wellnews

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The newsletter of
Wellness on Wellington

Autumn 2021

There is so much to talk about at the moment that we could easily fill two or three newsletters, but the most important information is that which changes so often that our newsletters can't keep up. News on which Covid vaccines will be available and when; when will influenza vaccines arrive this year; why does my prescription look different and why has the label on my medication changed?
We cover all these topics and many more in this newsletter, but the most important thing we can do to help is to encourage you to sign up for our email newsletter which will eventually replace this paper-form. Not only will it be better for the environment, but we can get information to you much more rapidly and while it is still relevant!
Please ask reception for a consent form so we can add you to our e-mailing list.
And stay safe!

So many vaccines; so little time!

We all know that as soon as the Christmas decorations come down, shops start selling hot cross buns for Easter. And our staff know that as soon as New Years Day is over, patients will start asking when will they be able to get their flu shots!
This year, of course, the bigger question is when will the Covid-vaccine arrive, who will be entitled to receive their shots and when; how many shots will be needed and how long between them.
But we also need to know how the Covid vaccine will affect delivery of the influenza vaccine.

Our email list will announce when, where and how to get vaccines.

We can't answer all these questions but here is what we do know.
The government rollout of vaccines will be done in stages, beginning with those most vulnerable. There will be a strong public advertising campaign.
Our success in running the Rowville Respiratory Clinic means that we will almost certainly be accepted as a vaccination centre to administer one or more brands of the Covid vaccine (but not the Pfizer brand which needs to be stored at –70 degrees and will be given by hospitals).
Most vaccines will need two injections given somewhere between two and twelve weeks apart. Each brand will have its own specific needs, and of course supply issues will impact on this also. There are some brands in development that only need one shot but there are not yet plans to make them available in Australia.
We also know that last year was the biggest season yet for flu vaccination. It is true that the flu season was very mild last year but that was the result of high levels of vaccination and the isolation caused by Covid-shutdown which reduced transmission.
We expect there to be big demand for flu vaccines again this year. Based on our lack of knowledge about the interaction between flu and Covid vaccines, the advice is for at least a two week gap between getting those vaccines.
This means that most patients will need three injections this year, and that it will take between 4 and 14 weeks to be fully vaccinated. We therefore strongly encourage you to book in for vaccination as early as possible.
We will be running multiple clinics for all vaccines. Some will be drive through (as last years flu clinics) and some will be in the Respiratory Clinic tent. Bookings will be essential and must be done through appropriate channels. For example, flu clinics will be done through our online system, but appointments for the Covid clinics may only be able to be made through the Governments National Booking System (Not our choice either!!)
And how will you know when bookings are open and how to access them? By far the best way is to **sign up for our email list and to follow us on either Facebook or Twitter.** There we will make announcements about when, where and how we will be providing vaccination services. By subscribing to those lists you will be amongst the first to hear the news, and we can keep you updated with recommendations, information and advice.
Our receptionists are inundated with calls at the moment, and whilst always happy to help, they can serve you much better if you get the main information through our other sources.
Please ask reception for an enrolment form so we can add you to our e-mailing list.

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.
And please follow us on Facebook, Twitter and enrol for our emailed newsletter for the latest information

New Names for Old Drugs

Australia is moving to a new way of labelling all medications, which means that your medicines may have unfamiliar names.

All medicines actually have three names—a chemical name, which can be incredibly long and confusing, a scientific name which is the common (generic) name adopted by doctors and pharmacists, and then one or more brand names which are given by the manufacturers.

For example, you may not recognise the chemical name 2-acetooxybenzoic acid but will know the generic name aspirin. At the pharmacy you can buy many different brands of aspirin—Aspro Clear, Winsprin, Disprin, Cartia and Solprin. They are all the same drug (though the strength may vary, as may features such as whether it is a slow-release preparation etc).

From February 2021, new regulations mean that your prescription must primarily use the name of the active ingredient ("generic prescribing"). A brand name may be used but only after the active ingredient.

In theory, this system will lead to less errors and cheaper prices. It should make it easier for doctors, as drugs in the same family have similar generic names. And it should make it easier for patients because even if they receive different brands of drugs from the chemist at different times, the main name on the label will be the same.

We will have to wait and see if the promised benefits will actually come to pass. In the meantime, you may notice an unfamiliar name on your medication labels. If you have any concerns or confusion, please check with your doctor or pharmacist.

From February, your prescription must primarly use the name of the active ingredient

The other big change in scripts is that we are delivering more and more scripts by SMS. Some patients find it very convenient to have their scripts with them at all times on their phone, especially if they travel or use different chemists. We have however noticed that other patients prefer seeing their scripts on paper and just leaving them with the pharmacy. Discuss with your doctor and pharmacy which is the best option for you.

