

ST AGNES SURGERY

1251 North East Rd
Ridgehaven 5097

P: 8264 3333



TEA TREE SURGERY

975 North East Rd
Modbury 5092

P: 8264 4555



PRACTICE PARTNERS

Dr John Lepoidevin

MBBS DRCOG (Eng)

Dr Karen Hand

MBBS FRACGP

Dr James Robertson

MBBS FRACGP

Dr Jyothi Menon

MBBS FRACGP MRCP (Paed)

Dr Stephen Davis

MBBS FRACGP Dip Pall Med (clin)

Dr Hamad Harb

MBBS (Russia) FRACGP

Dip Skin Cancer Surgery and Molescan

Dr Hung Tran

MBBS FRACGP

ASSOCIATE DOCTORS

Dr Robert D Rushton-Smith

MBBS DRCOG FRACGP FACRRM DRANCOG

Dr Jamie Mattner

MBBS DCH FRACGP

Dr Suresh Babu

MBBS DipAvMed(UK) MSc OccMed(UK) FACaSM

Dr Paul Veitch

MBBS FRACGP

Dr Christopher G Platis

MBBS

SURGERY HOURS AND SERVICES

ST AGNES SURGERY

Monday to Friday 8.00am–5.30pm

TEA TREE SURGERY

Monday to Friday 8.30am–6.00pm

Saturday 8.00am–1.00pm

WEEKEND AFTER HOURS & PUBLIC HOLIDAY HOURS

Tea Tree Surgery will close at 1.00pm on weekends. After hours service sessions are at **Tea Tree Surgery**.

Saturday 8.00am–1.00pm

Sunday & Public Hols 9.00am–1.00pm

An appointment time is required.

For urgent medical problems outside these hours, a duty doctor can be contacted on 8264 3333 (St Agnes Surgery) or 8264 4555 (Tea Tree Surgery). Follow the instructions on the recorded message.

You can now find us on the web at

www.stagnessurgery.com.au

YOUR DOCTOR

FREE!!
TAKE ME HOME

JULY 2017

Antibiotic resistance

Antibiotic resistance seems to be an increasingly common topic for news items and discussion. But what is it, why does it matter, and (perhaps most importantly) what can we do to limit it?

Since the accidental discovery of penicillin by Alexander Fleming in 1928, antibiotics have been the keystone of our treatment of antibiotic infections in humans and animals. Unfortunately, with repeated exposure, bacteria can change their genetic code and become resistant to the drugs. As a result, the antibiotic no longer kills the bacteria – in some cases their growth may be slowed, in others the medication no longer has any effect. Until recently this problem has been tackled by scientists modifying existing treatments and developing new medications to side-step the bacteria's defences. This is increasingly difficult and in 2016 an American woman died from infection caused by a strain of bacteria resistant to all known antibiotics.

There is no doubt that overuse of antibiotics encourages bacterial resistance, with studies demonstrating a clear link between the number of prescriptions and the rate of rise of resistance. Tackling overuse is difficult, and several approaches have been taken. In the UK the Chief Medical Officer has urged doctors to stop prescribing antibiotics for colds and flu, whilst in New Zealand the government announced a multi-agency approach to tackle the problem.

We can all help. Firstly, reducing the spread of infection with good hand hygiene will help reduce the need for antibiotics. This is particularly important around those who are unwell or at risk (for example the elderly or frail).

Secondly, we should simply remember not to ask for an antibiotic prescription for a cold or flu. Statistics show that antibiotic prescriptions increase over the winter period when these illnesses are at their height. Requesting antibiotics for a cold or flu may be tempting as we're keen to find any way to help us feel better. However, they simply won't work as the illnesses are caused by viruses which are unaffected by antibiotics. The best advice is rest, trying to limit the spread by staying away from others, and not asking the doctor for an antibiotic prescription.

Lastly, if we are given a prescription for a true bacterial infection, it is vital to complete the course. Incomplete treatment encourages and allows the bacteria to develop resistance.

