

# Letters

## Lifestyle interventions for mental health

I thank Dr Manger for his article on lifestyle interventions for mental health, and his highlighting of the link between sleep disorders and psychiatric disorders.<sup>1</sup>

Patients presenting to their general practitioner (GP) are rarely asked about their sleep health, despite the prevalence and consequences of sleep disorders.<sup>2</sup> Sleep disorders and issues with sleep affect up to 56% of the adult population in Australia,<sup>3</sup> with significant multisystem health, cognitive, social and occupational consequences.<sup>4</sup>

As highlighted by Dr Manger, sleep disorders are found in 40% of patients with psychiatric illness.<sup>1</sup> It is difficult to ascertain whether issues with sleep may contribute to the aetiology of psychiatric illness, or whether the sleep disorder is simply a manifestation of the psychiatric illness.

Regardless, improvements in sleep may not only benefit people with their psychiatric illnesses,<sup>5</sup> but may also lead to improvements in cognition, immune function, social behaviour, cardiovascular performance and blood glucose control.<sup>6</sup> Given the widespread health implications of poor sleep, further awareness by GPs may lead to an increase in sleep disorder identification.

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## Measuring continuity of care in primary healthcare: Brazil's contribution

Michael Wright's editorial 'Continuity of care is in the eye of the beholder' (*AJGP* October 2018)<sup>1</sup> presents to us the challenge of one of the most difficult attributes attainable by general practitioners (GPs) in Australia. He mentions Professor Barbara Starfield as one of the most important researchers who, in the 1980s, wondered how to define continuity of care. So we wonder, why not first measure the degree of extension and affiliation of all attributes proposed by the team of Professors Barbara Starfield and Lei Yu Shi from Johns Hopkins Bloomberg School of Public Health over the past decades as a cross-country comparison?<sup>2</sup>

Over the past few years, the SoFIE-Primary Care survey<sup>3</sup> and the Primary Care Assessment Tool (PCAT) have attracted significant international interest. In Brazil in August 2019, the Brazilian Institute of Geography and Statistics (IBGE) and Ministry of Health started the largest household sample survey for all regions (National Health Survey - Pesquisa Nacional de Saúde [PNS] 2019).<sup>4</sup> This included the Brazilian Amazon area, and involved visiting approximately 100,000 households and including in one of its questionnaire modules the adult PCAT items validated in Brazil by a research team of the Federal University of Rio Grande do Sul with the support of Professor Barbara Starfield herself.<sup>5</sup> We encourage the Australian Census Bureau to follow the same steps, as, like Brazil, Australia is a country of continental dimensions. In addition to continuity of care, being able to create a nationally and internationally comparable baseline can assist

governments in decision making to always improve the evaluation of quality of primary care services.

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