

wellnews



Volume 13 Number 3

The newsletter of
Wellness on Wellington

Spring 2011

Our practice keeps growing—so quickly that it’s hard to fit in details about all our new staff. Our whole gossip page is taken up with information on the new medical specialists and allied health practitioners who will be working with us. We are also adding additional nurses and GPs to our team, so that we can keep expanding our range of services.

This edition of our newsletter contains lots of information on the services we offer, including help with smoking cessation, contraception and sterilisation and an important medical research project which we have joined. We also update you on changes to the vaccination schedule.

We are struggling to find play equipment suitable for all ages to add to our outdoor waiting area. As summer approaches it is sure to get more use. So if you have any suggestions—please let us know!

Get off quick

One of the great success stories for public health and medicine in the second half of the twentieth century was the reduction of smoking. From the 1960s when well over half the population smoked, to 2010 when smoking rates fell below 20%, most people who were smokers have now quit. Sadly, teenagers continue to be the one age group without a substantial reduction.

Smoking remains the leading cause of preventable death in Australia, and kills more people than car accidents and other drugs combined.

There is no doubt that it is getting harder and harder to smoke—financially, socially and legally. With the introduction of plain-packaging and the increasing bans on smoking in public and even in private (eg in cars containing children), it is likely that smoking will be either completely illegal or financially unaffordable and socially unacceptable within the next decade or so.

For patients who want help to quit smoking, we are delighted to lend a hand.

There are many ways we can be of assistance. First—just lending an ear as to why you smoke, and providing you with some facts on the problems caused by smoking

(not just lung cancer and heart attacks—did you know smoking increases your risk of blindness and is a significant cause of impotence?). Second we can offer practical tips on how to break the habit of smoking, like the cigarette that always accompanies a coffee or a beer.



Finally, there are many medications available to help break the addiction to nicotine.

Whilst not suitable for everybody (especially those who have had depression or are pregnant) two drugs, Champix and Zyban, are very effective in decreasing the addiction to cigarettes.

For the past few months, nicotine patches—used to replace the cigarette and then step down slowly to free you of the addiction—have also been available on the PBS, making them more affordable.

Determining the right method to help you can take some time, so we ask you to tell the staff when you are booking an appointment to discuss smoking. They can book a 20 or 30 minute appointment as appropriate with your doctor.

Good luck. For the sake of your family, your health and your wallet, it’s well worth it!

Smoking kills more people than car accidents and other drugs combined

Spring cleanout

We continue to hold many x-rays for patients which is causing us enormous storage difficulty.

In the old days, radiologists used to keep the patients’ x-rays (they would extract the silver and reuse it) - but nowadays, xrays are considered your property.

There is great value in keeping old films safely at home. Remarkably often, when we do an x-ray, we see “a little shadow”. It’s usually nothing, but the best way to be sure is to have an old x-ray to compare to. If you have a film from two, five, ten or more years ago, and that same shadow was present, then both doctor and patient can be comfortably reassured.

Therefore, whenever you have an x-ray (or ultrasound, CT scan or other imaging) done, please ask for your films at the next visit. Our reception staff will be very pleased to pass them over and it may well be to your long term benefit.

We recommend storing films flat and in the dark. In the linen closet under the sheets is usually a good place.

**Save a life—
your own or your family’s!**
Update your home phone, work phone, mobile phone and address at reception!

**Wellness on Wellington
1101 Wellington Rd, Rowville
9780 8900 - all hours, every day.
www.wellonwell.com**

We are open every day of the year:

Monday - Friday 8.00 am - 9.00 pm
Saturday - Sunday 9.00 am - 5.00 pm
Public Holidays 9.00 am - 1.00 pm
(Christmas & New Year Day 10.00 am -12.00 noon)

For patients of this practice with urgent problems after hours, a doctor from the clinic can be contacted by calling the surgery and following the instructions on the answering machine.

Aspree—putting aspirin on trial

We often write articles about the results of medical research in *Wellnews*—but now is your chance to take part in a trial!

