

JUNE-JULY 2014

Your next appointment:



> HIV Update



> Pap Smears in Older Women



> Viral Rashes



> Colds & Croup in Kids

TAKE ME
HOME!

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 Peter Drake

Dr Michael Stagg

Dr Vincent Griffith

Dr Lidia Grossman

Dr Elizabeth Orbach

Dr Maryallan Girolami

Dr Emily McMullin

● PSYCHOLOGIST

Mr John Boyle

● PRACTICE STAFF

Practice Manager: Jill Franklin

Practice Nurses: Kay, Holly & Gail

Reception Staff: Colleen, Leeanda, Fiona, Judy, Sue, Sushila, Jarret & Anthea

If you have any feedback – positive or negative that you would like to bring to our attention, please approach either your Doctor or Practice Manager.

If you prefer to make your concerns known outside the surgery, you can call the Office of the Health Services Commissioner on 8601 5200.

● SURGERY HOURS

Monday to Thursday 8.30am – 7pm

Friday..... 8.30am – 6pm

Saturday 9am – 12noon

● EMERGENCY

Phone ambulance service – **000**.

Monash Medical Centre

246 Clayton Rd, Clayton

9594 6666

● AFTERHOURS

For non-emergency after hours home visits, please ring the normal surgery number (**9563 9411**) and you will be put through to the JFMP Locum Service.

Health brochures on various topics are available on request.

● APPOINTMENTS

Our doctors see patients by appointment. You can make an appointment with your doctor by telephoning the surgery or at our front reception desk.

At the time of making your appointment, please advise the reception staff if you feel you may require an extended appointment (eg. Pap smears, medical report, to discuss multiple issues, surgical procedures etc).

Appointments are normally made at 15 minute intervals, this is the time you can normally expect to spend with your doctor. This may change if there has been an emergency or if the surgery is very busy.

In rare circumstances delays may be encountered leading to prolonged waiting times. Our reception staff will advise you if this is the case. We apologise for the inconvenience this may cause.

Unfortunately, your doctor may be delayed by emergencies, arrangement of urgent admissions to hospital and essential longer consultations which are often unpredictable.

We are aware that your time is valuable and always endeavour to minimise waiting times.

● SPECIAL PRACTICE INFORMATION

ANNOUNCEMENT. Dr Emily McMullin is now a permanent member of our medical staff.

Repeat prescriptions. If you find it necessary to request a prescription prior to consulting your doctor, a minimum of 48 hours is needed. To avoid any errors, we also require a written request with your name, address, name and dose of medication clearly indicated.

Telephoning your doctor. Although most problems are best dealt with in consultation, a doctor will always be available during normal surgery hours for emergency advice.

Home Visits. Requests for house calls are best made before 10am. Please remember however that house visits should only be requested if the patient is too unwell to attend the surgery for consultation.

Visits can also be arranged for patients in Residential Aged Care Facilities.

Fees. We have displayed at Reception a list of current Private billing fees.

Medical Records. Your medical record is a confidential document. It is the policy of this practice to maintain security of personal health information at all times and to ensure that this information is only available to authorised members of staff.

Patient Test Results. If your doctor orders any tests for you, please remember that it is your responsibility to follow-up these results, particularly when practice staff or your doctor requests you to do so. Please ask reception staff about the best way for you to do this.

Reminder Systems. Our practice participates in national/state reminder systems/registers, in conjunction with internal reminder systems.



▷ Please see the Rear Cover for more practice information.

Gallstone Trouble

Gallstones are hard stones made of cholesterol, calcium and bile, which form in the gallbladder. This is the pouch under the liver, which stores bile and releases it into the intestine to help digest fats.

Gallstones are there in up to 30% of people but most people don't know it. Anything from grain-of-sand to golf ball size. If you are female, overweight, over 50 years and there is a strong family history, then you are more at risk.

Only those that cause symptoms require treatment.

Symptoms are brought on by a stone blocking the bile duct (*biliary colic*) or the gallbladder itself gets infected (*cholecystitis*). Typical symptoms are pain in the abdomen (or back), nausea, vomiting and fever. Pain is generally worse after a fatty meal. Some may develop yellow jaundice.

If you have abdominal pain, see your doctor for a diagnosis – he or she will listen to your story and examine you. A later ultrasound test is usual, to show up any stones.

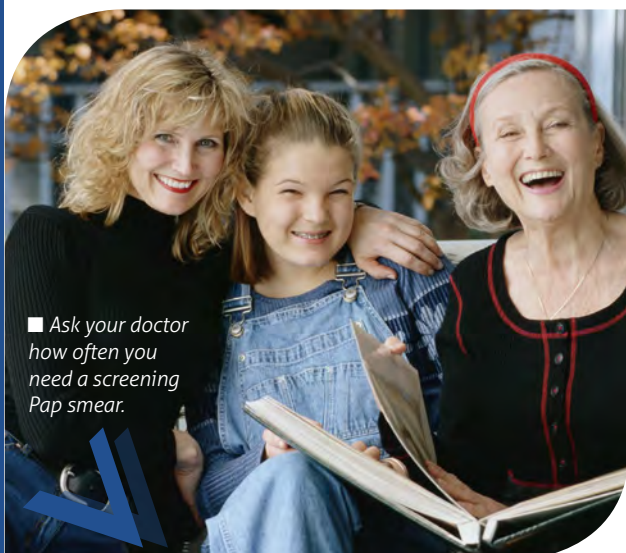
Simple treatment is pain relievers, rest and a low fat diet – sometimes stones pass through the duct and the symptoms resolve. Often they return, or symptoms are so severe, urgent surgery to remove the gallbladder (and stones) is necessary.

