



FREE TO TAKE HOME!

AUGUST - SEPTEMBER 2021 EDITION



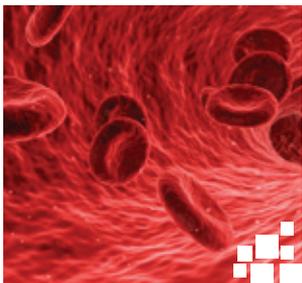
Febrile Fits



Covid vaccine update



Using an inhaler correctly



Iron intake for vegetarians

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 Nerrelie Cann

Dr Debra Chandler

Dr Joanne Chaffey

Dr Justin Chipman

Dr Stefan Delitzsch

Dr Emil Djakic

Dr John Fisher

Dr Margret Oetterli

Dr Mohan Rajakaruna

Dr Elisabeth Robin

Dr Saminda Rubasinghe

Dr Lizzi Shires

Dr Diana Webster

Dr Josephine Woodman

Dr Samuel Brandsema

● PRACTICE STAFF

Practice Manager: Sheree Snare

Clinical Manager: Breanna Carroll

Business Manager: Katrina Pugh

Reception Staff: Vivienne, Janine, Rhia, Heidi, Peyton, Maree, Jacqui, Shannon, Mia & Madelaine

Registered Nurses: Roselyn Hendriks, Ann Louise Jones, Sharon Turner, Julie Turner, Sharon Brain, Sarah Shaw & Christina Waddington

Enrolled Nurses: Jeannie Ansell & Jackie Nash

● SURGERY HOURS

Ulverstone Branch Hours:

Monday to Friday

8am – 5.30pm

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.

● SPECIALISTS & ALLIED HEALTH AT PATRICK STREET CLINIC

- Physiotas Physiotherapy
- Launceston Orthotic/Prosthetic Service Prem Anandam
- Dr Collin Chia – Respiratory & Sleep Medicine Physician
- Victoria's Cosmetic Medical Clinic
- Mr Gary Kode - Launceston Plastic & Cosmetic Surgery

● 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.

Febrile Fits

These are seizures in children (generally between six months and five years) due to a rapid rise in temperature. Up to one in 20 children will have these. Whilst frightening to watch, they do not cause brain damage and are not a prelude to epilepsy.

The exact cause is unknown but is thought to relate to the young brain being more sensitive to fever and rapid rise in temperature. The underlying infection does not need to be severe. There are no specific preventative measures to prevent febrile fits, but the vast majority of children who have had one will not have another.

Typical symptoms are brief loss of consciousness, jerky movements and possibly redness of the face. Febrile fits usually last a few minutes and stop by themselves. Your child will likely be sleepy and irritable. If a fit continues for over five minutes, you must call an ambulance.

Immediate treatment is to lay your child on their side and remain calm. Do not try to restrain the child or place them in a bath while fitting. Other treatments are directed to lowering the fever with ibuprofen or paracetamol. Tepid bathing or sponging can help. Get your child checked by your GP to find the underlying cause of the fever. If, as is common, it is due to a virus, then no antibiotic will be needed.



http://healthywa.wa.gov.au/Articles/F_I/Febrile-convulsions

Male Hormone Deficiency

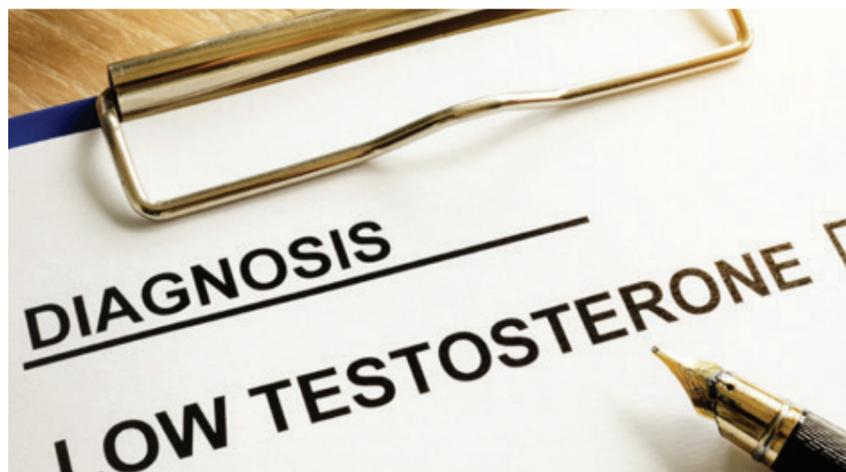
There is much controversy over low testosterone levels in men, also known as andropause or "male menopause". It is not clear-cut, like in women where menopause is marked by the cessation of periods.

