



wellnews



Volume 21 Number 2

The newsletter of
Wellness on Wellington

Spring 2019

We take great pride that apart from excellent GP care, Wellness on Wellington has (as far as we know) the greatest range of specialist and allied health services of any clinic in Victoria. However, we've been frustrated for almost ten years that we haven't been able to offer optometry as part of our comprehensive care. So you can imagine how delighted we are to announce that optometry services will shortly commence at the clinic. Read this newsletter for more details.

You can also read about the increasing number of ways we deliver health care, now including telehealth consultations. And we revisit two very old topics—the importance of stopping smoking and how best to treat (or not treat) fever in children.

As always, there is plenty on the gossip page about comings and goings at the clinic. If you have any articles or topics you would like us to cover, please do let us know.

All the ways we offer

One of our aims is to keep introducing ways to provide services which are more convenient and effective for patients, without ever losing sight of our fundamental aim of providing high quality health care.

Two key examples of our success have been the number of patients who book appointments online and the significant increase in requests by patients for repeat scripts to be written without a consultation, via our website or phone-app.

Whilst most of these requests are agreed to and completed within 48 hours, we emphasise that we will not compromise our commitment to your health by providing scripts or referrals that we feel are inappropriate.

In general, for us to accede to a request, you need to be a regular patient of the clinic with a condition that we know well and are regularly monitoring with face-to-face review appointments.

There are fees for online requests which reflect the time involved in reviewing your file, considering your condition and the suitability of “just writing a script” and checking if there are any outstanding issues that need prompt review or follow-up.

We also now offer the opportunity for patients to request a consultation without attending for an appointment physically. Whilst a true face-to-face consult is often better, there are times when it isn't possible for patients to attend and the condi-

tion doesn't require an examination. An example would be when someone needs to attend the doctor to follow up results of blood tests previously ordered.

In these cases, some of our doctors are now willing to undertake telephone consultations or video appointments via Skype. If you want a telehealth appointment, please ring reception—these appointments cannot yet be booked online.

Please note that there is currently no Medicare rebate for telehealth consults and so patients will have to pay the full cost of the consultation without rebate, for the convenience of not having to attend. We hope Medicare will catch up with the modern world soon.

Wellness on Wellington prides itself on providing traditional, old fashioned care using the most modern resources and facilities. We are delighted that we continue to offer new technologies to assist in providing old fashioned care.

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

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!

Please also update the contact details for your Emergency Contact.

Check in for a checkup

One of the commonest problems that we treat in general practice is asthma. It varies tremendously in severity and is found in patients of any age over twelve months.

Many people with asthma have only very mild disease—so much so, that they only need to use a puffer a couple of times a year. Others get asthma only with a cold, or with exercise, or during hayfever season.



Whilst many people think they know how to recognise, control and treat their asthma, the reality is that many people with asthma are at much greater risk than they realise. In fact, of the 800 or so people in Australia who die of asthma each year, about half thought they only had mild or moderate disease.

Recently the Global Initiative for Asthma (GINA) guidelines for the diagnosis and management of asthma were significantly changed and the Aus-

tralian recommendations have recently followed suit. Amongst the most significant changes are reduced use of medications like Ventolin and increased use of cortisone sprays to prevent asthma. Combination medications which include a long-acting beta agonist (which opens up the

lungs) and cortisone (to reduce inflammation) are now used both to prevent and treat episodes of asthma.

Central to this is regular review of asthma. Most of our patients with diabetes are reviewed four times a year, even if their condition is

mild and well controlled. People with high blood pressure or depression—even when everything is fine—are seen at least twice a year to be assessed.

Asthma is no different and everyone with asthma really should be seen at least twice a year for a review—even if everything is going well. Amongst other things we would like to review how often you use various medications, whether your inhaler technique is correct (it often gets worse over time) and to test your lung function using spirometry.

Everyone with asthma should be seen at least twice a year for a review

Hot kids

Nothing is as scary as having a sick child, and the younger the child the scarier it is.

Parents often call us to ask whether their child's fever is high enough to need an appointment, or even to take to hospital.

We are always happy to take the call. Our nurses are very experienced at telephone triage, and we take great pride that our doctors are oncall overnight and able to respond to queries from concerned parents.

Nonetheless, it's helpful to have some general understanding of "When is a temperature too high?"

In one sense, it is actually the wrong question. Fever is not inherently a bad thing—in fact quite the reverse. Fever is the body's natural response to infection because most germs don't like living in environments above 37 degrees (normal body temperature). So fever helps inhibit the growth of germs and can even help kill them. That, after all, is why your body produces fever.

It is important to remember that the vast majority of infections in children are caused by viruses. Nearly always these will last between three and ten days, cause a mild to moderate fever, make the child miserable for a few days and then clear up without any complications.

The more serious infections that can affect children are bacterial. Even then, most bacterial infections aren't dangerous, but they can make the child terribly

miserable. Examples of these bacterial infections include ear infections and bacterial throat infections (though viral throat infections are much more common).

