

# Case 4 – Upper GI Symptoms

- 65M
- Deranged LFTs Bilirubin 70, ALP 300, GGT 600, ALT 200
- Dark Urine
- Loose pale stools
- Mild upper abdominal pain
- Ex smoker
- Ferritin 500
- BMI 30
- No recent weight loss
- No recent medication or Traditional Chinese Medication

# Case 4 Upper GI Symptoms - Differential

## **Benign**

- Functional Dyspepsia
- Gastro-Oesophageal reflux Disease
- Helicobacter pylori gastritis
- Coeliac disease
- Pancreatic pathology
- Biliary pathology
- Colonic – Irritable Bowel

## **Malignant**

- Gastric Cancer
- Pancreatic Cancer
- Cholangiocarcinoma
- Gallbladder Cancer
- Bowel Cancer
- Small Bowel Tumour

# Case 4 Upper GI Symptoms - Investigations

## **Bloods**

- Hepatitis serology negative
  - Normal FBC
  - Coeliac antibodies negative
  - INR normal
- 
- What is the next investigation?

# Case 4 Upper GI Symptoms - Investigations

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## **Imaging**

- USS – Head of pancreas mass with fatty liver with biliary obstruction
- CT – confirmed 4cm head of pancreas mass
  
- What is the next step?

# Case 4 – Upper GI Symptoms - Investigations

## Endoscopy

- ERCP
  - 2cm distal CBD stricture
    - Brushed and stented
    - Cytology atypical cells
- What is the next step?

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## Endoscopy

- Endoscopic Ultrasound
  - Fine needle aspirate- confirms adenocarcinoma
  - No portal vein involvement
  - Localised lymphadenopathy
  - No major vessel involvement

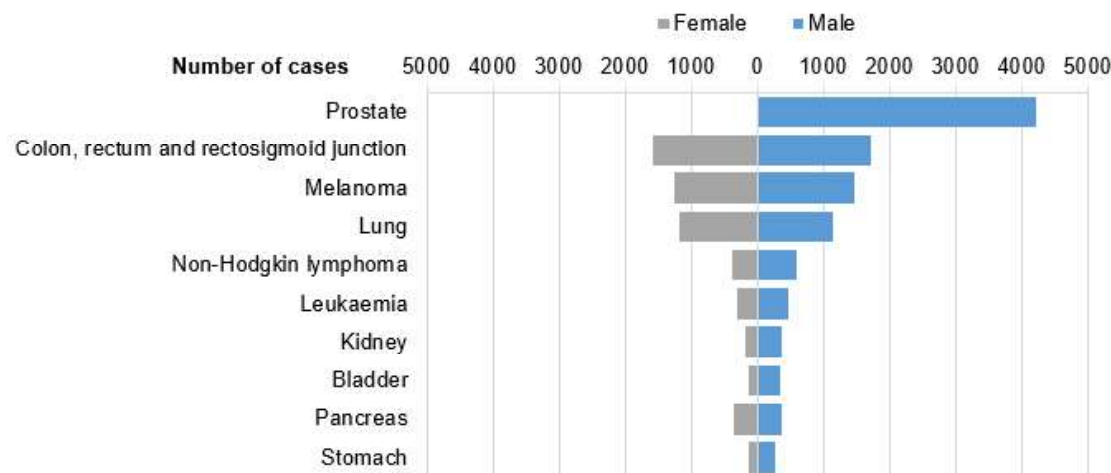
# Case 4 – Upper GI Symptoms – pancreatic cancer

