



Penguin Branch
 19 Ironcliff Road
 Penguin TAS 7316
Phone: 6437 0955
Fax: 6437 0755

Ulverstone Branch
 6 Patrick Street
 Ulverstone TAS 7315
Phone: 6425 1611
Fax: 6425 6669

Visit our website: www.patst.com.au

FREE TO TAKE HOME!

OCTOBER - NOVEMBER 2019 EDITION



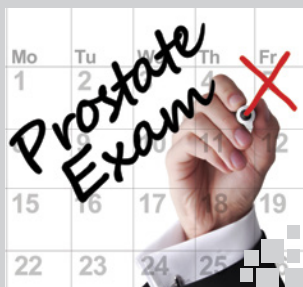
Memory loss



Vaccination in children



Fibroids



Prostate enlargement

YOUR NEXT APPOINTMENT:

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 Christine Barstad**
- Dr Nerrelie Cann**
- Dr Debra Chandler**
- Dr Justin Chipman**
- Dr Stefan Delitzsch**
- Dr Emil Djacic**
- Dr Elisabeth Robin**
- Dr John Fisher**
- Dr Margret Oetterli**
- Dr Saminda Rubasinghe**
- Dr Lizzi Shires**
- Dr Diana Webster**
- Dr Abby Chapman**

● PRACTICE STAFF

- Practice Manager:** Sheree Snare
- Clinical Manager:** Sharon Brain
- Business Manager:** Katrina Pugh
- Reception Staff:** Vivienne, Wendy, Janine, Rhia, Heidi, Peyton, Maree A, Holly, Alice, Bronte, Jacqui, Maree S & Amanda
- Registered Nurses:** Debbie Rimmelzwaan, Roselyn Hendriks, Ann Louise Jones, Trudy Schmidt, Sharon Turner, Bianca Snow & Breanna Carroll
- Enrolled Nurses:** Jeannie Ansell, Jackie Nash & Sarah Scully

● SURGERY HOURS

- Ulverstone Branch Hours:**
 Monday to Friday
8am – 6pm
 Weekends & Public Hols – Urgent Clinic
9am – 12noon
 Shared with Victoria Street Clinic
- Penguin Branch Hours:**
 Monday to Friday
9am – 5pm

● AFTER HOURS & EMERGENCY

Phone **6425 1611**. Listen to voice message and ring the number advised. Please do not try to leave a message. In an emergency, phone **000** for an ambulance.

● ALLIED HEALTH AT PATRICK STREET CLINIC

- Hearing Australia
- Physiotas Physiotherapy
- Sleep Better Again
- Launceston Orthotic/Prosthetic Service Prem Anandam
- Dr Collin Chia – Respiratory & Sleep Medicine Physician
- Victoria's Cosmetic Medical Clinic

● FULL FAMILY MEDICINE SERVICES

- Minor Surgery
- Travel Medicine
- Lung Function Tests
- Aged Care
- Workplace Health Care
- Immunisations
- Blood Tests
- Trauma Care
- Antenatal Care
- Desensitisations
- Women's & Men's Health
- Skin Checks & Skin Cancer Treatments
- Diabetic & Asthma Clinics
- Family Planning/Contraception
- Child Health & Baby Checks

● PRACTICE BILLING POLICY

The Patrick St Clinic will not let financial hardship prevent access to medical care where at all possible.

Over many years, both sides of government have not supported the real cost of providing healthcare. Therefore your Medicare rebate has not kept up with inflation. This means that some costs must now be passed on to patients.

Significant discounting down to Medicare's "bulk billing" rate however does occur according to the individual patient circumstances at the doctor's discretion.

The following policy is aimed at being able to maintain our services to the community:

- Patrick St Clinic fees are guided by the Australian Medical Association.
- An annual charge payable on the first bulk billed consultation in the financial year will apply to all patients, including pensioners and health care card holders. This charge is currently \$30.
- A full fee payment for non-health care card holders will occur at the first consultation in each quarter.

We hope these measures will help you stay healthy regardless of your financial position.

● BOOKING APPOINTMENTS

We try to make sure patients are seen in a timely manner according to the urgency of the problem. Please let the receptionist know at the time of booking if your problem is routine or urgent.

