Clinical Snippets June 2026

1. GP Wellbeing

The April edition of e-pulse has an article on a group of Canterbury-based clinicians and members of Pegasus Health's Clinical Quality and Education team who have been working together to develop the Sustaining GP Wellbeing toolkit for local GPs. The toolkit includes:

- Evidence-informed, practical actions GPs can take to support their wellbeing
- Information on professional supports available to prevent or alleviate burnout with clear guidance on how to access them
- Ideas for practice owners and managers on fostering supportive, sustainable practising in Canterbury
- Access to podcasts from local clinicians.

This toolkit was created specifically with local GPs to better understand the drivers behind intentions to retire or leave general practice and what could be done to meaningfully support workforce retention. The College is encouraging members to view the Toolkit and says to feel free to incorporate and adapt any ideas, solutions or innovations to suit your own peer groups.

2. Adverse reaction reporting

(i) Best Practice Bulletin 145 included a reminder about use of the BPAC reporting tool. Reporting suspected adverse reactions helps Medsafe and the Centre for Adverse Reactions Monitoring (CARM) monitor the safety of medicines and vaccines in New Zealand. An electronic reporting tool was developed several years ago by BPAC Clinical Solutions, to make reporting adverse reactions easier. Initially, there was good uptake of the tool; since the COVID-19 pandemic, however, reporting using the tool has decreased. This is a timely reminder about the importance of reporting adverse reactions, and the simple way you can do this.

(ii) To access the reporting tool, look for 'Adverse Drug Reaction Reporting' on the modules list on your BPAC Dashboard. Once opened, the tool automatically pre-populates the patient's medical history, recent prescribed medicines and gives the option of including laboratory test results. As vaccines make up approximately one-third of the adverse reaction reports received every year, the tool has been designed with a specific vaccine tab. If the suspected medicine is a vaccine, the tool pre-populates the batch number, the date of administration and how the vaccine was given.

(iii) Once a description of the reaction and other pertinent information is entered, the report is electronically sent to Medsafe. The details of the patient and reporter are encrypted in the

electronic reporting tool and the information provided in the report is only viewed and used by Medsafe and CARM. De-identified information is sent to the World Health Organization (WHO) as part of Medsafe's international obligations. Including your email address in the report will speed up correspondence if Medsafe or CARM have any follow-up questions. If you do not have access to the BPAC Clinical Solutions ADR reporting tool, you can still make an adverse reaction report, e.g. using online New Zealand Adverse Reactions Reporting Form. However, unlike reporting using the ADR electronic tool, patient data will not be pre-populated, therefore this process will take more time.

3. Safety alert: Susceptibility to general anaesthetics

The Australian and New Zealand College of Anaesthetists (ANZCA) has issued a safety alert about extremely rare reports of severe neurological injury following general anaesthesia in certain patients of Venezuelan origin, particularly those with maternal lineage from Venezuela. Evidence is still emerging, but international reports suggest a possible genetic susceptibility, with inhalational anaesthetic agents more likely to be implicated than intravenous techniques and with paediatric patients at particular risk.

Clinicians are advised to take a careful family history where relevant and ensure anaesthesia teams are informed if a patient has Venezuelan maternal heritage and/or a suggestive history of anaesthetic complications in the family history. ANZCA and SPANZA will update guidance as further information becomes available. A patient information sheet is available for potential at-risk patients.

4. Cremation Regulation changes

There have been recent changes to Death Documents to align with the Cremation Amendment Regulations 2026 | New Zealand Legislation. The previous temporary amendment regarding exceptions to requirement to view the body after death is now permanent from 7 May 2026 and has been extended as new Regulation 7A. This reads:

Deaths from natural causes in long-term residential care or specialist palliative care

(1) If this regulation applies, a medical practitioner or nurse practitioner who is required or permitted by section 46B(2) of the Act to give a certificate of cause of death for a death may give a certificate in form BA of Schedule 1.

(2) This regulation applies if—

(a) the deceased was, at the time of their death, receiving—

i. long-term residential care in New Zealand; or

ii. specialist palliative care in New Zealand; and

(b) a health practitioner has identified the body and considers that the circumstances of the death are consistent with the deceased dying from natural causes; and

(c) the medical practitioner or nurse practitioner does not consider that the death is unexpected

Eligibility to specialist palliative care is linked to the service not the setting. Patients under specialist palliative care in the home are included as long as the other criteria apply e.g. natural cause of death and not unexpected. The regulations define specialist palliative care to mean care provided:

a) by 1 or more health practitioners with expertise in palliative and end-of-life care; and

(b) to a person with an advanced and progressive condition that—

i. is life-limiting or life-threatening; and
ii. requires specialist care; and

(c) for the purpose of managing the symptoms caused by that condition

5. Resources

(i) New Return to Work Guidelines for elective surgery

ACC has released new **Return to Work Guidelines for elective surgery**, developed in collaboration with the New Zealand Orthopaedic Association, that cover a variety of orthopaedic procedures. The evidence-based guidelines provide clear expectations for recovery and return to work following a range of common elective procedures, including knee, shoulder, spinal and ligament surgeries. The guidelines are intended to support surgeons' certification practices and conversations with patients, and may also be useful for GPs, employers and vocational providers supporting safe, timely return to work, including modified or graduated duties.

