

Health on Kensington

**252 Kensington Road
Leabrook SA 5068**

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sue@healthonkensington.com.au

*Women's Health – Counselling – 3-Step Mental Health - Psychiatric Care - Palliative Care
Total Family Care - Acute Medicine - Minor Surgery - Paediatrics – Family Planning
Nutritional Advice - Audiology - Podiatry - Diabetes Management*

OPENING HOURS

Monday	7.30am – 5.30pm
Tuesday	7.30am – 5.30pm
Wednesday	7.30am – 5.30pm
Thursday	7.30am – 7.00pm
Friday	7.30am – 5.30pm
Saturday	8.45am – 11.45am
Sunday	Closed (on call)

MEDICAL STAFF: GP's

Dr Chris Heinrich	Dr Catherine Dorsch
Dr Penelope Dargaville	Dr Tanja Shahin
Dr Cindy Koh	

ADMINISTRATIVE & NURSING STAFF

Susan Leighton	<i>Practice Manager</i>
Kate Torok	<i>Receptionist</i>
Leonie McIntyre	<i>Receptionist</i>
Justine Morgan	<i>Receptionist</i>
Janet Gilles	<i>Receptionist</i>
Katie Court	<i>Receptionist</i>
Michaela Cocking	<i>Registered Nurse</i>

ONSITE PROVIDERS & SERVICES

Dr Les Koopowitz	<i>Psychiatrist</i>
Dr Edward Kokoang	<i>Psychiatrist</i>
Dr Felicity Ng	<i>Psychiatrist</i>
Dr Gary Wittert	<i>Endocrinologist</i>
Con Psaromatis	<i>Podiatrist</i>
Rosalie Blackwell	<i>Physiotherapist</i>
Su Upton	<i>Psychologist</i>
Dr Anna Chur-Hansen	<i>Psychologist</i>
Clinpath	<i>Pathology</i>
Connect Hearing	<i>Audiology</i>

CONSULTATION FEES

Standard Consultation

\$75.00 (Medicare rebate \$37.05)

Pensioners Fee \$55.00

Long Consultation

\$115.00 (Medicare rebate \$71.70)

Pensioners Fee \$95.00

Prolonged Consultation

\$160.00 (Medicare rebate \$105.55)

Pensioners Fee \$132.00

Fees are payable at the time of consultation.
Bulk billing is available for Veteran's Affairs
gold card holders.



PRACTICE NEWSLETTER Spring 2017

PRACTICE ANNOUNCEMENTS

- Our Practice fees have been reviewed recently. The new consultation fees are:
 - Standard Consultation \$75.00
 - Pensioner Rate (Standard) \$55.00
- An important part of giving our patients accurate health care is by ensuring we have your family and social history up to date as well as your current contact information. Please advise our receptionist if you have moved or changed phone numbers and speak to your doctor to ensure your medical file is up to date.
- Flu vaccinations for the 2017 are still available for those who wish to be vaccinated. Please call to book your appointment for your vaccination. Private vaccines are also available for those who do not meet the criteria for Government funded stock.

In this issue

- **Preparing for Thunderstorm Asthma**
- **Managing Anxiety**
- **Understanding Lymphoma**
- **Antivirals for Influenza**
- **Compound Training**

About Our Practice:

Important Information for Our Patients



Appointments

- Appointments can be made via phone or in person with one of our reception team.
- Consultations are generally in 15 or 20 minute intervals and are by appointment.
- We make every effort to ensure clients are seen on their preferred day and with your doctor of choice.
- Provisions are made in our appointment system for emergency consultations.
- At the time of booking, our reception team will make an enquiry as to the complexity of the problem and will allocate the appropriate time with your doctor.
- Doctors are legally accountable for all medical opinions and advice given to a patient and for this reason it is practice policy NOT to provide consultations via telephone, with the exception of medical emergencies. Even seemingly simple problems may have complicating factors which cannot be assessed accurately over the phone.

Telephoning the Practice

- Our doctors may be contacted during normal practice opening hours.
- If the doctor is in a consultation, a message will be taken and our receptionist will advise you when it is likely that the doctor will return your call. Emergency calls will always be put through to a doctor.

