



wellnews



Volume 14 Number 1

The newsletter of
Wellness on Wellington

Autumn 2012

Perhaps we shouldn't be the ones to say it but congratulations to us. This edition of *wellnews* is our 50th edition. Our first newsletter (named *Parkridge Medical News*) was printed just over 15 years ago in Spring of 1996, and whilst we haven't quite managed four editions every year, we have regularly produced this publication. Whilst there are practices that buy off-the-shelf newsletters, many of our patients have commented that they enjoy the personal nature of this publication, which is targeted at our practice and neighbourhood. And of course, the Gossip page is always popular!

This time we discuss weight loss surgery, winter vaccinations, correct carriage, updates in xrays and how to help babies sleep. We thank you for your support, and as always, invite you to suggest topics for articles in future editions.

Overweight and Obesity – A Surgical Solution?

The last forty years have seen an extraordinary rise in the number of people suffering from overweight and obesity in most parts of the world. In the USA obesity rates have doubled from 13% to around 30% over 40 years and Australian figures are similar.

There are multiple reasons for this change. Technology has reduced the need to burn calories both at home and in the workplace. Automated production lines and online shopping are simple examples. High calorie food is cheap and a part of everyday modern life. It is difficult for many people to remain weight-stable in this environment.

Obesity is strongly associated with many debilitating diseases. Type II diabetes, sleep apnoea, cardiovascular disease, osteoarthritis and an increased risk of some cancers are amongst the most important. Life span is reduced by up to 15 years and it also affects patient's self-esteem and quality of life.

Reversing the habits developed over a life-time can be very difficult. Advising less calories and more exercise is just

common sense but in practice is often exceptionally difficult to achieve. Commercial dietary programmes are useful to give structure but for most people are impossible to sustain.

For some patients, a surgical approach to overcome morbid obesity (and its associated diseases) may be useful. Sustained and significant weight loss can be achieved with this method. Successful weight loss surgery will result in between 50% and 80% of the excess weight being lost and will usually stay off unless the procedure is reversed. In the Swedish Obese Subjects Study, obese patients who had undergone surgery sustained an average 20kg weight loss but those who had been placed on supervised dietary programmes had simply gained 1.5kg over an 11 year period. Surgery to induce weight loss works by restricting food volumes and sometimes forcing the body to mal-absorb calories or inducing hormonal changes to suppress appetite. Gastric banding surgery is the simplest weight loss procedure and involves placing a silicone balloon

around the top of the stomach which can be periodically adjusted. Gastric banding restricts food volume and should induce a degree of appetite suppression.

Gastric bypass surgery has been around for over 50 years and involves creating a small stomach pouch with stapling devices. The small intestine is joined to this small pouch and the rest of the stomach "bypassed". This operation works by reducing food volumes, a little malabsorption of calories and inducing hormonal effects to suppress appetite. It works very well against type II diabetes.

Sleeve gastrectomy is a newer procedure which involves creating a long narrow tube out of the stomach by removing the bulk of it. It is midway in complexity between banding and bypass and is the only one of the three operations that is truly irreversible.

The effects on medical problems are usually dramatic. Between 50% and 80% of obese diabetics will no longer need medication after successful bariatric surgery. The majority of sleep apnoea patients will be able to throw away their CPAP masks. Several studies have indicated an improvement in life span.

All of these operations can be performed with keyhole surgery and major complications are not common. Around Australia each year almost 15,000 weight loss procedures are performed.

If you have further questions you can email enquiries to info@melbourneobesitysurgery.com.au, or call 9895 7215 or speak to your doctor.

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.

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

The Importance of Good Head Posture.

Posture is the position we hold our body in when standing, sitting or lying down. Our body does have an ideal posture, which enables it to function at its maximum potential, which also means that variations from the ideal position can have a detrimental effect on our health. Most people don't realise that the average adult head weighs about 4.5 kg, because we don't notice the work our spine, muscles and ligaments are doing to stabilise it, when it's sitting in the ideal position.

When that position is changed by the postures we adopt in our daily activities, we are actually increasing the load on our neck to the point where for every 2-3 cm of Forward Head Position, we double the load our neck and back structures have to cope with. This leads to increased wear and tear that in the short term can lead to upper back and neck pain and headaches and in the longer term to restricted movement and the increased likelihood of Osteoarthritis.

While all the new computer and mobile phone technologies are designed to make our lives easier, they are having a detrimental effect on our posture because of the hours we spend with our head and neck bent forward reading computer screens and other digital displays.

Dr. Frank Whelan from Wellington Family Chiropractic specialises in assessing posture and the effect it may be having on your spine. Dr. Frank says that good posture for your head means that when viewed from the side your ear should be located over the centre of your shoulder. When viewed

from the front your nose should be straight (not tilted) and both eyes at the same level. Any variations may indicate some spinal dysfunction.

The extent of your neck movements can also be an indicator of whether poor head posture is causing any restricted movements. With normal rotation you should be able to almost touch your chin to your shoulder and with normal side bending, bring your ear to your shoulder, so that it is at least at an angle of 45 degrees.