- Refer to HBP surgeon
  - MDM discussion
  - Whipple's
  - Medical Oncology

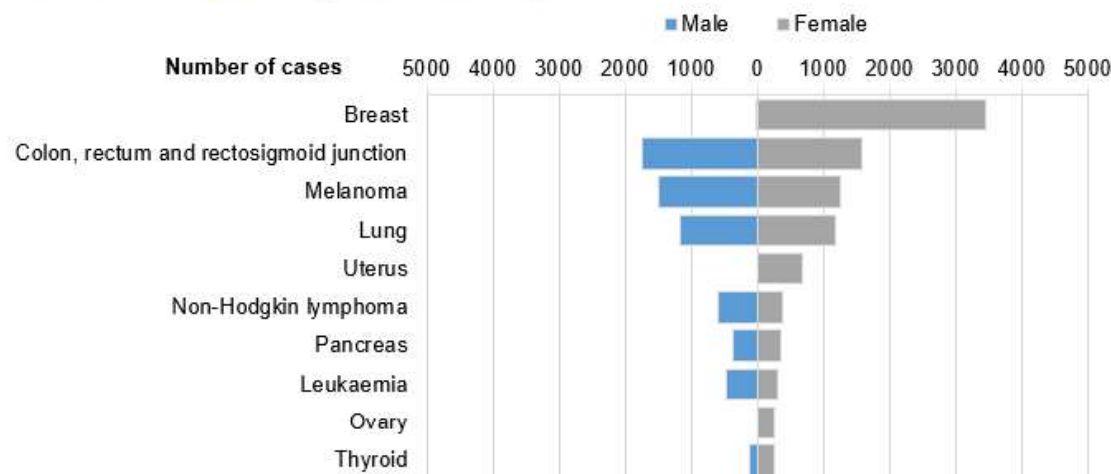
# Pancreatic Cancer in NZ

- 2009 – 472 Pancreatic Cancers

The 10 most common cancers in males, 2019



The 10 most common cancers in females, 2019



Source: New Zealand Cancer Registry



# Case 5

- 16F
- Bloody diarrhoea and Abdominal pain > 6 weeks 2018 (aged 13y)
- Colonoscopy showed UC Pancolitis, Normal MRE
- Rx Prednisone and Pentasa
- Weight 63.3kg (91-98<sup>th</sup> percentile)
- Struggled with the diagnosis ongoing symptoms – referred to Psychiatry
- Repeat scope – proctitis 2019
- Further flare 2020 requiring steroids
- Referred to the pain service some improvement with amitriptyline
- Stopped netball
- Missing some school
- Family stressors - > Divorced, mother remarried and step Father left the family, had a move on 2 occasions
- Joint problems – negative work up by Rheumatology
- Repeat scope proctitis
- ?Drug induced allergy from Amitriptyline seen by Dermatology
- Weight up to 80kg
- Cylcosporin
- Tacrolimus
- Iron infusion
- Transition clinic 8/2021 and 11/2021

# Issues

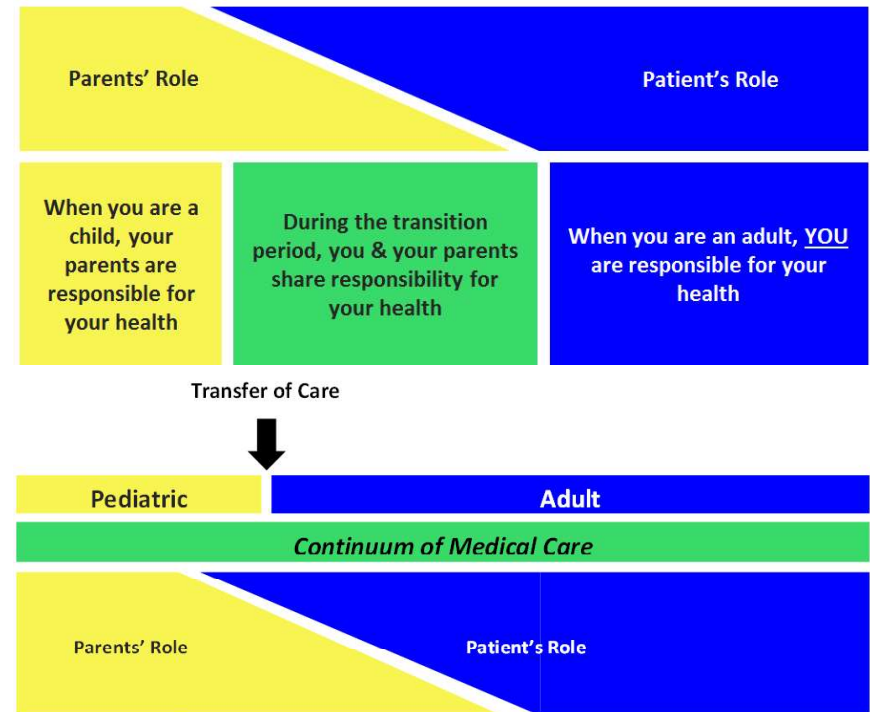
- Difficult to control IBD
  - Failed Pentasa
  - Failed Azathioprine and IFX
  - Failed Cyclosporin
- Rescope
  - Left sided UC Moderate
  - Where to from here?

