



NEWSLETTER NOVEMBER – DECEMBER 2025

Kia ora koutou - warm greetings to the Millhouse community and other readers.

As the weather finally begins to brighten, we welcome spring with renewed energy and optimism. Warm thank-yous are due to Dr Therese, Nurse Practitioner Gabriella, and the entire Millhouse Team for their exceptional commitment and teamwork while I was on leave. Their willingness to go the extra mile—especially with the added pressure following Dr Dan's departure—has been deeply appreciated, and I'm grateful for everyone's dedication to the smooth running of our GP service.

The winter months brought a sharp rise in respiratory illnesses across New Zealand, with influenza, RSV, and a seventh wave of COVID-19 infections creating extra pressure on clinics and hospitals. [The new COVID variant](#), known as Nimbus (NB.1.8.1) became the dominant strain mid-year. Although it spread more easily than earlier subvariants, it has not been linked to increased hospitalisations or deaths, and most cases have been mild or moderate infection.



As we move into the warmer months, public-health experts are turning attention to a [rise in measles cases](#). As of late October, at least seventeen confirmed infections had been reported across Auckland, Northland, Wellington, Manawatu, Nelson, and Taranaki, with Health New Zealand classing the national risk as "escalating." Latest data show that only about 82 percent of two-year-olds are fully immunised, and among Māori under-fives, coverage is closer to 72 percent – well below the 95 percent needed to achieve herd immunity and prevent community outbreaks.

Please check your children's vaccination records and book catch-ups with our nursing team if needed. Strong community immunity protects our most vulnerable – including babies too young to be vaccinated and those unable to receive the MMR vaccine for medical reasons.

Health Insurance: Balancing Cost, Cover, and Common Sense.

I'm often asked, "Should we cancel our health insurance? It's becoming too expensive." For a couple over 70, premiums can reach around \$1,000 a month. Health insurance is essentially about managing uncertainty and access to care. Premiums typically double between ages 30 and 60 and rise sharply again after 70. These increases occur regardless of how few claims you've made, since rates reflect your age group's overall risk.

All acute or serious medical conditions—such as heart attack, bowel bleeding, or severe infection—are treated immediately and free of charge in public hospitals. However, chronic or non-urgent conditions like hip and knee arthritis, cataracts, and [many elective procedures](#) are prioritised by severity. This can mean waiting months for assessment and, in some cases, years before surgery.

If premiums have become unaffordable, consider creating a contingency fund of about \$5,000. This can be used to pay for key tests, scans, or an early specialist consultation, which may help you access public care more quickly should the need arise.

MILLHOUSE NEWS

We're continuing our search for a new GP or Nurse Practitioner to join the team and help with the workload. In the meantime, thank you for your patience and understanding—it's much appreciated while we ensure appointments remain available and care stays personal and consistent.

If you're unwell and need urgent help.....

If you have an acute medical problem and can't book an appointment online, please phone reception and ask to speak with one of our nurses. They'll assess your situation and arrange a timely appointment or in an emergency coordinate transport with St John Ambulance to Middlemore Hospital Emergency Department.

Health Support Services

Our in-house Health Coach, Rebecca, is available to help you with practical support for better sleep, relaxation, weight management, diabetes care, and blood pressure control.

Our Health Improvement Practitioner, Vani, offers brief, focused guidance to support mental health, substance-use concerns, emotional wellbeing, and coping with chronic illness.

Both Rebecca and Vani work closely with your healthcare team—and their sessions are available at no cost.

In this month's main article I continue to review GLP-1 medication introduced in the last newsletter, then discuss the importance of insulin resistance as the true cause of obesity and type 2 diabetes.

Update - ADHD Assessment and Diagnosis

Attention Deficit Hyperactivity Disorder affects about 5 percent of New Zealand children and 3 percent of adults. New national guidelines now allow specially trained GPs and nurse practitioners to assess, diagnose, and prescribe for ADHD, thus making care more accessible.

Each assessment includes careful screening to rule out medical & neurological disorders (thyroid, sleep, hearing & vision impairment), psychological conditions such as depression, bipolar disorder, anxiety, autism & substance abuse, and developmental & learning disabilities. This process ensures accurate diagnosis and safe treatment and planning.

Our medical team have not completed ADHD assessment training and accreditation. Until they do, we will refer patients to the Community Mental Health Service at Counties Manukau. We acknowledge there are long wait times for this public service. Private referral can be made to the Howick Psychology Group or other specialist providers.

Comprehensive private assessment typically takes 3–4 hours, and is self-funded, but once a formal diagnosis is confirmed, does provide the necessary documentation to enable ongoing GP monitoring and prescribing.