There are however some bacterial infections which are seriously dangerous and early treatment is important.

The big three are pneumonia, urine infections and meningitis. Depending on the child's age and the type of infection, these can

rapidly progress within hours.

Other serious infections include osteomyelitis and septic arthritis (bone and joint infections) and cellulitis (spreading skin infections).

How does a parent tell the difference between mild and serious infections? For that matter, how do we do it?

Curiously, the level of fever has very little to do with making the diagnosis.

We are much more interested in knowing how unwell is the child, rather than what is the temperature. A child who is hot, but is smiling, playing, feeding, drinking, inquisitive and generally reasonably happy, is very unlikely to be suffering from a serious infection.

A child that is listless, not drinking and not responding

to its parents, probably has something seriously wrong.

As a very general rule of thumb, children between the ages of two and five years are unlikely to have a serious infection if their fever is less than 39 degrees. Between the ages of six months and two years, we get more concerned if the temperature is above 38.5 degrees. For a child between three and six months, a temperature above 38 degrees is a concern, and finally, for a child under three months, any fever above 37.5 degrees needs to be seen promptly.

However a much better rule for working out if a child is unwell, is to rely on their parents' instinct! Rarely do parents get it wrong.

If you feel your child is seriously unwell, then almost certainly they need to be seen. It doesn't mean that we will find a serious infection, but it does mean that we need to seriously look at it. You can always ring and ask for an urgent appointment. Even if we are fully booked, we will always see a sick child, though there may be a period of waiting till a doctor is free.

Finally, a word on Panadol. As we said, generally fever is a good thing. Therefore, if a child is hot and happy, there is no need to treat the fever. If, however, the child is in pain, or the fever is making them so miserable that they can't sleep, then a dose of Panadol or Nurofen following the dosing directions on the bottle, is appropriate.

Fever and illness in children is a necessary part of developing their immune system. But if you are ever worried, please don't hesitate to be in touch.

A much better rule for working out if a child is unwell, is to rely on their parents' instinct! Rarely do parents get it wrong.



From the Medical Press

A short summary of articles in the medical press that may interest you:

Skipping, rather than jogging, puts less pressure on the knees but burns 30% more calories
<https://www.sciencedirect.com/science/article/abs/pii/S0966636218316515?via%3Dihub>

Online symptom checkers are more likely to get the answer wrong than right, even when given the opportunity to make three choices.

<https://jamanetwork.com/journals/jamaophthalmology/article-abstract/2730369>

Acupuncture is not without risks, as shown by a case report of a woman who suffered a pneumothorax (punctured lung) whilst receiving acupuncture for back pain

<https://casereports.bmj.com/content/12/6/e228770>

Admission to hospital with vaccine-preventable diseases has increased by almost 50% in the past two years. Get immunised!

<https://www.aihw.gov.au/reports/hospitals/admitted-patient-care-2017-18/contents/summary>

What do you see?

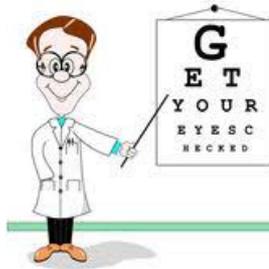
How often should adults and children have their eyes checked? Our new optometrist, Marvin Janet explains the answer to this very important question.

In general, adults should be examined every 2 years unless the optometrist finds a condition which needs more frequent monitoring, in which case a recall program would be set up to review your vision more frequently. Common reasons that lead

Kids should be seen yearly as their eyes are still developing

to early recalls include cataracts (cloudiness over the lens of the eye), glaucoma (increased pressure inside the eye), diabetes (which leads to overgrowth of blood vessels in the eye) and macular problems (damage to the central part of vision).

Children should be examined from age 3 years and up. In general it is good to examine kids before starting prep to make sure their visual system is ready to take over as the main sense for learning as they start to read and write. Children whose visual systems are not sufficiently developed at this stage can have difficulty making progress at school. A quick eye test can



sometimes make a huge difference to a child's success in school.

Generally, kids should be seen yearly as their eyes are still developing and a lot can go wrong with the focus at this time which can lead to all sorts of issues.

There is also a big trend among our youth these days to develop myopia (short sightedness) from over use of

computers. If caught early there is a lot that can be done to stop myopia developing. The problem with myopia is that it can lead to many eye diseases like glaucoma and macular problems later on in life which can even cause blindness.

Of course if you or your child experience any vision or eye problems at any time please don't hesitate to come in for an eye examination, even if it is sooner than the recall time. Some signs which could indicate that a sooner appointment is needed include blurred vision, painful eyes, teary eyes, poor night vision, increased light sensitivity and double vision, to name a few.

Just Quit!

Probably the single commonest topic that we raise in this newsletter is how important it is to quit smoking. Why do we keep going on about it?

1. Smoking is the common risk factor in most common causes of death. Heart attack, stroke, nearly every form of cancer, emphysema and other conditions are all much more likely in smokers.