A new study is being undertaken to answer the very important question—if older patients take a small dose of aspirin each day, does it save lives?

Doctors have been recommending aspirin for many years to patients after they've had a heart attack or stroke. Aspirin makes platelets less sticky, so there is less chance of

a clot developing and therefore less chance of a second attack. There is good research evidence to say that taking about 100mg of aspirin (less than half a regular Disprin tablet) saves lives in that group of people.

There has been a lot of research but no clear answers on the role of aspirin in middle-aged adults (mostly men) who have never had a heart attack or stroke. Whilst there is some reduction in heart attacks and strokes—and also less chance of bowel cancer or Alzheimers—in the patients who take aspirin, there is also an increase in the number of patients who get bleeding problems including serious stomach ulcers and bleeding strokes. Overall, there isn't categorical benefit or harm for aspirin in the middle aged group.

But no-one has previously properly studied the elderly. This is a great pity, as most heart attacks and strokes happen in older patients, and even a small percentage reduction in dis-

This research is asking an important and relevant question in a way that should give us accurate and useful answers

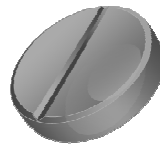
ease will mean many lives are saved.

To help answer this very important medical question—should all elderly patients be offered aspirin routinely—we were approached by researchers from Monash University, who, together with doctors from several other Australian and American universities will be exploring this question. The research—which will involve five years of follow-up—is very expensive but is being funded by both the Australian National Health and Medical Research Council and the American National Institute of Health because it is such a vital question.

Patients who might be eligible will receive a letter inviting them to come for an assessment. To be considered, you must be over the age of 70, have never had a heart attack, not be on warfarin and be willing to take aspirin for 5 years. If you are already on aspirin, your doctor will need to be comfortable for you to come off it.

If willing to proceed, you will see your usual doctor for an assessment and then an extensive visit with a research nurse. You will be given either aspirin or a placebo (fake pill) for five years with annual reviews during that time. Your other medical care will be completely unchanged.

We strongly encourage suitable patients to consider joining this trial. Unlike much research that we see, this is asking an important and relevant question in a way that should give us accurate and useful answers that will inform the advice we give patients for the next 50 years.



Neuropsychology—what's that?

We are delighted to offer yet another service at Wellness on Wellington, as we are joined by **Dr Bridget Regan**, an experienced neuropsychologist.

Bridget's area of expertise is in assessing how well the brain is functioning and providing advice and strategies for dealing with any shortcomings.

Many patients approach us, worried whether they have the early stages of dementia or whether their brain is not as sharp as it should be. Neuropsychologists are the most highly trained experts at assessing these conditions as well as IQ and memory

function, children with developmental issues or those with ADD and Aspergers syndrome. All these assessments involve comprehensive discussions with patient and family and extensive testing of the patients abilities. They then provide treatment plans for the patient and offer supportive strategies to the families affected. As trained psychologists they can also assist with the psychological impact of these conditions.

Bridget will be consulting fortnightly at the clinic and appointments can be made with reception.

The wheel turns

It has been fascinating observing the changing demographics of Rowville and Lysterfield over the past twenty-five years. Not many suburbs can boast five primary schools, yet as recently as ten years ago even this was not enough to cope with the burgeoning paediatric population of our suburbs. Medicare periodically provides doctors with charts comparing their practice to the average population and we were always amused at how far “off the charts” we were for patients aged under 15, and for the 25-45 year old age group.

Now the suburb—and with it the population—has matured. We have a bit of a hump in the 15-25 year-old age group—and as we know Rowville is significantly under-resourced with facilities for teenagers. Meanwhile their parents have also aged and our practice now has an above average population of patients in the 45-65 year old range. This is chronic disease territory, and we are seeing far more diabetes, blood pressure and other “middle-age” diseases than before. Fortunately we are well equipped with staff, facilities and services to deal with these issues.