Please give at least 2 hours' notice if cancelling a booking to allow that space to be made available to another patient in need.

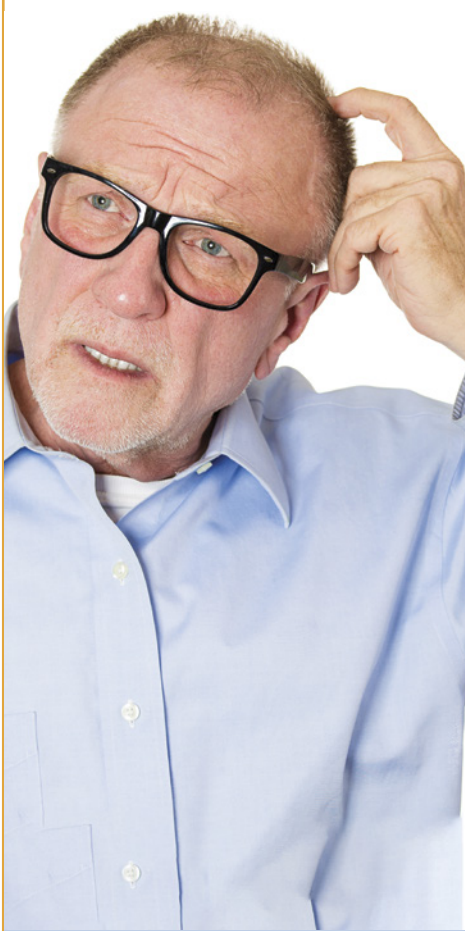
Failure to attend an appointment may attract a fee.

You can also book online via our website: www.patst.com.au or download the HotDoc App.



Booking a longer appointment: If you want an insurance medical, review of complex health problem, travel advice, counselling for emotional difficulties or a second opinion, please book a longer appointment.

▶ Please see the Rear Cover for more practice information.



Memory loss

The prospect of memory loss is one of the major concerns of people who are getting older. The 'good news' is that while the total number of people with dementia is increasing, the percentage of the population with dementia is declining.

Work over the past three decades shows that as each cohort gets older, a smaller number of people are being diagnosed with dementia.

There are a number of causes. Alzheimer's disease is the most common. Risk factors include a family history, past trauma to the head (especially repeated concussions), smoking and alcohol consumption.

The condition generally comes on slowly. It is worth noting that occasionally forgetting where you put your keys is not the first sign. Diagnosis

is largely on assessing mental state through a questionnaire.

A CT or MRI scan may be done to assess the brain. Certain changes are typically seen in people with Alzheimer's.

Blood tests are done to rule out treatable conditions that can impact memory (e.g. underactive thyroid, certain infections, kidney or liver diseases). Any underlying secondary cause can be treated accordingly.

There is no treatment, as such, for Alzheimer's. Available medications only slow progression and not always even that. The key is practical support for the individual and carers.

Talk to your GP about available support services.

The World Health Organisation recommends physical exercise, adequate sleep and sensible diet to keep the brain active. Avoiding smoking and consuming only moderate alcohol, controlling blood pressure and blood sugar all help.

Vaccination in children

Over the course of the 20th century there was a steep decline in deaths from infectious disease. One of the main reasons for this has been the advent of vaccinations. In simplest terms, this involves exposing an individual to a protein (or other recognizable part) of a bacteria or virus and "tricking" the body into mounting an immune response. We know that once antibodies are produced on one exposure that we become immune to the particular bug. Thus, a vaccine allows us to develop immunity without actually contracting the illness.



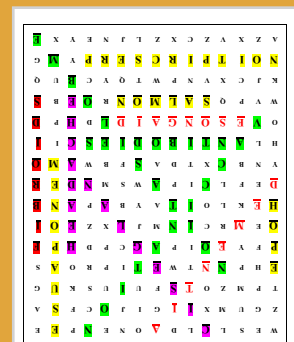
Conditions like tetanus and polio are extremely rare in Australia today as a result. However, success can breed complacency and we have seen cases of disease preventable infections in unvaccinated people.