Antibiotic resistance is a big problem and is making illnesses we have come to regard as minor increasingly difficult to treat. Scientists the world over are working on developing novel solutions to tackle the problem, but in the meantime we can all do our part to help.

Take me home and give our healthy **RECIPE** a go!

Should we get the flu vaccination?

We are increasingly confronted by publicity encouraging us to have the 'flu vaccine'. Flu, or to give it its full name influenza, is a virus known to us all. However, most of us do not realise how serious it can be.

In the US flu is estimated to cause up to 50,000 deaths per year, with up to 700,000 people hospitalised annually. Whilst anyone can catch flu, people most at risk of serious illness are those with other health problems, the elderly and pregnant women.

Flu is hugely more common during the winter season. Flu vaccination is available, but many see it as inconvenient and unnecessary – particularly as it needs to be given every year. So, what are the facts, who should get vaccinated and how effective is the jab?

The influenza virus subtly changes its structure as it follows the winter around the globe. This means that the specific 'strain' of flu which is going to affect people each year changes.

This is the main reasons why the flu vaccine needs to be given each year. Scientists predict (by tracking the strains of flu most recently causing illness) which strain is going to most problematic over the coming winter. This information is used to produce the vaccine for the upcoming flu season.

This constant altering of the flu virus structure is also the reason why it's still possible to get the flu even after you've had an immunisation; if the virus you're infected with is different from the one in the vaccine, you can still get sick.

So, how effective is the vaccine and how important is it to get immunised? Although it's not perfect, a 2014 study from the US found that having the vaccination resulted in 75% fewer 'flu-related admissions to children's intensive care between 2010-2012. The more people are immunised in a population, the more difficult it is for the virus to spread, so by having the jab, we are not only helping ourselves but also those around us.

In Australia and New Zealand, free vaccinations are available for those groups most at risk of severe illness. Others may have to pay a small amount.

Speak to your GP about what options are available to you.



I once worked in a health food store once when a guy came in and asked, "If I melt dry ice, can I take a bath without getting wet?"

You know you're getting old when you are cautioned to slow down by your doctor instead of the police.

People can be divided into three groups: those who make things happen, those who watch things happen, and those who wonder what happened.

There is always something to be thankful for. If you can't pay your bills, you can be thankful you are not one of your creditors.

An application form I was filling in said, "In Case Of Emergency Notify", I wrote "My doctor" - what's my mother going to do?

Source: www.onelinerz.net

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

WORDSEARCH

PUZZLE

- | | |
|---------------|--------------|
| TALK | IMMUNISATION |
| STATISTIC | RESPIRATORY |
| GENETIC | INFLUENZA |
| EXERCISE | RELAXATION |
| STIGMA | PROBLEM |
| WINTER | EMOTIONS |
| THERAPY | DEPRESSION |
| HYGIENE | ANTIBIOTIC |
| MENTAL | SCIENTISTS |
| PENICILLIN | RESISTANCE |
| BRONCHIOLITIS | SLEEP |
| PRESCRIPTION | STRESS |
| VACCINATION | ILLNESS |
| INFECTION | STRAIN |
| INTERVENTION | VIRUS |

Mental health – ‘It’s OK to say’

Mental health has been receiving a lot of press recently, and perhaps rightly so. With members of the British Royal Family spearheading a charity campaign in the UK, and recent data from Australia revealing suicides at an all-time high, there has never been a better time to talk about mental health and what can be done to protect it.

It is a sad fact that in 2015 over 3000 people took their own lives in Australia - where suicide is three times more common in men than women, and most likely in the young. Similar tragic statistics are found in New Zealand where around ten kiwis take their own life every week. It is startling to realise that more than twice as many people in Australia and New Zealand take their own lives than die from road traffic accidents.

Of course suicide represents the final stage in an often long and agonising journey which affects both the individual and their loved ones.