(ii) **Ask Groov**

Ask Groov can be found within Groov, a mental wellbeing app developed in Aotearoa NZ that delivers safe, evidence-informed support and early intervention through an accessible, personalised interface. The app also includes tips, techniques and tools, check-ins, quizzes and courses. You can download the Groov app from the **App Store** or **Google Play**, and find out more on the **Groov website**.

Clinicians report that Ask Groov helps with:

- between-appointment support to maintain patient momentum and embed behaviour – described as “a counsellor until the next appointment”
- guiding “stuck” thoughts or uncertainty about next steps
- promoting faster progress in therapy or self-management
- offering a “healthier” replacement for patients using generic AI tools for therapy support, particularly those with health anxieties
- providing structured support for patients unaware of which tools might be helpful or on offer
- reducing pressure on clinicians
- supporting patients who feel like they have “tried it all”
- prompt engagement with wellbeing-focused content by positioning alongside social media apps

(iii) **Deprescribing guidance**

Australian Clinical practice guidelines for deprescribing in older people that offers class specific advice on when and how to deprescribe including monitoring and management if ongoing treatment is required. The advice is supported by a review of available evidence and is presented as consensus-based recommendations and good practice statements. See the antihypertensive section as an example.

(iv) **SPUMS 2025 Handbook**

The sixth edition of the SPUMS Handbook (guidelines on medical risk assessment for recreational diving) was released towards the end of last year and includes updated diabetes and diving guidelines and evaluation of the paediatric and adolescent diver. It contains useful practical information regarding medical assessment of recreational divers including printable questionnaire and assessment forms and a pro-forma statement for use when counselling divers with diabetes about their diving.

6. That’s interesting

(i) **Buttock shape and diabetes risk**

A recent Medscape Medical News reported on research from the UK using three-dimensional MRI to study how age-related changes in the shape of a person’s gluteus maximus (GM) muscle were associated with an increase in T2D risk over time, and the results differed by sex. The article key point was *Gluteus maximus shape may predict type 2 diabetes risk, with sex-specific differences observed. Men with flatter glutes showed higher risk, while women with rounder glutes indicated increased risk, suggesting varied biological responses to the disease.*

The researchers reviewed data from 61,290 MRI exams in the UK Biobank database. They combined the imaging with data on physical measurements, demographics, disease biomarkers, medical history, and lifestyle factors to explore how sex-specific GM morphology related to body measures and T2D. Overall, a rounder GM was significantly associated with higher BMI, greater alcohol intake, more physical activity, and increased grip strength, while those with flatter GMs were more likely to be older and frailer and more likely to have osteoporosis and spend more time sitting. In addition to the divergent male/female outcomes the researchers also found that people with a larger gluteus maximus at baseline had a substantially lower future risk of developing type 2 diabetes, even after accounting for age, BMI, waist-to-hip ratio, physical activity, and other lifestyle factors. UK Biobank is now conducting repeat scans in another 60,000 participants, due to complete by 2030, and this follow-up will give the opportunity to track how muscle shape changes as people age or modify their lifestyle.

(ii) **Auto-brewery syndrome**

An observational study published earlier this year looked at 22 patients with auto-brewery syndrome (ABS) comparing their gut microbiome with their household partners. ABS, also known as gut fermentation syndrome, is a rarely diagnosed condition in which patients show symptoms of intoxication due to systemic absorption of pathologic levels of ethanol produced by dysregulated gut microbiota. The gold standard for diagnosis consists of a monitored rise in blood alcohol concentration while the patient is in a supervised clinical setting and is typically facilitated with administration of an oral glucose load. Many patients will visit multiple medical centres only to be dismissed as surreptitious drinkers and leave without a diagnosis. These patients often experience consequential complications similar to those associated with alcohol use disorder, including serious family, social and legal problems. A Medscape review of the study noted *using comprehensive metagenomic profiling of the intestinal microbiome, researchers have precisely identified microorganisms and metabolic pathways that can convert the human intestine into an endogenous distillery. The process is triggered by the ingestion of fermentable carbohydrates, including pasta, bread, sweets, and potatoes. Symptoms of alcohol intoxication typically emerge 2-6 hours after a meal. Affected individuals remain asymptomatic during fasting or on predominantly protein-based diets, a pattern that often adds to diagnostic confusion and fuels mistrust among family members and clinicians.* Patient management was performed in a stepwise manner. Limiting fermentable carbohydrates is central to symptom control and, in some cases, is sufficient to maintain remission. Antimicrobial therapy targeting bacterial contributors to ethanol production can be effective and in refractory cases, fecal microbiota transplantation has been described as a therapeutic option, particularly when combined with targeted antibiotic therapy and prolonged follow-up. *The identification of multiple bacterial pathways capable of sustained ethanol production supports the plausibility that chronic low-level endogenous alcohol*

generation, even when insufficient to cause clinically evident intoxication, may contribute over time to the development of metabolic dysfunction-associated associated with steatotic liver disease.