

JUNE-JULY 2015

Your next appointment:



> *Overcoming Bullying & Fatigue*



> *Bedwetting in the Adolescent*



> *I Have GORD: What Next?*



> *PCOS & Diet*



Enjoy this free newsletter

Please remember that decisions about medical care should be made in consultation with your health care provider so discuss with your doctor before acting on any of the information.

www.healthnews.net.au

● PRACTICE DOCTORS

Dr Russell Wiseman

Asthma & Respiratory Medicine

Dr Joe de Jager

All aspects of General Practice

Dr Greg Beak

Geriatrics, Skin Diseases, Travel Medicine & Cardiovascular Medicine

Dr Karen Sander

Sport, Sexual Health and Emergency Medicine

Dr Mason Stevenson

Mens Health, Skin Cancers & Musculoskeletal Medicine

Dr Rose Iron

All aspects of General Medicine

Practice doctors are experienced in the broad range of health problems affecting all age groups.

● PRACTICE MANAGER

Heather

● PRACTICE NURSES

Jennine, Lizzy & Kerry

● RECEPTION STAFF

Anne, Leona, Gwen & Kerrie

● SURGERY HOURS

Monday – Friday8.00am – 5.30pm

Saturday8.30am – 11.30pm

● AFTERHOURS & EMERGENCY

Family Care Medical Services Ph 137425
or via 5446 5999 phone diversion.

● OTHER SERVICES

- General Medicine
- Mental Health
- Skin/Mole checks
- Women's Health
- Men's Health
- Travel Vaccinations
- Asthma Management
- Infant Health
- Musculoskeletal medicine
- Holistic Health
- Employment Medicals
- Cryotherapy
- Minor Surgery

▶ **Please see the Rear Cover for more practice information.**

● BILLING ARRANGEMENTS

We are a private billing practice. Information about our fees and services are available at reception.

Payment at the time of consultation is required.

A small fee may be charged for procedures, dressings, vaccines, plaster and resin casts, to cover costs.

Payment can be made by cash, credit card or EFTPOS.

Children under 16 years of age, pensioners and HCC holders are Bulk Billed. Gold Card holders are billed to DVA. Standard fee is \$70.00 and can be paid via Eftpos or Credit Card. We can access immediate refund from medicare providing patient has a debit card and pin number.

● SPECIAL PRACTICE NOTES

These notes are provided to help you during your visit to our practice. Suncoast Medical Centre would like to announce that **Dr Rose Iron** joined our practice on Thursday the 22nd January. Dr Iron is interested in all aspects of General Practice.

Referrals. Doctors in this practice are competent at handling common health problems. When necessary, they can use opinions from Specialists. You can discuss this openly with your doctor, including potential out of pocket expenses.

Patient Feedback. We welcome your comments or suggestions. Please feel free to talk to your GP or the Practice Manager regarding any issues. If you prefer, you can contact the Office of the Health Ombudsman on 133 OHO (133 646).

Despite our best intentions, we sometimes run late! This is because someone has needed unexpected urgent attention. Thank you for your consideration.

Patient Privacy. This practice protects your personal health information to ensure it is only available to authorised staff members for the intended purposes and to comply with the Privacy Act. To obtain a copy of our Privacy Statement or your medical records, please ask.

Test Results. Results are reviewed by the doctors and acted on in a timely manner, with your health in mind. We will contact you if necessary.

Test results are usually discussed at a follow up appointment. It is the policy of this Practice NOT to give results over the phone. You will be notified if your Doctor requests that you make an appointment to discuss your results.

● APPOINTMENTS

Consultation is by appointment. Urgent cases are seen on the day.

Booking a long appointment is important for more complex problems – insurance medical, health review, counselling, a second opinion, etc. This may involve a longer wait. Please bring all relevant information.

Please notify us if you are unable to attend an appointment, well in advance.

If more than one person from your family wishes to see the doctor at the same time, please ensure a separate appointment is made for each family member.