If you or others in your family are spending lots of time with heads bent forward, a simple exercise is to stretch your head back at least 6 times every hour to maintain good head position and muscle tone. Bookings for a full postural assessment can be made by phoning reception on 9780 8910.



Sleep baby, sleep

The number one priority for parents is getting enough—sometimes any—sleep. There are many suggested techniques including “camping out”, “controlled settling” and others. Now a new Australian study has shown that parents pretending to sleep in their baby's room can be as effective as the ‘controlled crying’ approach.

The journal *Early Human Development* recently published a study discussing a technique where parents pretend to sleep in their child's room, in full view of the child. The method was originally developed to treat separation anxiety.

The research involved sixteen



families using either controlled crying (where parents take progressively longer each time to come into the room and settle the baby) or the fake sleeping routine.

About half the children (aged 6 to 18 months) in each group improved their sleep pattern within three weeks and nearly all the mothers reported improvement at follow-up after five months. The children all seemed to be happy and the mothers all reported that their stress level had reduced and their mood improved.

One concern is whether having parents sleep in their room stops children learning to self-settle but the authors said this wasn't the case.

Do come and talk to us if you need help with your infant's sleep problems.

Pneumovax is back

For many years we advocated patients over the age of 65 receiving a pneumonia vaccine. Pneumovax is an effective treatment at decreasing the risk of pneumonia and some other serious, even life-threatening, infections. Apart from the elderly, Pneumovax is recommended for those who have had their spleen removed, patients with diseases that suppress their immune system (like AIDS and some blood cancers), patients on immunosuppressant medication (eg organ transplants, some people with arthritis or autoimmune conditions like lupus) and those with serious heart, lung or kidney disease, diabetes or alcoholism.

New recommendations have just come into effect

Initially, we recommended booster shots every five years. Then we recommended that patients over 65 get only one booster dose, five years after their first shot. And last year, it was felt that the side-effects of booster doses were too great, causing strong local reactions (swollen arm) in too many patients. All booster doses were put on hold

After lengthy review of the problems, new recommendations have just come into effect.

- Patients over 65 with no other health issues, do not need a booster.
- Patients over 65 who are smokers or with a chronic medical condition listed above need

one booster only, after 5 years.

- Patients under 65 who are smokers or with a chronic medical condition listed above need one booster after 5 years and a second booster when they reach 65 or five years after the first booster—whichever is later.

Because these rules can be complicated, please discuss with your doctor or one of our expertly trained nurses.

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 Dutch study has shown that drinking more water can make life better for those who suffer from headaches.

Patients were enrolled in the study if they had at least 2 moderate or 5 mild headaches per month and drank less than 2.5 litres of water a day. All the patients were taught stress management and given sleep advice but half were also encouraged to drink an extra 1.5 litres.

The results showed that while both groups continued to have headaches in the control group, 25% of patients felt their life was significantly better. In the water drinking group, 47% felt better.

Given that the treatment was cheap and had no side effects, researchers believe that all patients with regular headaches should at least try drinking more water.

<http://fampra.oxfordjournals.org/content/early/2011/11/22/fampra.cmr112.abstract>

The AMA is pushing for people to decrease the volume on their portable music players. A maximum of two hours at 90dB is recommended and lower is better.

If you can't hear someone speak when you are wearing earphones then the volume is too high.

Signs of damage include ringing in the ears, muted or dull sound after listening to music.

The AMA feels that there may be a need to regulate the output of personal music devices if people do not control the volume level themselves, owing to the significant chance of long-term hearing loss for those who regularly use earphones.



<http://flipperpage.com/catalogue/ama-issue-24>

Marathons don't cause people to drop dead more than other types of vigorous exercise.

A cardiac arrest during a half or full marathon happens in only one out of 184,000 people. Of these 30% survive, so less than one in 250,000 marathon runners die.

The study looked at almost 11 million people who ran in the US between 2000 and 2010.

Most cardiac arrests were in men with an average age of 42.

The only cause for concern was that the rate of arrest was rising, possibly due to more high-risk men undertaking vigorous exercise in an effort to improve their fitness. Patients therefore should be assessed for their risk of hypertrophic cardiomyopathy and atherosclerotic disease.

<http://www.nejm.org/doi/full/10.1056/NEJMoa1106468>

Flu clinics

Flu season is almost upon us again so now is the time to look at getting vaccinated. Immunisation against flu is recommended for everyone over the age of 65 and anyone who has a chronic medical condition like diabetes, heart, lung or kidney disease, smokers and pregnant women. It may also be useful for anyone who is worried about spending a week or more unwell with the flu, which can cause high fever, cough, aches and pains and profound tiredness.

For the past two years we have run a flu clinic at Peppertree Hill and Waterford Valley retirement villages, and will

do so again this year. These clinics, which don't have a fixed appointment time, allow us to immunise many patients in one day, though we don't have an opportunity to address other matters during those clinics.

