ordered from the Mental Health Education and Resource Centre, 2nd Floor, Securities House, 221 Gloucester St, Christchurch, telephone 365 5344 or by e-mail: test-the-stress@xtra.co.nz

Mental Health Week runs from October 10 – 16.

# Driver Assessment Service



The Driver and Vehicle Assessment Service held a morning tea at Burwood Hospital to thank Bruce Miles of Miles Toyota for the donation of a car for the Assessment Team.

Over 400 people a year get a chance to reclaim their independence thanks to a vehicle donated by Miles Toyota to the Driver and Vehicle Assessment Service at Burwood Hospital

The Clinical Manager of Occupational Therapy at Burwood Hospital, Cherie Porter, says the Driver and Vehicle Assessment Service enables people who have had a medical condition or a disability to drive again.

'Our aim is to maintain their independence and get them on the road safely. It's a two-part process beginning with an off-road test using a computer that tests their ability and the skills they need for driving.' The second component is a practical drive, in either their own or the modified vehicle.

The service has two vehicles that are modified to cover a range of disabilities.

'For instance,' says Cherie, 'modifications include having different types of hand controls, modified gear select levers and indicators positioned in the head rests so you don't have to take your hands off the steering wheel.'

'We've assisted all age groups from the learner driver to the older person who may have experienced a medical episode. So

long as they are of licensable age, we help them through the process of achieving safe driving. It's difficult because sometimes we have to recommend that they are not medically fit to drive but the aim is to get them back on the road safely.'

For Bruce Miles of Miles Toyota the opportunity to donate a vehicle to the service was something he was thrilled to be able to do. 'We are all about mobility and Toyota is about providing highly reliable transport. I have a lot of pleasure in being able to give that mobility back to someone who, through a quirk of fate or sickness, has lost it.'

The service is valuable for a significant number of ACC clients as they can only apply for funding towards a vehicle if they can demonstrate they are able to drive safely. 'The donated vehicle provides us with the ability to prove they are capable,' says Cherie.

The Driver and Vehicle Assessment Service sees about 300 Ministry of Health assessments, usually older people, a year, while ACC assessments account for between 80 and 100 people.

# Nutrition in Pregnancy A Handbook for Lead Maternity Carers

All health professionals involved in maternity care are aiming for the same thing: optimum health and wellbeing for the mother and baby. Nutrition is one of the important factors contributing to this. This new resource attempts to bring together the latest clinical evidence for a wide range of nutrition topics and provide the Lead Maternity Carer (LMC) with practical ideas to achieve optimal nutritional status for the women and infants they care for.

The handbook was the vision of Julie Stufkens – currently New Zealand Breastfeeding Authority Co-ordinator and Dietitian – when she worked for Crown Public Health. Consultation

with LMCs confirmed the need and the process of developing the resource began. Julie worked with dietitian Wendy Scanlon to collect the existing evidence and draft the resource, which was then consulted on widely, including input from a number of Canterbury District Health Board staff.

This was several years and multiple drafts ago, and the publication is now in the final production stages. The handbook is accompanied by a series of resource sheets, designed to be copied for pregnant women and whanau.

Copies of the resource are available, at cost recovery price, from Community and Public Health, Christchurch.



# Quality and Innovation Awards 2004

## Over-sedation and Energy Projects Take Honours

The second annual Canterbury District Health Board Quality and Innovation Awards attracted 22 entries which were honoured at the awards ceremony on August 30, 2004. The awards, presented by CEO Jean O'Callaghan, were designed to recognise and publicly acknowledge the excellent quality, innovation and improvement initiatives generated by the Canterbury District Health Board staff and all providers funded by the Canterbury District Health Board.

In this issue of *HealthFirst*, we profile the supreme award winner and the joint winner of the Hospital and Specialist Services Award.



### Profile – Supreme Award Winner

Four years' hard work by a trio of talent at Christchurch Hospital produced the Supreme Award winner in the recent 2004 Canterbury District Health Board Quality and Innovation Awards.

Intensive Care Specialist Dr Geoff Shaw, and Biomedical Engineers Richard Dove and Kathryn Greenfield, have developed a device, the Infuse-Rite, to bring about a reduction in the over-sedation of critically ill patients. Their project was designed, produced and tested on site at Christchurch Hospital with only a few components needing to be sourced in the city.

It won the Supreme Award and was first equal in the Hospital and Specialist Services Category of the awards.

'It's been a marvellous, although difficult, journey requiring persistence – and it hasn't always been smooth. We want to pay tribute to the Intensive Care Unit nursing staff who persevered through the development stage. Without their help it would never have got off the ground. They've been fantastic,' said a delighted Dr Shaw.

He began work on the project in 1999 but was unable to attract funding until the Canterbury Intensive Care Research and Education Trust saw the potential value of the plan and stepped in.

'Critically ill patients in the Intensive Care Unit frequently require sedation to help with pain management and anxiety relief. However, this sedation is inconsistently applied, often resulting in patients receiving more sedation than is necessary, leading to poorer patient outcomes, longer stays in ICU and increased costs.

Now, with the development of the Infuse-Rite, if people come into ICU they'll stay a shorter time and receive less over-sedation, which leads to faster recovery.

The real challenge now is persuading other people in New Zealand and overseas that we have a really good thing going. Interest has already been expressed from Invercargill, Dunedin and Wellington.'

The trio of clinician and engineers developed a two-stage plan; firstly, producing a standardised system of working out the drug doses and, secondly, designing and building a custom device to automate much of the complexity of the standardised method. The device was designed and built by Kathryn Greenfield who joined Christchurch Hospital six years ago after graduating from Flinders University in Adelaide.

Richard Dove, a University of Canterbury graduate who has spent 15 years in his field, also took part in the design stage, wrote the software for the PC operation and designed the special bracket that enables the Infuse-Rite to fit existing machinery. All worked with an on-line teaching package for staff.



L – R: Richard Dove, Kathryn Greenfield and Dr Geoff Shaw.

Refinements and modifications are being made continually, the latest being a special rack for storing the ICU's 10 Infuse-Rites when not in use. The unit began using the Infuse-Rite device two years ago and audited data from the project has been used to develop a model of patient agitation dynamics for which a University of Canterbury PhD student, Andrew Rudge, has just received the inaugural McDiarmid Young Researcher of the Year Award.