Overcoming Bullying and Fatigue at Work

Bullying creates stress, which in turn can create fatigue

Modern technology is actually causing us to work more hours rather than fewer hours. We can now take work home on our computer, tablet or phone. We can work anywhere with Wi-Fi coverage. Coupled with this, today's 24/7 society means many work night shifts or rotate day-night shifts. Not surprisingly, many people suffer fatigue.

Most fatigue treatment is simple and requires practise and perseverance to work, as well as a body and mind approach. More fruits and vegetables and less processed food is a start. Regular exercise and regular adequate water intake, all help.

Mindfulness training is becoming popular, as is yoga and meditation, to help people both "switch off" and use the power of the mind. To be able to do this, getting enough sleep is critical. If need be, catch up on the weekend with a nap. Aim to go to bed around the same time each night, have the bedroom dark and switch off screens at least 30 minutes before bed. If working night-shift develop your own routine for sleep time.

Take time off each year to 'recharge the batteries' and 'put fuel in your tank'. Don't let your holidays accrue!

Bullying behaviour, which was "laughed off" a generation back, is no longer

acceptable. People are under enough pressure as it is. To be repeatedly threatened or demeaned is soul destroying. It may be:

- physical, through pushing or shoving,
- subtle harassment, like hiding possessions.
- verbal abuse (which does not have to include foul language).

In the workplace, usually the perpetrator is someone in a higher position. It is always distressing to the victim and can make going to work highly stressful.

Talk to your doctor about any stress (or other) symptoms you have, so these can be documented and you can be treated if need be. This may include referral for counselling. You may also need to talk to your health and safety officer, employer or in some instances a lawyer, or the relevant industrial relations body. Laws allow anyone feeling bullied to make a formal complaint and this has to be investigated.

Shingles: What Is It?

Shingles is a (usually) painful viral infection of nerves during which blisters appear in the skin. It can occur anywhere, however the chest, back and abdomen are the most common sites.

The culprit is the varicella zoster virus, a herpes virus best known for causing chicken pox in childhood, then perhaps shingles in later life. This reactivation of the original chicken pox virus occurs after the virus has sat dormant for many years in nerve cells.

Triggers for shingles are similar to those for 'cold sores', so you often hear of another illness or stress sparking an infection. There may be no trigger obvious.

The rash often looks like a band or belt as it follows the line of the nerve endings in the skin. Typically, there is a burning pain first and blisters appear a day or two later. Blisters can be grouped or separated and last between a few days and a few weeks. The infection can return but most people only get one episode.

The virus can be spread by direct contact with the blisters – a serious risk for pregnant women if they have not had chicken pox in the past.

There is no "cure" but medication on prescription can shorten the course. It must be started within 72 hours of the rash appearing. Other treatments to ease symptoms include painkillers and topical gels with local anaesthetic.

A small number of people can get 'post herpetic neuralgia' where the burning pain persists long after the rash fades. This is a nerve pain and does not always respond to regular painkillers. There are specific medications, which can be used to ease the symptoms. Talk to your doctor about this.

Groups of blisters that emerge after a period of unexplained pain or skin discomfort, are nearly always due to this herpes virus.



Weblink www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Shingles



Bedwetting in the Adolescent

Enuresis means passing urine while asleep and some older children can be affected. Roughly 10% of ten-year-olds are not dry at night. This figure drops to 1% by mid teens. The cause in teenagers is generally the same as in young children. That is, the brain has not established control over bladder function at night.

Although not harmful, it causes considerable distress and embarrassment to the sufferer. This is even more so for teens.

It is rare to have an underlying abnormality of the kidneys or bladder, but this should be checked if it had not been done earlier (usually the problem has persisted from younger years).

Treatments have often been tried before but are worth revisiting.

Basic things like emptying the bladder before bed and restricting fluid after 6pm help. The first line is an alarm, which goes off if the sheet becomes wet, waking the person. The aim is to establish a link between passing urine and waking up.

Even though you may feel embarrassed, talk to your doctor about the problem. Medications are available on prescription too. There is a nasal spray and tablets that can be used. In most instances these help and the situation ultimately resolves. Enuresis rarely persists into adult life and those affected can be controlled with medication usually.