# Transition Clinic

- 3 steps
- Pre-transfer
- Transfer
- Post transfer

# Transition

- 1. Patient takes responsibility for their own health and health care decisions
- 2. Parents transfer responsibility of the child's health and health care decisions to the child
- 3. Transfer care from Paediatric to Adult IBD specialist



## HOW IS ADULT CARE DIFFERENT?

	Pediatric	Adult
Who Provides Care?	Multidisciplinary team of pediatric IBD physicians, IBD nurses and dietitians, social workers	Gastroenterologist/IBD Specialist and possibly an IBD nurse specialist.
Focus of Care	Family	Patient
Who makes decisions?	Focus on collaboration (parents, physicians, patients)	Focus on autonomy (patients making decisions)
Resources	Many resources are available to patients & families and some medications may be covered	Patients are responsible for paying for medications, or have insurance to pay for medications
Endoscopy Procedures	An anesthesiologist will usually be present to put you to sleep for the procedure	Your gastroenterologist may use conscious sedation <u>OR</u> an anesthesiologist will be present to sedate you as in pediatrics
Hospitalization	You will stay in the pediatric ward and your parents may have the option to stay overnight	You will stay in an adult ward and family/visitors can visit during specific hours

# Sabbatical Part 2: Adolescent Health (Centre for Youth Health)

Derek Luo

Gastroenterologist

CMDHB 15/2/2021 – 15/3/2021

# Outline

- Examples of models of care
- Centre for Youth Health
- Adolescent Health and Resources
- Ideas for CMDHB Gastroenterology
  - Inpatients
  - Outpatients
  - What is the size of the problem

# Models of Care

- Young person's liver clinic
- IBD Transition Clinic
- Youth Bronchiectasis – Dr Wendy Mcrae



# Centre for Youth Health

- Located in 95 Wiri station Rd
- Clinics in Papatoetoe and Pukekohe (Youth)
- MDT Thursday – discuss new cases



# Adolescent Health

- Dr Bridget Farrant
- Dr Louise Albertella
- Dr Rachel Johnson
- Clinical Psychologist
- Fellow x 2
- Registrar x 2
- Family Therapist
- Social Worker
- Occupational Therapist
- Registered Nurses
- Ohomairangi Trust – Early intervention service
  - Psychologist
  - Special education advisor
  - Early intervention teacher
  - SLT



South Auckland > Public Hospital Services > Counties Manukau Health >

## Kidz First Centre for Youth Health

PUBLIC SERVICE COMMUNITY

CLOSED TODAY.

**Welcome, Kia Ora, Talofa Lava, Malo e Lelei, Kia Orana, Namaste, 你好!**

Kidz First Centre for Youth Health is a team of health professionals who provide advice and support for young people, along with their whānau/families. Our team includes nurses, doctors, social workers and youth health workers. We provide support to young people experiencing health issues that have a significant impact on their lives.

We work closely with your GP / family doctor and anyone helping with your care.