'An innovation like this has provided us with the ability to look more critically at what we do in clinical practice and develop new paradigms of patient agitation dynamics, as seen in the work of my colleagues Dr J. Geoffrey Chase and Andrew Rudge at the Centre for Bioengineering at the University of Canterbury,' said Dr Shaw. Combining a shorter time ventilated with lower dose rates meant substantially less total sedation drug per patient.

'This has direct cost benefits of around \$80,000 savings in drugs a year, and indirect benefits in 10 per cent more ICU bed space available. The Infuse-Rite project has introduced a new nursing practice into the ICU that gives patient benefits, nursing benefits and cost savings.'



### Profile – Joint Winner, Hospital & Specialist Services Award



Brendon Groufsky showing the Link Tunnel Lighting.

With entries for the Canterbury District Health Board's Quality and Innovation Awards dominated by medical and clinical submissions, Maintenance & Engineering Manager, Alan Bavis, and Operations Engineer, Brendon Groufsky, were beginning to feel they were in the wrong competition.

So they were more than a little surprised when they were announced as the joint winners of the Hospital & Specialist Services Award.

'Gobsmacked, I think, would be a good word to describe it,' says Alan. The pair won the award for their work on energy management in Christchurch Hospital.

'Managing the energy use in this hospital is like managing the requirements of a small town of about 4,900 homes. It's a complex building with a big investment in plant and machinery, and it has a high cooling load, so our first job was really to look at how the hospital was using its energy and where we could make savings.'

Alan says that they found a few good things were being done but there was no method of tracking what had been done and what effect it had on the overall cost or even if the right things were being done.

'So, we set up a monitoring and targeting data base and then looked at things in a bit more detail as to how they would fit into the bigger picture. We also looked at payback and tried to see what we could do first that was low or no cost.'

According to Brendon, the first and most obvious area to target was lighting. 'Last June, we went around and removed existing light bulbs in a lot of areas like corridors, plant rooms entrance ways, where a lot of the lights had two bulbs. We found we could take out one bulb but still maintain the New Zealand lighting standards. Removing the bulbs not only reduced the lighting load by 50kW but also affected the cooling load because of the reduced heat from fewer light bulbs.'

The team then trialled products from different manufacturers and charted their energy use versus their output. 'In some areas,' says Brendon, 'the new technology has enabled us to actually make areas lighter – for instance, in the Link Tunnel between the hospital and the lab and parking lot we have changed the lighting and reduced the amount of electricity being used by 70%, but have increased the amount of light in the tunnel.'

A reduced heating load has the flow-on effect of reducing the need to run the chillers as hard. The overall result of all the energy management has been a saving of nearly \$170,000 over the past year.

The Maintenance and Engineering Department is aiming to get to a stage where the savings on some projects will fund other work. Alan says the next big project is replacing the old chillers with new 400kW chillers. 'It's equipment that has a really high workload and the existing ones, as well as some other equipment, are starting to near the end of their life so it's a matter of now looking at lifecycle costs and not simple payback anymore. We also need to look at all the new work that's going on and make sure that design is energy efficient because it's at the design stage where you get the most benefit.'

\*The \$6,000 prize money for the award will be split between Maintenance and Engineering and co-winners Intensive Care Staff for their project on reducing over-sedation in critically ill patients. Alan says their share of the money will be used for professional development of team members, as well as for new testing equipment.

# Men's Health

The call has gone out to men to start talking about their health. Labour MP John Tamihere says men have been quiet for too long about their health problems and the result is a lack of screening programmes for early detection of diseases such as prostate cancer or diabetes.

Men often don't make time to see a doctor because 'if it's not broken, why fix it' and of course, that eternal excuse, 'I'm too busy'. It's time to overcome those avoidance issues and take time out for some regular check-ups rather than wait until the severe symptoms hit.

The good news is that many diseases, if detected early, are unlikely to ever become a problem. So make the appointment and ask for the following:

## Body Measurement

This measures your height, weight, waist measurement and body mass index. This will determine if you are overweight and how much of a threat it is to your health. Being overweight increases the risks of Type II diabetes, high blood pressure and certain cancers.

## Blood Pressure

This determines the amount of blood your heart pumps and the resistance to blood flow in your arteries. If your arteries have narrowed the heart has to work harder to pump the same amount of blood through your body, raising the blood pressure. If it goes undetected and untreated there is an increased risk of stroke, heart attack or failure, and kidney damage.

## Blood Tests

Blood chemistry tests and fasting blood sugar tests can provide information about how well your liver and kidneys are working and can detect diabetes.

## Cholesterol Test

Cholesterol is a form of fat and a simple blood test measures the amounts of the different good and bad cholesterol in your body. Bad or low-density lipoprotein (LDL), cholesterol is what sticks to the walls of arteries, while the good, or high-density lipoprotein (HDL), cholesterol carries the fat in the blood away to the liver. High levels of LDL increase the risk of heart attacks and strokes.

## Colorectal Cancer Screening

Tests are available to screen colon and rectum to detect polyps that may become cancerous or detect colon cancer before symptoms appear. Fecal occult blood tests can detect hidden blood and these can be done in the doctor's office or at home. Other tests may include a flexible sigmoidoscopy, colon x-ray or colonoscopy.

While not all colon polyps become cancerous, there are factors which increase the risk level. If you are 50 or older, if you have a family or personal history of colorectal cancer or adenomatous polyps, or a personal history of inflammatory bowel disease, there is an need for increased screenings.

## Dental Check-up

Checks teeth and gums, also tongue, lips and soft tissue to ensure no tooth decay or oral cancer.

## Electrocardiogram (ECG)

Electrodes placed on the chest, arms and legs record electrical impulses from the heart and can detect abnormalities such as an irregular heart rhythm or enlarged heart.

## Eye Examination

As you get older the risks increase of getting glaucoma (increased pressure in your eye which can lead to vision loss), macular degeneration (deterioration of retinal cells which decreases vision) and cataracts (clouding of the eye which blurs vision)

## Prostate Cancer Screening

A digital rectal exam checks for any lumps or firmness in the prostate, while a PSA (Prostate specific antigen) test is a blood test that measures the amount of protein secreted by the prostate. Over the age of 50 these should be done annually.

