



# wellnews



Volume 18 Number 1

The newsletter of  
Wellness on Wellington

Autumn 2016

We always try to improve both the quality and depth of service available to patients at Wellness on Wellington. So we periodically think about patients with specific health needs and try to develop ways of helping them particularly.

This issue of Wellnews covers many such programs for common and important conditions. We talk about the launch of our self-help group for patients with chronic pain conditions and we discuss a better way to assess who really does and doesn't need blood pressure medication.

We also revisit the annual topic of who will be most helped by getting a flu vaccine (including the new quadrivalent shot) and our favourite topic—the new recommendations on prostate cancer testing.

Dr Rimma Medres also continues her series of articles on mental health issues and our podiatrist discusses selecting shoes for children. As always there's plenty of gossip and new faces to introduce.

We wish you a healthy, cold-and-flu-free winter.

## Pain, pain go away, Come again another day

Chronic pain can be debilitating and severely impact on a person's ability to function on a day to day basis. But there are actually many things people can do to help themselves manage their own pain. When people with chronic pain learn some of these techniques (like mindfulness, pacing and gentle exercise) they can make sustainable, long-term improvements to their health.

Wellness on Wellington is hosting a pain self-management forum on Wednesday 9th March from 9:30am – 12 noon. The event aims to broaden the discussion about managing pain and involve members of the community that are struggling

with the impact of living with chronic pain. The event includes guest speakers on topics such as pain science, mindfulness for health, the role of movement and importance of nutrition and mindset.

The presenters will include

- David Ringelblum—GP
- Cathy Goodman—Psychologist
- Justin Tate—Osteopath
- Frank Whelan—Chiropractor
- Silva Nazaratien—Dietitian
- Mandy Mercuri—chronic pain survivor and self management advocate.

---

***The event will be the catalyst for the establishment of a new peer-run wellness support group for people living in pain***

---

The event is free and open to all members of the community but registration in advance is required.

If there is sufficient interest, the event will be the catalyst for the establish-

ment of a new peer-run wellness support group for people living in pain who want to focus on solutions and self pain management. Sometimes the support of another in a similar situation can be the strength to keep going on a bad day. Sharing stories and successes in self managed health can be a critical component in ensuring adherence to these lifestyle strategies in the long term. To make enquires or to book please speak to the reception staff. If you can't make it to the forum but would like to join the support group, please let us know.

**Wellness on Wellington  
1101 Wellington Rd, Rowville  
9780 8900 - all hours, every day.  
[www.wellonwell.com.au](http://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.**

## Prostate—the updated update

Regular readers of Wellnews and of our Facebook and Twitter comments will know that we delight in the ever-changing expert recommendations on prostate testing. Indeed, by last year there were seven separate sets of expert guidelines on who needed prostate cancer checking, how often and in what manner. Naturally each expert panel's advice contradicted

---

### **Men without symptoms or family history do not need to be tested till 50**

---

support of a range of expert organisations and will probably become the basis for the advice we will give for now.

In general, men who do not have any symptoms or a strong family history of prostate cancer do not need to be tested till the age of fifty. At that stage, they can discuss the pros and cons of testing (yes—there are disadvantages in testing!) with their GP. If they decide to proceed, they should have a blood test for PSA every two years till the age of seventy. After seventy, there is little value in PSA testing as most prostate cancers grow so slowly that even if one is found at that age, it is unlikely to have any significant impact on life-expectancy. Similarly, anyone who has other health conditions that suggest a life-expectancy of ten years or less, should not have PSA testing.

Men who have a strong family history of prostate cancer should consider testing from the age of forty or forty-five (depending on the strength of the history), but again ceasing once they reach seventy.

Of relief to some patients, the new guidelines say that the digital rectal exam (“finger up the bum” test) is not necessary as part of GP screening (but is needed if you see a specialist). Not all our doctors agree that this recommendation makes sense so please discuss with your GP.

We hope these guidelines make sense and provide a sensible framework for deciding when and whether you need prostate cancer screening—at least till the next recommendations appear.

all of the other groups.