As families reach a certain age and size, many parents decide that they don't want to chance one more child, which might throw their life-scripts into chaos. For couples who have definitely completed their families we are able to offer a range of long-term or permanent contraceptive services including Implanon contraceptive rods (lasting three years), Mirena IUDs (which last five years) or vasectomies (which are permanent). There are pros and cons of each of these (along with the other contraceptive options which remain) so we recommend that in the first instance you see your doctor to discuss your options and suitability and then we can arrange a specific counselling session for the method you are considering.

From the medical press

Each issue we bring you a few interesting developments in the world of medicine with references so you can read more.

A preliminary study—so the results cannot yet be taken as correct—suggests that sleeping on the left side during late pregnancy halves the risk of still birth (from 4/1000 to 2/1000). The theory is that it places less pressure on the aorta—the blood vessel which feeds the uterus.

A related study suggested that daytime sleeps in the last month of pregnancy increase the risk of stillbirth. Again this is a preliminary finding.

Finally, it has long been suggested that sex can be used to bring on labour. A new study of more than 250,000 pregnancies in China, Hong Kong and Western Australia showed that the rate of premature birth varies between Chinese women, depending on whether they keep the Chinese tradition of abstaining from sex during pregnancy. The researchers found that the rate of preterm birth for

women in urban China was 2.6% compared with 7.6% for women in Hong Kong, whilst it was 2.5% for Chinese women in WA who required an interpreter and 4.9% for those who did not need an interpreter.

<http://www.bmj.com/content/342/bmj.d3403>

Glucosamine, with or without chondroitin, does not work as a treatment for knee arthritis according to a comprehensive review of 10 trials involving 3803 patients. It found that the supplement neither reduced pain nor slowed cartilage breakdown.

The authors say their review found some trials showed a slight benefit of glucosamine over placebo, but the differences were too small to be relevant. They also found that trials that were sponsored by

drug companies showed more impressive results than trials funded independently.

<http://archinte.ama-assn.org/cgi/content/abstract/171/14/1270>

Infacol drops are often used in babies to relieve colic. It is made of simethicone which helps bring gas bubbles together and helps babies burp. It has always been regarded as completely safe and no significant side effects are listed but UK doctors have recently had a case where a baby with an underactive thyroid wasn't getting better despite getting steadily increasing doses of thyroid hormone.

Stopping the Infacol led to a rise in thyroid hormone levels and the dose of drug could be safely reduced.

<http://adc.bmj.com/content/early/2011/07/23/archdiscchild-2011-300333.short>

Sorry kids—one more

An improved vaccine is now available for children. Called Prevenar-13, it protects against thirteen different strains of the pneumococcus germ which causes pneumonia, meningitis and septicaemia.

Prevenar-13 became available in July 2011 and replaces Prevenar-7, which was a very good vaccine but not as wide-reaching as its newer cousin.

As well as being provided automatically to all babies at their 2, 4 and 6 month visits, Prevenar-13 will also be given to other groups:



- All children who are considered at medically high risk of infection will get a booster dose at 12 months.
- All children who got the full course of Prevenar 7 will be offered a single booster-dose of Prevenar 13 if they are still aged between 12 and 35 months. (Beyond that age the risk of infection becomes much lower).

The catch up program will be available for one year and is due to commence from 1 October 2011 to 30 September 2012.

If you have any queries about the program, please speak to your doctor or to one of our nursing staff who are all trained immunisers.

Financial stress

Financial problems are one of the commonest and biggest causes of stress and can often lead to depression, marriage breakup, alcoholism or drug use. Patients who get into financial difficulty often can't see any way out of their situation which compounds the problem.

We are therefore very pleased that our neighbours, the Wellington Care Centre, are running an initiative in partnership with EACH Social and Community Health and Knox Infolink. They are running three programs to assist people facing financial hardship or struggling with cost-of-living pressures.

First, they are offering a series of seminars on "Living on a Tight Budget". The seminars are run by an experienced Financial Counsellor. They offer practical advice on matters including managing credit, stretching your dollars, running a household budget, etc. These seminars are FREE, but bookings are required. The next series will be held at the Wellington Care Centre on the evenings of August 3, 10, 17 and 24. Further sessions will run later in the year and you can get the dates by calling the Care centre on 9764 3738.