## Sexually Transmitted Disease Screening

Tests are available to detect infections such as HIV, gonorrhoea, genital herpes and Chlamydia which are spread by sexual contact. Many of these diseases have serious, sometimes fatal consequences. The need for screening is usually based on risk factors such as the number of sexual partners, homosexual sex or intravenous drug users.

## Skin Examination

Your doctor should do a complete top-to-toe skin examination once every three years to check for skin cancer. Moles that are irregularly shaped or have grown or changed shape, have varied colours, are asymmetric or greater than the size of a pencil eraser, can indicate skin cancer.

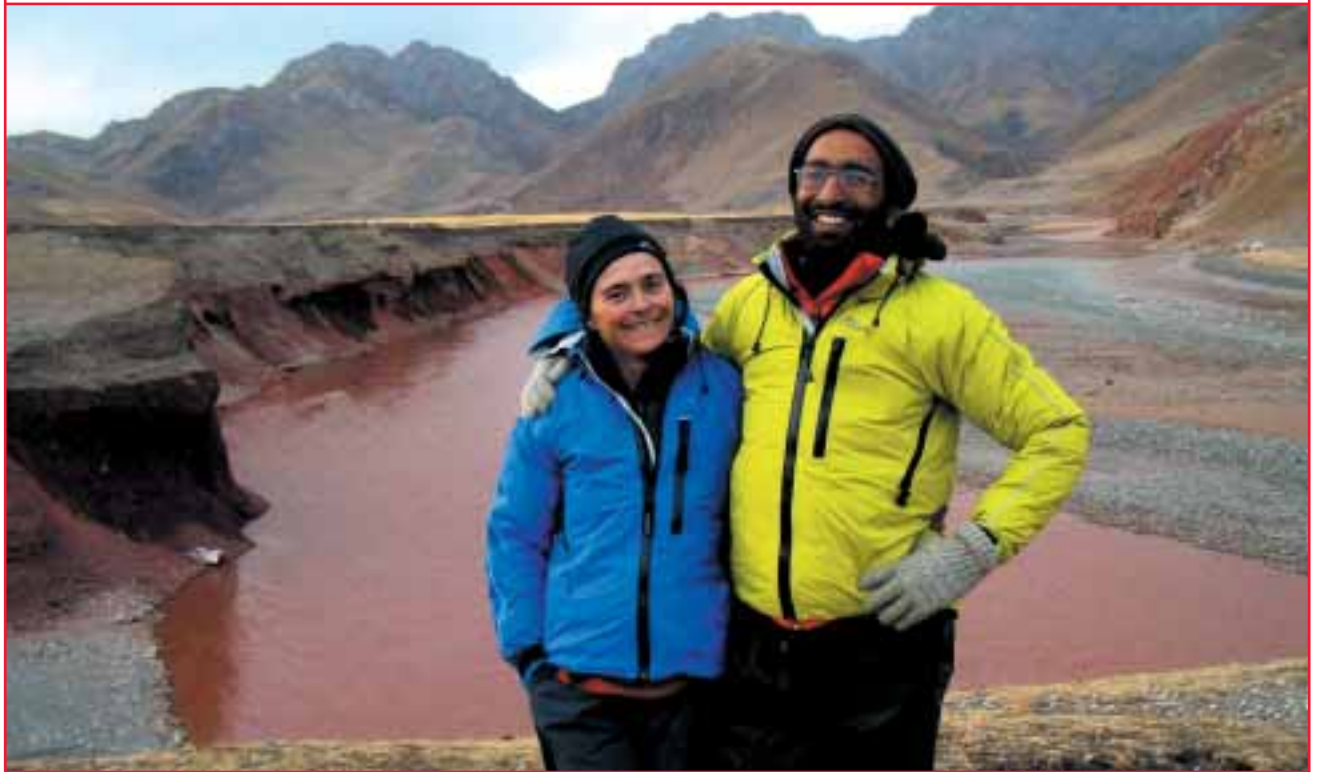
## Testicular Examination

Examines the testicles for masses or any change in size, shape or consistency of the testes which could indicate testicular cancer. This is the most common cancer of young men between 15 and 35.

As well as providing you with the information that can help make lifestyle changes to reduce or prevent the risk of disease, learning what's normal makes it easier to detect serious changes later on. Be proactive about your health and make that appointment TODAY.

# Adventure down the Mekong River

Two Canterbury District Health Board doctors have just completed a world-first human-powered traverse of the Mekong River. Kaaren Mathias, 34, a Public Health Medicine Registrar, and Jeph Mathias, 39, Locum Emergency Registrar, were members of the five-person SPARC (Sport and Recreation New Zealand) Hillary expedition team for 2004. The other team members were Ros Wood, 27, a medical student, Craig Stewart, 27, a glaciologist and engineer, and Rick Benson, 27. The SPARC initiative is designed to inspire Kiwi kids to live physically active lives.



## Here is a first-hand account from Kaaren about her trip

'We started the expedition in late April, north of Tibet. The true source of the river was only identified in 1999. It was amazing to think that the huge brown river started as tiny crystal droplets at 5244m. The river was still frozen and mornings were a chilly 15C. We trekked with Tibetan horse driver, Chigwan. Amazingly, he could build a yak dung fire and have the salty Tibetan tea boiling merrily while we were still trying to light our techno Omni Fuel primus in the high winds and cold.

'After a few days trying to prove Western technology was useful, we gave up and learnt how to build a yak dung fire – perfect for the windy conditions on the Tibetan plateau! On the 11-day trek, we stayed with a nomad family, saw wolves, foxes and deer and climbed a 5500ft high mountain as a side trip. We were stunned by the beauty and isolation of the region. It was great to have the support of equipment from Macpac to keep us warm and dry. We spent the next five weeks following the river on mountain bikes, covering 2700 kilometres and climbed 23,000 vertical metres – we climbed the height of Mt Everest from sea to summit over two and a half times!

We crossed the corrugated valleys and mountains of East Tibet and then plunged into the Mekong Gorge. East Tibet was exquisitely beautiful with entire hillsides covered with flowering rhododendrons and daphne. Below us, the Mekong was a boiling rage of creamy brown rapids. We were glad not to be kayaking that section. The hardest bit of the whole trip was a three-week wait in Jinghong, Yunnan. We had freighted three kayaks from New Zealand and could not get Chinese customs to release them. In the end when money, official channels and patience had been exhausted, we

bought an elderly rubber raft, a glorified black lilo, and set off towards Laos.