Results, Repeat Prescriptions & Referrals

- Your doctor will advise when results are expected to arrive at the practice. Please make an appointment to correspond with this time.
- We believe it is good medical practice to make an appointment for the issue of repeat prescriptions or referrals to specialists and allied health professionals.
- All conditions requiring regular, ongoing medication need to be reviewed and monitored to confirm the need for ongoing treatment. The amount of medication and number of prescription repeats provided is at the discretion of your doctor and in line with guidelines for responsible prescribing.

Recalls and Reminders System

- Our practice is committed to preventative health and runs a recall and reminder system for preventative health services.
- From time to time, you may receive a reminder notice for preventative health services appropriate to your care. If you do not wish to be part of this service, please advise your doctor or one of our receptionists.

Home Visits

- Our practice provides 24 hour care, seven days a week.
- Home visits are provided when there is a difficulty attending the practice. During practice hours, a doctor will travel within a 5km radius of the practice to attend an ill patient.
- If a patient lives outside this boundary, or if the doctor is unable to attend, a locum may be requested to attend on our behalf.
- Nursing home or other institutional visits are provided as a routine or when requested by the client or carer.

After Hours Arrangements

- When our practice is closed, our phone line is diverted to a doctor's personal mobile phone. The doctor will personally deal with each call and either consult with the client, or make alternative arrangements.
- The Locum Service is available by calling 8363 3333.
- Wakefield Hospital Emergency Centre Ph: 8405 3440
 - Operates 24 hours a day, seven days a week
 - Substantial fees apply and must be paid in full on the day.
- St Andrews Hospital Acute Assessment Unit
Phone: 8408 2222
 - 350 South Terrace, Adelaide
 - Open 8am to 10pm, seven days a week
 - Staffed by experienced doctors
 - Substantial fees apply, partially covered by Medicare rebate.
- Admission to public or private hospitals can be arranged through our practice at all times or through St Andrews AAU or Wakefield Emergency Department.

Your Personal Health Information & Privacy: Our Policy

- The provision of quality health care requires a doctor-patient relationship of trust and confidentiality. Consistent with our commitment to quality care, this practice has developed a policy to protect patient privacy in compliance with privacy legislation and the '10 National Privacy Principles' (*Available at www.privacy.gov.au/health/index.html*).
- Our policy informs:
 - Why we need to collect your information.
 - How your information is used by us and to whom we may need to disclose it.
 - That you may request access to the information we hold about you.
 - That you may discuss any concerns you have about how we handle your personal information.
- Your details, medical information and consultations within this practice are kept strictly confidential. Your personal information is accessible only by authorised staff and will not be released without your written consent.
- Only de-identified data may be used for research purposes. During the Accreditation process, medical records are randomly selected by a GP for quality assurance purposes. If you do not wish your records to be accessed, please inform your doctor.

Complaints & Feedback

- Your feedback, both positive and negative is an invaluable communication tool and is used to improve our practice and our provision of service.
- If you have a problem with any member of staff, including a doctor, please feel free to use either the suggestion box in our waiting room, or speak to our Practice Manager Sue Leighton at any time.
- If you wish to make a complaint in writing, please address it to our Practice Manager and it will be dealt with promptly. It is practice policy to reply to all correspondence.
- If you wish to take matters further you may contact:
 - Health & Community Services Complaints Commissioner (Phone: 8226 8666)

DISCLAIMER: While every effort is taken to ensure the information contained in this newsletter is accurate and up to date, it is not exhaustive and not intended to replace the advice of your doctor. The information provided is for educational purposes only. Readers should always consult their health care professional for advice for their individual health care needs or concerns. My Doctor: Practice e-newsletters will not be liable for any loss or damage from misuse of the information provided. My Doctor: Practice e-Newsletters is not responsible for erroneous or misleading information provided by subscribing medical practices and all practice information is approved at time of publication.



Preparing for Thunderstorm Asthma

Last November in Victoria, an unprecedented number of people presented to hospitals and medical centres suffering from acute respiratory distress after a weather phenomenon sparked a thunderstorm asthma event larger than Australia had ever seen. Eight people died and emergency services were overwhelmed with calls for help. It affected all types of people, those with diagnosed but poorly managed asthma, undiagnosed asthma, seasonal hayfever and/or allergies to grass pollens were the worst affected.

Although it does not happen every year, the events that unfolded in 2016 were a powerful reminder that it is best to be over prepared than under prepared.

So what should we do to prepare ourselves?