Following the great success of those clinics, we will probably run a similar event at the surgery which will be open to all our patients. Dates and details are not yet confirmed so please speak to the receptionists.

If the flu clinic time doesn't suit you, you can attend your usual doctor for a flu shot. The vaccine is free for patients

over 65 or at high risk; otherwise we will charge about \$22 for the vaccine. Consultations which are for a flu shot and no other issues will be bulkbilled if they are on a weekday before 6pm.

Patients should also consider getting a pneumonia vaccination though this is not applicable to everyone who gets the

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flu shot.

The vaccine should be available by March, so please ask the receptionists about making our flu clinics and appointments.

Better bone testing

Bone density testing for osteoporosis has long been championed as a way of detecting women (and, to a lesser extent, men) at risk of suffering fractures. However we've never been really sure how often to repeat the test. We know things change over time, but should women be tested once a year - or once a decade? For most women, we've been testing every two years.

New research suggests that women who've been tested, have normal bone density and have no risk factors probably don't need to be tested more than once every 15 years! At that interval, only about one in ten women would develop osteoporosis between tests. That degree of success in identifying problems is considered acceptable, given the cost to the community (and patients) of performing screening more often.

For women with moderate osteopenia (weakness of the bones that is not as severe as osteoporosis) screening should be done every five years, whilst women who have advanced osteopenia (on the borderline of being called osteoporosis) should have their tests every year according to the research which was published in the New England Journal of Medicine.

The official Australian guidelines are under review by an advisory committee which determines the rules under which Medicare is willing to subsidise tests. When you talk to your GP about whether investigations are appropriate for you, they will discuss not only whether the test itself is worthwhile for you, but whether you fall within the Medicare rules for testing.

Wellness Whispers

NEW DOCTORS

In 2011, for the first time, we welcomed a registrar to our practice for 12 months. The experiment was an enormous success and we are very sad that **Dr Timothy Tai** has completed his year with us and must now continue his training at other practices. However we look forward to his return in future years.

Two new doctors join us for the first half of 2012.

Dr Rob Schoenmakers is our registrar. Originally a physiotherapist for ten years, he switched to a medical career nearly a decade ago. He tells us a little about himself: "I was born in The Netherlands but based on years lived, I am now supposed to be more Australian than Dutch. I graduated in Medicine in 2009 at The University of Queensland in Brisbane and met my wife in Mumbai—we now have 2 wonderful young boys. We love our family life but outside work and family, there is not much time left to spend on my wide range of interests. However I do still try to kick a soccer ball to inspire in my sons a love for the beautiful game. I recently completed a Diploma of Child Health which is my special interest in General Practice.

"We moved back to Melbourne from Brisbane a year ago. I miss my trips down the road to Byron Bay and my wife misses the warmer weather but still, we are happy to be back in Melbourne. I look forward to my time at Wellness on Wellington."

We are also being joined by **Dr Aaron Zhang** who joins us for advanced GP training.

"I was born in Xiamen – a city which sits on the south eastern coast of China, where I spent the first 11 years of my life. Then I migrated to New Zealand where I completed secondary school, before graduating from medical training at the University of Otago in 2006.

"I moved to Melbourne in 2007 and worked through various hospitals including Box Hill Hospital, Angliss Hospital, Maroondah Hospital, The Royal Melbourne Hospital and Peter MacCallum Cancer Centre. During this time I have also worked at different rural centres

including Wangaratta, Mildura, Bathurst and Lakes Entrance.

"Throughout the five years I have gained invaluable experiences in medicine, surgery, paediatrics, obstetrics and gynaecology, as well as emergency medicine. I have also developed a special interest in doing skin cancer work and would like to further extend my skills in 2012."

NEW STAFF

We would also like to welcome our new receptionist trainee, **Jessica Cachia** following the departure of **Holly Walsh**. "I suffer middle child syndrome as the third of five kids. I've just

completed my Certificate 2 in Business, while working as a receptionist in a real estate office and as a trainer at McDonalds.

I enjoy playing hockey and coaching juniors. In the future, I hope to travel to Europe and meet my dad's family in Malta."

NEW BABY

And welcome to Valerie Tay, new daughter of **Dr Vern-Li Tan**, who was born on December 8th - a great present on her sister Hannah's birthday! Congratulations to the whole family.

NEW LOOKS

Every three months we get new pictures from the Rowville Secondary College Art's department showcasing the works of their incredibly talented students. Noting that some of these artists are still in their early teens, you will be amazed at the quality of their work.

Also please tell us what you think of the new mural in the waiting room. It was the collective effort of over 40 students at Rowville Secondary and represents the full range of ages that we treat in family practice.

NEW SERVICES

We were honoured when Monash Medical Centre approached us to run a pacemaker-checking clinic every three months at our premises, starting from March. Appointments must be made through patients' usual cardiologist, but we are delighted we can help offer the convenience of a local service and strengthen our links to major hospitals.

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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.