



wellnews



Volume 23 Number 2

The newsletter of
Wellness on Wellington

Winter 2022

Naturally we write a lot about Covid and Covid vaccination in this issue of *wellnews*, but the speed with which health information is changing during the Covid pandemic means the newsletter will be out of date by the time you read it. (For example, though this issue discusses the risks of blood clots from the Astra Zeneca vaccine, just as we go to print there is news in the medical press about potential heart problems related to the Pfizer vaccine which we have neither the time nor space to consider in this issue.)

This is why we strongly encourage you to sign up for the email version of this newsletter by filling in a form at the front desk, or clicking the orange button on our website. We recently reached the milestone of 1,000 subscribers to our email list *Wellness Weekly*. Whilst our printed *wellnews* newsletter remains popular and we will continue to publish it for some time, our short weekly email will keep you up to date with the most important issues in Covid (like the Pfizer vaccine) and health care generally.

How risky is a risk?

How many words have we learned in the past year? Pandemic, epidemiologist, contact tracing are all terms that most of us never used until Covid hit.

Another phrase that we are sadly hearing more of is “vaccine hesitancy”. Based on incomplete or inaccurate information in the media and especially social media, a proportion of the population are postponing or even avoiding having Covid vaccines because of the fear of side effects. So we want to clarify the facts and the actual risk.

Most of the concern revolves around the risk of blood clots

from the Astra Zeneca vaccine. Note that these clots—called TTS (thrombocytopenic thrombotic syndrome)—have absolutely nothing to do with the clots called DVTs that people usually associate with the word. DVTs are caused by sitting still for too long, such as on plane trips, or follow surgery or some fractures.

TTS is essentially like an allergic reac-

tion. We can't predict who will get it but it is not related to any other type of clotting.

For people over the age of 50, there is only a very low risk from the Astra Zeneca vaccine. The risk of clotting problems seems to be higher in those under 50. And of course people over the age of 50 are much more likely to both catch Covid, and suffer complications or death if they do. So getting the AZ vaccines is by far safer than not.

How big is the risk? The risk of clotting seen with the AZ vaccine is roughly 4 cases per million. Of these, about one person will die.

In comparison, in Victoria about 40 per million people die in car accidents. So you are about 40 times more likely to die in a car accident this year than you are of Covid vaccination. Or another way to think of it is that every nine days that you are a driver, passenger or pedestrian, you have the same risk of dying as you do of the AZ vaccine. Yet people who are too scared to get the AZ vaccine, continue to drive without any fear whatsoever!

For those under 50, there is a small risk with the AZ vaccine - but the risk is very low. If an alternative is available – like the Pfizer vaccine – that is preferable, but it is much safer to get the AZ vaccine than no vaccine at all. So for those under the age of 50 who can't get the Pfizer vaccine, and who have risk factors that make them more likely to get Covid, or more likely to get complications if they contract Covid - there is a case for getting the AZ vaccine but it needs to be carefully discussed with your doctor.

The other important point is that if your first Covid vaccination was the AZ shot, then you should definitely get the second one. It seems that the risk of the clotting problems is confined to the first injection when the body first produces antibodies. Overseas experience suggests there is no problem with the second dose.

Our Covid vaccination clinic is now well established with improved systems and workflow. We are gradually increasing the number of patients that we can see each day, so if you have had trouble getting an appointment please check back to see if any new vacancies have arisen.

And if you are struggling to use the booking system, we have good news. Please see page 4 of the newsletter for information on volunteers who will make the bookings for you.

Under 50 the Pfizer vaccine is preferable—if it is available.

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—

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Update your home phone, work phone, mobile phone and address at reception!
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Nurofen vs Panadol

The ibuprofen (Nurofen) vs paracetamol (Panadol) debate has been going on for years. Arguments abound about which is more effective for fever, which is better for managing pain and which is safer.

So finally, we have an extensive meta-analysis—a study which looks at all the previous studies and puts them into a single statistical assessment—comparing the two medications in children younger than two years of age.

Doctors from New Zealand looked at 19 studies which had enrolled over 240,000 patients. They then looked at five main endpoints.