The good news is that some very simple things can make a huge difference. The most crucial of these seems to be talking about mental health, particularly for men. Many of us find this extremely challenging and prefer to present a facade of well-being. However, hiding emotions only perpetuates problems. As highlighted by the UK royals, ‘it’s OK to say’. Recognising

signs of depression, offering a friendly ear or pointing someone in the direction of professional help may also be all that is needed to prompt a loved-one to seek the help they need.

As individuals, sleeping enough, eating healthily and getting regular exercise are key to maintaining mental health. Alongside this, trying to regulate stress and, of course, taking the time to talk to someone about how we are feeling are all known to help.

Depression and mental health may continue to have a stigma associated with them, but we are a long way from hard-hitting anti-depressants being the only possible treatment. Psychological interventions such as cognitive behavioural therapy, and even exercise therapy may be just as effective – especially in the early stages. A 2016 study published in the Journal of the American Medical Association showed that an internet-based self-help programme was effective at preventing depression deteriorating.

With mental issues becoming increasingly common, and suicides at alarmingly high levels, perhaps we should all think about our own state of mind, and that of our friends and family. Talking about how we feel is key to dealing with problems, and simple interventions can help prevent issues escalating.

Vietnamese Chicken Pho



INGREDIENTS

Serves 4

Pho base

- 5 C quality chicken stock
- 1t coriander seeds
- 1t chopped garlic
- 1T grated fresh ginger
- 1 x star anise
- 1 cinnamon stick
- ¼ t cracked pepper
- 1t brown sugar
- 1t fish sauce
- Pinch of chilli

- 500g chicken meat - thinly sliced
- Fresh coriander
- Rice noodles
- Limes

Optional extras

- Mung beans, bok choy, other asian greens, finely sliced chilli

METHOD

1. Put the pho base ingredients into a pot. Allow to come to a boil and simmer for 20 mins. Strain, leaving just the liquid. Adjust the flavour as you prefer.
2. Meanwhile, heat a pan with a little oil and cook the chicken pieces.
3. Add noodles to a pot of boiling water. Cook until al dente.
4. To serve: in a high-sided bowl add the noodles, chicken and pho base. Sprinkle on fresh coriander, mung beans and a wedge of lime.

A quick and easy meal that is delicious and nutritious!

Protecting long-term bone health

Dietary pressures on the young seem to increase daily – with magazine images and social media combining to exert influence and present unrealistic targets.

A recent survey of 2000 young adults by the National Osteoporosis Society in the UK found that up to 70% had been on some kind of a diet. With many being influenced by online chat forums or vloggers, diets excluding complete food groups – so-called ‘clean eating’ were especially common. One in five of the respondents had tried a dairy-free diet – with many seeing dairy as high in fat and up to half describing themselves as dairy intolerant.

So, are there any risks from dairy exclusion in the young? Sadly the short answer to this is ‘yes’. Dairy is a major source of calcium for most people, and calcium is essential for creating bone density. By far the majority of bone mass is created before the age of 25 – making young adulthood a crucial time. In later life, low bone density can have huge effects; thin bones – or osteoporosis - is experienced by up to half of women and one in five men over the age of 50. Osteoporosis can result in multiple fractures and back pain when vertebrae collapse.

Adequate calcium intake in young adulthood is essential to try and prevent this. Dairy foods are particularly rich in calcium, although it can also be found at high levels in



green vegetables such as spinach, and salmon among others. For people following a vegan diet or excluding dairy for medical reasons, food needs to be carefully planned to ensure calcium intake is protected. For the rest of us, a sensible balanced diet should provide what we need. Discussing the issues with young people and informing them of the importance of bone development should help them make sensible choices to protect their bone health in later life.

The **benefits** of getting out into **nature**

Many of us will recognise the feeling of relaxation and well-being that comes from a day spent outside the city; perhaps a walk in the countryside, a visit to the beach or simply a day playing with our kids in the local park.

