wellnews

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The newsletter of
Wellness on Wellington

Winter 2020

"May you live in interesting times" is an ancient curse. Few of us have experienced more interesting times than the ongoing COVID-19 pandemic. It has resulted in massive changes to education, work, relationships and the delivery of health care. We have had to adjust many of our practices at the clinic to deal with the threats and regulations caused by coronavirus.

Our newsletter addresses some of these changes and details how we are able to keep delivering health care to the best of our abilities. We also touch on some of the side-effects of COVID-19, including the high risk of mental health issues that the stress of both the pandemic and of isolation has caused.

General health issues haven't gone away at this time. We have two articles on heart disease—one on how it differs in men and women; the other on new tests to judge who needs preventative treatment.

In every possible way—we hope that you "Stay safe!"

We were right!

Our last newsletter started with the premise that whatever we wrote was going to be out of date by the time it went to press—and we were certainly right. The national, statewide and local response to COVID-19 has been an ever-evolving program, and our clinic has had to change with it.

Our clinic has remained open throughout the pandemic but we have worked very hard at changing the way we deliver healthcare to suit the circumstances of the day.

There is an important trade off between short term dangers and long term optimal care.

At the time or writing—early in Stage 4 lockdown—well over half our consultations are being done by telehealth.

Unlike some clinics, we are not afraid to perform face-to-face consultations, but currently reserve these for cases which cannot be done by telephone or video consult.

Telehealth has offered some marvellous opportunities to provide increased levels of safety for patients and staff, but as we use it more, we are becoming well aware of its limitations.

Physical examination is a critical part of medicine. Whether that is a simple blood pressure check to make sure that the prescribed medication is working, or a careful examination to make sure that skin lesions are not cancerous, there are many parts of medicine which can't adequately be done by telehealth.

Of course there is an important trade off here between short term dangers and long term optimal care.

We therefore encourage all our patients to contact us with any health care need. The reception staff are very skilled at helping decide whether you will need a face-to-face or telehealth appointment. If they aren't able to determine which is more suitable, they can refer you to a nurse or doctor. And in some cases, we may arrange a telehealth appointment as an initial assessment and follow it up with a face-to-face visit shortly afterwards. In such cases we will bulk-bill the initial telehealth visit.

We are also very proud at how our practice has developed a multi-streamed approach to direct patient visits. For those patients at the lowest risk of COVID-19, we continue with regular appointments, albeit it with screening questions, masks and sometimes gloves and temperature checks.

For patients with symptoms that aren't clear, we assess patients in our PPE (Personal Protective Equipment) clinic. Here the doctors wear gowns, gloves, masks and goggles. Most of the history will be done by phone whilst you wait in your car. When you enter, you will note that the room is separate to our regular consulting suites to minimise the risk of cross-infection, and after each consultation all touched surfaces are cleaned by the doctors. When a patient leaves the PPE clinic, they return directly to their car, and all billing is done by phone so as to decrease their time in the waiting room.

Finally, for patients with respiratory symptoms, we run our Respiratory clinic in the carpark. There patients are screened thoroughly and then examined or swabbed as appropriate.

By having these layers of consultation options we can ensure that all patients are seen appropriately, whilst protecting our staff and all the other patients who may come in contact.

Our philosophy throughout this pandemic remains "Nobody's care to be compromised; nobody's safety to be endangered." We strive hard to fulfil both aims so as to provide the best possible 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.**

Men and Women are Different

Women having a heart attack have quite different symptoms to men suffering the same condition.

Classically we have described heart attack pain as causing severe, central crushing chest pain, sometimes running down the left arm or into the left side of the jaw. There is often shortness of breath, a sensation of irregular or rapid heart beat (palpitations) and there may be nausea or sweating.

Whilst these are indeed the classic signs, more often than not heart attacks present with only some of these symptoms or variations of them.

In fact women often have quite different symptoms which are not always clearly felt or described. For example women are twice as likely as men to describe pain between their shoulder blades rather than chest pain.

