



Department of Health,
P.O. Box 5013,
Wellington.

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CLINICAL SERVICES LETTER No. 172

To Medical Practitioners

(Copy to Retail Pharmacists)

Misuse of Phentermine

We have been informed that some young people, mainly females, have been obtaining prescriptions for phentermine, ostensibly as an aid to weight reduction but in fact for non-medical uses.

Please bear this in mind when you are asked for a prescription for an anorexiant for weight reduction by a youngster who is not known to you personally and who does not appear to be overweight.

Depo-Provera

Although Depo-Provera has been in use in New Zealand for a number of years as an injectable contraceptive and has been approved by health authorities in 69 countries, it should be remembered that it is still under evaluation in others.

In the United Kingdom, Depo-Provera is registered as a contraceptive but is currently restricted to a limited population (women who have received rubella vaccinations or whose husbands have recently had vasectomies).

In the United States, Depo-Provera was approved for use as a contraceptive in 1974 but following suggestions of an increased incidence of carcinoma of the cervix the decision was reversed. The matter has since been subject to review by special advisory committees who have recommended approval as in the 1974 order, but no final decision has yet been published by the F.D.A.

In Australia Depo-Provera is currently available on the National Health Scheme only for gynaecological use.

The Drug Assessment Advisory Committee has recently reviewed usage of the product in New Zealand and is of the opinion that it is of value in this country.

The following points are drawn to practitioners' attention:

- (1) The decision of the Central Medical Committee of the International Planned Parenthood Federation that the alleged increased risk of

cancer of the cervix "is not proven in the light of all the available evidence", can be accepted at this stage. The allegation should nevertheless be kept in mind.

- (2) In view of the possible delays in conceiving after cessation of therapy, use in patients planning an early pregnancy may not be appropriate.
- (3) There has been no specific evidence of long-term effects on infants by progesterone. Small quantities, however, are secreted in the milk and this should be kept in mind when prescribing for lactating mothers.

Tranquilliser Usage in Pregnancy

While not conclusive, some recent studies have pointed to a possible association between the use of minor tranquillisers in the first trimester of pregnancy and an increased risk of congenital anomalies.

The United States Food and Drug Administration have warned that diazepam, chlordiazepoxide, and meprobamate should be avoided in early pregnancy. This decision underlines the necessity to avoid the use of any medicines in early pregnancy whenever possible. There may obviously be cases, however, where the risk of therapy may be considered by the individual doctor to be less than the risks of avoiding therapy.

Gold Therapy and Pulmonary Fibrosis

Attention is drawn to the recognition of pulmonary fibrosis occurring in association with gold therapy.

This is a reversible complication responding to drug withdrawal and treatment with steroids, but is a serious, potentially fatal reaction if not recognised. It is characterised clinically by dry cough, progressive breathlessness, diffuse pulmonary shadowing, and reduced CO₂ transfer factor; and pathologically by lymphocyte and plasma cell infiltration and diffuse interstitial fibrosis.

It is recommended that all patients receiving gold therapy should have a routine annual chest X-ray, and the drug should be withdrawn if pulmonary fibrosis is suspected on radiological or clinical grounds.

Misuse of Drugs Regulations 1977

Regulation 31 (2), Misuse of Drugs Regulations 1977 (as amended by Amendment No. 1 (S.R. 1977/134)) requires that a prescription written on a Practitioners Controlled Drug Prescription Form be presented for dispensing within four days from the date of the prescription. Practitioners should advise their patients of this requirement.

Eligibility for Health Benefits

Several recent correspondents have asked about eligibility of certain patients for health benefits. Under the social security scheme health benefits are available to:

- (a) All persons ordinarily resident in New Zealand.
- (b) New Zealand citizens, who at some time have been ordinarily resident in New Zealand and return temporarily.
- (c) Visitors from the United Kingdom (with the exception of seamen) who are ordinarily resident there.

A person is deemed to be ordinarily resident in New Zealand when he or she resides here permanently or comes to the country with the intention of remaining for a period of not less than TWO years.

Provision exists within the Social Security Act for the Minister of Health to declare any class or classes of visitors to New Zealand, eligible for health benefits. The Minister has, for example, exercised this provision in respect of participants and officials attending such events as the Commonwealth Games and the South Pacific Arts Festival.

A child under 16 years of age is deemed to be a member of the family of whoever is responsible, for the time being, for his care and control. A New Zealand resident would therefore be entitled to health benefits for any child from overseas who is under his guardianship in New Zealand.

Persons in the Diplomatic Service, with the exception of those ordinarily resident in the United Kingdom, are not entitled to health benefits.

Doctors attending a patient not entitled to health benefits should obtain payment for the full fee from the patient. If they practise under the refund system the receipt should be marked in some way to show that it does not entitle the patient to a social security refund.

Patients not eligible for health benefits should also be charged for any preparations obtained on a prescription. It would assist pharmacists if prescribers were to indicate on prescriptions when patients are not eligible for health benefits. A similar annotation is also important when laboratory or radiological investigations and physiotherapy services are ordered.

Health Benefit for Artificial Eyes

The Government has introduced a new health benefit to assist with the cost of acrylic artificial eyes.

A benefit of up to \$50 is now available for all patients who have had an eye removed on and from 22 July 1977. For adults, the benefit is available towards the cost of the initial prosthesis only. Children and young persons will also be entitled to a benefit of up to \$50 towards the cost of replacement eyes prior to their sixteenth birthday.

Further information about this new benefit can be obtained from the local medical officer of health or hospital board.

Practice Nurses: Increases in Salary Rates for Subsidy Purposes

The State Services Tribunal has approved increases in the salaries of general nurses with effect from 1 November 1976. The increases also affect the rates previously payable from 14 March 1977.

As a consequence the new salary rates for subsidy purposes are as follows:

1.

Previous Salary 27/1/76	New Salary 1/11/76	Weekly (40 Hours)	Hourly
\$	\$	\$	\$
5,487	5,679	108.80	2.72
5,835	6,099	116.80	2.92
6,028	6,358	122.00	3.05

2.

Previous Salary 14/3/77	New Salary 14/3/77	Weekly (40 Hours)	Hourly
\$	\$	\$	\$
5,816	6,020	115.60	2.89
6,185	6,465	124.00	3.10
6,390	6,739	129.20	3.23

In addition, the 7 percent cost of living allowance applicable from 25 June 1976 with a maximum of \$7 per week continues to be payable.

Subsidy is payable in accordance with policy on actual remuneration up to the limits specified above.

For further information about the practice nurse subsidy schemes, please refer to Clinical Services Letter No. 168.

Increase in Immunisation Benefit

After negotiation with the New Zealand Medical Association and the New Zealand Nurses Association the Immunisation Benefit has been increased to \$2.25 per service for immunisation services provided on and from 1 October 1977. The differential between immunisations given by the doctor, or by a registered general nurse under the doctor's supervision, and the nurse alone has been eliminated.

It is emphasised that by law the benefit is only payable when a vaccine is administered to a person under 16 years of age in accordance with an immunisation programme approved by the Department of Health. No charge may be made to the patient for an immunisation service.

The existing claim form should be adapted to suit the new arrangements until it is reprinted.

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