However, few of us will realise that being able to experience these things on a regular basis is actually good for our health.

A March 2017 report from the European Union brought together multiple sources of evidence to highlight the health benefits of access to nature and green spaces. From conditions as diverse as depression and cardiac health and for people at all stages of life from the unborn baby right through to the elderly, the benefits are numerous. For example, the report found that babies born to mothers living within 300m of green spaces had higher birth-weights and children within 2-3km of forests or traditional farms were less likely to suffer with allergies. The benefits were most marked for people living in deprived areas. Doctors in areas with more roadside trees prescribe fewer anti-depressants and middle-aged men in deprived areas who have access to green spaces have a 16% lower annual risk of



death, whilst those living more than 1km from green spaces are more likely to be obese.

City planners need to take note of this information, and perhaps try to emulate Oslo, whose aim is to ensure all their residents live within 300m of a green space.

It seems that getting out into the countryside and experiencing nature not only makes us feel better but can also benefit our health in the long-term. Perhaps this is something we should all consider when trying to decide what to do at the weekend.

Bronchiolitis

Not many people will have heard of bronchiolitis, yet it is the most common cause of severe respiratory illness in children up to one year of age. The condition is more common in the winter months, when babies develop rapid breathing, wheeziness and cough.

Bronchiolitis is caused by a virus (the respiratory syncytial virus) and is very easily passed from one baby to another. The good news is that most infants suffer from a mild illness and recover without any need for treatment. A small proportion of children need care in hospital, and for a tiny fraction the disease can be really serious.



There are some things to look out for if you think a baby might have caught bronchiolitis. In general, if the baby is managing to take their feeds normally, and is having a normal number of wet nappies, (a good sign that they are well hydrated) then they are probably coping OK. If, however, the baby becomes drowsy or so short of breath they struggle to suck effectively then they may need some extra help. If in any doubt, getting the advice of a doctor is always sensible.

Treatment for bronchiolitis is usually aimed at making sure the baby gets enough fluids and oxygen while their body fights off the virus. Interestingly, it seems that really simple treatments might help. A 2014 study in the Journal of the American Medical Association showed that giving the baby a mixture of simple salty water and oxygen to breathe through a 'nebuliser' may reduce the likelihood they need admitting to hospital, and may even shorten the length of the illness.

There is no doubt that having an unwell baby can be frightening, particularly if they are struggling to breathe. However, most babies recover very quickly from bronchiolitis and simple treatments can help even those who need hospital care. Above all, if you are concerned, talk it over with a doctor.

PRACTICE UPDATE

MOLESCAN

Molescan is available again through Dr Harb at Tea Tree Surgery.

DUTY DOCTOR CLINIC

Each weekday from 4.00pm to 6.00pm our patients who need to be seen on that day, but cannot get an appointment, can be seen at Tea Tree Surgery by the Duty Doctor. An appointment time is required. Normal fees apply.

DIABETES CLINICS

St Agnes Surgery and Tea Tree Surgery offer a Diabetes Clinic (held at the St Agnes Surgery) which is proving very successful with patients achieving significantly improved control and knowledge of their diabetes.

PAP SMEAR CLINIC

Saturday mornings at Tea Tree Surgery with a female Doctor. Normal fees apply.

ENURESIS CLINIC

Dry Bed Program for children 6 years and over. Speak to your Doctor for more information.

SENIOR'S HEALTH ASSESSMENTS

St Agnes Surgery provides a comprehensive health assessment for patients 75 years of age and over – the program involves a detailed functional and safety assessment at home conducted by our Nurse, followed by a medical check-up at the Surgery.

PRACTICE ACCREDITATION

St Agnes Surgery and Tea Tree Surgery have achieved FULL ACCREDITATION until 2020. Accreditation reflects the attainment of national standards of quality at a practice level.

PRIVACY

This practice is committed to maintaining the confidentiality of your personal health information. 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.