Weblink www.continence.org.au and search "teenager"



I Have GORD: What Next?

Heartburn is a common symptom and happens when acid from the stomach rises up into the gullet (or oesophagus). Almost everyone gets this at some stage, especially if they eat or drink too much. The stomach produces acid to help digest food and because its lining is adapted to this, acid in the stomach does not cause pain. Not so with the oesophagus lining, where acid "burns".

Gastro-oesophageal reflux disease (GORD) is where acid regurgitates into the oesophagus regularly, regardless of what we eat.

In some this is due to a hiatus hernia, where the sphincter (valve) between the anatomical stomach and oesophagus stops working, usually because the stomach herniates (or slides) into the chest cavity from its usual place in the abdomen.

This can be demonstrated on gastroscopy where a flexible telescope (or

endoscope) is inserted down into the stomach whilst you are sedated.

Treatment for GORD starts with avoiding any foods that set off symptoms – alcohol, dairy and spicy foods are common triggers. So are smoking and being overweight.

Antacids purchased over the counter or on prescription neutralise acid and usually decrease that 'heartburn' sensation within 10 minutes. Next step is use of medications to reduce acid production, which may be needed for months depending on the severity of the symptoms and likely cause. If symptoms settle quickly there is no need for investigations but if they persist then a gastroscopy may be needed.

Women with lumpy breasts can help their doctor through self-examination.



About Lumpy Breasts

Breast tissue is a mix of glands, fatty cells and a connective tissue "scaffold". Some have the gland tissue arranged loosely on the connective tissue. In others the glands coalesce and form lumps, which can be felt. This is sometimes called "lumpy breasts", which is not abnormal and does not lead to cancer. However, it can be harder to detect new lumps in a lumpy versus non-lumpy breast.

Regular breast self examination lets women become familiar with what the breast normally feels like, including any lumps. Hence if there is a change this can be noticed sooner and medical advice sought. Fortunately the vast majority of lumps in the breast are not cancerous.

Lumpy breast can be due to hormonal effects. This can vary through the cycle, being most prominent in the second half of the cycle and almost disappearing just after the period. Non-cancerous breast cysts are also common, especially in women 35 to 50. Fibro-adenomas are non-cancerous

lumps made of gland and fibrous tissue and are more common in younger women. They can be painful, especially just before a period. Hence they are sometimes removed surgically.

Most lumps are harmless but it is vital to see your doctor if you notice anything you are not sure about. A mammogram or ultrasound may be required and in some cases a fine needle biopsy done to confirm diagnosis.

Women over 50 are entitled to a free screening mammogram every two years. Those younger can be tested when the need arises.



PCOS & Diet

Diets can help. Weight loss is first line treatment in PolyCystic Ovary Syndrome – just 5% to 10% weight loss helps symptoms and leads to a greater chance of pregnancy. We know PCOS affects about 1 in 7 women during their reproductive years, which makes it one of the commonest hormonal disorders for women.

The PCOS tendency is inherited to some degree but lifestyle factors also play a part. Heart problems, diabetes, mental health problems and eating disorders are part of the pattern and symptoms vary a lot, such as infrequent periods, acne and hairiness. Insulin resistance (where insulin levels are high after eating) occurs in some women, who are also prone to weight gain.

There is no 'PCOS weight loss diet' but whole grains, lean protein, fresh fruit and vegetables, with fats that come from plants or fish are recommended.

Strong support from family and friends and regular follow-up helps chances of success. So does regular exercise, particularly after meals.

Some celebrities, such as Posh Spice, have successfully kept their weight down and had children despite PCOS.



WebLink www.betterhealth.vic.gov.au search "lumpy breasts"



WebLink <http://jeanhailes.org.au/health-a-z/pcos>



LAUGHTER

the Best Medicine

Upon entering a little country store, the stranger noticed a sign warning, "Danger! Beware of dog!" posted on the glass door. Inside, he noticed a harmless old dog asleep on the floor beside the cash register. "Is that the dog folks are supposed to beware of?" he asked the owner.

