



wellnews



Volume 14 Number 4

The newsletter of
Wellness on Wellington

Summer 2012-13

No longer is this just a medical newsletter. With so many allied health services available at Wellness on Wellington, we have the opportunity to include articles covering a broad range of health modalities and topics. Our dietitian, Stephen Ratcliffe, has some timely advice on how to avoid putting on weight during the Christmas festivities; Healthy Sleep Solutions explain the significance of sleep apnoea; whilst chiropractor Frank Whelan explains exercises that may prevent falls in the elderly (unrelated to Christmas festivities!)

We also discuss recent developments in the medical press and in the Australian healthcare scene.

We would like to thank the patients who participated in our focus group discussing waiting times. Along with introductions of staff and babies, it's all on the gossip page.

Stop snoring

Everyone understands the importance of a good night's sleep but did you know that poor sleep can actually lead to an increased risk of developing cardiovascular problems such as heart attacks or strokes?

Patients with sleep apnoea are 7 times more likely to suffer a stroke than someone without sleep apnoea and they are 2-3 times more likely to die.

For someone with sleep apnoea, the risk of motor vehicle accidents is 7 times greater and the risk of suffering a workplace injury is 3 times higher than for someone without the problem.

Sleep apnoea can make obesity worse, and in turn obesity can make sleep apnoea worse. That can then result in high blood pressure, diabetes and disturbance to heart rhythm.

Sleep apnoea doesn't just affect the sufferer—the patient's partner often notices the problem first. Apart from the loud snoring that apnoea sufferers often inflict on their partners, many partners report that they have become frightened when they notice their loved one stop

breathing whilst asleep and often intervene by pushing or shaking the sleeper to take a breath. This constant concern for the individual with sleep apnoea not only makes it impossible for the partner to get good quality sleep but also causes them unnecessary stress and worry.

Snoring is one of the most common early warning signs that someone is at high-risk for sleep apnoea and the snorer should be encouraged to be tested for sleep apnoea. Just kicking the snorer out of bed into another room is ignoring the underlying problem.

Doing a home sleep study rather than going to hospital means you sleep in your own bed and you're more likely to have a genuine night's sleep that truly represents what usually happens.

The good news is that sleep apnoea can be easily treated, usually with very good results. Many patients who go onto treatment for sleep apnoea report that they experience a far better quality of

life than prior to dealing with their sleep apnoea. They feel less tired during the day, have more energy and want to exercise more.

Treating sleep apnoea may also result in lower blood pressure and can help diabetics control their sugar levels better.

Anyone with snoring or noisy breathing, choking episodes while asleep, significant obesity, diabetes or high blood pressure should discuss the possibility of sleep apnoea with their doctor.

We are delighted to be able to offer home sleep studies here at Wellness On

Wellington. After preliminary consultations to assess how severe the snoring and apnoea might be, we arrange for you to be "wired up" with multiple monitors.

Doing a home sleep study rather than going to hospital means you sleep in your own bed and you're more likely to have a genuine night's sleep that truly represents what usually happens. We can then assess how significant your apnoea is.

Follow-up appointments involve discussion of what treatment might be suitable. It may be as simple as sleeping on your side, a mouth splint at night, a CPAP machine to keep your airways open, or in very rare cases surgery.

If you are concerned that sleep apnoea may be affecting you—or your partner—please discuss the matter with your GP.

**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!

Balance in the elderly or something catchier

A third of adults over 65 years experience one or more falls at home each year, and approximately 1 in every 5 of these falls requires medical care. Falls are associated with risks of dying or disability, and apart from motor vehicle crashes are the leading cause of economic costs of injuries among older adults—especially due to wrist and hip fractures. Apart from the cost, these injuries cause terrible disability and many people lose confidence to remain in their homes thereafter.

Resistance and balance training can reduce the risk for falls among older adults, but less than ten percent perform such exercises. Research conducted in Sydney and published in the British Medical Journal shows that integration of resistance and balance training exercises into everyday activities can assist in reducing the prevalence of falls in the elderly. Improving your balance involves practicing reducing your base of support by doing tandem standing or walking.

Your base of support means all the parts of you that are in contact with the floor or something that is holding you up. For example, if you are standing and holding onto a table, your hands and feet are your base of support. As you reduce your base of support, you increase the difficulty of balancing. For example standing with your feet apart is standing with a wide base of support, standing with them together is a narrow base of support. It is more challenging for your balance to stand with a narrow base of support.

Tandem standing or walking challenges your balance by reducing your base of support.

- Place the heel of one foot directly in front of the toe of the other
- Shift your weight from the back foot to the front foot and back again
- Keep shifting your weight from foot to foot
- Swap the foot that is in the front
- Use support as needed

There are many opportunities to practice tandem standing:

Tandem stand at the kitchen bench while:

- Waiting for the kettle to boil
- Cooking toast in the toaster
- Heating food in the microwave

Tandem stand:

- Waiting in a queue or at the elevator
- Waiting at the bus stop or train station
- Waiting for the computer to start up
- While watching TV

As you get better, here are more challenging exercises:

- Ironing while standing on one leg,
- Talking on the phone while heel standing and moving,
- Carrying a tray or drink while tandem walking,
- Squatting in the supermarket to select an item from a lower shelf rather than bending,
- Carrying the groceries from the car to the house while walking sideways.