- If you have known asthma ensure you have an asthma action plan in place. Be sure you know how and when to take your preventer medications and that you have a valid prescription (including a repeat) at all times. Be vigilant in taking your medication every day and if you are sensitive to grass pollens, keep track of pollen counts via your State pollen count website and the Bureau of Meteorology website.
- If you suffer from seasonal hayfever, even mildly, consider speaking with your Doctor about a preventer medication for the Spring months. Some Doctors may recommend using anti-histamine medications daily (as a preventative measure) even if you are not currently symptomatic.
- If you ever suffer from wheezing, shortness of breath, exercise or cold-induced respiratory symptoms, speak to your Doctor as you may have undiagnosed asthma. They can refer you for lung function testing and provide you with the best advice to avoid an acute onset.
- Try to stay inside with windows and doors closed during thunderstorms between October and December.
- Seek medical attention quickly if your preventer medication is not providing you with symptom relief.

Most medical centres have received a wealth of emergency-preparedness resources and can provide you with useful advice. There is often little to no warning before these events, so it is best to know what to do in advance.

Common Issues in General Practice:

Managing Anxiety

Anxiety is a medical condition characterised by persistent, excessive worrying. It is often associated with depression but it is important to recognise it as a condition on its own as well.

Anxiety disorders are thought to affect one in four Australians at some stage of life, to varying degrees of severity. It is more common in women than in men.

A mild level of anxiety can actually be a beneficial thing. It can be an early warning that the situation we are about to enter is dangerous. However, when these thoughts start to enter multiple aspects of your life, or start to affect your ability to find enjoyment in life, work and relationships, this is where it becomes a disorder and finding a way to manage it becomes necessary.

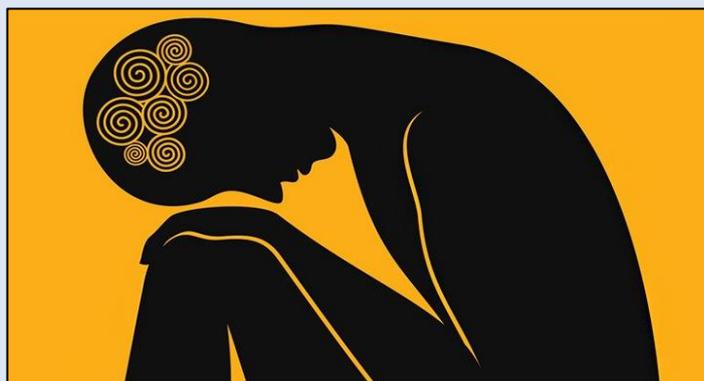
There are a multitude of types of anxiety including generalised anxiety, social anxiety, specific phobias, obsessive compulsive disorder, panic disorder, separation anxiety, agoraphobia and post traumatic stress disorder (to name a few).

Some of the most commonly describes feelings or symptoms include:

- Feeling worried or afraid most or all of the time
- Nervousness or feeling tense or scared
- Feelings of panic
- Feelings of being detached from your body
- Increased irritability and agitation
- Feeling a need to vomit or your stomach is 'churning'
- Difficulty sleeping or staying asleep
- Heart palpitations
- Fidgeting, twitches, difficulty concentrating or staying in one position, or on one task for too long
- Random 'tics' such as scratching, picking at sores, biting nails etc.
- Thoughts of death or inevitability
- Compulsions and obsessions
- Feeling like there is no way out or no way up
- Feeling you won't be able to handle what's coming
- Feeling that you can't focus on anything but your worries
- Feeling that you cannot calm down
- Loss of interest in socialising or maintaining relationships

Sometimes these feelings go unnoticed or unacknowledged, put down as a 'bad week'. However, when the feelings become persistent and affect your ability to meet your daily responsibilities, there are plenty of help options available. It is also important to diagnose any underlying medical conditions that could be attributing to these feelings, such as depression.

Treatment options for anxiety are very effective and may involve combination of approaches including individual therapy, group therapy, meditation, mindfulness, exercise and possibly medication. Your GP is the best person to speak to if anxiety is affecting your quality of life. They can organise referrals, talk to you about coping strategies and link you in with useful websites or other online resources to help you learn more about reducing your anxiety triggers and learn to live a happier and more productive life.

