
Less exposure to medical care sees Māori children at greater risk of recurrent tonsillitis

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Māori children with adenotonsillar disease (recurrent tonsillitis) are receiving less treatment prior to surgery than non-Māori children new research has found.

Dr James Johnston, a final year PhD candidate at the University of Auckland and a Trainee in Otolaryngology, Head and Neck Surgery, will present his research on disparities in the treatment of children with adenotonsillar disease at the Royal Australasian College of Surgeons' Annual Scientific Congress (ASC) in Sydney.

Dr Johnston's research examined 24 months' worth of medical records from Auckland City and Counties Manukau - the two Auckland District Health Boards which perform paediatric adenotonsillectomy.

The findings pointed to clear disparities between the treatment of Māori and non-Māori children with adenotonsillar disease.

"The study looked at 1,500 children who had undergone an adenotonsillectomy in Auckland," Dr Johnston said.

"Within this cohort, 22 per cent were Māori, an over-representation when you consider Māori's account for approximately 16 per cent of the population in the area.

"We found at the time of surgery the tonsils and adenoids in Māori children were significantly larger, and they were on average older than non-Māori children under-going the same procedures.

"This suggests Maori present with more significant disease at the time of surgery."

The results also showed Māori children on average had higher body mass indexes (BMI). In patients presenting for an adenotonsillectomy, a higher BMI increases the risk of peri-operative complications, often resulting in longer hospital stays.

Despite this, Māori children received fewer courses of antibiotics, pain-killers and anti-inflammatory drugs compared to non-Māori in the year preceding surgery.

"Our findings raise a number of issues," Dr Johnston said.

"There are clear differences in peri-operative prescribing practices, indications for surgery, and medical comorbidities between Māori and non-Māori. One possible explanation is Māoris have a lower rate of overall exposure to primary medical care despite having the greatest healthcare needs.

"We hope increased knowledge of these disparities will raise awareness and lead to interventions which reduce preventable inequalities."

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Dr Johnston will present his research at the Royal Australasian College of Surgeons' 87th Annual Scientific Congress which is being held in Sydney between 7-11 May. The congress brings together some of the top surgical and medical minds from across New Zealand, Australia, and the rest of the world.

About the Royal Australasian College of Surgeons (RACS)

RACS is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. The College is a not-for-profit organisation that represents more than 7000 surgeons and 1300 surgical trainees and International Medical Graduates. RACS also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research. There are nine surgical specialties in Australasia being: Cardiothoracic surgery, General surgery, Neurosurgery, Orthopaedic surgery, Otolaryngology Head-and-Neck surgery, Paediatric surgery, Plastic and Reconstructive surgery, Urology and Vascular surgery.

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