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Chronic disease management

■ **Stifling a yawn is sometimes one's first reaction to talk of chronic disease management. While at a student tutorial the other day, I noticed there was a definite glazing over of eyes when the talk turned to care plans and Medicare item numbers. But, what really did engage the students was the discussion that followed on the broad spectrum of exactly what chronic disease management entails.**

We moved from the psychology of how to interest a patient in smoking cessation, to keeping up-to-date with results from the latest big studies and changing recommendations, to looking at disease prevention from a public health perspective. Why is the average dress size of an Australian woman now so different from that of her grandmother? What can we do, as doctors, about changes in society that are threatening to reduce our longevity?

It sounds pretty daunting. Yet, there are simple things we can easily do – look at how seriously our Olympic athletes in Beijing are taking asthma – yet, less than one-quarter of asthmatics have a written action plan, despite good evidence for their efficacy. In this issue of *Australian Family Physician*, we cover four areas of chronic disease management: asthma, diabetes, cancer and depression. In the article 'Asthma management in general practice', Steven Rudolph describes ways in which asthma care in Australia is still not ideal. He discusses tricky issues, such as differentiating asthma from COPD, and describes the tools and evidence based guidelines that are available to help us do it better.

Optimal control of blood glucose, blood pressure, lipids and weight remains a challenge for up to half of patients with type 2 diabetes. In the article 'Challenges in diabetes management', Mark Harris introduces the new AUSDRISK questionnaire for patients at risk of type 2 diabetes. He summarises the recommended targets for metabolic control and the key interventions that will get us there, and describes a more systematic approach to diabetes care in the general practice setting that will allow more consistent implementation for our patients.

At the same time we are getting more clever with cancer care. In fact, cancer survival in Australia is among the best in the world. However, this brings with it the challenge of ongoing care of the cancer survivor, and, as a result, general practitioners are getting more involved in cancer management. We follow the

journey of a cancer patient in Geoffrey Mitchell's article, 'The role of general practice in cancer care'. Among the advances in cancer care are advances in co-ordinating cancer care – with care through multidisciplinary teams improving survival in some cancers. With Australia's aging population there is a rising incidence of cancer and the role of general practice in providing cancer care is expanding. Geoffrey Mitchell describes new tools and resources under development to improve sources of information for GPs and co-ordination with specialist services.

We are also getting better at recognising and treating acute depression. And we are moving to reduce the stigma of this illness in our society. On a recent trip to Melbourne I observed advertisements from *beyondblue* – the national depression initiative, on Melbourne's public transport trams, reassuring me that: 'you are not alone'. But, did you know that more than 75% of patients with depression will relapse or have a chronic course? In their article 'Management of recurrent depression', Cate Howell and colleagues describe current treatment guidelines for depression, risk and protective factors for depression relapse, innovative new work in depression relapse prevention strategies, and resources for the development of a relapse prevention plan.

The principles of chronic disease management: care planning, evidence based practice, patient centred care, clinical information systems, teamwork and community resources, are applicable in various ways to many chronic diseases and health priority areas. They help us deal with the complex detail and changing nature of chronic disease.

As I write this editorial, water has just been discovered on Mars. This is pretty exciting compared to the ongoing care of the patient with a chronic disease. But behind the care plans and item numbers is hopefully a patient whose life can be improved. And we continue to do it better. And that's a bit exciting. (Definitely no yawning!)