

Southcity in Successful National Consortium

VICFIT, in a consortium with five other lead agencies across Australia, have been successful in the bid to develop and disseminate a national Resource Guide to facilitate the implementation of Lifestyle Prescriptions at state, division, practice, GP and consumer levels. The consortium will develop, disseminate and focus test the resource guide and the associated training and education for divisions of general practice, Aboriginal Medical Services, GPs, their staff and Aboriginal health workers.

The consortium partners are as follows:

- VICFIT (lead agency)
- Centre for GP Integration Studies, University of NSW
- National Heart Foundation of Australia, NSW Division
- School of Health Sciences, Faculty of Health, The University of Newcastle
- Department of General Practice, Flinders University
- Southcity GP Services

Lifestyle Prescriptions are a tool for GPs to use when providing healthy lifestyle advice to patients. Advice may be about quitting smoking, increasing physical activity, eating a healthier diet, losing weight or reducing their alcohol consumption, or even a combination of these.

The overall Lifestyle Prescription Initiative is a part of the Focus on Prevention Package introduced by the Federal Government in the 2003/4 budget. It aims to make it easier for GPs and their practices to encourage their patients to make healthier lifestyle choices by providing a framework for discussing and assessing lifestyle choices with patients, providing written advice and support for patients in the form of a script and referral mechanisms to other providers in the community to support healthy lifestyle choices.

The Resource Guide will contain patient assessment tools, scripts, patient information, evidence and guidelines for use for each of the five risk factors; smoking, nutrition, problem drinking, physical inactivity and obesity. Southcity's main involvement will be input into the problem drinking component, led by Dr Benny Monheit and staff at Southcity Clinic.

Check out our Website

Visit us at

www.southcityclinic.com.au

Southcity Clinic's website has details of the programs we offer as well as useful clinical information—have a look today...

Autumn 2005

What's Inside

Barbara Streisand and Cortical Dysfunction	2	Substance Related Brain Injury	3
SPIN Topics to June 2005	3	Alcohol and Other Drug Help Available in the South . . .	4

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Barbra Streisand and Cortical Dysfunction



Last week two thought provoking events made me ponder once more on the causes of drug addiction. The first was a lecture, organised by our own division of general practice, given by a prominent New York professor of counselling Dom DiMattia. The other was a scientific paper released in the prestigious international journal *Addiction* on ‘neural disinhibition’ by a Melbourne psychiatrist Dan Lubman and his team from Melbourne University.

The Clinic

The Clinic is a service of Southcity GP Services. It's mission is to:

To provide optimum treatment in the Southern Metropolitan Region of Melbourne for substance dependent people with difficult and complex needs.

To provide effective training, consultancy and support services for health practitioners involved in providing treatment for substance dependent patients.

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Newsletter

Published quarterly by Southcity GP Services (ABN 80 062 573 488), The Alfred, Commercial Road, Prahran, 3181.

Contributions to the newsletter are welcome. Send contributions to dhouseman@southcityclinic.com.au or fax to 9525 7369. Southcity reserves the right to accept, edit or reject material submitted for publication.

For information regarding advertising space and costs call Michael Simone on 9276 3256.

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Web Site

www.southcityclinic.com.au

Call the Clinic on: 9525 7399

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Dom DiMattia is a funny guy. He uses humour in his lectures and psychotherapy to help people understand that basically ‘You Cause Your Feelings, Not Others’. In a charming mix of Italian exuberance and New York cynicism he teaches cognitive behavioural therapy skills to health professionals around the world. He explained that our feelings are a response to our thoughts and we can control our thoughts even when we think that bad things will happen to us. Anxiety, he explained is a prediction of doom. Anxious people want relief from anxiety and want it quick. Especially drug users, Dom explained, have a low frustration tolerance and can not accept the uncomfortable feelings associated with anxiety that we all experience from time to time. This low tolerance may be genetically determined he felt. Drug users will try to self medicate with drugs to ease their anxiety. In discussing this with Dom after the lecture he advised that we should try to get drug users to accept their level of anxiety. This is hard work, takes time and ‘lots of homework’ on the drug user’s side he advised.