'All the locals in their long sleek dug-outs laughed out loud when we said we were heading to the South China Sea. We christened it 'The Roast Chicken.'

'Paddling through Laos was a wonder of tropical jungle, wonderfully friendly people and giant insects. We had to spend most hot black evenings repairing the raft with bike repair patches, glue and even occasionally lit a fire to try to melt the layers of rubber together. Amazingly, we still covered 7 – 100km downstream a day.

'Next leg was crossing the plains of Cambodia with its sugar palms, buffalos and rice paddies. From Phnom Penh we enjoyed a few days off to visit the amazing temples of Angkor Wat. Finally was the tangle of waterways, boats, tropical fruit and delicious food of the Mekong Delta in Vietnam. Sceptics had to eat their words – two months and 2300km after leaving Jinghong we reached the South China Sea on August 27, 2004. Wahoo!

Jeph was team doctor and the whole team appreciated support from the Christchurch Hospital Emergency Department with medical kit equipment as well as availability for advice 24/7.

Thanks! It was great to have the support of Community and Public health staff in many ways – not the least in releasing me to do the expedition. A big thank you to SPARC for the idea and support throughout. We hope the Mekong adventure has inspired others to get out and get active.

For more details and our expedition diary see [www.sparchillaryexpedition.org.nz](http://www.sparchillaryexpedition.org.nz)

# Adolescent Dental Health Project

Although the data from the Adolescent Dental Health Project won't be in until the end of the year, the anecdotal evidence indicates an increase in the number of adolescents accessing dentists in Canterbury. The news has thrilled Canterbury health officials and caught the attention of District Health Boards around the country.

The Canterbury, South Canterbury and West Coast District Health Boards were the first to work together to develop a project and model a campaign targeting the dental health of 13 – 17 year olds. Supported by funding of \$1 million from the Ministry of Health for the Adolescent Oral Health Co-ordination Service, the Canterbury District Health Board has been sending out the message that no matter where you're at – high school, course, work or on the couch – you can receive free dental treatment and care until you're 18 by simply enrolling with a dentist who provides this service.

Although adolescent dental care up to the age of 18 has been free for several years, fewer and fewer teenagers are accessing the service. Statistics from the Ministry of Health show the rate of teenagers transferring to a dentist after leaving primary and intermediate school drops to only 63%. As a result, many young people are showing up at the dentist after they turn 18 needing a lot of work done, all of which costs.

This latest pilot, however, is proving so successful in Canterbury that Health Promoter and Project Co-ordinator Victoria Slade

says the model is being picked up by other District Health Board's around the country. 'Compared to some programmes that are really dated, we've developed something that is refreshing. Nelson, Auckland, Wellington and the Central North Island have all seen how well its working here and have asked for the posters and other promotional material, including TV advertising to take back to their regions.'

Victoria says the key to the success of the project has been making the effort to be youth friendly and establishing relationships with those within communities who suffer the worst oral health. Along with TV and radio adverts, the Canterbury District Health Board has designed a pocket-sized pamphlet aimed at the teen market. With brief hints on how to test for bad breath (98% poll for the biggest dating turn-off!), and an explanation for why dental clinics smell strange to the three-step enrolment process, the message is clear – It's Free and It's All Good!

'We are hearing that more and more teenagers are going to dentists saying they didn't realise the service was free. Health initiatives are about changing people's perceptions so it sometimes takes a while for the message to get through, but there has been such great support for the concept and people love it, that we are confident the promotion will go a long way to helping the Ministry of Health meet its targets for good adolescent oral health,' says Victoria. [Victoria.slade@cdhb.govt.nz](mailto:Victoria.slade@cdhb.govt.nz)

## Canterbury District Health Board Moves Towards Becoming Totally Smokefree

The deadline is nearing for the implementation of the Canterbury District Health Board's policy on smoking. From October 31 2004, all staff, outpatients, visitors, contractors and students will have to smoke off site at all its facilities.

Inpatients will be designated special areas where they can smoke but this will only be until the end of October 2005 after which all areas will be totally smokefree.

Canterbury District Health Board Smokefree Co-ordinator, Dawn Gourdie, says staff surveys and community consultation groups have shown overwhelming support for the Canterbury District Health Board's proactive approach to making the environment smokefree. 'Over 80% of staff are supportive of the policy going ahead so it's been positive all around.'

Dawn says the Canterbury District Health Board's focus has been to take a broader systems-based and supportive approach. 'If you want public health gain at the end of the day, you can't just put in a policy that says 'don't smoke here'. You have to also be proactive and put in place education and support services which aim to reduce exposure to first- and second- hand tobacco smoke.'

'We have organised signage for the entrances of hospitals and entrances of all Canterbury District Health Board buildings and designed posters, brochures and information leaflets for distribution throughout Christchurch. We are planning an extensive media campaign for October to inform the community about what's happening.'

Other initiatives include setting up systems which will encourage staff to ask questions about people's exposure to cigarette smoke; for instance, whether the patient smokes or if there is second-hand smoke in the home from a care-giver, spouse or parent. This will enable staff to provide brief intervention and talk to patients about opportunities for cessation. Staff training in brief intervention and smoking cessation will be readily available.

'At the same time,' says Dawn, 'we are going to look at the development of a pilot programme, initially in the area of cardiac respiratory care, where we can optimise people's opportunities to access cessation services by developing close links with the primary care sector at the time of discharge.'

The Canterbury District Health Board will employ a cessation practitioner whose primary role will be cessation support to Canterbury District Health Board staff but they will also be available to support staff with patient education and referral processes to cessation services.

Christchurch Women's is changing its booking forms so that all mothers who are pregnant and smoke, and therefore considered high risk, will be referred to the Education for Change service for a first assessment. Dawn says it's a targeted service which aims for cessation but otherwise encourages mothers who smoke to change their behaviour; for instance, smoking less or going outside to smoke.

Mental health services face a challenging time as they look for ways to provide smoking cessation to long-term patients for whom smoking has just become a way of life. 'They have already done wonderful programmes on weight loss and physical exercise and are looking to link into these successes,' says Dawn. Other opportunities will become available to people in the community, who have mental health problems as well as long term nicotine dependence, through a planned research programme.

