



OCTOBER-NOVEMBER 2023 EDITION **FREE TO TAKE HOME!**



Memory Loss



Urinary Incontinence



How to manage stress



Drug-induced liver injury

INDEPENDENT MEDICAL PRACTITIONERS

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- Dr Nerrelie Cann
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- Dr Debra Chandler
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- Dr Stefan Delitzsch
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- Dr John Fisher
- Dr Margret Oetterli
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- Dr Elisabeth Robin
- Dr Saminda Rubasinghe
- Dr Lizzi Shires
- Dr Diana Webster

GP REGISTRARS

- Dr Samuel Brandsema
- Dr Charlotte McKenzie
- Dr Nilushka van der Walt
- Dr Hany Hassan

PRACTICE STAFF

- Practice Manager: Sheree Snare
- Clinical Manager: Breanna Carroll
- Business Manager: Katrina Pugh
- Reception Staff: Vivienne, Janine, Rhia, Maree, Jacqui, Lynissa, Kate, Shannon, Olivia, Heidi & Jane
- Registered Nurses: Roselyn Hendriks, Ann Louise Jones, Sharon Turner, Julie Turner, Teagann Davies, Jessica Lambert & Chrissie Waddington
- Enrolled Nurses: Kathryn French

SURGERY HOURS

Ulverstone Branch Hours:
Monday to Friday
8.30am – 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

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.
- The first consultation in the financial year for all patients will attract a private fee. The current out of pocket expense for this is \$40.
- Subsequent billing for the remainder of the year will be at the discretion of the doctor.

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.

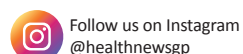
You can also book online via our website: www.patst.com.au or download the HotDoc App.

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.

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



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

Memory Loss

What worries most people about getting older is the prospect of memory loss. The good news is that while the total number of people with dementia is increasing, the percentage of the population is declining. Work over the last three decades shows that as each cohort gets older, fewer people are being diagnosed with dementia.

There are a number of causes. Alzheimer's Disease is the most common. Risk factors include family history, past trauma to the head (especially repeated concussions), smoking and alcohol consumption to excess. 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 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. Medications available only slow progression and not always even that. The key is practical support for the individual and carers. Talk to your GP about available services and getting adequate support.

According to the WHO, certain lifestyle factors can reduce the chances of memory loss. Physical exercise, adequate sleep, a sensible diet keeping the brain active, avoiding smoking and consuming only moderate alcohol, and controlling blood pressure and blood sugar all help.



More info »

Urinary Incontinence: Tips to manage the problem

The inability to control one's bladder is a silent problem; people do not talk about it. Yet it affects an estimated 13% of Australians, including 37% of women.

Stress incontinence is when urine leaks in relation to movement or any pressure in the pelvis. Urge incontinence is when you need to go quickly to the toilet on feeling the need. Few raise the issue with their GP due to either embarrassment, a belief that it is "a normal part of life", or that nothing can be done.

It is not a normal part of aging; you do not need to be embarrassed, and there are ways to prevent and manage it.

Risk factors include pregnancy, obesity, recurrent urinary infections, certain types of surgery (e.g. prostate), constipation and some medications. Step one is to raise it with your GP. Some tests may need to be done to rule out secondary (e.g. diabetes) medical causes. You may require referral to a urologist and/or be sent for urodynamic testing (testing the bladder function).

General preventative tips include spreading fluid intake (minimizing alcohol and caffeine) throughout the day, exercising regularly, and maintaining a healthy weight.

For women after childbirth, pelvic floor exercises are critical. Talk to your GP or physio about this. Bladder training is very effective once any secondary causes are excluded or treated. Programs are run through Continence Australia and some physiotherapists. In the short term, planning your day is helpful. There is also a range of products to get around the problem.

The first step is the most important- raise it with your GP.



More info »



How to manage stress in a busy life

The last few years have been highly stressful for many people. Stress is regarded as the scourge of the 21st century. Everyone feels stressed at some stage. Relationships, money and work, are consistently shown in polling to be the big three.

Our body reacts to stress today like it did in caveman days. It goes into fight or flight mode by releasing hormones like adrenalin and cortisol, which were very helpful when the threat had a physical solution and would be over soon (for better or worse). It is not so helpful with the type of stressors we face today.

However, there is much we can do to manage stress. Regular exercise is a great stress beater. It can be as simple as going for a walk. Listening to calming music and doing slow, deep breathing or guided meditations can be helpful. There are many apps that are designed to help people deal with stress, and many are free. Drinking herbal tea helps some people, as does keeping a journal or writing things down. Drink mainly water and do not drink alcohol to excess. Try to minimise sugar in your diet. Taking a short break, if possible, may help.

