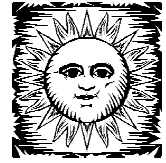


wellnews



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The newsletter of
Wellness on Wellington

Summer 2011-12

This edition of our newsletter is full of confusion and contradiction—because that’s the reality of the world of medicine. For every research study saying mammograms to screen for breast cancer or PSA testing for prostate cancer save lives, another one says that they are useless. If doctors are confused about the evidence, what hope can patients have to make sense of it all?

Ultimately it’s best to avoid dogma and admit to uncertainty. Please read both sides of the debates in our newsletter, then discuss your individual circumstances, risks and attitude with your doctor. Remember the studies don’t look at what’s best for you—only what the figures show for large populations. But your individual position will always be a little different and only your GP can really look at the study in the context of your needs.

The prostate problem

Prostate cancer is the commonest cancer found in men—but we still don’t know the best way to find it or treat it. Several studies have recently been published discussing the benefits—or lack of benefit—in performing PSA blood tests to screen for prostate cancer. A recent review of multiple studies confirmed that the largest, highest-quality research trials performed on prostate screening showed conflicting results!

An American study found that screening men aged 55-69 gave a 20% reduction in risk of dying of prostate cancer, which meant saving 7 lives out of 10,000 men over nine years.

The other good quality study, done in Europe, found no benefit at all over ten years but showed that men who had three or four tests during that time had a 12% chance of a false-positive result. These men proceeded to have biopsies of which about 1 in 150 caused serious infections or other complications.

If prostate cancer is found on a PSA and biopsy, the decision must be made whether to treat. We know that many prostate cancers are very indolent (passive) and won’t ever kill the patient. Others are very aggressive and no treatment will work. For both these groups, any form of treatment (prostate operations, external radiotherapy, hormone therapy, radioactive seeds implanted in the

prostate or even castration) will have no benefit but plenty of side-effects are common.

There is however a middle group where treatment will save lives - but the PSA test is not good at identifying who those patients are. An analysis of good-quality trials that compared early surgery versus “watchful waiting” (regular review but no surgery unless there is evidence of progression in the cancer) showed that early surgery decreases risk of dying by 38% over thirteen years, which meant 6 extra men out of a hundred were still alive.

However the benefit of early surgery seemed to be mostly in men younger than 65.

Surgery also had side-effects. One in three men developed erection problems after surgery and one in five developed urinary incontinence. Radiotherapy had a little less side-effects but could also cause bowel problems. Some men also died of the surgery itself.



None of the studies looked specifically at the value of digital rectal examination (“finger up the bottom test”) but in principle there seems little disadvantage to the examination—except the small amount of discomfort involved.

What conclusions can we draw from these studies? First, no-one can say for sure that their life was saved (or would have been saved) by having a PSA. Despite the media hype, it is impossible to determine whether finding a prostate cancer early did or didn’t make a

difference.

Second, overall there seems little benefit in prostate cancer blood screening for younger men, despite the media doing its best to scare men (and their partners).

Third, the decision to screen for prostate cancer, even for men in the target age range of 55-69, is open to debate. Currently we can only say that at best, the PSA test results in a small decreased risk of dying of cancer, and that doing the test raises the possibility of a false-positive result with potential side-effects from treatment.

Fourth, it is very clear that lots more research needs to be (and is being) done on prostate cancer screening and treatment. For this reason, the recommendations and advice we give will continue to change regularly.

Finally, the most important element in deciding to have the test will be to clearly think about your attitude to risk—the risk of missing a cancer, the risk of finding one and not treating, or the risk of treating a cancer and developing side-effects.

For updates on the latest thinking and to discuss what is most suitable for you, set aside some time for a talk with 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!

Best breast advice

Did you know that 1 in 9 women are affected by breast cancer in their lifetime?

The older we are the greater the risk of all cancers and this is true of breast cancer too. Some women who have a strong family history of breast or ovarian cancer may also have increased risk, but keep in mind that only 5% of breast cancers are due to a specific gene defect that is passed down through the family.

Other risk factors include being overweight, drinking too much alcohol, not bearing any children or being very young when starting periods (earlier than age 12) or older than age 55 when going through menopause. Nevertheless remember that 95% of the population are at average risk of developing breast cancer in their lifetime.

We suggest that women be breast aware—pay attention to your breasts when showering, dressing or looking in the mirror. Doing a self breast examination can also be helpful to get to know the shape and feel of your breasts. However, self breast examination is no longer routinely recommended as there is no evidence that using this method helps to detect breast cancers any better than in women who do not do a regular self breast examination.

Some things to look out for are:

- a nipple discharge
- a change in the size or shape of the breast or nipple

- a change in the skin over the breast such as redness or dimpling
- a new lump, lumpiness or an unusual persistent pain, especially if it is in only one breast.

Mammograms—a low dose xray of the breast—are often recommended to help detect breast cancer early. The benefit of mammograms is a bit controversial (see *From the Medical Press* on page 3) but currently remain standard practice in Australia, particularly for women aged 50-69. These women will be invited by BreastScreen Australia to have a free mammogram every 2 years. To make an appointment you can call 132050 for your local breast screen location.