2. Smoking causes a number of other serious conditions which might not kill you but will make your life terribly miserable. Emphysema (with severely reduced exercise capacity), chronic bronchitis (with constant coughing), peripheral vascular disease (with severe leg pain, inability to walk and frequently amputations) are all caused largely by smoking.

3. Smoking makes other conditions much more dangerous. Diabetes has its own risks—but they are significantly worsened by smoking. The oral contraceptive pill is generally safe, but older women who smoke are at significant risk of heart attacks and blood clots



4. It costs a bomb! A 25 year old who smokes a packet of cigarettes a day could retire with over \$5 million if they invested the money instead of sticking it in their mouth and lighting a match. (If that figure seems hard to believe—ask us and we'll prove it!)
5. The single greatest improvement in health in Australia in the past 30 years has been the reduction in smoking from about half the adult population to about 15%. If we could get that last group to quit (and especially if we can prevent

If cigarettes were invented today, we would laugh at the notion that they could possibly be legal.

young people from taking it up) it will be the biggest public health success in Australia's history

6. Because it is a smelly, expensive, addictive, dangerous product that has no redeeming features. If cigarettes were invented today, everyone would laugh at the notion that they could possibly be legal.

All our doctors want to help you quit. If you've tried before, it really is worth trying again. Please book a 30 minute appointment to discuss all the ways we can help break both the habit and addiction aspects that make quitting so challenging.

Wellness Whispers

COMINGS AND GOINGS

With the changing of the seasons comes the changing of the registrars, and sadly we farewell **Dr Madeline McLaren** who will continue her training in other clinics, including a stint in a sexual health centre. However, we are delighted that she will return to Wellness on Wellington in the middle of next year.

We are joined by two registrars for the second half of the year. **Dr Sonia Jitpinyaroj** graduated from Monash University in 2014. She initially commenced Basic Physician Training with Monash Health before deciding on General Practice for the variety, continuity of care and challenges.

Sonia describes herself as a happy and positive person, who enjoys building strong doctor-patient relationships to optimise her patient's health.

In her spare time, she enjoys hiking, reading self-development books and dining out. She is extremely excited to be joining the team at Wellness on Wellington.

Our second registrar is **Dr Danielle Hume** who studied medicine through the University of Melbourne and has worked and lived in many rural areas of Victoria. Having now settled in Melbourne with her husband, she has been busy completing her GP training. While she enjoys all areas of medicine, she particularly enjoys children's health, mental health and preventative care - but most of all she enjoys getting to know her patients! In her spare time she enjoys cooking, hiking and dabbling in some painting.

We also welcome two new receptionists to our team. **Mesha Herath** graduated with a Bachelor in Public Health Science and wants to eventually become a nurse to further help others. She hopes to volunteer around the world.

"Working at Wellness on Wellington has been amazing as I get to help people every day with each phone call and face-to-face interaction. Wellness is very lucky to have such an amazing team. They have helped me fit in without any troubles and made me feel at home. I am excited to see what the future holds."

Kerry Shanley previously worked in hospitality and retail. She tells us:

"Seeking a change I completed my Certificate III in Medical Administration and feel fortunate to be now working with a fantastic team at WOW.

"I spend my spare time in the garden, getting outdoors for walks and baking sweets for my family and friends."

NEW SERVICES

We are delighted that we will be able to offer optometric services at WoW. **Mr Marvin Janet**, who has over 25 years experience is joining our team as an optometrist and will commence consulting weekly on July 23rd. He tells us about his background and his hopes for the practice.

"I originally qualified in 1993 in Johannesburg South Africa and have been in full time practice since then.

"In 2002 my wife Leann, our 2 year old son and I decided to make our new home in Melbourne. We have loved it here from day one! Since then we have added 3 Aussie kids to our family.

We are delighted that we will be able to offer optometric services at WoW, commencing weekly consultations on July 23rd

"I will be providing a full optometry service including glasses. The comprehensive eye examinations will include testing for glaucoma, cataracts, macular degeneration as well as diabetic eye care.

"One of my special interests is children's eye care. All kids should have eye tests from age 3 years and every year after that.

"I enjoy spending time with and getting to know my patients. I get to meet so many amazing people. By carefully trying to understand the needs of my patients I am able to work out the best solutions for their eye care needs."

Appointments for Marvin can be made with the receptionists. Appointments are not necessary, but will sometimes be helpful in order to better coordinate your care.

We are also delighted that after a short break we are again able to offer massage therapy services at the clinic. **Lynette Ross** has vast experience in the field of massage since graduating more than 25 years ago.

Lynette is extremely passionate about all alternative therapies and has studied various modalities in different fields over the years.

Lynette's unique style of massage is not only relaxing, but involves myofascial cupping for those that require assistance in overcoming or even preventing injury.

Lynette is excited about joining the Wellness Team and looks forward to meeting you soon!

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.