### Our Clinical Team

- |  |   |
|--|---|
| • Bridget Farrant - Adolescent Physician   | • Carmen Bradley - Registered Nurse     |
| • Rachel Johnson - Adolescent Physician    | • Sheldon Lawrence - Registered Nurse   |
| • Louise Albertella - Adolescent Physician | • Natalie Avery - Registered Nurse      |
| • Arapera Salter - Fellow                  | • Thegish Naidoo - Senior Social Worker |
| • Zahra Al-Khudairi - Fellow               | • Eلسara Tiatla - Social Worker         |
| • Claire Runtzler - Clinical Psychologist  | • Heily Young - Occupational Therapist  |
| • Gill Ewen - Clinical Nurse Specialist    | • Polly Muir - Occupational Therapist   |
| • Faye Vitoria - Clinical Nurse Specialist |   |

Our clinical team is supported by Shivjit Kaur (Administrator) and Briar Milligan (Youth Health Information Specialist)

### Who Do We See?

We support young people living in the Counties Manukau area aged 12-24 years with complicated health and youth development concerns that need specialist support. This includes young people with chronic and complex health conditions, including developmental concerns, psychosomatic health issues, high-risk health behaviours and transgender health care.

In addition we:

- Support the health needs of young people enrolled in Alternative Education programmes in Counties Manukau.
- Complete Gateway Health and Wellbeing Assessments on behalf of young people under the care of Ministry for Vulnerable Children, Oranga Tamariki.
- Work as part of the Counties Manukau Childrens' Team.

We do not routinely accept referrals where the only concern is psychiatric disorders or suicidal intent, substance-use disorders, educational or learning concerns where mental health or education services may be more appropriate.

Kidz First Centre for Youth Health welcomes gender diverse and transgender young people to our service. We provide support for young people and whānau/families around gender exploration and transition related healthcare across the whole Auckland Region. In Auckland and Waitematā District Health Boards we see young people under the age of 20 years and at our Counties Manukau base we see young people under 25 years.

For more information on eligibility for our services or to see if we are the right service, please contact us on (09) 261 2272.

### Who Can Refer?

Please talk to your doctor, nurse or health care provider to see if we are the right service for you, or contact us.

Health professionals or other providers, please fill in the attached [referral form](#) and email it to us on [cfyh@middlemore.co.nz](mailto:cfyh@middlemore.co.nz)

### Contact Details

KIDZ FIRST - COMMUNITY HEALTH

South Auckland

PHONE (09) 261 2272

EMAIL [cfyh@middlemore.co.nz](mailto:cfyh@middlemore.co.nz)

WEBSITE

[www.countiesmanukau.health.nz](http://www.countiesmanukau.health.nz)



Information about this location

View on Google Maps

Get directions

STREET ADDRESS

95 Wiri Station Rd

Wiri

Auckland 2104

POSTAL ADDRESS

Private Bag 93311

Otahuhu

Auckland 1640

WAS THIS PAGE HELPFUL?

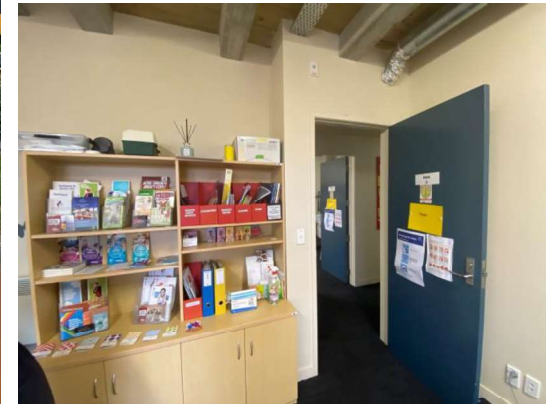


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# Youthline

145 St George's Rd, Papatoetoe –  
Old Papatoetoe Fire station  
Self-funded  
Centre for Youth Health leasing  
space  
3 Clinic Rooms  
MDT clinics – SMO with support  
worker usually a social worker or OT