Full-page newspaper ads tell us that there is a market for male hormones. Some operators charge substantial amounts of money upfront for long-term treatment.

The symptoms of low testosterone include tiredness, irritability, and grumpiness, loss of focus and motivation and low libido. All these symptoms can be due to a range of conditions, so they are not unique to low testosterone.

Your GP can do a full assessment of your health if you have these symptoms. Blood tests can also help in determining the cause.

A few years ago, the diagnostic criterion for diagnosing age-related low testosterone was changed to being two morning blood samples with a reading below 6mmol/l in a man over the age of 40. Males who qualify on blood testing need to be referred to a urologist or endocrinologist for consideration of hormone supplementation treatment under the subsidised PBS system. The options include a cream or gel



applied to the skin daily or injections, which can be three weekly, or three monthly. Treatment can be prescribed privately. Weight loss, regular exercise, reducing stress and alcohol, together with better

sleep, can all help raise the body's production of testosterone. Talk to your doctor before launching into any self-treatment with hormones, as this can be costly and potentially dangerous.

Covid vaccine update

The vaccine rollout continues around the world at an unprecedented pace. There has been much publicity about potential side effects. There is a small (around 1 in 300,000) risk of blood clots. A joint statement by the Australian Technical Advisory Group on Immunisation (ATAGI) and the Thrombosis and Haemostasis society of Australia and New Zealand (THANZ) focussed on this.

The risk of blood clots has not been found to be increased in the following groups:

- History of blood clots in typical sites
- Increased clotting tendency that is not immune-mediated
- Family history of blood clots
- History of ischaemic heart disease or stroke
- Current or past thrombocytopenia (low platelet count)
- Those receiving anticoagulation therapy.

People in these groups can have the Astra-Zeneca vaccine.

The Pfizer vaccine is the preferred one in those with a history of idiopathic splanchnic (mesenteric, portal, splenic) vein thrombosis and antiphospholipid syndrome with thrombosis.

Of all medical treatments, from the humble

paracetamol purchased at the supermarket to chemotherapy, one always must look at the benefits versus the risks. The risks of Covid are clear, even though we have seen little in Australia compared to other countries. Like the flu vaccine, some will experience symptoms of aching, fever, headache and malaise the next day. The severity varies considerably. For some, there are no side effects at all.

The risk of injury travelling to the surgery to have a vaccine is far greater than the risk of serious side effects from the vaccine. If you are eligible and have not had your shot yet-talk to your doctor.



<https://www.health.gov.au/news/joint-statement-from-atagi-and-thanz-on-thrombosis-with-thrombocytopenia-syndrome-tts-and-the-use-of-covid-19-vaccine-astrazeneca>



Common mistakes people make in using an inhaler

Asthma affects up to one in five people throughout their life, and inhalers are the mainstay of treatment. They are classified as symptom relievers (which are used as needed to relieve symptoms) and preventer inhalers (which are used on a regular basis to reduce symptoms and attacks).

Inhalers are most commonly metered-dose inhalers (MDI) or dry powder inhalers (DPI). More recently, a number of new devices have come to market. Whilst not difficult to use, there are simple mistakes people make, and this reduces the effectiveness of treatment. If not used correctly, the effectiveness is diminished or may even be negated completely.

Here are some of the common errors we make- each has a simple remedy.

- Not checking the mouthpiece for foreign matter
- Failing to shake the device well before use
- Not exhaling fully before using the device
- Holding the inhaler in the wrong position
- Not coordinating pressing the device with inhaling (for MDI's)
- Inhaling too quickly and/or not deeply enough
- Breathing out too quickly after inhaling and
- Not cleaning the device after use

The other critical error made is not using inhalers as prescribed. In other words, not using them when we should. And now, with different devices, it is also important to make sure the right capsule goes in the right DPI. Good technique enables you to get the most benefit from your treatment. Talk to your doctor, practice nurse, or pharmacist about the correct use of your inhaler. The asthma foundation is another good source of information.

Iron intake for vegetarians

Iron deficiency is a potential problem for those on a vegetarian or vegan diet.

This is particularly the case for women whose daily iron requirements (especially in reproductive years) are greater than for men. Iron is essential for red blood cells, which carry oxygen around the body. Iron deficiency leads to anaemia, which causes fatigue, headache and weakness.

There are two forms of dietary iron in food, haem and non-haem. The former is more easily absorbed and makes up 40% of the iron in animal-based foods. Eggs, vegetables and other foods have more non-haem iron, which is less readily absorbed.