According to Dawn, many people have said they don't know what to do or how to treat someone who is grumpy or maybe just needs support because of nicotine withdrawal. 'Just support them the same as you would someone who has had other difficulties such as a loss,' she says. 'Most people are aware that it is difficult to quit smoking – even more so those who have already been through the process.'

'One of the keys to quitting smoking is to ensure there are good support networks around the person who is in the process of quitting. As friends, family and colleagues who care, we want to be able to make it as easy as possible for others to achieve their goal of becoming smoke free.'

Dawn has collated some simple tips for friends and colleagues to use to help someone quit smoking. Here are a few, but a more comprehensive list is available from Dawn.

- Be sincere and non-patronising – don't smother or overdo concern.
- Everyone is different, so be sensitive to the individual's needs and preferences.
- Do not keep asking the person how it is going.
- Be positive and stay positive; provide encouragement even when the person slips up.
- Do not criticise or judge the person trying to quit.

- Remind the person why they decided to quit and what benefits they foresaw at the time.
- Help the person to keep occupied; perhaps take a walk if it is appropriate.
- Support them to use low calorie snacks, e.g. fruit and vegetables, glasses of water.
- JUST BE THERE.

For further enquiries about help to quit smoking, contact Dawn Gourdie, Canterbury District Health Board Smokefree Co-ordinator, Community and Public Health, P.O. Box 1475, Christchurch or phone 379 9480, ext 762 or email dawn.gourdie@cdhb.govt.nz

## Christchurch Heart Health Receives Funding

Five Christchurch heart health research projects were among 27 grants awarded nationally in the July funding round of The National Heart Foundation of New Zealand.

In fact, heart health research received a total of \$2m this time – the largest amount the foundation has ever awarded to research in its 36-year history.

The foundation's Scientific Advisory Group gave out 10 project grants, 11 fellowships (including one to Christchurch's Dr James Blake), two small project grants, one grant-in-aid and three travel grants.

Christchurch Hospital's Lipid and Diabetes Research Group directed by Professor Russell Scott received \$107,560 for a year to continue its work looking at the interaction between Coenzyme Q10 and cardiovascular disease treatment.

The team of researchers comprises Dr Chris Florkowski, Ms Jo Young and Professor Scott.

'We hope that this research will determine whether the known effect of Statins lowering CoQ10 molecules in the body adversely impacts the maximal potential of Statins to reduce cardiovascular events,' said Professor Scott.

'The study will also explore the role of CoQ10 on Statin-related muscle side effects and whether supplementation of CoQ10 can improve or even eliminate these effects.'

'The Heart Foundation's support has facilitated our continued research into this important project.'

Another grant of \$190,000 for three years was awarded to Dr Christopher Charles and Dr David Jardine from the Christchurch Cardioendocrine Research Group at the Christchurch School of Medicine and Health Sciences for their research investigating cardiac nerve activity.

'Our study will look at how nerve signals to the heart change during a heart attack and how the nerve signal is affected by drugs,' said Dr Jardine.

'These experiments require the services of skilled, full-time technicians and, without Heart Foundation funding, this would not be possible.'

Professor Peter George from the Canterbury Health Laboratories and Dr John Lainchbury from the Christchurch School of Medicine and Health Sciences, University of Otago, also received grants.

Professor Evan Begg, also from the Christchurch School of Medicine and Health Sciences, received a small project grant for one year.

Professor Norman Sharpe, the Heart Foundation Medical Director, said the significant funding the foundation gave to New Zealand research reflected how important it believed research was.

'We cannot rely on overseas studies alone, as we need to conduct research that is relevant to New Zealand's particular population needs, maintain the ability to critically evaluate overseas findings and contribute to the development of a scientifically critical workforce in the field of heart health care.'

He said such activity had a direct effect on the quality of heart health care available across the spectrum of prevention and treatment, and could also assist good decision making to ensure the health system worked most effectively.

'This research money will benefit the heart health of all New Zealanders now and in the future. As the Heart Foundation is a charity, this contribution could not have been made possible without the support of the donations and legacies which we receive.'

## New Pharmacists/Canterbury District Health Board Initiatives

A pilot project has been developed between the new Canterbury Pharmacy Reference Group and the Canterbury District Health Board to look at better ways of reaching and assisting patients who, because of the volumes of medicines they require or their personal circumstances, may be at some risk of mismanaging the way they use their prescriptions.

The Canterbury District Health Board has made a commitment to fund the medication management services that are refined by the project. It is expected that such services will ensure patients in need receive the benefit of community pharmacy skills which will contribute to improving their health and wellbeing.

At the same time the Canterbury District Health Board has been working with the Pharmacy Guild to improve the management of pharmaceutical waste collected by community pharmacies. The District Health Board recently commissioned the Guild to run a data gathering project which identified what is wasted and how it is destroyed. This has enabled us to look for ways in which prescribing habits can be modified or changed which will minimise waste. As a result an excellent disposal process has been introduced which is now funded by the Canterbury District Health Board.

# 198 Youth Centre

Nine years on, the Youth Centre at 198 Hereford St is going from strength to strength. So much so that, according to Chris Woods, Chairperson of the Youth Health Trust, over 1,400 clients have visited the centre in the past eight months, stretching its resources to capacity.

Speaking for himself and Youth Health Specialist Dr Sue Bagshaw, Chris says, 'We knew when we started the Centre that it would be successful, as there was a definite need for services targeted directly to the city's youth.'

Latest figures show that from August last year to May 2004, 1,400 clients made over 5,200 visits to 198 Hereford St for everything from advice on sexual reproductive health, to budgeting and counselling.

The number of female clients (990) is higher than the number of males visiting the clinics (415) for reproductive health services. Officially, the Centre takes youths between 10 and 25 years of age, but the biggest user of services is the 18 – 20 year bracket.

Chris says it's interesting that the number of Maori and Pacific Island youths attending the Centre is much higher than the population average. 'We believe it's because we offer a service that is inclusive. Confidentiality is respected and really important to us.'

Manager of 198 Youth Health Centre, Pam Wheeler, agrees that the Centre has gained a reputation for being a safe place for

young people to go. 'Our clientele has grown largely through word of mouth and that's because it's a place where young people can feel comfortable and trust that their privacy is respected.'