To nobody's surprise, a new set of guidelines was released earlier this year. However, this advice seems to have the

## To make the shoe fit

It's that time of year again when many of us are out looking for new school shoes for our children. School shoes don't need to be expensive to be good, but they do need to fit well and offer adequate support. You also want them to be durable enough to last until your child grows out of them. A good school shoe needs to allow your child to run, jump, climb and do all the other things a schoolkid needs to do each day. Unfortunately, an ill fitting shoe can lead to foot problems such as painful arches and heels and ingrowing toenails.

Our podiatrist shares some tips on what to look for when shopping for new school shoes.

Take your child with you, and have their feet measured to ensure correct fit and room for growth. Ideally there should be a thumb's width in front of the longest toe, and enough width and depth to feel comfortable.

Choose a fastening system such as laces or velcro to ensure the toes don't have to grip to hold the shoe on

A lightweight shoe will prevent strain from trying to hold a heavy shoe on all day.

Check for adequate support by squeezing the heel cup of the shoe, it should be nice and firm.

Also check the midsole by trying to twist the shoe. If you can twist it like

a slipper, then the shoe will not provide enough support.

The shoe should flex only at the ball of the foot area.

If possible, opt for a leather upper - it will support the foot and breathe better.

If your child wears orthotics, make sure you take them when looking for new shoes.

If there is a history of foot problems or any concerns, see your podiatrist for expert advice on choosing the right shoe for your child individually.

---

***An ill fitting shoe can lead to foot problems such as painful arches and heels and ingrowing toenails***

---

## Four vs Three

We recently received notification that this year's government-funded national influenza immunisation program will be using the newer four-strain (quadrivalent) flu-vaccine. What's the difference?

Influenza (flu) is a tricky little virus. There are two major families of the virus, called A-strain and B-strain, but within each of those there are many variations. Every year, the flu virus mutates slightly which protects it from the body's defences and allows it to once again infect you and me. Each strain of the virus is named after the city where it is first identified.

In response to these mutations, the clever people who create the vaccine each year look at which virus strains were common in the Southern Hemi-

sphere a year ago, which strains are prevalent in the Northern Hemisphere during their winter (our summer) and then predict which strains are likely to be most common in our Hemisphere the following year.

They then develop the vaccine to prevent those strains. Typically that has been against three strains (trivalent) of the flu: 2 A-strains and 1 B-strain or vice-versa.

The vaccine doesn't have to exactly match the strains that are in circulation—you get partial protection from a similar vaccine strain—but the closer the match, the better the defence.

Last year, for the first time in Australia, a new vaccine was released which covered two of each of the A- and B-strains. The extra strain was added to

provide broader coverage.

This year, all government funded vaccinations—for those over 65, pregnant women and those with chronic illnesses like diabetes and asthma—will be the quadrivalent vaccine. Patients who are not covered by the government program but want to get a flu-shot anyway, will have the choice to receive the quadrivalent vaccine or the cheaper but not quite as effective trivalent vaccine.

Because of production issues, at this stage we expect the vaccines to be available in early April. You can ring the clinic for an update but follow us on Twitter or Facebook to be the first to hear when the shots are released.

We will be holding bulk-billed flu clinics. See next page for the dates or speak to reception.

## Flu clinics—coming soon!

In an effort to make getting vaccinated against the flu as simple as possible, we are again holding a series of walk-in flu clinics. These clinics will be bulk-billed but will only allow time for an influenza vaccination. Patients who are eligible under the government criteria—those who are over the age of 65, aboriginal or Torres Strait Islanders or patients with a chronic disease like asthma, diabetes, heart problems, kidney disease and so on—will receive the vaccine for free. Other patients will

be charged for the vaccine—\$27 for the quadrivalent (4-strain vaccine) or \$10 for the trivalent (3-strain) version. The flu clinics will be held in April: Saturday 9th from 1.00-4.00pm; Monday 11th from 5.30-9.00 pm, Tuesday 22nd from 9.00-12.30pm and Wednesday 23rd from 2.00-5.30pm. A separate clinic will be held at Peppertree Hill and Waterford Valley. Please speak to reception if you'd like to attend one of these clinics.