So, what is the best way to protect your child? There is a schedule of vaccinations which applies nationally. This covers a number of diseases including hepatitis B, measles, whooping cough, and certain forms of meningitis. The initial vaccination is done in hospital before discharge with the next one at six to eight weeks. At each visit your GP will advise when the next set is due.

Some children may get a fever after vaccination- talk to your doctor about this and use paracetamol or ibuprofen. Also raise any questions- sadly there is mis-information out there but your doctor has the facts.

Most states have no jab- no play policies (day care and school) so make sure your child is up to date. This is also important for certain family benefit payments.

<https://www.health.gov.au/health-topics/immunisation/immunisation-throughout-life/national-immunisation-program-schedule>



Fibroids

Benign muscle growths which form in the wall of the uterus are called fibroids or myomas. It is estimated that up to 80% of women over the age of 50 will have them but most will not have any symptoms or need treatment.

They rarely grow before puberty or after menopause. Their cause is unknown. They are classified according to what layer of the uterus wall they arise in.

Symptoms, if present, include heavy and painful periods, spotting between periods, a heaviness in the pelvis, and pain during intercourse. Larger fibroids can produce swelling in the lower abdomen.

Diagnosis is based on the history and pelvic examination and confirmed by ultrasound. Blood tests may also be performed especially in the case of heavy bleeding.

Treatment depends on

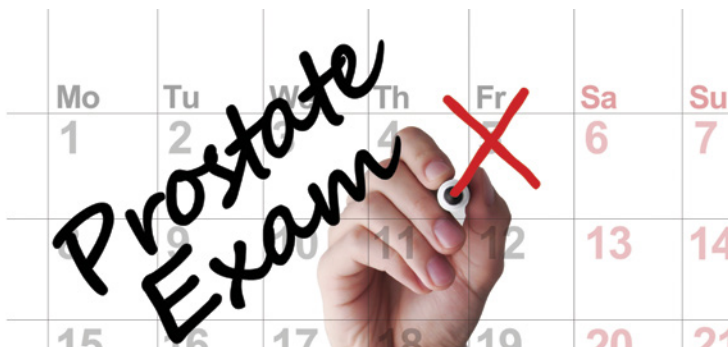
symptoms. If they are mild and not troublesome, then it may be as simple as analgesia for period cramps. If iron levels are low, due to menstrual loss, then an iron supplement or infusion may be recommended. Hormones such as the contraceptive pill may be used for cycle control.

Procedures such as arterial embolisation can restrict blood supply to the fibroid, causing it to shrink.

Definitive treatment is surgery, most commonly, laparoscopic. The fibroids may be removed or in severe cases a hysterectomy may be necessary.



<https://www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/fibroids>



Prostate enlargement

The prostate gland sits beneath a man's bladder and produces semen fluid. It gets larger as men get older and some can experience side effects. Benign, (non-cancerous) enlargement or hypertrophy of the prostate (BPH) is far more common than prostate cancer and, to some degree, affects all men as they age.

It is thought testosterone (the male sex hormone) causes the enlargement over time and family history is also a risk factor.

As the prostate enlarges, it can squeeze the urethra, which can lead to difficulties urinating. Men can suffer from a poorer stream, difficulty getting flow starting and stopping, passing urine at night (or more frequently at night), and feeling a regular need to pass urine.

Diagnosis starts with history. A digital examination of the prostate through the rectum may be done. Other investigations include blood and urine test and an ultrasound. The prostate specific antigen (PSA) test gives an indication as to whether enlargement is more likely benign or cancerous. Depending on results, you may be referred to a specialist for biopsy.

Treatment depends on diagnosis. Lifestyle measures such as weight loss and managing fluid intake later in the day helps. Medications can improve flow. Some men may require surgery.

<https://www.mydr.com.au/cancer-care/prostate-enlargement>

Alcohol & drug abuse

Alcohol is a major factor in many diseases, violence and family disruption. Illicit drugs also cause major problems but, despite headlines, on a smaller scale. Prescription drugs lead to more deaths each year than illicit drugs.

While we may have preconceptions on what an addict looks like, most people manage to camouflage their substance use/misuse and they come from all walks of life. What is usually common is substance misuse can devastate individuals and families.

Warning signs include changes in mood, appearance or behaviour, with some withdrawing from social contact, and a deterioration in work performance.