Pam and Chris also attributed the growth of the Centre to the fact that services have remained free and they have young people fronting the service as peer supporters. 'People are working here because they like and care about young people,' says Chris.

The Youth Health Centre is a primary health service and has a staff of about 11 professional health workers, which includes a mental and social work team. 'When someone comes in,' says Pam, 'they are referred to the most appropriate person – it's one place they can come and get all of their needs met.'

One downside to the growing demand is that the Centre cannot take on any new clients. It is however looking to employ another doctor one day a week to enable more youths to be able to register. 'Unfortunately, we have to turn people away on a daily basis,' says Chris.

Interestingly, some of the phone calls they get come from parents, says Pam. 'Parents are phoning to say 'my son or daughter needs help and what can we do?' So we are beginning to be seen as a resource

that can help with problems. While we do encourage our clients to talk to their families, we are very clear about where our boundaries are and who we are here for.'



198 Nurse Emma Maguire answers the phone at the Youth Health Centre.

# Alzheimer's Study

An estimated 38,000 New Zealanders have dementia and it is estimated that 8 per cent of adults over the age of 65 are affected. Between 1,000 – 2,000 people will be diagnosed with Alzheimer's every year and, while science understands the disease is the progressive decline of a particular region of the brain, the underlying mechanisms leading to this decline are still very much a mystery.

Alzheimer's was first described by German neurologist Alois Alzheimer as a physical disease in which proteins form plaques and tangles in the brain leading to the death of brain cells. Linked in with this is the shortage of certain chemicals that scramble the transmissions of messages within the brain. Gradually more parts of the brain are damaged and symptoms become more severe.

The most common symptom of early Alzheimer's is short-term memory lapses. As the disease progresses, sufferers will have increasing difficulty managing complex or new tasks, language and comprehension skills will decrease and they will undergo personality and emotional changes. They can experience increasing frustration and a sense of loss and anxiety, which often sees them withdraw from their usual activities and social interactions.

Getting a diagnosis as early as possible is vital for the person concerned and their family in terms of accessing the latest in available drugs, planning for the future, setting up support systems and identifying sources of advice.

However, there is no straightforward test for dementia and a diagnosis is usually made if tests rule out thyroid problems, vitamin deficiencies, anaemia, poor blood oxygenation, metabolic upsets, brain tumors or cerebrovascular disease.

While there is currently no cure for Alzheimer's disease, an increasing number of drug treatments are available that can improve the symptoms or hold back the progression of the disease. The key to finding a cure however is ongoing research.

Heading new research is a team led by specialist physicians Dr Nigel Gilchrist and Dr Jeff Kirwan. Based at Princess Margaret Hospital, Dr Gilchrist says this newest study is part of an

international project to test the effectiveness of a new medication.

'It's a new compound that acts like a substance called neurotrophin. It appears to improve and enhance the effects of factors such as nerve growth factors and brain-derived neurotrophic factors. It's different from current therapies which are principally cholinesterase inhibitors.'

Dr Gilchrist says while previous research with this medication indicates it is well tolerated with no significant side effects, those studies were mostly focused on finding the correct dose that would produce an effect but not cause side effects.

This latest study will be researching what is hoped will be an effective dose. The team is looking for between 12 – 15 volunteers to take part in the study who have either never had treatment for Alzheimer's or who have been on treatment which hasn't been effective.

'There are certain criteria which will need to be met,' says Dr Gilchrist. 'We are not looking for people who have mild cognitive impairment; we are looking for people with mild dementia which is normally characterised by a score of less than 27 in the mini mental status exam. Subjects will have a full physical and CT scan, as well as appropriate blood tests and cardiograms, and will be seen regularly throughout the study. Those who enter the study will receive study-related medical care.'

Dr Gilchrist says an important issue in this study is the involvement of the caregivers/partners. 'People with memory loss impact quite significantly on partners as partners have to do more and more for them. So the outcomes of the study will not only measure memory and individual function of patients, but also check on the impact of the memory loss on caregivers. Their responses will be recorded in a set of questionnaires.'

Dr Gilchrist says the research study has received approval from the Ethics Committee and is already underway in Christchurch and Auckland. 'Preliminary studies of this new class of medication are very encouraging,' he says.

## Is it Alzheimer's Disease?

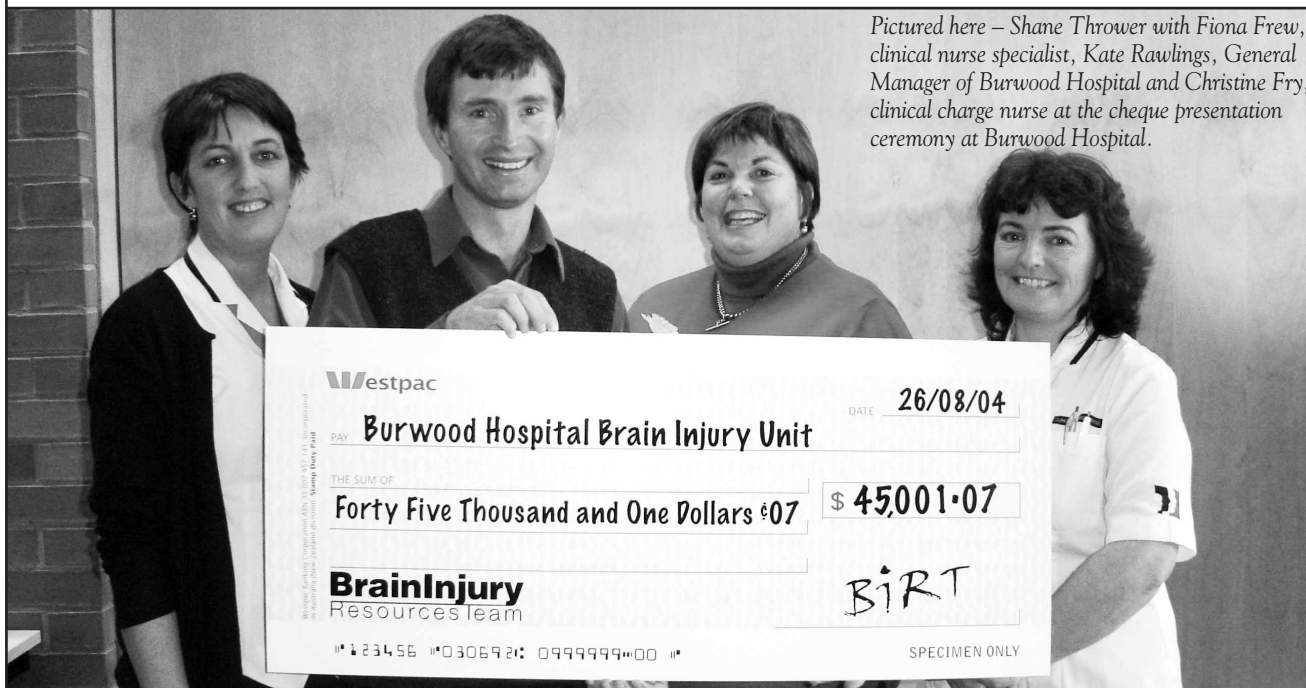
Forgetful?  
Misplacing things?  
Think you need a memory test?