This is now generally done as keyhole surgery (through the laparoscope) and you are home in a few days. If you have heard of medication to dissolve stones or sound wave treatment to "shatter" stones, these have limited use.

■ Gallstone 'colic' is due to blockage by stones, and can lead to yellow jaundice.



<http://www.gesa.org.au/consumer.asp?id=72>



■ Ask your doctor how often you need a screening Pap smear.

Pap Smears in Older Women

Pap smears are still recommended for all sexually active women, starting at around age 18 to 20 until aged 70. This screening test for cervical cancer may eventually be replaced by a HPV test every five years. This is because the vaccine against the HPV virus implicated in the development of cervical cancer is starting to have an impact.

As women get older they still need regular pap smears. This includes women who may not be sexually active and post-menopausal women. Those who have had a hysterectomy may not need further smears depending on why the operation was performed. This you would need to discuss with your doctor.

Women aged 70 who have had two normal smears in the previous five years are free to stop having smears.

Drug Abuse – Amphetamines

Methamphetamine or its derivatives have been made in the past to keep soldiers awake, and treat asthma or ADHD. Illegal manufacture is from ephedrine, in three forms – "ice" or "crystal meth" is crystalline, "speed" is the powder and there is a base form. Ecstasy also comes from methamphetamine.

This illegal drug has been used by a significant number of Australians, most often males aged 20-29 – it can be swallowed, snorted, smoked or injected. People use it to get "high", feel excited, feel confident or stay awake. "Crystal meth" is very addictive, with a relatively short time between first use and onset of addiction.

Health problems are many. The immediate effects can include headaches, tremor, blurred vision, sweating, vomiting, a nervous or panicked feeling and irritability, which can lead to aggression. Violence in nightlife areas can be from a combination of alcohol and methamphetamine. Dose and purity affect how strong these effects are.

Longer term use can lead to high blood pressure, increased risk of heart attack, sleep problems and damage to the nasal linings (from snorting), to name a few.

The biggest problems are with mental health. Each year 30% of addicted users suffer a short-term psychosis with paranoia and hallucinations, which can last hours or weeks. Longer-term use can lead to paranoid psychosis and delirium.

Help is available. If you or someone you know is using amphetamines, talk to your doctor or contact a drug information service.



www.druginfo.sl.nsw.gov.au and www.headspace.org.au



HIV Update

The Grim Reaper advertising campaign only ran for three weeks back in April 1985 but many remember it to this day! We no longer campaign using uncertainty and fear and rightly so. Low rates of AIDS or HIV infection in Australia since are largely due to easy free access to testing and new treatments. There is now a growing population of patients living with long-term infection.

HIV infection lost its reputation as a killer disease in the mid-1990s when antiretroviral therapies and monitoring (e.g. viral load testing) dramatically improved things. Now, those with HIV infection can realistically expect a normal life expectancy, and undergo treatment with few side effects and minimal disruption to their lives.

Hence, of the 31,650 or so cases diagnosed in Australia since the epidemic began 30 years ago, about 78% are still living with HIV. This includes many who got early treatment for which average survival was about seven years.

One worrying trend is a rise in new HIV diagnoses. This is due to different factors like migration, overseas travel, and easier access to casual sexual contacts; as well as reduced awareness of HIV in the community. For example, some now in their 50s or 60s unknowingly got HIV infection overseas and now have severe infections due to advanced immune deficiency.

HIV testing should therefore be considered in anyone entering a new relationship if there is any risk at all.

Viral Rashes

Many virus infections in children cause a rash, most gone after five to ten days. They start with cold-like symptoms, which may include a runny nose, cough, fever, loss of appetite and your child becomes grumpy.

None of these is specific to a particular virus. The rash will generally appear after a few days and often the other symptoms are beginning to settle.

The following three are considered serious but are not common today thanks to vaccination programs:

- *Chicken pox rash* is a collection of tiny blisters filled with fluid, found mainly on the chest abdomen and face. The virus can be dangerous for pregnant women.
- *Measles* causes a red/brown rash starting on the face and then spreading.
- *Rubella* causes a light red rash also on the face initially. Although a mild illness in children it can be very dangerous to unborn children.

The next three are common but not serious. *Roseola* (caused by a herpes virus) causes raised or flat pink spots on the trunk, which last a day or two. *Fifth disease* (also known as slapped cheeks) causes a bright red rash on the cheeks. *Hand foot and mouth virus* causes red spots in the three areas in its name.

Countless others with no name also cause a rash.

If your child is unwell best see your GP for advice.

