



NEWSLETTER OCTOBER 2026

Kia ora koutou – warm greetings to the Millhouse community and other readers.
Welcome to this spring newsletter from the clinic.

A changing winter. We have experienced a particularly severe influenza season, with high rates of illness and hospitalisation. Auckland recorded its worst week for flu-related hospital admissions in a decade, placing considerable pressure on hospitals and primary care. Other respiratory infections, including RSV, COVID-19 and common cold viruses, have also contributed to winter illness.



In response, Pharmac has extended funded flu vaccination to all children aged *6 months to under 5 years*, effective from 1 September 2026. Vaccination remains an important way to reduce serious illness and hospitalisation, particularly in vulnerable groups.

Please continue to stay vigilant: remain home when unwell, wash or sanitise hands, cover coughs and sneezes, improve ventilation and avoid close contact with vulnerable people when experiencing respiratory symptoms. Adequate sleep, rest and good nutrition support general health and remember at the first sign of a cough or cold, to use frequent nasal douches and gargles to reduce the viral load.

Medical certificates for sick leave. Employers may request proof of illness, including a medical certificate, even when an employee has been away for fewer than three days. For absences of fewer than three consecutive calendar days, the *employer is generally responsible for the reasonable cost of the certificate*. After three or more consecutive days, the *employee usually pays*.

We are increasingly being asked to provide certificates for past absences when the patient was not assessed at the time. Certificates confirm that a clinician has assessed you as medically unfit for work; they are not simply confirmation of absence. *Any backdated certificate will be limited to what can reasonably be supported by the consultation, usually no more than two to three days.*

Imported medicines and supplements

Recently we have had more requests by patients to authorise imported products such as ivermectin, hormones, peptides and multivitamins. Before considering any imported product, it is important to know how it was manufactured, whether its contents and strength are reliable, and whether it is clinically appropriate and safe for you.

Medicines imported for personal use may not have been assessed by Medsafe for quality, safety or effectiveness. Products can be contaminated, incorrectly-labelled, substandard or counterfeit. Please speak with your doctor before ordering or taking imported medicines. As a general rule, our practice will not authorise imported products unless there is a clear clinical indication and sufficient evidence that the benefits outweigh the risks.

In this newsletter I continue the discussion on ultra-processed food.

MILLHOUSE NEWS

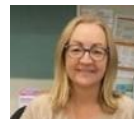
Computer Practice Management Security Changes. Following recent IT and ManageMyHealth software-security breaches, Outlook will no longer allow us to forward a single investigation report as an email attachment with an added clinical comment. However, we can still forward the report electronically without comment.

If a fuller explanation is needed, we will email a PDF summary of your results with an explanatory comment. This may include a request for you to contact the practice to discuss the results. If there is an immediate concern, we may text you or contact you directly by telephone.



Please ensure the practice has your current mobile number and email address.

Liz Menzel, our Health Improvement Practitioner, is now a valued member of the team. With extensive experience in health and social services, she helps patients improve emotional wellbeing, manage unhelpful thought patterns, build resilience and create greater balance. Liz is available daily, including two evenings each week.



Rebecca, our Health Coach, has experience in naturopathy and lifestyle medicine. She supports patients with sleep, stress, weight management, diabetes and blood pressure.

Appointments with Liz or Rebecca are free—please contact Reception to book.

Antibiotics and the gut microbiome

A recent *Nature Medicine* study found that even one course of tetracyclines, flucloxacillin, fluoroquinolones (ciprofloxacin & norfloxacin) clindamycin, trimethoprim-sulfamethoxazole (*Cotrimoxazole* or *Bactrim*) cephalosporins and macrolides (*erythromycin* and *roxithromycin*) antibiotics may be associated with measurable changes in the gut microbiome for up to **8 years** after treatment.

The strongest and most consistent associations were seen with clindamycin, fluoroquinolones and flucloxacillin. No significant long-term association was detected with extended-spectrum penicillins (amoxicillin or amoxicillin-clavulanate/Augmentin) however, this should not be interpreted as proof that these antibiotics have no effect.

Antibiotics can affect beneficial bacteria as well as those causing infection. Clindamycin and fluoroquinolones may also cause gastrointestinal symptoms and are associated with an increased risk of *Clostridioides difficile* infection.

Take-home message: Antibiotics can be essential and lifesaving but should be used only when clearly needed. When appropriate, choosing the narrowest effective antibiotic for the shortest suitable course may help reduce unintended and longer-term effects. A varied, fibre-rich diet can support general gut health during recovery and a diverse and resilient gut microbiome is increasingly associated with better health, immune function and healthy ageing.



NEWSLETTER OCTOBER 2026

RECAP: ULTRAPROCESSED FOODS

In our last newsletter, I highlighted growing concerns about ultra-processed foods, how they may affect our health, and practical ways to make healthier choices.