# The Youth Health Improvement Project – it's not just about transition (11916)



Rosalie J Homung<sup>1</sup>, Bridget Farrant<sup>2</sup>  
 Auckland DHB, Greenlane, Auckland, New Zealand, <sup>1</sup>Centre For Youth Health, Counties Manukau DHB, Auckland, New Zealand

## Context

Young people have distinct health care needs. Healthcare systems that do not provide developmentally-appropriate care can result in young people:

- ▶ not accessing care,
- ▶ being lost to medical follow-up,
- ▶ engaging in health-compromising risk taking behaviour,
- ▶ poor emotional health
- ▶ poor disease outcomes
- ▶ disengagement from education and employment<sup>1,5</sup>

## Process for Quality Improvement

The Youth Health Improvement Project supports services to:

- ▶ evaluate current models of care
- ▶ identify gaps
- ▶ develop and monitor improvement plans for developmentally appropriate care

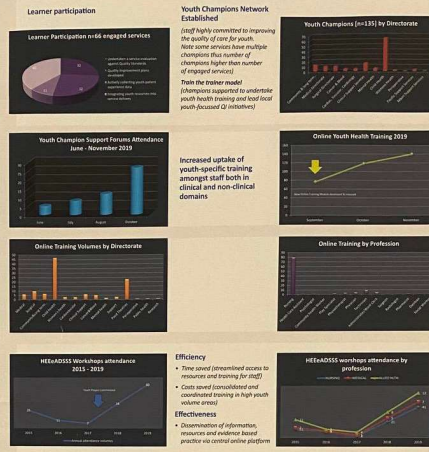


## Overall Aim

To provide a youth friendly hospital where young people and whānau are treated with respect by staff trained in dealing with the needs of young people in the hospital setting and young people are engaged in the management of their own health care.



## Analysis & Outcome/s



- Quality enhancement of services/ programmes (Benchmarking against standards for Quality care for Adolescents and Young Adults in secondary and tertiary care)
- Quality enhancement of data systems (enhanced transition record, transition clinical alert)
- Increased positive behaviours (Self-reporting positive behaviours that reflect Quality Standards)
- Organizational design improvements (Directorate performance alignment with standards, new transitional care models established)
- Active experience data (surveyors alerted and a collection mechanism established)

Staff youth health in-service programmes and online youth modules created – increased quality of youth health knowledge and skills amongst staff

Confidentiality poster  
 Improved awareness of risks of information and newly developed resources – developed with young people for young people

Staff Awareness poster

## Next Steps

In this project we have focused on supporting services to explore, evaluate and improve on Standards of Quality Care for AYA; workforce training, confidentiality and privacy, psychological assessment; health information, transition engagement; self-management and cultural identity as part of an umbrella approach to improving quality of care for youth at Auckland District Health Board. Our focus going forward is to further explore better ways of capturing the voice of youth in service design, delivery and improvement, particularly of our most vulnerable youth populations.



# Progress

## Key actions for all healthcare professionals

- On 1 March 2022, all people currently using adalimumab will be automatically issued with an initial Special Authority number for Amgevita. Their Humira Special Authority will remain current.
- - Ensure you prescribe adalimumab by brand (either Amgevita or Humira)
  - Identify patients using adalimumab and discuss the continuation of their treatment with Amgevita when their Humira Special Authority is due for renewal, or before 1 October 2022
  - Go to [amgevita.co.nz](http://amgevita.co.nz) for resources to support you and your patients with this change
  - Go to the Pharmac website for information about the changes to funding criteria for Humira

## Additional actions for pharmacists

- Carefully assess prescriptions for adalimumab prior to dispensing, especially those written generically. From 1 March 2022, adalimumab should be prescribed by brand (Amgevita or Humira)
- Make sure all patients who have previously used Humira have discussed changing to Amgevita with their prescriber at their first Amgevita dispensing
- Order an Amgevita demonstration pen from the Amgevita website

# Humira to Amgevita before 1/10/2022

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