Nurofen is better than Panadol at reducing fever within four hours and that effect continues if used for twenty-four hours. So if your aim is to reduce the fever in your child, ibuprofen is probably a better choice.

(However as a side note, we would like to emphasise that in most cases it isn't necessary to reduce a child's fever. Fever kills germs—which is why the body produces fever—and a child who is hot and happy probably doesn't need anything for the fever. Only if the fever is making them so miserable that they can't sleep is there a strong reason to give them medication.)



When it comes to pain, Nurofen was better than Panadol at twenty-four hours. However there was so little difference at four hours that the researchers weren't really able to recommend one over the other. So if you are likely to be giving your child a single dose of medication, it probably doesn't matter which. If it will be ongoing for a day or two, ibuprofen may work better.

Finally, the researchers could not find any significant difference in side-effects between the two medications. They seem to be equally safe, at least when used in recommended doses for short periods of time.

We'd like to emphasise that even though the studies seemed to favour ibuprofen, the actual difference between the medications was relatively small. So, if one seems to work better than the other for your child, use whatever you are most comfortable with.

Polyp risk and bowel cancer risk

We all know that bowel cancer runs in families, so if you have a first-degree relative (parent or sibling) with bowel cancer, you should definitely be tested regularly, with the usual recommendation being to begin testing 10 years before the age that they got bowel cancer. Usually that will involve having a colonoscopy to look for polyps in the bowel and remove them at the early stage before they become bowel cancer.

And everybody should have a poo test that checks for blood every few years, beginning at the age of 50. Usually the government will send one to you—a very special birthday present! If not, ask your GP for a kit.

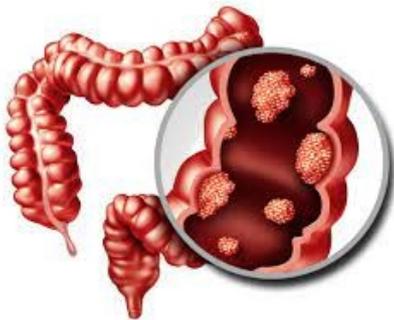
We know that most bowel polyps are not cancer, so till recently we didn't think that polyps in family members was a big risk factor (except in a very rare condition called Lynch's syndrome where patients have literally hundreds of polyps and a much higher risk of cancer.)

However a new study shows that even if your family members have bowel polyps that are not cancerous, there is still an increased chance that you might develop bowel cancer. And if you have two family members with bowel polyps, the risk is about the same as having one family member that had cancer.

The good news is that bowel cancer is reasonably easy to diagnose using either a poo-test or colonoscopy. And if found early, it is a cancer with a really high cure rate.

It's therefore well worthwhile spending an evening going through your

family medical history and making sure that all your relatives know what risks each of you carry. Then have a chat to your doctor about what tests may be most appropriate for you.



Exercise in pregnancy

Developing, maintaining and increasing fitness during pregnancy is important for many reasons. Pregnancy itself is hard work—carrying around 10-15 kg of extra weight made up of baby, fluid and other tissue is a huge extra demand. If you don't think so, just carry a 15kg weight with you all day long and try to do your normal activities!

Then there is the huge physical demand of giving birth. It is called labour for a reason, and it is clear that fitter women are better able to handle the demands of childbirth. Finally, increased fitness during pregnancy offers some additional resilience in the challenging first weeks and months of motherhood.

So the fitter you are before and during pregnancy, the better. The question then is how can you safely exercise in pregnancy to develop that fitness.

Two new resources were released in May this year. The Australian Department of Health has published new guidelines outlining safe and desirable exercise limits. In essence, pregnant women should aim for the same exercise levels as the general population—about 45 minutes of moderate exercise a day, five to seven times a week.

Moderate exercise can involve walking, swimming, cycling, yoga, dancing or almost any other form of movement. Resistance exercise – that is, using weights—is also encouraged two or three times a week.

How do you know if exercise is moderate and not too vigorous? The easiest guide is the “talk test”. If you not able to carry on a conversation whilst exercising, you may be pushing too hard. It is important in pregnancy not to exhaust yourself, and listening to your body is important.

Pregnant women should also avoid lying on their back in the middle and late stages of pregnancy as this position can reduce blood flow.