In 2013, Brazil was facing an obesity crisis when public health epidemiologist Dr Carlos Monteiro noticed that people were moving away from traditional meals towards cheaper, highly processed foods. Home-cooked meals were increasingly being replaced by ready-to-eat products such as packaged cakes, biscuits, breakfast cereals, crackers, potato chips and soft drinks. As consumption of these foods increased, so did body weight. The issue was not simply eating more calories but eating more ultra-processed foods. These products often contain highly-processed ingredients, artificial colours, flavours and preservatives.

NOVA		
GROUP 1	UNPROCESSED OR MINIMALLY PROCESSED FOODS	Unprocessed or minimally processed foods
GROUP 2	PROCESSED CULINARY INGREDIENTS	Processed culinary ingredients
GROUP 3	PROCESSED FOODS	Processed foods
GROUP 4	ULTRA-PROCESSED FOODS	Ultra-processed foods

Can ultra-processed foods be addictive?

Some ultra-processed foods may encourage addiction-like eating patterns. Combinations of refined carbohydrates, added fats, salt and flavourings can strongly stimulate the brain's reward pathways, including dopamine, which reinforces pleasure, causing craving and repeated consumption. These foods may also influence opioid pathways and the release of natural endorphins, adding to their rewarding effects.

For some people, this can lead to loss of control, compulsive eating, intense cravings and binge-type episodes—particularly when foods are soft, rapidly consumed and easy to overeat. However, "food addiction" is still a developing area of research and is not the same as being formally addicted to a drug. The issue is not a lack of willpower: these products are deliberately formulated to be highly-rewarding and are widely available and heavily-marketed.

Reducing exposure, keeping nourishing foods readily available, and eating regular meals based on protein, fibre and minimally processed foods can help. If eating feels compulsive or involves recurrent binge episodes, speak with your doctor, Liz or Rebecca, or another qualified health professional for support.

Dr Monteiro argued that fresh and minimally-processed foods should be distinguished from ultra-processed products, whose consumption and production should be reduced. He developed the NOVA classification, which groups foods according to their level of processing. His research showed that higher intake of ultra-processed foods is associated with poorer diet quality, obesity and other health problems, and has influenced public health policy.

WHY ARE THESE FOODS SO HARMFUL

Ultra-processed foods are designed to be cheap, convenient and highly appealing. They are often high in sugar, salt and unhealthy fats, but low in fibre, protein and protective nutrients. They may also contain numerous additives—such as emulsifiers, artificial colours, flavours, sweeteners and preservatives—which are uncommon in-home cooking and may influence the gut microbiome. Their intense flavours and soft textures can encourage rapid eating and overconsumption. See sidebar 'Can UPF be addictive?' Regularly replacing nutritious whole foods with these products is associated with increased risks of obesity and other chronic health conditions.

POWER OF THE FOOD INDUSTRYⁱ

The worldwide rise in ultra-processed foods is not simply about personal choice. It is also driven by a powerful global industry that makes highly profitable, convenient products and promotes them extensively. Global sales rose from about US\$1.5 trillion in 2009 to US\$1.9 trillion in 2023, with much of the recent growth occurring in lower- and middle-income countries. A small number of large multinational companies control a substantial share of the market.

These companies spend enormous sums on advertising: in 2024, Coca-Cola, PepsiCo and Mondelez together spent US\$13.2 billion—almost four times the World Health Organization's annual operating budget. Public-health researchers argue that the industry also uses lobbying, political donations, self-regulation initiatives and legal action to influence policy and delay measures such as marketing restrictions, clearer front-of-pack labels and sugary-drink taxes.

Practical ways to reduce ultra-processed foods

Small, realistic changes can make a big difference:

- **Check the ingredients:** Choose products with shorter, recognisable ingredient lists. Be cautious with items containing ingredients such as maltodextrin, hydrogenated oils, artificial colours, flavourings and multiple sweeteners.
- **Choose foods closer to their natural form:** Base meals around vegetables, fruit, beans, lentils, whole grains, nuts, seeds, eggs, fish and other minimally processed proteins.
- **Plan and prepare ahead:** Meal planning and batch cooking make healthier choices easier when time is limited.
- **Keep better snacks available:** Try fruit, raw vegetables, nuts, seeds or plain yoghurt instead of packaged biscuits, sweets and savoury snacks.
- **Reduce sugary drinks:** Choose water or unsweetened drinks most of the time.
- **Make gradual changes:** The goal is not perfection or avoiding every packaged food. Aim to make minimally-processed foods the usual choice and highly-processed foods occasional.

Ma te wa - yours in good health
Dr Richard J Coleman

ⁱ https://assets.advocacyincubator.org/uploads/RA_January-2026_Ultra-Processed-Foods-and-Human-HealthLancet-Series-Summary_Final.pdf