"Yep, that's him," came the reply.

The stranger couldn't help but be amused. "That certainly doesn't look like a dangerous dog to me. Why in the world would you post that sign?"

"Because," the owner explained, "before I posted that sign, people kept tripping over him."

SUDOKU

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Suncoast Medical Centre will be taking part in the "Biggest Morning Tea" on Thursday the 28th May. Please join us on the day and help support the fight to BEAT CANCER.

● ABOUT THE FLU

What is influenza?

Commonly known as 'the flu', influenza is a highly contagious disease that can be serious, debilitating and affect the whole body. The flu is caused by a particular group of viruses and is spread by infected people coughing or sneezing as well as from surfaces contaminated by respiratory secretions. Even laughing, talking and breathing can disperse the flu virus. But it's no laughing matter. Influenza can cause serious illness, particularly in people with underlying medical conditions, older adults, pregnant women and young children. Many people confuse the common cold with influenza; however, colds are much less severe.

Influenza = the flu
Sometimes people say: 'I have the flu', when they really have a cold.

Flu symptoms include:

- fever (often high)
- chills
- severe cough
- headaches
- muscle aches and pains
- sore throat
- children's symptoms may also include nausea, vomiting and diarrhoea.

Note: If you have a sore throat, runny nose and sneezing without high fever, cough, headache and muscular ache, you're probably suffering a common cold. Most Australian adults contract a cold two to three times a year. Influenza strikes just once every five years or less. In an average year, children contract six to ten (or more) colds yet only 30% become infected with influenza.

Flu fact: Adults can be contagious one day before getting symptoms and up to 5 days after becoming ill. This means that you can spread the influenza virus before you know you are infected.

Antiviral medications can limit the effect of influenza if they are taken early after onset of symptoms (within the first two days of the illness). They are available on prescription only. Therefore, it is important to see your GP immediately if you believe you're suffering influenza and wish to reduce the duration of your illness.

LAMB SHANK CASSEROLE

SUITABLE FOR SLOW COOKER/TAGINE OR CASSEROLE IN OVEN. PREHEAT OVEN TO 150 DEGREES

INGREDIENTS

- 4 lamb shanks
- 1 tblspn Olive oil
- 2 medium size brown onions chopped
- 3 cloves garlic crushed
- 1 tablespoon ground ginger
- 2 teaspoons ground cumin
- 2 teaspoons sweet paprika
- 4 cups (1 litre) Beef Stock
- 400gm can chopped tomatoes
- 1 punnet Button mushrooms halved
- 2 medium carrots chopped
- 100gms pitted Kalamata olives
- 150gms fresh dates

METHOD

Heat the oil in a heavy based pot over high heat. Add onion & garlic, stirring until onion is soft. Add ginger, cumin & paprika until aromatic. Add lamb shanks, beef stock, tomatoes, carrots, mushrooms & bring to boil. Remove from heat. Put into casserole or tagine. Cover and bake for



2 hours. Add the olives and dates and set aside, covered for 5 minutes, or until heated through. Otherwise put in slow cooker making sure the lamb is covered by the liquid. Add olives and dates.

Cook for approximately 6-8 hours on low setting or until lamb is soft and falling off the bone.

Serve on a bed of mashed potato with steamed fresh vegetables or on a bed of couscous.

Questions for That Other Person!

- Heartburn is mainly due to "lifestyle" but there can be a physical abnormality. What is it?
- Regular mammograms are particularly recommended in women with lumpy breasts. Why?
- What percentage of adolescents are affected by bedwetting?
- Workplace bullying – do you know who to complain to if it happens to you?
- Someone with shingles should avoid certain people. Who?

SUDOKU Solution

4	7	1	6	3	9	8	2	5
8	9	2	7	1	4	6	3	9
9	6	3	8	2	5	7	1	4
9	9	7	2	8	1	6	4	3
3	2	8	4	6	9	7	1	1
6	1	9	4	7	3	5	8	2
1	3	5	4	8	2	7	6	4
2	4	6	9	3	6	7	1	8
7	8	6	1	9	8	7	5	4