You can also rearrange your home to create balance opportunities:

- Put regularly used items on a lower shelf then bend your knees to reach them,
- Put the pegs on the ground and bend your knees to get them,
- Put your cup in a higher cupboard and stand on your toes to reach it,
- Make more trips to carry the shopping up the stairs,
- Keep the remote on top of the TV – you won't lose it and you will have to stand and walk to the TV to get it.

If you are concerned about the balance of a loved one or yourself, contact Dr. Frank Whelan at Wellington Family Chiropractic for an assessment and an exercise program to suit.

Lots is good—but less is better!

In the lead up to Christmas there will be many a party, barbecue or after work drink sessions with nibbles. Here are some tips on how to avoid the 'calorie bombs' of the festive season.

Monitor your portion size and eat more slowly

Just having smaller portions will help reduce your total calorie intake. Aim to only have 1 helping and fill just the flat part of the plate. Chewing your food well and taking your time with your meal gives your stomach time to notice its getting full. If you have to undo the top trouser button after your meal, you are probably eating too much, too quickly.

Consider your exercise – you may need to do more

Often we think that we will offset a high calorie food by walking around the block or taking the stairs, but generally we underestimate the calories in the food and over-estimate the calories we will burn by our activity. For example – a 200g

block of chocolate doesn't take too long to eat, but takes over 4 hours of brisk walking to burn off.

Look out for high fat/high calorie foods

Some examples of high calorie foods include nuts, dried fruit, chocolate, biscuits (particularly shortbread-style biscuits which contain a lot of butter/oil), fatty meats and sausages, some cakes and foods with cream or sour cream.

Breakfast cereals without fruit or nuts can lower calorie intake

Limit portion size of treats

Choose lean meats without 'marbling' (fatty streaks through the meat)

Cream can be substituted in some recipes with Vanilla Fruche (eg Pavlova)

Choose lower calorie drinks

Drinks are an easy way to consume extra calories – beer and wine, fruit juices, full cream milk and soft drink are all concen-

trated sources of calories. The best way to reduce your calorie intake from drinks are:

Between alcoholic drinks, have a soda water, water or diet soft drink

Use soda water or diet soft drink mixers rather than standard soft drink with spirits

Have juice sparingly – once per day is more than enough. You don't eat 4 or 5 oranges in one sitting, but that's how many oranges go into a glass of freshly squeezed juice. If you don't like plain water, try a diet cordial
Low fat or no-fat milk, low fat yoghurt or low fat soy in place of full cream milk

For a personalised eating plan or help with the upcoming Christmas/New Year period, speak to the friendly reception staff to make an appointment with Stephen Ratcliffe, our dietitian.

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 doctor's gut feeling that a child is really sick—even when they don't look that unwell—is an accurate predictor of hidden infection. In a Belgian study of 3369 children felt to have a non-severe illness, six were subsequently admitted to hospital with a serious infection. A doctor's intuition that something was wrong would have detected a third of these, though at a cost of 44 false alarms.

<http://www.bmj.com/content/345/bmj.e6144>

Brains beat computers

Despite the advertising hype, good research suggests that mole scanning devices—fancy computer/camera systems—do not improve the diagnosis of melanoma and in fact result in more patients with harmless, benign lesions being referred for investigation and treatment.

Whilst the doctors who use scanning systems feel the machine makes their diagnosis more accurate, according to a recent study, they actually performed no better than the doctors following a simple checklist when looking at the moles.

The study authors wrote that adding mole scanning to the assessment didn't increase the number of patients having

appropriate treatment (by finding more nasty lesions) but did increase

the number of patients receiving surgery for lesions which weren't a problem. They went on to say that a simple seven-point checklist when assessing suspicious skin lesions was still the gold standard for management.



It may be worth explaining that all doctors receive training in assessing and managing moles and skin cancers both as medical students and as GPs in training. Some doctors then undertake additional training involving the use of dermatoscopes (a skin magnifying light) and more advanced surgical skills.

We strongly recommend that you book a dedicated appointment for to have your skin checked

All the doctors at Wellness on Wellington are comfortable performing a top to toe skin check and several of our doctors are running dedicated skin clinics with comprehensive assessments. The vast majority of lesions can be treated within our surgery.

With summer coming on, everyone becomes more skin aware—partly because of the media, partly because when we flash more skin, our moles become more obvious!

If you find a mole that concerns you, please make an appointment to see one of our doctors. We strongly recommend that you book a dedicated appointment to have your skin checked—tagging on a mole check to the end of an appointment for other matters results in an inadequate assessment.

Line up boys

The wart virus (HPV) vaccine Gardasil will be given to boys from next year under an extension to the existing school-based immunisation program. The vaccine will be funded for 12 and 13-year-old boys. Year 9 boys will also be able to get the vaccine at school under a catch-up program for the next two years.

The response by females to the vaccine has been very good, with a reduction in the number of pre-cancer changes to the cervix. It is hoped that another quarter of new infections will be avoided by extending the vaccine to boys.