How anti-vaxers manipulate data

Given that we are about to start vaccinating almost the entire Australian (and hopefully, world) population against Covid-19, it is inevitable that there will be protests, objections and supposedly sound scientific objections from those opposed to vaccination. It is therefore timely to look at how the anti-vaccination movement distorts and mispresents data to try and justify their position.

Last year, the journal Vaccination published a study done on 6000 members of the US military. Half received flu vaccines, and the study went on to examine whether that had any impact on the chance of them catching other respiratory viruses.

The study found that there was a significant reduction in infections with two viruses called RSV and parainfluenza; but some increase in viruses caused by endemic coronavirus strains.

(At this point, it is very important to note that endemic coronavirus is not the same as Covid-19. The endemic strains are those which have been with us every year for a very, very long time.)

Overall, those vaccinated had a slightly lower risk of catching other viral infections—and of course had a significantly lower risk of catching the flu.

One would think this is good news. But because the article provided even the smallest chink in the argument of vaccine protection, the anti-vax movement jumped on it and misrepresented the data through thousands of social media posts, saying this proved that flu vaccine increased the risk of catching and dying of corona-virus.

In fact the study did no such thing. Covid-19 wasn't studied in the research because it wasn't around during the time of the study! So there was no way that the study could show that flu vaccination increased death risk from Covid-19, despite the claims of some opposed to vaccination.

However subsequent research looking at 34 countries around the world, showed that Covid-19 deaths were decreased in countries that had higher rates of flu vaccination. Another study showed there was no association between flu shots and the chance of catching Covid-19. Neither of these studies were discussed by the anti-vax movement.

Anti-vaxers ignore evidence that doesn't back their beliefs whilst overstating the importance of anything that supports them

The other point to note, is that though the anti-vaxers used the US military study to justify their opposition to flu-vaccine, saying it increases the risk of death from Covid-19, there is no suggestion from any of them that they will endorse a Covid vaccine that is designed specifically to decrease the risk of dying! One might have thought that would have been the logical position to take.

The issue with the anti-vax movement is not that they object to vaccines. It is that they have a fixed position, and will use or misuse any data they can to justify their view, ignoring evidence that doesn't back their beliefs whilst overstating the importance of anything that seems to support them, even if it is relatively minor.

So how safe are the Covid-19 vaccines that will be used in Australia?

We have the enormous advantage in Australia of having delayed the vaccine rollout whilst millions of Americans, Europeans and Israelis have been immunised. So far no significant side-effects (other than the usual local reactions and flu-like symptoms) have been seen.

But what about long-term side effects? It is true that we don't have long-term data on those vaccines yet. They haven't been around that long. But immunisation has been around for over a hundred years and many vaccines have been developed during that time. It is well established with all vaccines, that any significant side-effects have always shown up in the first 2—4 weeks after immunisation. The experience of over 100 million people overseas has not shown anything significant in the month after vaccination.

More data will come out about the effectiveness, side-effects and reactions to Covid-19 vaccines, especially in groups that have not been studied in large numbers – children, pregnant women and the immunosuppressed.

But let us base our decisions on proper analysis and science, not on the deliberate misrepresentation of knowledge and facts that some people do.

From the Medical Press

Mothers who use cannabis during pregnancy are more than 50% more likely to have children with autism and possibly with intellectual disability. Please see your doctor if you need help to stop smoking, alcohol or drugs before you get pregnant.
https://www.nature.com/articles/s41591-020-1002-5

Honey is better than suppressants, expectorants and antihistamines in relieving the symptoms of cough
https://ebm.bmj.com/content/early/2020/07/28/bmjebm-2020-111336

New research suggests it is signficantly safer for babies if their mothers drink no caffeine at all (sorry!!) whilst pregnant.
https://ebm.bmj.com/content/early/2020/07/28/bmjebm-2020-111432

The 16:8 diet (eat what you want for 8 hours a day but then fast for 16 hours) may not be as effective as was initially hoped.
https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2771095

More is worse but a little is bad

Medicine has a notion of threshholds—so that below a certain level, there is no effect. For example, we know that two Panadol tablets lowers fever, one Panadol might do a little, but a quarter of one Panadol will have no effect at all on an adult.

Does that apply to smoking?

Turns out - probably not! The European Respiratory Society Congress (held by video conference this year) had US investigators report on a study of 19,000 patients grouped into light smokers (less than 10 cigarettes per day), medium smokers (10-20 cigarettes per day) or heavy smokers, (more than 20 cigarettes per day).

In the analysis of the results, it turned out that light smoking led to a 2.5 times greater risk of dying of any cause compared with non-smokers, and a nearly nine times higher likelihood of death from lung cancer.

In other words, even light smoking had a huge impact on risk of dying of lung cancer or any of the other ways that cigarettes can kill, including heart attack, stroke and so on.

Stopping smoking is the single best thing you can ever do for your health.