Finally, ESSA (Exercise and Sports Science Australia) have also released a handy guide to suitability of exercise in different stages of pregnancy.



From the Medical Press

Reducing salt intake may reduce the symptoms of overactive bladder, so that there is less urgency to go to the toilet
<https://www.nature.com/articles/s41598-021-83725-9>

Everyone with kidney stones should consider getting bone density testing. Note though that there is no MBS rebate for this!
<https://asbmr.onlinelibrary.wiley.com/doi/10.1002/jbmr.4260>

Another case report demonstrating the dangers of “natural” herbal products—liver damage caused by black cohosh.
<https://casereports.bmj.com/content/14/5/e240408>

Most acral melanomas (those on the palms and soles) do not come from previous moles—they are completely new.
<https://jamanetwork.com/journals/jamadermatology/article-abstract/2779644>

Work hard, play hard— but never too hard

We all know that exercise is good for you. So what if you have a physical job—does that mean that you no longer need to do exercise in your leisure time? Turns out that probably a physical job is more harmful for your health than not exercising at all! In a Danish study of over 100,000 people whose activity was followed for at least ten years, those who worked in the most physically demanding jobs had a 27% higher risk of dying than those who had the most sedentary jobs. Even less physically strenuous jobs had an increased risk of death. Those in the high exercise-jobs had a 13% increased risk and those in the moderate exercise jobs had a 6% increased risk compared to those in the most passive jobs. The researchers then looked at the protective effects of exercise during leisure time.

Physical workplaces might need to rethink the demands on their staff

Moderate exercise during leisure time reduced death risk by 26%, and high or very high exercise levels reduced the risk by about 40%. Interestingly very high exercise was not as protective against heart attack as high exercise levels. There seems to be a point at which exercise causes too much strain. So what is the difference between work and leisure time exercise? We aren't entirely sure. It may be that work related exercise is too constant, for too many hours. This may result in elevated blood pressure and pulse, inadequate rest and too much fatigue. In turn, this suggests—but doesn't prove—that physical workplaces might need to rethink the demands on their staff, perhaps alternating periods of high

intensity work with periods of rest throughout each work day. A study of this size is often confounded by many different variables. For example, the very high physical work group tended to also do more leisure time exercise, but also had lifestyle issues like unhealthy diet and smoking. Nonetheless the size of the study suggests that these impacts are real. Moderate and high—but not very high—levels of exercise during leisure time seem to be the best protection there is. For patients who do very high levels of physical work, a heart check with your doctor may be a good idea. Our last newsletter indicated the many new heart tests which are now available, and patients in demanding physical jobs may be most suitable for testing.

Statin safety

Cholesterol tablets—statins—are truly one of the great advances in medicine and heart health in the past 40 years. They have made a significant difference to lowering cholesterol levels and reducing heart attack risk. However many patients complain about side effects of medications, and with statins there is often talk about them causing muscle pain (myalgia) or even muscle damage. To settle the debate whether the myalgia that people experienced is caused by the medication, researchers in Britain conducted a trial over two years in fifty general practices. Patients who had tried statins and complained of symptoms were enrolled for a one year program where they got six months of statin and six months of placebo tablets (sugar pills). The pills were given in blocks of two months each and the order of the pills was random so that neither the doctors nor the patients knew which tablets they were taking when. The patients then kept diaries of their muscle aches and other symptoms to compare with the pills given once the code was broken at the end of the trial. It turned out that there was essentially no difference between the two types of pills. In fact the placebo pills resulted in slightly more complaints of myalgia, though the increase was so small it was considered non-significant.

The study gave them renewed confidence to retry a medication that they had previously rejected.

Marginally more patients in the statin group stopped taking tablets altogether due to muscle pain (about 9% compared to 7% in the placebo group) but again the difference was so small as to not be considered a significant effect. Most interesting, after the trial was over, about two thirds of the patients agreed to recommence long term use of statins—with obvious benefits to their heart health. Remember that these were all patients who had previously stopped taking medication because they felt that the tablets were causing them intolerable side effects, so their agreement to then restart long term medication is a valuable advance for their health and an indication that the study gave them renewed confidence to retry a medication that they had rejected. The study also demonstrates the effectiveness of these kinds of trials for patients generally. It is difficult in general practice to get placebo tablets that exactly match the active tablets, but in conversation with your pharmacist, we may be able to get other tablets that mask what you are taking and let us conduct an experiment to see how the side effects you may be suffering are related to the tablets you taking.