Second, they will be offering people one-on-one sessions with a trained Budget Support Worker. This allows them to work through financial issues. Appointments can be made on the same number.

Finally, for patients in dire financial need, the Wellington Care Centre can provide emergency material relief.

We strongly encourage patients in need of support to contact the centre.



Wellness Whispers

NEW STAFF

Our practice keeps growing and we are delighted to be constantly adding to the range of services which we can offer.

Joining us in September, will be **Dr Joanne Pollott**. Jo is an experienced British GP who is relocating to Australia—in fact she followed her good friend **Dr Anna Harris**. She tells us:

“I have been working as a GP for 3 years in London and South-East England. My main professional interest is Women’s Health and have completed diplomas in obstetrics and gynaecology as well as family planning. That said, the main thing I enjoy about my job as a GP is the diversity it brings. Outside of work I enjoy singing, mainly in chamber choirs but I will sing anywhere, anytime (not normally during consultations, though!). I also love to travel and hope my move to Australia will allow me to see a lot more of the world.”

Two new medical specialists will begin consulting from our surgery. **Dr Elizabeth Thomas** is a paediatrician who practices at the Angliss and Casey hospitals. She is interested in all areas of general paediatrics, and enjoys the variety of hospital and private clinics, attending births and working in the Emergency Department, often in the same day!

She also has a strong interest in teaching medical students and junior doctors at the Angliss and Monash. Returning to work after having two girls, she is looking forward to settling down into one area. In her spare time she is studying for the Certificate IV in Breastfeeding Counselling and sings with the Royal Melbourne Philharmonic Choir. (Details of upcoming concerts available on request.) Beth will be consulting every Friday.

Dr Jeremy Blumenthal is a psychiatrist with a broad range of interests but particular experience in dealing with children and adolescents with mental health issues, a most interesting and challenging area of medicine. We are delighted to be able to access his services. He will be consulting at our surgery every fortnight.

We have also increased our massage services. **Beth Draper** who has been with us for over six

years will shortly be moving overseas for an extended period. In her place we have been joined by **Mr Wayne Treveana** and **Ms Jacqui Iscaro**.

Jacqui is a remedial massage therapist. She is trained in remedial massage, Swedish relaxation techniques, deep tissue, trigger point therapy and sports therapies just to name a few. Jacqui has worked in natural therapies clinics, day spas and as a mobile massage therapist over the past 7 years.

“As well as being a massage therapist, I am mother of two children under five, an avid reader and a budding thespian. I have recently performed at Gemco Players in Emerald. I also enjoy writing children’s fiction and recently published a memoir for my grandmother, I’m also a member of the Victorian Writers’ Centre, which is an organisation for aspiring and established writers.” Wayne tells us “I have a sincere approach to massage, and have a passion for the therapy. I believe it is important to treat the person and not just the condition.

“Whilst remedial massage is my passion, it’s not my only interest in massage with sports, pregnancy and relaxation up there. Stretch therapy is of special interest to me. Eight years experience has helped me hone the skills and knowledge that brings great reward and satisfaction in helping my clients improve their conditions, and lifestyles through improved health and wellbeing.”

As noted on page 2, we have been joined by neuropsychologist **Ms Bridget Regan**. Bridget has ten years’ experience as a Neuropsychologist, including senior roles at the Kingston Centre Memory Clinic and a Research Fellow at the Australian Institute for Primary Care and Ageing . Bridget has recently moved to the area with her family after living in the inner city. She says “I am really enjoying the change especially all of the kid friendly green spaces in the area with plenty of options for active family fun.”

Finally, turning from new to old, we are overjoyed that after a brief stint in Queensland, our receptionist **Charmaine Phillips** has rejoined us. She will be working at the front desk and taking on a number of administrative responsibilities.

Welcome to one and all!

The information in this newsletter is general in nature and cannot be relied upon in any particular case. Serious conditions may appear minor and vice-versa. We therefore advise that if you have any concern about your health, you should consult your doctor at the earliest opportunity.