Treatment is symptomatic. Keep your child hydrated and discourage scratching (especially of chicken pox). Antibiotics do not treat viruses. Paracetamol or ibuprofen can be given for fever or discomfort. Keep your child away from school or day-care till the rash fades.



■ This young boy has a chickenpox rash.

Colds & Croup in Kids

Different viruses cause the common cold and croup. Neither respond to antibiotics and rapid spread comes from coughing contagious virus. That's often schools, day-care and offices! There is no vaccine against a cold.

The usual symptoms of sore throat, runny or blocked nose and cough are well known. Mostly, there is no fever and if present it will be below 38°C. Symptoms last five to seven days, and are worse on day two or three. Rest, keeping up with adequate fluids, listening to appetite pangs, and symptomatic paracetamol or ibuprofen for any pain can all help your child feel better. Cough mixtures and decongestants are not recommended under the age of six due to possible side effects. Read them a story instead!

If your child has a cold it is best to keep them home from school or day-care.

Sore ears, a fever above 38°C or green nasal discharge, might mean a secondary bacterial infection - see your GP as these may need treatment with an antibiotic.

Croup behaves differently and usually strikes under-fives. This virus typically causes a dry barking cough, worse at night, and swelling of the throat and windpipe (trachea) that can lead to noisy breathing or stridor. There may be a fever but often no sore throat or nasal symptoms. The cough may ease during the day. In more severe cases, shortness of breath is treated with a short course of steroids, perhaps in hospital (steam doesn't help).



QUICK & EASY CARROT SOUP

SERVES 4

INGREDIENTS

500ml Campbell's liquid vegetable stock
500g chopped carrots
1 tblspn White wine vinegar
1 onion, diced
2 garlic cloves – crushed
1 tblspn butter or substitute
Fresh Dill or ½ tsp dill seeds
Juice of one lemon
4 thick slices of sour dough bread
70g (2/3 cup) grated pizza cheese

METHOD:

Saute onion and garlic in the butter until soft. Add chopped carrots & dill seeds and sauté for a further 5 minutes. Add vegetable stock and bring to the boil. Simmer for 20 minutes or until the carrots are soft. Once cooked and cooled, puree in blender. Season to taste.

TOASTED CHEESE & DILL PESTO SOUR DOUGH

BREAD: Preheat grill on high. Place the bread on a baking tray and cook under the grill for 1-2 minutes or until golden brown.

Turn the bread and top with grated pizza cheese



and a little dill pesto. Cook under the grill for approx 2 minutes or until the cheese melts. Divide the soup among serving bowls. Serve with the toast.

DILL PESTO: Combine 50gm crumbled feta cheese, 3 tblspns toasted pinenuts, 1 tblspn chopped fresh dill, 2 tblspns olive oil and season with salt and pepper. Or purchase an already made Dill Pesto from your local shop.

Jasper Family Medical Practice

● ALLIED HEALTH ON CENTRE

Website address:
www.alliedhealthoncentre.com.au

- Physiotherapy
- Podiatry
- Psychology
- Massage Therapy
- Exercise Physiology
- Dietetics

• Traditional Chinese Medicine/ Acupuncture. NOW available at 443 Centre Road, Bentleigh. Phone: 9557 1700 for appointments.

- Cabrini Pathology available at 443 Centre Road, Bentleigh

● OTHER SERVICES OFFERED

- Travel Immunisations (including Yellow Fever)
- Dive Medicals
- Minor Surgery
- Immunisations
- Child Health
- Women's Health
- Men's Health
- Accidents & urgent conditions

● BULK BILLING AVAILABLE FOR:

- CURRENT HCC holders
- Pensioners
- DVA card holders
- Commonwealth Seniors Health Card holders
- Children Under 16

Sayings...

- Your job won't take care of you when you are sick. Your friends and family will.
- Make peace with your past so it won't mess up the present.
- Don't compare your life to others. You have no idea what their journey is all about.
- If a relationship has to be a secret, you shouldn't be in it.
- Get rid of anything that isn't useful. Clutter weighs you down in many ways.
- When it comes to going after what you love in life, don't take no for an answer.
- Over prepare, then go with the flow.
- Be eccentric now. Don't wait for old age to wear purple.
- A pot of honey gets much more attention than a bunch of sour grapes.

WORD SEARCH

Abuse	Hand
Antibiotics	Health
Appetite	Hydrated
Asthma	Infection
Bacteria	Measles
Bile	Mental
Blood	Mouth
Breath	Nausea
Calcium	Overweight
Chicken pox	Pain
Cough	Pressure
Croup	Psychosis
Drug	Rash
Duct	Rubella
Fever	Screen
Foot	Thrush
Gallstones	Virus

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

Healthful Hint

OSTEOPOROSIS AND FRACTURE RISK.

Thinning of the bones (osteoporosis), most commonly develops in later life. It can lead to fractures from seemingly trivial injuries or falls. Postmenopausal women, especially those with a family history of osteoporosis, are at particular risk. So are people with certain health problems. Treatments can now reduce the risk of fracture (usually hip, spine or wrist). For that reason, the government now subsidises a screening test for osteoporosis in everyone aged 70 and over.