Dutch researchers looked at over 25 studies and analysed more than 1.2 million patient encounters with either heart attack or unstable angina. They compared the symptoms and diagnoses of both men and women.

They found that most studies had more male patients than females. This may reflect men being more vulnerable to heart problems, or it may represent bias in the underlying studies which did not recognise women's symptoms as being heart related as readily as men's. The female patients were also older and had more additional medical problems like high blood pressure and diabetes.

Chest pain, sweating and shortness of breath were the commonest symptoms in both men and women, but women had shortness of breath significantly more often than men did.

Women have quite different symptoms which are not always clearly described

Women also had pain that was very different to men. Pain between the shoulder blades, the neck or the jaw was much, much more common in women. Women also had more nausea.

Unlike previous studies, stomach pain and indigestion as a symptom of heart attack was not more common in either sex.

The overall lesson of the study—for both doctors and patients—is that the classic signs of heart attack are not that common, and that in women in particular, we need to be very vigilant that any unusual pains or symptoms may represent early signs of heart strain or heart attack.

New approaches to heart testing

It is interesting to see how the assessment of heart disease risk, before patients have actually developed symptoms of chest pain or angina, have evolved over the years.

The invention of the ECG machine by Einthoven in 1895 was a miraculous leap forward. (He won the Nobel prize for medicine in 1925 for his creation.)

For many years it was the only way of actually judging how the heart was working and whether it was showing any sign of strain.

By the first half of the twentieth century, it was realised that testing the heart when it was under strain was a better way of judging the reserve of the heart. Men (much more than women) who were scared of dropping dead during exercise could be tested in controlled conditions to see if their heart would tolerate levels of exertion. Thus the ECG while exercising—often called a stress test—was born.

In the second half of the century, ultrasound had developed enough to allow imaging of the heart valves and muscles. It was found that in patients who have significant blockage to the blood vessels that feed the heart muscle, there was decreased movement (contractility) of the heart. The echocardiogram (abbreviated to echo) was born in 1954.

Around 1980, the two ideas of echo studies and exercise testing were merged. Not only did an exercise echo test show how the heart responded during exercise, but it was soon discovered that how the heart recovered after exercise was equally important in judging the health of the heart and the narrowing of the coronary arteries that supply it with oxygen.

Whenever a new test is invented, it results in a period of great excitement as we learn how much better it is than previous tests. However over time we also learn about the limitations of the test and see where its imperfections lie.

Stress echo is a very useful test for patients who have already developed symptoms of chest pain, where we are trying to determine if the pain is actually coming from the heart. It also may have a role, albeit smaller, in assessing patients who are going to undertake highly strenuous exercise and want to know "if their heart can take it."

CACS is useful for assessing patients who fall into the moderate risk group on the population risk tables

But for patients who have no symptoms, and yet may be at risk of developing coronary artery disease over time, there have been very few options. We have been able to score their risk with tables that take into account age, sex, family history, cholesterol level, diabetes status and smoking. But these risk tables refer to the population at large rather than individual patients.

Over the past few years there has evolved a new test which is useful for assessing patients who fall into the moderate risk group on the population risk tables.

These patients can have a coronary artery calcium score (CACS) assessment. This is a form of CT scan which looks at how much calcium buildup lies in the arteries of the heart. A higher CACS score suggests that a patient should be started on cholesterol tablets or aspirin. A low CACS means that a patient may not need treatment, even if their cholesterol is a little bit elevated.

It's therefore a very useful tool for helping decide how aggressively to treat a patient before they develop any symptoms, in an effort to prevent coronary disease evolving. At the same time it helps avoid overtreating patients who won't really benefit.

CACS is not for everyone. If you are at low risk already, a CACS test will not provide useful information. And if you have lots of risk factors, you probably should be on treatment regardless of the CACS score.

Two other tests provide further information on patients at very high risk of disease. They are the CT angiogram and the coronary angiogram. Both look at how narrowed the arteries around the heart are. These tests are most suitable for patients who are being considered for coronary artery surgery and are not really screening tests that we would use in the patients without symptoms.