## Up and Down

One of the commonest things that we do—and which patients expect us to do—is to measure blood pressure. So it's surprising to find that more often than not, the readings we get are simply wrong.

There are lots of explanations for measurement error in blood pressure. Lumped into groups, they are problems with the machine, the doctor or the patient.

Machine problems refer to the precision of the sphygmomanometers (blood pressure machines—or sphygmos for short). Occasionally sphygmos go out of whack. That happens more often with the manual (mercury) machines though even the electronic ones can sometimes lose accuracy. The quality of the machine also matters, so if you use an electronic sphygmo at home, we will usually recommend that you bring it for testing against our machines to make sure that the figures line up.

We also know that sometimes doctors rush taking blood pressure. Ideally a patient will rest for 10 minutes in the doctor's room before their blood pressure is taken. In practice this is terribly time consuming and difficult to arrange, but often the time spent in the waiting room before the appointment (sorry about that!) substitutes for the idealised measurement.

Finally a surprising number of patients have “white coat hypertension” - a fancy way of saying that their blood pressure goes up just triggered by the anxiety of coming to the doctor or having their blood pressure measured. More often than not the patient's don't even feel anxious—but their blood pressure tells otherwise. Recently one of our GPs got a patient to measure their blood pressure at home regularly using their personal device. At home, the BP was regularly between 120 and 140, including a check 15 minutes before their appointment. Yet when they came to the clinic—testing several times using both their machine and ours—their blood pressure was over 180! And this was a patient we had been seeing for over twenty years.

To reduce the errors in checking blood pressure, we now often recommend patients undertake Ambulatory Blood Pressure Monitoring (ABPM) - also called a 24-BP monitor. This sphygmo is attached by the nurses and you wear it for 24 hours doing all your normal activities except for showering. The machine measures your blood pressure every 30 minutes during the day and every two hours at night. When you return the machine we print out a very instructive set of charts and graphs. These help determine what your blood pressure really is and helps inform whether treatment is really needed.

The main benefit of ABPMs is in helping clarify who does not need to take BP medication. One in seven patients who are on BP treatment actually have normal blood pressure and could stop all medications. In the UK, all patients have to have an ABPM before going on to high blood pressure medication. In many cases we too have found that people whose blood pressure seemed out of control were in fact quite normal in all their day-to-day activities—except for visiting their GP.

Unfortunately there is no Medicare rebate for ABPM testing, so the full cost—about \$85—has to be born by the patient. But in the frequent cases where we refute the diagnosis of high blood pressure, that cost is recouped very quickly by the savings from not buying medication. And for those who really do have high BP, at least they know that the medication really is needed.

## What will counsellors do with me?

When we are feeling low it is often hard to see and think clearly about a situation. It is also hard to share how you feel with those around you as you feel like a burden or like you are repeating yourself and being boring. However people do better once they have shared what is on their mind.

So when you do come to the doctor and share what is burdening you, that in itself is therapeutic. Your GP will go through lots of options with you and explain why they feel talking treatment, medication or a combination is appropriate to your situation.

Your doctor may also suggest that you see a professional to help you through these difficult feelings as talking is a key to recovery. There are many experts who specialise in various counselling techniques including social workers, psychologists, psychotherapists, counsellors and mental health nurses. These people have university degrees in treating mental health problems.

You may have heard different acronyms for the therapies that are used these days - CBT, DBT, ACT, IPT, D&A, hypnosis, couple's counselling, family therapy, anger management,

gradual exposure therapy, the list goes on and on.

What matters is not the name but how effective it is for you. Counselling is NOT just lying on the couch and talking about your mother. It is a dynamic discussion where your therapist will help you identify ways of coping with your symptoms and then help you be able to practice these skills daily to improve your life. Then, when you are ready, you may try to figure out your triggers and why things happen the way they do.