Remember that things can change in the 2 years between having mammograms so always promptly report any new or unusual changes to your GP.

In the meantime, there are a few things you can do to reduce your risk of breast cancer:

- Keep a healthy diet and exercise – being overweight can increase your risk of breast cancer by as much as 40%

Mammograms remain standard practice in Australia, particularly for women aged 50-69

- Reduce your alcohol intake to no more than 2 standard drinks a day with 2 alcohol free days a week
- Be breast aware and report any new symptoms to your GP. Remember that 90% of lumps are not cancer—but that can only be determined by examination and tests.

Lunchtime worries

Just to prove that almost everything you do is wrong, researchers have now shown that children's school lunchboxes may be decidedly unhealthy because most parents fail to keep their children's food at a safe temperatures.

Studying about 700 preschoolers' lunch boxes, researchers found that over 98% of perishable foods such as meat, dairy and vegetables were kept at unsafe temperatures.

Even with multiple ice packs, most foods reached unsafe temperatures, putting children at increased risk of food poisoning.

The researchers defined an unacceptable lunchbox temperature as above 4° Celsius, the point at which bacteria begin to multiply. Temperatures were measured about 1½ hours before the children ate the food.

Around 45% of parents attempted to provide cold storage with ice packs, the study found, although this did not have a big impact on the overall safety of the lunch box.

And even when lunchboxes were stored in refrigerators, most food items reached unsafe temperatures. The researchers suggested this could result from the design of lunchboxes, or from substandard refrigeration at the schools.

Considering most of us survived school lunches stored in paper bags, you'll need to make up your own mind about how necessary you think it is to change your child's lunchbox contents.



Mental health under stress

In the 2011-12 Federal Budget, the Government decided to reduce Medicare rebates for GP mental health services by up to 46 per cent. These changes took effect on 1 November 2011.

Mental health issues are extremely distressing for patients and require considerable care, skill and above all time for doctor and patient to explore the issues. Despite this, rebates have even been reduced for doctors who have undertaken mandated extra training in mental health care techniques and treatments.

The justification for the rebate cut is odd when mental health is declared to be one of the government's priority health care areas. Yet development of a care plan for patients with physical problems is more than double the rebate for developing a care plan for patients with a mental health issue.

At this time, to avoid additional financial stresses on our patients, we will be lowering our fees in line with the decreased rebates but we are unable to guarantee that we will be able to maintain the substantial fee decrease.

Additionally, the number of consultations with psychologists which may be subsidised by Medicare under a mental health care plan have been cut from a maximum of 18 per year to a maximum of 10—and even then, only in “exceptional circumstances”.

If you feel that these policy decisions should be reconsidered, please write to the Minister for Health and Ageing, The Hon Nicola Roxon MP, Parliament House Canberra, ACT 2600 or email to nicola.roxon.mp@aph.gov.au

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.

Cranberry extract may still have a role in treating recurrent urine infections (UTIs) in women despite being less effective than antibiotics.

A study of 221 premenopausal women with recurrent UTI found those who took a 12 month course of cranberry capsules were more likely to develop at least one symptomatic UTI compared with those who received an antibiotic. However, antibiotic resistance to the germ *E. coli* developed in 85% of women in the antibiotic group after a month, compared with less than 30% among women who took the cranberry extract.

Cranberry supplements (500mg twice a day) might be a useful alternative for women who need to prevent recurrent infections but are worried about developing drug-resistance if they are prepared to have a slightly higher risk of infection.

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

Researchers at the American National Institutes of Health have developed an online weight simulator to predict what happens when people of varying weights, diets and exercise habits try to change their weight. Their findings challenge the standard view that eating 3,500 fewer calories, (or burning them off exercising), will always result in 500g of weight loss. Instead, the simulator suggests that this assumption overestimates weight loss because it fails to account for how metabolism changes.

The tool, at bwsimulator.niddk.nih.gov, mimics how factors such as diet and exercise can alter metabolism over time and thereby lead to changes of weight and body fat.

The research team found that as people's diet changes, their bodies adapt slowly. Heavier people can expect greater weight change with the same change in diet, though reaching a stable body weight will

take them longer than people with less fat.

The model suggests that for every kilogram you want to lose, permanently cut 20 calories from your current intake per day. At that rate, it will take about one year to achieve half of the total weight loss, and almost all of the weight loss will have occurred by three years.

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)60812-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)60812-X/fulltext)

Mammography may not have led to significant changes in breast cancer rates because death rates fell at about the same rate in neighbouring countries even when they didn't both introduce screening programs.

This study has been the subject of considerable debate in the medical world.

press.psprings.co.uk/bmj/july/screening.pdf

Summer resolutions to stick with

Are you looking at a New Year resolution to lose weight and follow a healthy lifestyle this summer? Having a healthy eating philosophy is fundamental to good health and to general wellbeing.

Nutrition is all about the types of food we eat, how much we eat and the quality of the food. Our diet plays a very important role in disease prevention and management, especially chronic diseases affected by lifestyle.