One other pearl from Dom: We should sue Barbra Streisand for false advertising in her song ‘People who need people are the luckiest people in the world’. This is not true according to the Professor. If you need people to feel happy you are in trouble. The luckiest people in the world are those who like people, but don’t rely on them for their happiness.

A different explanation on drug addiction was offered in Lubman et al’s article ponderously entitled: *Addiction, a condition of compulsive behaviour? Neuroimaging and neuropsychological evidence of inhibitory dysregulation* (*Addiction* 2004, 99 1491- 1502).

The authors postulate that drugs of abuse not only affect the brains natural reward system (which is dopamine based), but also cause a dysfunction in the brain’s inhibitory pathways which inhibit repetitive maladaptive behaviours. Sophisticated brains scans, including MRI and PET scans, have demonstrated abnormalities in key frontal cortical areas involved in self regulation, especially the anterior cingulate cortex and the orbitofrontal cortex. Interestingly, these brain changes found among drug users were also seen on brain scans of patients suffering from Obsessive Compulsive Disorders, a condition which also involves a breakdown in inhibition of repetitive behaviours such as compulsive hand washing. The authors also suggest that the newer pharmacotherapy agents such as acamprosate and naltrexone may achieve their improved decision making processes for drug abstinence and anticraving activity by improving the brain’s inhibitory function.

Putting these divergent theories together is a challenge. But Professor DiMattia acknowledges that genetic factors somehow make the brain of drug addicts different and Lubman’s group acknowledge that even with the brain changes, people do not become “automatons”. So free will still exists, but is impaired in these individuals. Is this just another example of the biopsychosocial explanation for drug addiction?

Dr Benny Monheit—Medical Director

Learning in Small Groups

To assist GPs with their point requirements for the RACGP, Southcity Clinic has put together a formal small group learning activity to value add to our Journal Club/Case Discussion education evenings. This provides GPs with the opportunity to acquire Category One points.

Our small group cycle fits well with the Journal Club/Case Discussion sessions that the clinic has been running for the past two years.

Ten GPs expressed an interest joining the clinic's first small group. The planning meeting was held in late February where the topics for the year's meetings were decided (see box for dates and topics). They have committed to attend a minimum of eight hours of small group activities, followed by a review meeting to be eligible to obtain the 30 category 1 points.

You don't have to be part of this formal small group to attend Journal Club sessions. If any of the advertised topics appeals to you, please feel free to attend as many as you like.

There will be a greater case discussion component this year, so if one of the topics interests you, feel free to bring along a case vignette for discussion on the date of your chosen topic.

To register for any of the sessions call Dahni Houseman on 9525 7399.

SPIN Topics to June 2005

Tuesday 5 April
Hepatitis C in substance using populations.
Prof Nick Crofts—Turning Point Alcohol & Drug Centre

Tuesday 3 May
Escape or lifestyle? Drug use, Homophobia and Sexual Diversity in Young People.
Dr Lynne Hillier—ARCHS, LaTrobe University

Tuesday 7 June
Domestic Violence and alcohol
Brenda Strudwick—Salvation Army Inner South Domestic Violence Service

Journal Club/Case Discussion Dates for the remained of 2005

Please note date changes; these meetings are now held on the second Thursday every second month:

Thursday 12 May
Adolescent alcohol and other drug use and prevention

Thursday 14 July
Child protection: helping the child and the parent

Thursday 8 September
Depression: are we here to make our patients happy?

Thursday 10 November
Addicted doctors

Substance Related Brain Injury

Large enough quantities of alcohol, benzodiazepines, cannabis or solvents over a long enough duration have the potential to cause related brain injury. This was one of the points raised at a SPIN meeting held in early March. Martin Jackson from La Trobe University and ARBIAS spoke at length on a variety of different substances which have the potential to cause serious brain injury, followed by Mandy Philactides of SEADS who went on to discuss the task of the health professional in working with this client group.

