



## **This Issue in the Journal**

### **Complementary and alternative medicines (including traditional Māori treatments) used by presenters to an emergency department in New Zealand: a survey of prevalence and toxicity**

T Nicholson

A survey of 1043 people presenting to the Emergency Department at Waikato Hospital was undertaken to assess their use of complementary and alternative medicines (CAM), including traditional Māori therapies. 1 in 3 people had used CAM, and use was more likely in females, those aged 20–60 years, and those of European ethnicity. Few people told their medical practitioners about using CAM, and over a quarter (25.9%) had simultaneously used conventional medicines with their CAM. Most people believed that CAM had been beneficial, and only 4% reported adverse effects from their use.

### **Antibiotic use for upper respiratory tract infections before and after a education campaign as reported by general practitioners in New Zealand**

L Sung, J Arroll, B Arroll, F Goodyear-Smith, N Kerse, P Norris

This study reported changes in GP perceptions of antibiotic use for the common cold from 1998 to 2002. This spanned the campaign run by PHARMAC (*Wise Use of Antibiotics*) which was accompanied by a 30% reduction in antibiotic usage over those 5 years. The GPs reported that they were less likely to prescribe antibiotics for patients with the common cold. They also reported that patients were less likely to expect an antibiotic for the common cold.

### **Public views and use of antibiotics for the common cold before and after an education campaign in New Zealand**

M Curry, L Sung, B Arroll, F Goodyear-Smith, N Kerse, P Norris

This study reported changes in public perceptions of antibiotic use for the common cold from 1998 to 2002. This spanned the campaign run by PHARMAC (*Wise Use of Antibiotics*) which was accompanied by a 30% reduction in antibiotic usage over those 5 years. Members of the public reported that they were less likely to see a GP for their colds and that if they did they were less likely to receive an antibiotic.

## **How many antibiotic prescriptions are unsubsidised in New Zealand?**

P Norris, S Funke, G Becket, D Ecke, L Reiter, P Herbison

Only some prescriptions are subsidised by the New Zealand Government. Whether a prescription is subsidised depends on the medicine, the patient, and the quantity of medicine prescribed. Because unsubsidised prescriptions stay in pharmacies and are not sent to any central agency, it is impossible to know how many there are. This means we do not know how much people are really paying for medicines, or how many medicines are being used. This study compared information from pharmacy computers in one town, with records of subsidised prescriptions from the same pharmacies. We found that only 64.4% of prescriptions for antibiotics were subsidised, and we developed a method to estimate the number of unsubsidised prescriptions.

## **Patients consulting outside of funded practices within primary health organisations: implications for utilisation reporting**

J MacRae, C O'Malley, M Brown

Primary health organisations (PHOs) are tasked with providing primary care services to their enrolled populations of patients. They must also report encounter rates back to health funding agencies. This paper investigates the implications of artificial changes in volumes based on different interpretations of contract definitions and applied methodologies for collecting and summarising the data. Large differences (>25%) in the reported volumes is shown for some categories of patients, including those grouped by ethnicity, age, and deprivation, depending on which reporting interpretation is applied.

## **Inhalant abuse in New Zealand**

M Beasley, L Frampton, J Fountain

Inhalant abuse is predominantly an activity of teenagers, and those even younger can get involved. Currently favoured substances include propane or butane, used as propellants in many products which are inexpensive and easy to obtain. They have been responsible for most recent (investigated) fatalities. We discuss medical management, though this can be difficult, as serious effects can onset rapidly—yet presentation to health services can be relatively late, and there are controversies regarding some aspects of treatment. Efforts towards more effective prevention should be encouraged.