We have come a very long way in how accurately we can judge heart disease and heart attack risk. Your GP is best placed to discuss which tests are most suitable in your circumstances. We strongly encourage you to make time to have this discussion with your GP.

From the Medical Press

Women who have had one baby using IVF or another assisted technology have a 50-90% chance of having another baby the same way.
https://academic.oup.com/humrep/advance-article/doi/10.1093/humrep/deaa030/5817569?searchresult=1

The shingles vaccine is safe and effective. Everyone over 70 should consider getting it.
https://www.tandfonline.com/doi/pdf/10.1080/21645515.2020.1754702?needAccess=true&

Save your money! With a few exceptions, probiotics don't provide any benefit for digestion or to help gastrointestinal illness including Crohns, irritable bowel, coeliac disease or gastroenteritis (gastro).
https://www.gastrojournal.org/article/S0016-5085(20)34728-4/pdf

Immunising pregnant women against the flu clearly benefits both them and the baby and does no long term harm.
https://pediatrics.aappublications.org/content/146/2/e20200375

COVID and Mental Health

There has been a lot of debate about the relative risks to public health from the COVID-19 pandemic versus the risks caused by the unemployment and business recession of the shutdowns.

What is certain is that there is already a significant increase in financial stress in our community. Many of our patients have lost their jobs or had their hours cut back. Many of our patients are small business owners who are struggling to keep their business afloat after years of working to build it up.

There is clear data that times of economic stress cause increased rates of mental health illnesses. Our clinic saw this first hand during the recessions of the 1980s and during the GFC between 2007 and 2009.

Unemployment has been shown to be an independent risk factor for suicide. A New Zealand study showed that unemployed men commit suicide about 2-3 times as often as men who are working. About half of the increase is due to unemployment causing mental illness (and the other half is due to people with mental illness being unemployed).

We are calling on all of our patients to help themselves and help each other.

We are therefore calling on all of our patients to help themselves and help each other. Now is the time to reach out to family and friends to see if they are OK, need support or just someone to talk to. It's also a really good time to put in a call or send a text message to long lost friends and acquaintances. With so many people stuck at home in lockdown, any contact showing concern is well received.

More importantly, connecting with others and checking on their welfare has been shown to help the mental health of the person doing the checking. COVID-19 has made many of us feel useless and not in control of our destiny. Taking a positive step to helping others reasserts our self-control and strengthens our self-image.

Finally, but most importantly, care for yourself. Proper diet and exercise, limiting alcohol, adequate sleep are all important. And if things do seem bleak, please see your GP—by telehealth or face-to-face—to see what we can do to help ease your anxiety, stress and concern. We have many tools at our disposal—we just need you to ask for help.

Better than Average

Everyone who has had a vaccination at Wellness on Wellington in recent years will know that we are part of a national program called SmartVax which monitors immunisation side effects in order to detect reactions to specific vaccines as early as possible.

Developed by Perth GP Dr Alan Leeb (a good friend of our practice), SmartVax is an automated system that sends out an SMS to patients two days after their vaccination to ask if there have been any side effects. If yes, a followup SMS asking for details is sent.

The data collected is made anonymous and collected together with the data from multiple other practices. Rates of reactions are then calculated for our practice, Victoria and the nation as a whole.

Problems that might arise with a particular batch of vaccine (as happened with paediatric flu vaccines in the early 2010s) can be identified much more quickly with large scale data than individual practices noticing a pattern.

We recently received our report for 2019 and it makes for interesting reading.

We had 6498 vaccination encounters in that year and gave over 10,000 vaccines—some patients receive more than one vaccine at a single visit. That is an impressive number and represents a clear indication of the commitment of the Lysterfield and Rowville communities to their own health and to protecting the community at large.

We are delighted and grateful that our patients are much better than average at responding to the followup SMS email questionnaire. We think that is a reflection of both our nurses providing a clear explanation of the purpose of SmartVax and how our patients are generally more educated and health literate than the community at large. Over 81% of our patients respond to the SMS compared to 74% for the rest of Victoria and only 72% across the nation.