If the answer is 'yes' for you or somebody you know, call us for an information pack today. You may be eligible to take part in a research study of a new medication for Alzheimer's Disease. Screening for participation includes memory testing, and those who enter the study receive study-related medical care.

For more information contact Rachel, Pat, Marie, Penny or Alli on 03 337 7821 or email [enquiries@gm-research.org.nz](mailto:enquiries@gm-research.org.nz).

This research is being conducted by Dr Nigel Gilchrist and Dr Jeff Kirwan at The Princess Margaret Hospital.

## Donation to Burwood Hospital



Pictured here – Shane Thrower with Fiona Frew, clinical nurse specialist, Kate Rawlings, General Manager of Burwood Hospital and Christine Fry, clinical charge nurse at the cheque presentation ceremony at Burwood Hospital.

Shane Thrower is a multisport enthusiast, a recovered brain injury patient, and a self-described 'giver'. The 36-year-old graduate student at the Christchurch College of Education has presented the Burwood Hospital Brain Injury Rehabilitation Unit with a cheque for \$45,001.07, in gratitude for the specialist care he received during the four months he spent in the unit after a cycling accident last year.

'Lying in hospital, you're taking all the time while people look after you, but I'm a giving person and it made me feel embarrassed that everything was centred on me.'

'The team at the Brain Injury Unit was phenomenal, the support they gave me was amazing, and one day I came up with the idea of a quiet room – a place where patients or caregivers and families could go and just be quiet; somewhere really lovely.'

As he walked out of the unit after his recovery he told his startled nurse: 'I'm going to change this place.'

And he has. Shane sent a \$500 deposit off to the Grand Chancellor, a booking for a dinner and auction he expected would attract 250 people. But he had not taken into account his sporting networks, nor the passion of his friends, in particular 'four aunts' who simply picked up the idea and ran.

The dinner, on July 10, saw 440 attend, and \$45,000 was raised for the new space at the Brain Injury Unit. It also brought about heightened awareness of brain injury for all present, and highlighted the work done at Burwood.

Kate Rawlings, General Manager of Burwood Hospital, paid tribute to Shane's determination, in his recovery and in his fundraising efforts for the Brain Injury Unit.

'Burwood is principally known for its spinal unit and one of our quiet achievers is our brain injury unit, so it has been wonderful for us to have this recognition.'

Clinical nurse specialist Fiona Frew said Shane's gesture 'had done wonders for the team and raised the profile of our work – it has just been amazing what he has accomplished.'

'Brain injury affects not only the patient but whole families and groups of friends. The support of these people is a key to help the patient reach their potential,' she said.

Shane told the celebration in the Burwood Hospital foyer that his vision for the quiet room in the unit included 'an amazing environment with inspirational paintings, music, IT equipment, lovely lounge chairs and couches and books.'

But none of it, he insisted, would have been possible without his 'amazing group of friends.'

'They've been absolutely wonderful.'

Donations are still coming in.

Now back on track with his studies, Shane will graduate in November as a secondary school teacher and wants to teach disadvantaged students.

## Update of Pharmacy Contracts

This month, all 111 Canterbury pharmacies signed contracts with the Canterbury District Health Board, thus ensuring continued and full coverage of community pharmacy services in our region.

The Canterbury District Health Board's Manager, Funding & Provider Relations, Terry Mitchell, says the District Health Board thanked the pharmacists for the professional manner in which they approached contract discussions this year. 'As a result of these discussions a significant change has been made to the Pharmacy Services Agreement in Canterbury, which allows for a regular review of the terms of this contract in the event of any significant changes in the sector.'

The Canterbury District Health Board is also supporting the long-awaited review of the Community Pharmacy Procedures Manual. The national review gets underway this month and pharmacists will be strongly represented in the review process.

In addition, Terry says the Canterbury District Health Board has also signalled its commitment to purchasing new pharmacy services in 2004/05 through the introduction of a Medicine Management Pilot starting this month. This pilot targets new clinical pharmacy services to 'at risk' patients living in the community. The District Health Board will invest \$1.2 million in these new services in the current financial year.

## Lipid and Diabetes Research Group

The Lipid and Diabetes Research Group is an independently funded research group based at Christchurch Hospital and the Christchurch School of Medicine. The group was established in 1985.

It is currently seeking volunteers for studies using a new tablet to treat diabetes. This medication is not currently available on prescription from a doctor. The group is looking for people who want to improve their diabetes control. Participants will also receive a complete medical review including an ECG (tracing of your heart), and dietary advice. Please see below for contact details.

## Do you have Type II Diabetes? Are you aged between 18 and 78 years?

You could be eligible to participate in a clinical trial being run by Professor Russell Scott at the Lipid and Diabetes Research Group.

If you are interested, please contact Maree Collier at Christchurch Hospital 364 1374 or e-mail [maree.collier@cdhb.govt.nz](mailto:maree.collier@cdhb.govt.nz)

# Profile – Debbie Hockley: Working for Amputees

Finding ways of delivering the best possible care and gaining the best outcomes for amputee patients has been the recent focus of Canterbury District Health Board Physiotherapist Debbie Hockley.

Debbie works part-time at Princess Margaret Hospital's Riley Day Hospital. She has also been working on a project designed to look at best practice guidelines for amputee management within the Christchurch area.

Her work has been made possible by funding from the New Zealand Artificial Limb Board, which was keen to support a research project that benefited amputee patients. 'What the funding has allowed me to do is look at what is currently happening with amputee treatment and to troubleshoot to see if we can improve our service,' says Debbie.