Substance related brain injuries affect many different parts of the brain. The extent of the affect/injury varies depending on the substance and duration of use. Commonly affected areas of the brain include the cerebellum, hippocampus, hypothalamus, brain stem and the frontal lobe.

Alcohol related brain injury is a physical injury to the brain sustained as a result of heavy alcohol consumption. It affects people in one of two ways: thinking, emotion and behaviour and physical movement.

It is not the same as having an intellectual disability or a dementia. Some of the major medical complications that may arise are cerebellar ataxia, peripheral neuropathy, head injury, seizures, Korsakoff's psychosis and Wernicke's encephalopathy. Alcohol related brain injury syndromes are

divided between memory impairment syndromes and those which affect executive functioning.

Brain injury was also briefly discussed in relation to benzodiazepine, cannabis and solvent use. Although there are variations in the way the brain is affected, brain injury caused by these substances still affects similar areas of the brain to alcohol related brain injury.

Recommendations for treatment were then broken down by problem and strategy for a number of differing effects. These included:

Memory

Problem—forgets what they are supposed to do.
Strategy—write things down, give prompts or reminders just prior to the activity (for example, a phone call), go and get them.

continued overleaf...

Alcohol and Other Drug Help Available in the South

There are a number of different alcohol and other drug (AOD) services throughout the southern metropolitan region offering a range of services. The key to matching the most appropriate service with your clients/patients needs is asking the right question.

Below is a list of five statements or questions which you may have heard or been asked accompanied by a short list of service options:

'I need to talk to people who have been there themselves'

- Alcoholics Anonymous 9429 1833
- Narcotics Anonymous 9525 2833
- Families Anonymous 9889 8122
- Family Drug Help 1300 660067
- Gambler's Help 1800 156 789

'I want to go on methadone/buprenorphine/naltrexone'

- Directline 1800 888 236
- Southcity Clinic 9525 7399

'I need to talk to a professional about my AOD problem'

- Central Bayside Community Health Service (CBCHS) 8587 0200
- Inner South Community Health Service (ISCHS) 9534 0981
- Southcity Clinic 9525 7399
- The Bridge Program 9521 2770
- Taskforce 9532 0811
- SEADS (counselling) 8792 2330

'I want to get off this stuff'

- SEADS (residential) 9792 0044

- Windana (residential) 9529 7955
- CBCHS (home based/out patient) 8587 7955

'Where could I go to stay after withdrawal?'

- Odyssey house 8341 1600
- Windana 9529 7955
- SHARC 9572 1151

There are many other services available, this is just a brief example of places you may like to start or try.

For further information check out www.southcityclinic.com.au and follow the health professional links to the referral pathways, available for download or call Southcity Clinic on 9525 7399 for a hardcopy (NB: only limited number available).

You may also want to check out 'The Little Purple Book' available for download at www.dhs.vic.gov.au/regional/southern/pdf/Purple_B.pdf. This is put out by the Department of Human Services, Southern Region and has contact details for all AOD services in the SMR.

If you are after information at a statewide level then check out 'The Trace Directory'. Published by Turning Point Drug & Alcohol Centre this book lists all AOD services across Victoria. You will find a copy of the order form at www.turningpoint.org.au/library/catalogue_web.pdf (please note that there is a charge of \$27.50 + postage and handling for this publication).

...continued from page 3

Communication

Problem—understanding what is being said to them.
Strategy—repeat information, speak slowly, visual cues.

Executive

Problem—concrete and inflexible thinking.
Strategy—don't expect them to think of alternatives or change their behaviour, will need you to think of alternatives for them.

And remember for a person to be able to participate in therapy and/or to change their behaviour they need to know that there is an issue and what that issue is, be able to identify triggers and be able to think of a number of alternative solutions, predict the outcome of each solution, decide what action to take, carry out that action, monitor their performance and change their behaviour as required. Big steps even for those of us who do not have substance related brain injuries.

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