Our dietitian Tracey Eppel specializes in the role of diet for weight reduction and to help control diabetes and cholesterol problems, high blood pressure, bowel and stomach disorders, childhood obesity and aged care amongst other conditions.

Tracey focuses on proper food and nutrition in order to promote good health for the entire family.

Tracey provides individual consultations helping you to meet your nutrition goals and needs, providing ongoing monitoring and support. This can include individual meal plans. She

also runs group education sessions for diabetics.

A sensible way to improve your nutrition is to really understand what it is you are eating. Tracey provides supermarket tours where you can learn to read and understand food labels and select healthy alternatives, which will help you make better choices for you and your family.

The next supermarket tour will be on Thursday 6th December. at 5:30 pm and run for 1-1 ½ hours.

If you would like to make an appointment with Tracey or join in one of the supermarket tours, please contact the reception desk. Please let our staff know if you'd like to be notified of the dates of supermarket tours in 2012.

In supermarket tours you can learn to understand food labels, select healthy alternatives and make better choices for you and your family.

Christmas happenings



Our neighbours at the Rowville Baptist Church will be busy over the coming months. As part of the Knox Community Christmas Support project, Rowville Baptist Church, along with the other local churches will be distributing food hampers and toys to Rowville and other Knox families in need. Applicants don't need to be members of the church to request assistance. To register for a hamper (or to make a donation to help cover the costs of the program) please contact the church on 9764 3738.

The church is also holding its annual Christmas Day lunch from noon till 2pm. It includes a traditional meal and gifts for children. Bookings for this event are essential and can be made on the same number.

Finally, the Christmas Day Worship Service will be held from 9-10am. As this is the church's busiest day, our carpark will be open to allow for extra parking. Feel free to use the carpark, but we ask that you leave the three spaces next to the building free as we will be seeing patients with urgent problems that morning.

Wellness Whispers

NEW STAFF

Our practice continues to grow and we are delighted to welcome **Dr Jonathan Brown** to our team. Jonathan graduated from the University of Southampton in England in 2003 and has been working as a GP in Australia since 2008. He has an interest in skin cancer, mole checks, pregnancy care and minor operations. He is a keen sportsman and can often be found running around the tan track in the city or playing rugby in Albert Park. Jonathan has a penchant for stripey socks and, being English, is a habitual tea drinker.

We are also joined by our next PGPPP doctor rotating from the Angliss hospital. We welcome **Dr. Yashar Aliabadi Zadeh**, who graduated in Iran and has been practicing in Australia

since 2008. His main interest is Paediatrics in the general practice setting. However, he also hopes to be involved in academic general practice in the future as a researcher.

He speaks Farsi (Persian), and also Azeri (Turkish) which has been helpful in some clinical settings. In his spare time he is keen to play aboriginal music, enjoy international dishes as much as he can, without putting on too much weight, and publishing and updating his personal health promotion weblog (in Farsi).

We have also expanded our nursing team. **Natalie Perez-Reigosa** came to our practice last year for work experience and enjoyed herself (and impressed us) so much that she has joined our team permanently. Natalie completed her Diploma of Nursing with medication endorsement and will shortly continue studying to complete her degree.

Natalie grew up in the Knox area and tells us "I am excited about working here as the clinic provides a variety of opportunities to enhance my skills and knowledge whilst allowing me to contribute back to my community. Outside work I enjoy reading, spending time with family and friends, and working with young people at my local Church youth group. I have just recently started the Lord of the Rings Trilogy as I am a very big fan of the films and am keen to experience Middle Earth for myself!"

NEW BABIES

Dr Vern-Li Tan has recently left us to go on maternity leave with no further news as we go to print! But we are delighted to announce that two more babies have been added to our practice family. In September, **Dr Julia Trayer** gave birth to Gabriella Esther whilst in October, **Dr Rimma Medres** gave birth to Ronen Alexander.

All four—and their fathers and brothers—are doing extremely well.

NEW FITTINGS

Those who donate blood are entitled to feel a genuine sense of pride and altruism.

Many patients have commented on the paintings, drawings and other artwork in the corridors of

the medical consulting wing. These pieces are produced by the students of Rowville Secondary College and we are delighted to have the opportunity to showcase their works.

In the next few weeks, the waiting room will exhibit a major collaborative piece produced by the arts campus students. It represents the work of over thirty students and shows the full spectrum of ages treated in general practice. We thank the patients who allowed their photos to be taken as the basis for some of the panels.

We've also managed to find toys for the outdoor play area which we think will appeal to all ages. We hope both younger and older patients will enjoy the new equipment and space.

NEW LIFE

We strongly encourage patients to literally save a life (or several) and become a blood donor. The Australian Red Cross blood service is a world leader in voluntary blood donations and those who donate are entitled to feel a genuine sense of pride and altruism.

The next opportunity to attend the mobile blood bank in Rowville will be on November 29th and 30th at the Dom Polski Centre, 1325 Stud Rd from 1.30 to 7.30 pm.

Appointments are necessary and can be made by calling 13 14 95.

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.