During her 15 years as a physiotherapist, Debbie has developed a special interest in amputee rehabilitation. Her 10 years spent working on Ward 1A at Princess Margaret gave her a unique insight into the extra challenges that face elderly amputee patients.

'Most of the patients came into Princess Margaret with really no idea of what to expect after their amputation. It's a major thing to happen in their lives and it seemed they weren't getting the kind of attention that other groups of patients were. For instance there are diabetic nurse educators, palliative care nurse and stoma therapists but as a group, I felt elderly amputees weren't getting the amount of attention they deserved.'

'For amputees, rehabilitation is a very involved process, and there is a lot to do because their lives have become so different. One crucial difference is that for a younger person who loses a

limb, they are more easily able to get up and about on crutches, whereas about 99% of the older patients are wheelchair bound until they get a prosthesis. So that makes things like accessing their house, getting around in the kitchen or accessing the toilet much more difficult.'

Part of the project has involved focusing on increasing amputees' awareness of the support available to them. 'We have done a lot of liaison with the Amputee Society of Canterbury and Westland. They provide amputees who go and visit new amputees so they can talk with and see someone who has an artificial limb. The visitors also encourage and inspire the new amputee in their rehab and that's a really important aspect.'

Debbie's project has also ensured further development in offering of grief and loss counselling to the amputee and their family, which is usually managed by the social workers.

With three months of the project left, Debbie has welcomed the increased awareness of amputee treatment at both Christchurch Public and Princess Margaret, from the vascular team to nursing staff through to physiotherapists, occupational therapists, social workers and consultants at PMH.

'We've had a range of consultations and been able to raise the awareness of the issues that surround amputee rehab. I believe when I finish the project that we will have built on what currently happens and developed a more comprehensive rehab service for amputees.'



# Art Exhibition Part of Bye Bye Project

A novel art exhibition of works celebrating the lives and experiences of women in Canterbury is planned as part of the Bye Bye project to mark the leaving of Christchurch Women's Hospital.

The exhibition will be officially opened in the Great Hall of the Arts Centre on November 18 to an invited audience, and will then be on view for the general public throughout the following weekend.

Individuals or groups will be able to buy paintings, which they can then donate to the new Christchurch Women's Hospital.

Alternatively, people will be able to buy paintings for their own use, with part of the commission being put in a pool for funds for art in the new hospital.

Subjects and themes such as women's changing bodies, new babies, trees and flowers of Hagley Park, children playing, home life and family, friendship and outings to the country are a visual record of much which we hold dear and familiar and, as such, appear frequently in the art work of the region's practising artists, says Marcy Craigie, Canterbury District Health Board arts advisor.

'We are hoping that the artworks exhibited and purchased will form the core of this special art collection at the new Christchurch Women's Hospital.' She says many artists and CWH staff have already contacted her with ideas and suggested artworks.

'We are working through these to create a portfolio of representative work which reflects our common and individual experiences as women of the region.'

'The artworks chosen must also complement the architectural design of the building and the special patient populations of each individual service.'

She says she hopes the rich diversity of tastes and experiences of Canterbury's multi-cultural society will be reflected in the scope of works provided for wards and waiting rooms throughout the building.

Larger works for the main public areas are sought. 'There are also two exciting projects on the drawing board now which we hope to fund through the proceeds of private sales at the exhibition. One is a hanging sculpture at the entrance to the new CWH and the other is a commissioned rug-wall hanging for the feature wall in the Outpatients' Waiting Area on the ground floor.'

Any individuals or groups who may be associated with the new hospital as 'users' and who are keen to be involved in providing an artwork for consideration by the art committee, should contact Marcy at 364 0168.

# Child Health and Wellbeing

The Canterbury District Health Board has just released its Child Health and Disability Action Plan/Mahere o te Hauora Tamariki me te Hauātanga (2004–2007 and beyond.)

Child Health Project Manager Linda Goodwin says child health is a priority for the Canterbury District Health Board. 'The focus of the plan is on children aged between 0 – 14 years of which there are an estimated 86,000 in Canterbury including approximately 11,000 tamariki, 2,500 Pacific children and 3,500 Asian children.'

Linda says several actions are underway, including:

- Working in collaboration with those involved in Strengthening Families to develop an outcomes framework that focuses on how well collaborative case management is working for all of those involved.
- Scoping a housing project with involvement from Work and Income and Housing New Zealand.
- Undertaking a pilot project to improve child health gains within the Early Childhood Centre's setting.
- Completion of a child and teenage demographic profile report of the Canterbury District Health Board area.

Work on the plan began last year after the Canterbury District Health Board formed a Child Health Strategy Group represented by key stakeholders. Linda worked closely with this group and with a range of people involved in children's health to develop an action plan that provides a clear pathway forward to improve the health and wellbeing of children in Canterbury.

'The action plan,' says Linda, 'has an emphasis on the importance of prevention and early intervention actions, and takes into consideration the broader determinants of health and wellbeing such as housing, education and income. The action plan includes projects that will reach children and families that are at a higher risk of poor outcomes and who will benefit the most from prevention initiatives and early intervention actions.'

The plan lists ten key child health priorities that will be focused on in the short to medium term. They include access to services, child health information, hearing, immunisation, injury prevention, mental health, nutrition and physical activity, oral health, parenting and smoke-free environments.

The plan also acknowledges there is a small but significant number of children who have high health, disability and/or support needs, either as a result of a one-off illness or due to ongoing chronic illness. Therefore, the child health actions focus across a spectrum – from health promotion at one end through to tertiary health services.

Linda says the plan is intended as a catalyst for action and to guide the development and delivery of services to children. Central to its success will be the collaborative and co-operative work by child health and disability stakeholders across all sectors.

'The challenge that lies ahead is ensuring the key stakeholders are involved with the many different actions outlined in the plan. A central focus will be on making a significant difference for children and their families for the better,' she says.

To ensure progress towards improving health and disability outcomes for all children in the region, the Canterbury District Health Board is inviting ongoing critique, feedback and discussion on the plan, which will be monitored and reported upon annually.

If you would like to know more about the work undertaken by the Canterbury District Health Board for children, please contact:

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**Canterbury**

District Health Board

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