People may get recurrent nausea or headaches and they may lose weight and appear withdrawn. None is unique to substance misuse.

The most critical thing if you or someone you care for has a substance misuse problem is to seek help.

In each state there are dedicated services and support lines. Many with substance issues may also have mental health problems and this will need treatment too. Seeing your GP is the first step.

Some people may require medications and/or counselling. In some cases, admission to a rehab facility is needed.

Ignoring the problem will not make it go away. Don't be afraid to seek help or advice.



<https://au.reachout.com/tough-times/addiction>

● PRACTICE NEWS

The Obesity Epidemic

As of 2018, 67% of Australian Adults were obese or overweight and 24.9% of 5-17 year olds. That means that if you look around you, 2 of every 3 people you see needs to try to achieve a healthier weight! This is astounding and unfortunately is on the rise.

The World Health Organization defines obesity as a "BMI"- meaning Body Mass index, over 30. So google "BMI Calculator the Heart Foundation" and calculate your own BMI. Ideal BMI would be 18.5-24.9.

So why does this matter? Obesity is one of the biggest drivers of preventable chronic diseases.

People who are obese double their risk of osteoarthritis, heart problems, and strokes and nearly triple their risk of high blood pressure! An obese 20 year old man who in his 20s in 2019, shortens his life expectancy by about 6-1/2 years and an obese woman who is in her 20s in 2019, by about 9 years! Why would anyone want to do that?

So what can you actually do?

No matter what your age, you can start by making sure you have exercise as a daily routine in your life. It doesn't have to include going to the gym for hours on end, but can be incorporated into your daily activities in 15-30 minute gaps. If you have children, put on some good music and jump up and down and dance with your kids. You can exercise with a friend by taking a brisk walk on the beach at sunrise or sunset. Group activities are great for companionship and support, so arrange for some cricket or footy with your friends, or take a class. Make your exercise fun so you want to do it.

Secondly, make sure you have enough vegetables and fruit in your diet and a small plate for your meals! Your stomach will start to feel full about 15 minutes after you start eating, especially protein, so eat slowly and savor the flavor of your food and you will end up eating less! Eat your largest meal in the morning and your smallest meal at teatime, so get up early and have a good brekkie that includes all the food groups to provide energy for the day! Fad diets come and go and are hard to follow for a long time so while they can work for a while, in general, once the diet is stopped, the weight comes back. Energy in has to be less than energy out in order to lose weight which is why it is important to pay attention to your calories. Whatever way you choose to lose weight, it has to be something you can continue to do for the long haul!

We are in this together so let's all have fun getting fit and achieve a normal BMI.



SALAD BOWL WITH SALMON – SERVES 2

Ingredients

- 25 g brown rice, or brown and wild rice mix
- 75 g frozen peas
- 2 small salmon fillets,
- 1 tsp sesame seeds
- 2 large handfuls young spinach leaves or mixed baby salad leaves
- ½ medium avocado, chopped
- 1 medium carrot, trimmed and coarsely grated
- 2 spring onions, trimmed and finely sliced
- 4 radishes, trimmed and sliced
- lime wedges, to serve

Dressing

Combine the soy sauce, sesame oil, lime juice, and honey in a small bowl and whisk well.

Instructions

1. Preheat the oven to 200°C/fan 180°C and line a small baking tray with foil.
2. Half fill a small saucepan with water and bring to the boil. Add the rice and cook for about 20 minutes, or until tender. Add peas and return to the boil, stirring. Drain immediately.
3. Place the salmon, skin-side down, on the prepared tray and drizzle with 2 teaspoons of the dressing. Sprinkle with the sesame seeds. Bake for 10–12 minutes, or until just cooked. (It is ready when the salmon flakes into large pieces easily when prodded with a fork.)
4. Divide the leaves, rice and beans or peas between two bowls. Add the leaves and arrange the avocado, carrot, spring onions and radishes alongside. Flake the salmon into the bowl (leaving behind the skin), drizzle with the rest of the dressing and serve with lime wedges.

WORD SEARCH

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- Analgesic
- Antibodies
- Dementia
- Fibroids
- Headache
- Hope
- Menopause
- Prescription
- Salmon
- Symptoms
- Thyroid
- Vaccination