Of course heavy smokers had a higher risk of these diseases than light smokers, but not quite as much as you might think. Light smokers had about half the risk of dying of lung disease, and about 70% of the risk of dying of lung cancer as heavy smokers.

So smoking heavily does increase your risks to a degree, but even light smoking is significantly risky.

Now perhaps there really is a threshold—perhaps one or two cigarettes a day has no impact on health. But it is very hard to prove that, and given the risks of light smokers, it would seem any cigarettes at all are likely to significantly increase your risks very quickly.

We firmly believe that stopping smoking is the single best thing you can ever do for your health. Cutting back may help a bit, but completely stopping is the only way to really give yourself a chance to recover from the effects.

We know that it isn't easy, which is why our doctors are keen to spend extra time with you discussing stop-smoking strategies that involve both behavioural change, and (where appropriate) medications which can help. Please book a half hour appointment with your doctor to start the journey to better health, saving huge amounts of money, less smell on your clothes and breath, and the incredible satisfaction that comes from saying— "I don't smoke anymore."

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 ECG machine was invented in 1895. (Einthoven won the Nobel prize for medicine in 1925 for his creation.) For many years it was the only way of judging how the heart was working and whether there was any sign of strain.

By the first half of the 20th century, it was realised that testing the heart when it was under strain was a better test. 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. Patients who have significant blockage to the blood vessels that feed the heart muscle have decreased movement (contractility) of the heart. The echocardiogram (abbreviated to echo) was born in 1954.

Around 1980, the two ideas of echo and exercise testing were merged. We learned that how the heart recovers after exercise was very important in judging the health of the heart and the narrowing of the arteries that supply it. However over time we learn about the limitations of new tests. Stress echo is very useful for patients who have already developed chest pain, to determine if the pain is actually coming from the heart. It may also 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."

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.

A very useful tool for helping decide how aggressively to treat a patient before they develop any symptoms

Now there is 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 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.

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Wellness Whispers

NEW STAFF

With the beginning of the medical year, which is the first week of February, we have again had a change in our registrars. We fondly farewell **Dr Jessalynn Chia** and wish her well with her continued training. And we say "See you soon" to **Dr Joel Jaya** who will spend 2021 at other clinics gaining broader experience before returning to us for the long-term in 2022. We look forward to seeing him in the near future.

Please sign up to our email list!

Two new registrars have joined us. **Dr Arushi Jain** graduated from Monash University and is currently training to become a fellow of the Royal Australian College of General Practitioners. She spent her postgraduate time training at Monash Health and Gippsland in a wide variety of specialties. She is interested in all aspects of family medicine and has completed further training in children's health. Outside of work, Arushi enjoys travelling, day hikes and music.

Dr Krishnan Rasaratnam graduated from medicine at Monash University in 2018. Prior to General Practice he worked across Eastern Health sites and gained experience in various medical and surgical specialties with a special focus on orthopaedics and paediatrics. Krish is currently pursuing both of these interests as an enrolled member of the Sydney Child Health Program and by spending his weekends acting as a club doctor for an amateur soccer team. Outside of medicine, Krish plays soccer and badminton and is an avid supporter of Liverpool Football Club.

We've also been joined by two new receptionists who are undertaking traineeships in health administration.

Jaime McIntosh started at Wellness as a trainee in November, which given the pandemic, was a remarkably stressful time to begin a career in the health field! She tells us that "I love working with all the incredible people here, and I learn new things every day so there's never a dull moment. I can't wait to see where my career at Wellness takes me.

"Outside of work, I love sitting outside with a coffee, going to the beach, and my cat Sooty means the world to me."

In February, we were joined by **Emily Peak** who tells us, "I now live in Officer but I was born in Salamander Bay, NSW. I moved to Victoria when I was 3 years old and completed school in Ringwood and Berwick.

"Since completing school I worked part time at Bakers Delight and have been aiming to get into the medical industry as a receptionist. I have loved my first weeks at Wellness on Wellington and am very excited to get to know everyone and develop my skills!

"Outside of work I really enjoy camping and love watching Star Wars. My cat Billy is a big part of life and my daily routine of taking care of him."

ONE MORE REMINDER

We strongly urge you to make life easier for both you and us by signing up to our email list. It really will be the best way for us to let you know about flu vaccines, Covid vaccines and all the other urgent health messages we need to pass on.

Please sign up on the website, or ask reception for a form.

New approaches to heart testing

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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 over-treating 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. They are much more invasive tests and both carry a risk of complications from the test itself. We therefore do not regard these as screening tests and would not use them in the patients without significant 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. If you are middle aged or older, and particularly if you have risk factors such as a family history of heart disease or if you have high cholesterol, diabetes, high blood pressure or you smoke, then we strongly encourage you to make time to have this discussion with your GP.