Overall the reaction rates for our practice are about the same as everywhere else—around 6% or one in sixteen patients. That means that 15 out of 16 patients had no significant reaction at all to their vaccinations. Of those who did react, the vast majority only had minor reactions that did not need a further visit to a doctor. To receive the benefit of immunisation with only a small chance of even a moderate reaction has to be good news for everybody!

Wellness Whispers

SIGN-UP, SIGN UP

We've been producing our newsletter for about 24 years and it is a popular way for us to keep in touch with you, and for you to keep up to date with our news. The newsletter is available from the front desk, and we sometimes post it to patients if we are sending them a letter.

As we are now doing more and more recalls by SMS, and physical attendance at the clinic has reduced with COVID-19 and telehealth, we are wondering about the best way to deliver the newsletter to you, and whether an electronic version would be a better choice.

If you would like to receive the newsletter by email, please let us know. It means we will need to print less copies, help the environment, and you will be sure to get all the news as soon as it is available, rather than having to wait till you are sick and visit the clinic.

Ask our staff to add your name to our email list—it won't be used for any purpose other than sending you the newsletter and other health info from the practice.

NEW STAFF

We are delighted to welcome back **Dr Sonia Jitpiriyaroj**.

"Hello again everybody! I may have had the pleasure to look after you during my wonderful time at WoW last year. During the last 6 months, I have been furthering my training at a different GP clinic to extend my skills and have been studying hard to keep up to date with modern GP therapies. I have successfully passed the first part of my specialist exams.

I am very happy to be back at WoW for my final specialist training term. I have a special interest in lifestyle medicine including discussing diet and exercise. I also love women's health and children's health. I am excited to meet you all - both old and new faces, and to continue striving to provide excellent care."

We are wondering about the best way to deliver the newsletter

We've sadly had to farewell our two registrars from last term, but hope to see **Dr Caroline Nguyen** and **Dr Sarah Hershan** back soon.

We've been joined by two new registrars. **Dr Jessalynn Chia** graduated from the University of Melbourne in 2016. She worked at the Royal Melbourne Hospital where she gained broad experiences in surgical and medical terms as well as dermatology and women's health at the Royal Women's Hospital. In 2019 Jessalynn completed further diplomas in dermatology and child health/ paediatrics.

Aside from medicine, Jessalynn enjoys spending time with family, traveling and serving in her local church.

Dr Joel Jaya graduated from medicine at Monash University in 2016. Since then he has worked at hospitals across Monash Health and Gippsland in a range of specialities including medicine, surgery, paediatrics and emergency before moving to general practice. Joel enjoys all aspects of general practice including chronic disease management, preventative care and children's health. Outside of medicine you will find Joel on the futsal court or in the garden growing herbs and greens!

We also welcome **Judy Walker** to our reception team. With 15 years in the health sector Judy has had a diverse career ranging from front desk receptionist to executive support in medical organisations like the RACGP. For the past 2 years Judy was a medical receptionist for a large GP Practice in Kingston, Tasmania.

Not only is Judy a keen cyclist, yoga fanatic and lap swimmer but she also often takes trips to Italy enrolling in ceramic classes to further her interest in the craft.

Patients who have visited the Rowville respiratory clinic will have noticed a new old face. **Melissa Yandle** who was a receptionist at WoW for 14 years, has returned to help us in our hour of need. Thanks Melissa! And thank you to all the other staff who have joined us at RRC including receptionist **Annaliese Bristol** and nurses **Rhea Stanford** and **Joan Henderson.**

CONGRATULATIONS

A big congratulations to our psychologist **Dr Corinna Ozturk** who gave birth to beautiful baby Grace (2.8 kg) on April 30th. All are doing fine and we hope to see Corrina along with lots of photos back at the surgery very soon.

ANOTHER COVID FIRST

We had no choice. We had to have our annual midyear staff dinner. We had to socially isolate. So this year we held our staff function by Zoom, complete with trivia and UberEats meals.