Wellness Whispers

BETTER BOOKING FOR COVID SHOTS

We acknowledge how complex the procedure for booking Covid vaccinations is. (We want to emphasise - it's not our fault. Unfortunately, we are required by the Government to use this ridiculous system that makes you enter the same information three times!) So we have good news for those who are seriously struggling to book or just don't have a computer. We are delighted that the local organisation **Volunteers for Knox** will help you make your booking either by talking you through the process step-by-step, or just doing the booking for you if you don't have a computer at all.

They can be contacted by emailing them at

office@volunteerforknox.com.au
or by calling them on 0429 968 822.

(You may have to leave a call back message).

We are deeply grateful to Sally and her team for their help. We

encourage patients who are struggling to use this system, but ask that it be reserved for patients who genuinely can't manage the process themselves, as we don't want to overwhelm these generous and kind volunteers.

BETTER UNBOOKING FOR COVID SHOTS

Unsurprisingly, but disappointingly, we've seen a number of people cancel their Covid vaccination appointments in response to the badly reported information about the risks of the Astra Zeneca vaccine. We emphasise that the risk of developing clots is about one in 250,000 and the risk of dying is about one in a million.

Even more so, we are frustrated by patients who do not cancel their appointment but just fail to attend. Please note that if you choose not to be vaccinated, we respect that decision, but please have the courtesy to make appointments available to others who do want the jab by actually cancelling if you don't want to or are unable to attend.

NEW STAFF

We are delighted to be joined by two new receptionists. **Emma Gyuriak** was born and bred in Ferntree Gully. "I started my medical reception journey 10 years ago. I'm married with two beautiful children. Besides work and wrangling children I love nothing more to sit in the sun and have a big coffee. I look forward to getting to know everyone at Wellness on Wellington."

Dominika Mikolajewski tells us "I live in Rowville but I was born in Poland and came to Australia in 1981. I love spending time riding a bike

with my husband, two kids and our puppy Charlie, and watching movies on a Saturday night."

We welcome them both, along with a large cohort of medical students from Monash University who are helping us with administration and clinical care in the Covid Vaccination Tent. Their skill and enthusiasm has already impressed us all, and we are delighted to be adding to their skills as they help us.

MEDICARE MAYHEM

Telehealth has been a huge boon for patient care during the pandemic, but unfortunately Medicare will be changing the rules for Telephone consultations from July 1st.

From that date you will only receive a Medicare rebate for telephone consultations for "brief" and "standard" consultations. For longer consultations like care plans and mental health, no Medicare rebate will be available for telephone calls.

From July 1st, Medicare will provide a rebate for phone calls only for standard consultations.

Rebates will still be available for all VIDEO consultations, but our experience over the past year has been that video calls to patients have often been clunky with lots of internet dropouts and poor reception and video quality. We therefore think it unlikely that we will switch to using video for most matters. If the consultation is likely to be a longer one, or related to care planning, mental health planning etc, we will probably need to ask you to attend for a face-to-face appointment.

Whilst we agree that many matters should not be done by phone - examination and observation of the patient are really important! - we feel that the decision for what is suitable to be done in person, by video or by phone should be left to the patient and doctor to decide, not Medicare.

If you feel strongly about this, we urge you to write to Health Minister Greg Hunt.

CONGRATULATIONS

Hearty congratulations to **Pierina Marino** who recently reached her 10 year anniversary as a caring and highly capable receptionist. We are so grateful for her dedication to our patients and practice.

And congratulations to **Dr Les Segal** who recently completed 15 years at Wellness on Wellington. Les is held in high esteem by everyone at WoW for his compassionate manner and outstanding skills as a doctor. He is a wonderful teacher, an exceptional role-model to our younger doctors and has a delightful sense of humour. We are incredibly lucky to have him, and look forward to many more years with both these team members.

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.