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FROM FEAST AND FAMINE TO FAST FOOD

For most of human history, food was not always plentiful. Our bodies evolved ingenious survival mechanisms—storing energy as fat when food was abundant and conserving it during lean times. Those same mechanisms that once protected us now make things harder in a world where food, especially ultra-processed food, is plentiful. These foods high in sugar, refined starches, and additives that disrupt normal appetite control, stimulate cravings and impulsive eating, and overriding natural satiety signals – keeping hunger switched “on.” The result has been a global explosion in obesity and type 2 diabetes.



In the [last newsletter](#) I discussed the GLP-1 agonist medications (Ozempic, Wegovy) which mimic a natural gut hormone that slows digestion, promotes fullness, and removes hunger pangs. Around 30% of users experience remarkable weight loss. However, the long-term effects, sustainability after stopping treatment, and broader impacts on health are still to be fully realised.



During my recent vacation, I caught up on some fascinating reading—[Dr Jason Fung's](#) series of books *The Obesity Code*, *The Diabetes Code*, and *The Cancer Code*. Dr Fung, a Canadian kidney specialist who trained in Toronto and Los Angeles, became disheartened treating patients with end-stage kidney failure - most of whom had long-standing diabetes. He began asking a simple question: what causes obesity, and could we do more to prevent disease before it reaches that point? His search led him to the “hormone theory of obesity”—the idea that chronic weight gain and type 2 diabetes are driven not just by excess calories but by persistently high insulin levels.

HORMONE THEORY OF OBESITY

Hormones are the body's messengers, carrying instructions through the bloodstream. When we eat - especially carbohydrates and some protein - the pancreas releases insulin. This hormone signals cells to absorb glucose from the blood. Glucose can be used immediately for energy or stored as glycogen—chains of linked glucose molecules—in the liver and muscles. Once those glycogen stores are full, any extra glucose is converted into fat and stored in the liver or around internal organs for future use. This visceral fat, or central adiposity, is highly inflammatory.

Dietary fat, absorbed through a different pathway, can be stored in various parts of the body and is less directly linked to inflammation. Normally insulin is cleared from the bloodstream within minutes, and as long as meals and fasting are balanced, body weight and energy levels typically remain steady.

In type 1 diabetes, the insulin-producing beta cells in the pancreas are destroyed, usually by an autoimmune process, so insulin must be replaced for survival. People with obesity or type 2 diabetes however have much higher insulin levels—sometimes two to five times normal—because their bodies resist insulin's effects. Since insulin promotes energy storage, the elevated insulin levels lead to weight gain. Moreover, medications that increase insulin, like sulfonylureas (gliclazide) or injected insulin, may contribute to weight gain. In contrast, newer drugs that lower blood sugar without raising insulin—such as SGLT-2 inhibitors like empagliflozin (Jardiance)—can help reduce both blood sugar and body weight.

Stress also raises insulin levels. Cortisol, the body's main stress hormone, increases blood glucose, which in turn triggers more insulin. Chronic stress or poor sleep makes this hormonal loop even more active, adding to weight gain.

INSULIN RESISTANCE

When the body is exposed to constant stimulation it compensates by becoming less responsive to the stimulus. Normally, insulin rises in short bursts after meals and remains low between meals. However, over the past 50 years dietary patterns have changed — people eat more carbohydrates and snack frequently on highly processed foods, keeping insulin continuously elevated and giving receptors little time to recover.

As a result, cells become less sensitive to insulin, so the body produces even more to keep blood sugar stable. Fat stored in the liver worsens this process by releasing inflammatory signals that further weaken insulin responsiveness. This combination creates insulin resistance—a central driver of metabolic disease.



THE FASTING SOLUTION – INTERMITTENT, SHORT OR LONGER FASTS

Fasting has been practised for thousands of years for both spiritual and health reasons. To reverse insulin resistance, reduce foods that drive strong insulin release—those containing fructose or added sugars, ultra-processed foods, refined grains (white bread, white rice), and excess animal protein. Minimise alcohol consumption.

Favour natural fats such as olive oil, avocado, and nuts; high-fibre foods like vegetables, beans, and legumes; vinegar in your meals. Extend the time between meals by skipping snacks, and try intermittent fasting (12–18 hours without food, two meals daily). Longer fasts of 36– 48 hours are also workable for some.

Dr Jason Fung's [Intensive Dietary Management Program](#) shows that fasting can help people lose weight, reverse diabetes, and reduce cravings. Regular fasting helps reset insulin receptors and restore metabolic balance.

More on fasting in the next Newsletter