However, there are plenty of foods you can include in a vegetarian diet that contain iron. These include tofu, legumes (lentils, kidney beans), broccoli, Asian

greens, spinach, kale, cabbage, nuts (especially cashews and almonds), dried fruits (especially apricots) and seeds (e.g. sunflower seeds and tahini).

Absorption of iron is enhanced by vitamin C, so combining the above foods with foods such as citrus fruits, kiwi fruit, tomatoes, or capsicum is a good idea. Spinach cabbage and broccoli are good sources of both iron and vitamin C. Calcium and zinc can impair iron absorption.

If you have any concerns about iron levels, see your doctor. You may need blood tests to assess your levels. Despite eating foods with iron, you may need a supplement (liquid or tablet form). Some who are severely iron deficient may need an infusion of iron directly into the vein.

<http://www.mydr.com.au/nutrition-weight/iron-intake-for-vegetarians>



WINTER VEGETARIAN CURRY

Ingredients

- 3 tablespoons vegetable oil
- 10 ounces butternut or other winter squash, peeled and cut into 1/2-inch pieces and pre roasted in the oven for 10 minutes.
- 1 can (400g) of Chickpeas
- Kosher salt and black pepper
- 1 or 2 small green chiles, such as jalapeño or serrano
- 3 medium shallots or 1 small onion, finely diced
- ½ teaspoon black mustard seeds
- ½ teaspoon cumin seeds
- ½ teaspoon garam masala
- Handful of fresh or frozen curry leaves (optional)
- 2 garlic cloves, minced
- 1 teaspoon ground coriander
- Pinch of ground cayenne
- ½ teaspoon ground turmeric
- 500g mushrooms, preferably a mix of cultivated and wild, trimmed and sliced 1/8-inch thick
- ¾ cup coconut milk

- 2 tablespoons lime juice
- Coriander sprigs, for garnish

Preparation

1. Add shallots to hot oil, salt lightly and cook, stirring for approximately 1 minute. Add mustard seeds, cumin seeds and curry leaves and let sizzle for 30 seconds.
2. Add garlic, coriander, cayenne, turmeric, garam masala and chiles. Stir well and cook for 30 seconds more. Leave chilies whole for less heat.
3. Add mushrooms, season with salt and toss to coat. Cook, stirring, until mushrooms begin to soften, about 5 minutes.
4. Return squash cubes to skillet, add chickpeas and stir in coconut milk. Bring to a simmer. Lower heat to medium and simmer for another 5 minutes. If mixture looks dry, thin with a little water. Taste and season with salt.
5. Before serving, stir in lime juice. Transfer to a warm serving dish and garnish with Coriander.

A J A G C L R R M P G T P L V
 E A X L G D V O J O G O P R S
 L S W V T X K I L V W H N O Y
 W T U A L I T S T L R Z S Y M
 L H S P W K R M R A O H X C P
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 R R C T M M E B N N P L N T M
 J C E B F O W V J H E K G J S
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 V A C C I N E M P L E U M Y X
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WORD SEARCH

- tiredness
- inhaler
- vitamin
- symptoms
- vaccine
- covid
- febrile
- rollout
- iron
- hormone
- asthma
- haem

Patrick Street Clinic

● PRACTICE NEWS

Do I need a swab?

It is likely that if you are asking the question, the answer is yes!

Do you have:

- A sore or itchy throat?
- A runny nose?
- A fever, chills or sweats?
- A new cough (or a change in your cough if you have a long term cough)?
- Loss of taste or smell?
- Shortness of breath?

If the answer is yes, even to just one of these symptoms, even if you feel sure it's not Covid, please self-isolate and get tested! It is easy and free and only mildly uncomfortable to be tested. The drive through testing clinics in Burnie and Devonport do not require you to book – refer to www.coronavirus.tas.gov.au for up to date testing times.

Please get tested immediately, the sooner you are tested the sooner you know the result! If you have any of these symptoms and you feel you need to consult with a doctor, having a negative test result really helps to keep the community safe and the practice open. If you have symptoms and you need to see a GP, you may be asked to have a consult on the phone first and then if appropriate can be seen with the right level of protective equipment and caution. The risk of not getting this right is that the whole clinic may have to shut for a fortnight and all the staff need to go into quarantine. We know it's hard, especially if you have young kids, but we need to follow the public health guidelines for the benefit of the whole community.

If I have been vaccinated do I still need a swab?

YES – absolutely! The vaccinations are good at preventing Covid, and even better at preventing serious illness or death, however they do not change the public health guidelines. You can still contract Covid and you can still transmit the virus to loved ones or others in the community. You still need to be swabbed if any of the above symptoms occur. You also need to continue to practice hand hygiene, social distancing, and cough etiquette. Let's all band together and do our bit to get through this pandemic!