It is a time dedicated to managing your troubles in a non-judgemental, confidential and non-confrontational way where you don't feel like a bore or a burden and where you talk to someone who is removed from the situation and can give you an objective opinion. And it helps!

Don't be scared of counselling, it is not an admission of defeat/failure. At Wellness on Wellington we have 4 psychologists, a mental health nurse and a psychiatrist – and of course 17 GPs - who are here to help you get through the tough times and feel better.

---

***Counselling is a dynamic discussion to help you identify ways of coping with your symptoms***

---

# Wellness Whispers

## PET TEACHERS

Our practice is strongly committed to teaching the doctors of tomorrow and we've taken medical students since the early 1990s. Many of you will have been asked to grant permission to allow a student to observe or even conduct their consultation. You are always able to decline any request, but we strongly encourage you to give these students a chance to hone their skills. The medical decision making and your care will always remain with your GP.

We are very excited about how well we are regarded as doctor-teachers. Monash University holds an annual thank-you evening for the doctors who host medical students. Recognition awards are given to the GPs who—according to feedback given by the medical students themselves—provided the best teaching and GP experience.

We're delighted to announce that **Dr Lona Brown** and **Dr Rimma Medres** were amongst the handful of doctors who were awarded the best supervisor prize and **Dr William Kinsella** was awarded the best new supervisor award. Wellness on Wellington was the only clinic to win three awards and we were the talk of the evening amongst the university tutors, professors and other practices.

Congratulations to all our doctors who are involved in teaching, and thank-you to you, our patients, who give these students a chance to develop the knowledge they will need to care for you tomorrow.

## NEW TEACHER

Congratulations also to our nurse **Amanda Dolphin** who has been awarded the coveted status of being a credentialed diabetes educator. This has involved a rigorous course of study and practical experience over many years.

Amanda has started working on our diabetes strategy and is working alongside the doctors to improve the care that we can provide. She will be contacting many patients directly to offer assistance and education.

## NEW STAFF

No issue of Wellnews would be complete without extra staff to introduce. Whilst we sadly farewell our registrars **Dr Kate Exon** and **Dr Gillian Porter** who have had to leave us to continue their training elsewhere, we are delighted to introduce two new and experienced doctors who have joined us recently.

**Dr Jessica Ho** is our new full-time registrar. "I completed my medical training at Monash University in 2009. I have worked at Monash Health for five years where I worked in many diverse areas including Emergency Medicine and Intensive Care. I have recently started a new chapter in my life following the birth of my daughter in 2015.

I am interested in all aspects of general practice and am excited to be part of the Wellness on Wellington team this year."

We also have a new part-time registrar, **Dr Alyson Kelly** who will be with us for all of 2016.

"I graduated medical school in 2009, having previously studied biomedical science, humanities and working as a personal carer. After 3 years with Southern Health I began training to be a GP which I love. I am particularly interested in chronic disease

management, mental health and womens health but one of the joys of general practice is the great variety of people and conditions that I get to meet, treat and learn more about. I am also a mum to two young boys. We

returned to Melbourne this year after spending a year exploring Tasmania in between teaching medical students.

I am greatly looking forward to becoming part of the team at Wellness on Wellington in 2016."

We're also very sad to farewell **Dr Aaron Zhang**, who has decided to relocate to a clinic closer to home for family reasons.

We are however delighted to welcome **Mr Joon Choi** a registered Clinical Psychologist who completed training in New Zealand. Joon has spent time working in public hospitals, correctional institutions, and the general community, across a number of different population groups. This has included psychological assessment and treatment work with children, adolescents, adults, and older adults. Joon likes to prioritise working together with the person to provide a responsive and empathic service that is tailored towards the specific needs of the individual.

## NEW BRIDE

Finally, congratulations to our nurse **Michelle Nicolls** who got married on February 27th. In a beautiful ceremony and reception, Michelle wed her lifelong partner Glenn Johnson. Our very best wishes!

---

***Thank-you to our patients, who give students a chance to develop the knowledge they will need to care for you tomorrow***

---

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.