HPV is an important factor in cancer of the cervix but can also cause cancer of the penis and the anus. Vaccinating the boys will decrease these cancers as well as reduce cancer in women who are currently being infected by male partners.

Whilst the program is being funded for schools, it is likely that we will be able to vaccinate those boys who miss out or choose not to have their shots at school. Please call the surgery to find out what is available.

Blood glucose monitors aren't always reliable. A German study of thirty four different models of blood glucose monitors found that 20% were too inaccurate to be acceptable.

Diabetics need accurate readings to make proper medical decisions. They should ensure that their machine is a reliable model and that it is regularly calibrated (by doing a test at the same time that a blood sample is taken for laboratory testing).

diabetes.diabetesjournals.org

Peanut Allergy

Hands up if you know a child with peanut allergy? Now, hands up if you knew a child with peanut allergy 30 years ago?

We know that nut allergy (and allergies in general) have increased enormously over the past few decades. But we still don't know why.

Recently there has been considerable debate over the issue of whether pregnant women eating nuts will increase or decrease the chances of their children developing nut allergy.

A study of over 60,000 women in Denmark found women who ate peanuts at least twice a week during pregnancy were 21% less likely to have a child with asthma (at age 18 months) than those who avoided peanuts completely.

As the kids got older, the difference got stronger. So by age 7, the children of peanut eaters were 44% less likely to have asthma.

On the other hand, a new Australian study of more than 15,000 children in the ACT found that babies who were only breastfed for the first six months of life were more likely to develop nut allergies—about 1.5 times as likely.

The researchers attribute this to eating nuts during pregnancy and breastfeeding. Based on previous studies they found that children who are at risk of allergies—for example showing early signs of eczema—tend to be breastfed longer, in the hope that it can prevent the condition.

So what's a mother to do? And what's a GP to advise?

Currently the evidence whether eating nuts is a good or bad thing isn't clear. But the Dutch study seems to be a little bit more rigorous and our feeling is that eating nuts in pregnancy will in most cases not cause any problems. If you (or other children) have had previous issues it may be worth discussing with your GP.

Nut allergy have increased in the past few decades—but we don't know why

Wellness Whispers

NEW STAFF

Wellness on Wellington is developing a distinctive English feel with yet another practitioner from Ye Olde coming to join us.

We are delighted to welcome **Dr Katie Tham** to our practice. Katie graduated from Newcastle University in the North East of England in 2005, and continued to live and work in Newcastle until 2011 when she moved to Melbourne.

She enjoys the variety general practice brings with a particular interest in mental health, women's health and palliative care. Having worked elsewhere in Melbourne for a year she recently returned to the UK to get married before starting at Wellness on Wellington in September.

In her spare time Katie enjoys playing tennis for a local club and since moving to Australia has discovered Mountain biking as a great way to have fun and keep fit.

We were very disappointed that our first diabetes educator, Andrea McDougall has returned to working in the public sector. However, we are very lucky to be now joined by **Edna Louzado**.

Edna has over twenty years experience in nursing and for the past six years has been a Diabetes Educator in both hospitals and community centres. She has worked at the Alfred and Box Hill hospitals as well as various GP clinics.

Her nursing experience includes operating theatre, coronary care units, endocrine and renal wards.

Edna tells us "I am passionate about prevention of Type 2 diabetes in young adults and also about helping people to better manage their diabetes. I

work with a holistic approach and provide individual plans for better management."

"I have been married for 17 years and have a 12 year old son and

six year old daughter. I am very involved in their school and extra curricular activities. In any spare time, I love cooking, gardening—including keeping chickens—and Latin dancing".

Feedback from the patients who have seen Edna in her first few weeks has uniformly praised her

ability to understand each patient's individual circumstances and to tailor valuable information for each one.

Whilst hardly new, we are also very pleased to announce the return from maternity leave of **Dr Julia Trayer**. Julia is now consulting two days a week.

On the subject of maternity leave, congratulations to **Dr Anna Harris** who gave birth on October 9th to a beautiful baby girl named Iris Alexandra. Weighing in at a healthy 3.6 kg, Iris, Anna and father Lachie are all doing well. We wish them all a joyous family life.

THANKS FOR THE TIPS

In the last issue of Wellnews we invited patients to attend a focus group on the perennial problem of waiting times. Several patients took up the

If the issue of waiting times was easy to solve, somebody would have done so long ago!

opportunity to relate their experiences, their feelings and their suggestions.

Perhaps the most gratifying aspect of the feedback was the expression by our patients that whilst waiting times were sometimes frustrating, they understood that they were usually the result of us providing proper care to another patient—either an emergency, or somebody who had particularly complex or urgent needs.

Many of the suggestions for improving the waiting times involve improved communication between doctors, reception staff and patients and we will endeavour to improve those systems. Other suggestions were a little less practical or unlikely to be successful. As was pointed out at the focus group—if the issue of waiting times was easy to solve, somebody would have done so long ago!

We are very grateful to those who attended the focus group and wish to emphasise that we are always eager to receive verbal or written feedback (anonymous) if you wish about any aspect of the clinic which you think we can improve.

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.