Ultimately, dealing with what stresses you is the key. Remember, you don't always have to do this alone. For many, chatting with your GP or a counsellor can be beneficial, as can talking with trusted friends or family. Others may see solutions that you don't.

Stress can lead to mental health problems, so see your GP if you have any concerns.



Drug-induced liver injury

The liver can be injured by many prescriptions, over-the-counter and herbal medications, as well as some dietary supplements. Usually, the damage is mild and reversible.

However, drug-induced liver damage accounts for 20% of liver transplants for liver failure in Australia.

There may be no symptoms. You may experience nausea, abdominal pain, itching or jaundice (yellowing of the skin). Blood tests will show the extent to which the liver has been affected.

It is vital to disclose to your doctor what medications you have been taking, including any non-prescription medications, supplements and herbal formulations. Sometimes, the combination is the problem. People with pre-existing liver disease are at greater risk, as are those with fatty liver, cirrhosis or alcohol-related liver damage.

Any new symptoms commencing after you start a new medication should be reported to your doctor. Though most side effects of medications are mild and self-limiting, not all are.

You may require testing, need to cease the medication and be advised to avoid that medication in the future. Some may require treatment with steroids.



Gestational Diabetes

Gestational Diabetes is a condition where women without previously diagnosed diabetes have raised blood glucose (sugar) during pregnancy. Some are thought to represent previously undetected cases of type 2 diabetes. It is most common in the third trimester and affects an estimated eight to ten per cent of pregnancies.

There are generally no symptoms. It is diagnosed via a blood glucose tolerance test (GTT) between weeks 24 and 28.

Risk factors include being over 40, being overweight or obese, a family history of diabetes, gestational diabetes in a prior pregnancy and a history of polycystic ovarian syndrome.

The health of the mother and baby are improved by good sugar control. The key is lifestyle measures. This means controlled weight gain during pregnancy and eating a diet rich in vegetables and low in processed high-sugar foods. Regular exercise, such as walking, also helps control blood sugar. Some women may need oral medications or insulin to help control sugars.

After giving birth, breastfeeding seems to help reduce weight and blood sugar. All women with GDM are advised a follow-up GTT between six and 12 weeks after delivery. There is a 50% risk of developing type 2 diabetes in the pursuant 20 years, so regular testing is recommended.



More info »



CHICKEN, BROCCOLI AND CASHEW STIR FRY

Ingredients

- 450g pkthokkien noodles
- 1 tbsp peanut oil
- 500g Chicken breast, thinly sliced
- 1 large red onion, cut into wedges
- ½ red capsicum cut into 1 inch pieces
- 2 tsp minced garlic
- 2 tsp crushed ginger
- 1 head broccoli, cut into florets, stem halved lengthways and thinly sliced
- 1/3 cup (80ml) your favourite brand of oyster sauce
- 1/2 cup (75g) unsalted cashews, toasted

Method

1. In a bowl marinate chicken pieces with 1 tablespoon oil, 1 tablespoon of cornstarch, 1 teaspoon of soy sauce and ½ teaspoon of sugar. Mix well and set aside for 30 minutes refrigerated.
2. Cook the rice following the directions on the packet and set aside.
3. Heat oil in a wok or large frying pan over high heat and stir fry the chicken. Do this in batches if necessary and transfer to a plate.
4. In the pan add oil, onion, capsicum, garlic, ginger and the broccoli and stir fry until broccoli is tender. Return chicken to the pan.
5. Add Oyster Sauce with ¼ cup water and cashews. Stir fry until heated through and the sauce starts to thicken. Serve with rice.

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DRINK
WATER
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CAUSE
DRUG
DOCTOR

WORD SEARCH

Patrick Street Clinic

● PRACTICE NEWS

Don't shrug off shingles – *continued from last edition:*

The only way of preventing shingles is vaccination.

There are two types of available vaccines, Zostavax and Shingrix.

What are the differences between the two vaccines?

While Zostavax is a single injection, Shingrix involves two primary doses, usually given two to six months apart. However there are bigger differences, especially regarding efficacy and duration of protection.

Current data show Zostavax has a lower efficacy than Shingrix, at about 60% effective compared to 90% efficacy for Shingrix. Shingrix also seems to provide protection for around 9-10 years, possibly more, while the Zostavax's protection wanes after a few years.

Live attenuated vaccines are not recommended for those who have immunosuppression and for those who have haematological and other diseases that cause immunosuppression. So immunosuppression is both a reason for being worried about shingles but also a reason for not giving the live attenuated vaccine.

Currently Zostavax is a funded vaccine under the NIP for 70–79 years.

The Shingrix vaccine will be funded under the NIP for the following cohorts:

- 18 years and over – immunocompromised individuals at high risk of herpes
- 50 years and over – Aboriginal and Torres Strait Islander people
- 70 years – non-Indigenous people.
- This initiative started on the 1st September 2023.