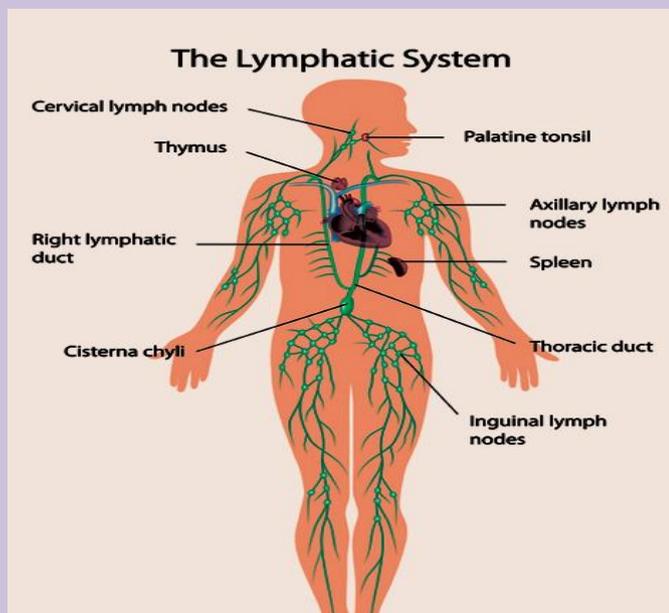


Understanding Lymphoma

The lymphatic system is comprised of a complex network of nodes (or glands) and ducts that transport a substance called lymph throughout the body. Lymph contains special types of white blood cell called lymphocytes, which play a vital role in the immune system in recognising and fighting infection. It also contains waste products, bacteria, proteins and the remnants of cells that have broken down and need to be cleared from the circulatory system. The major functions of the lymphatic system include:

- The circulation and regulation of fluid levels in the body,
- The absorption of fats from the digestive system,
- Defending the body against infection (immune support).

The diagram below identifies the major parts of the lymphatic system. Bone marrow, though not identified in this diagram, is also an important part of the lymphatic system.



Lymphoma is a cancer of the lymphatic system where abnormal cells divide and grow uncontrollably, leading to tumours in the lymph node, ducts or organs. The tumour may also affect many other parts of the body because the lymphatic system weaves throughout and involves many organs.

Lymphoma is not a cancer that receives a lot of attention, however, it is the fifth most common type of cancer in Australia. It is also the most common form of blood cancer and of deaths due to blood cancer. Over 7000 people are diagnosed every year and it causes around 1500 deaths per year. The incidence of lymphoma has more than doubled over the last 20 years with little known reason.

The exact cause is not known but genetic and environmental factors seem to play an important role. It is believed that exposure to radiation and certain substances such as benzene and agricultural chemicals may put people at higher risk. It is also thought that the immune-suppressed can be at higher risk.

There are two main forms of lymphoma: Hodgkin and Non-Hodgkin. The difference between them is the presence or absence of a particular type of cell in the tumour called the 'Reed-Sternberg' cell.

- Reed Sternberg cells present = Hodgkins
- Reed Sternberg cells absent = Non-Hodgkins

90% of lymphomas are classified as Non-Hodgkins while the remaining 10% are Hodgkins-confirmed cases and the difference is very important.

Hodgkins lymphoma tends to affect younger people from mid-teens to early 30's and also those over 55 years. The prognosis for Hodgkins is good with many people cured following treatment and an 87% survival rate after 5 years. Non-Hodgkins lymphoma tends to affect older people and is most common in those over 60 years of age. The survival rate at 5 years is improving and is currently around 71%.

Perhaps the most important difference between the two types is the progression of the disease. While both present with similar symptoms, Hodgkins cases tend to arise in the upper part of the body i.e. neck, armpit or chest and the disease spreads in an orderly fashion from one group of lymph nodes to the next. It is usually diagnosed before it advances too extensively and this is why the survival rate is much higher. Non Hodgkin's cases can arise in lymph nodes throughout the body but can also arise in normal organs. For this reason it is often not diagnosed as early as Hodgkins cases.

Both forms respond very well to treatment once diagnosed so for this reason, it is useful to be aware of the signs and symptoms which include:

- Swollen lymph nodes (often painless) often in the neck underarm and/or groin
- Generalised fatigue and tiredness
- Unexplained weight loss and loss of appetite
- Night sweats and general fevers
- Generalised itching or reddened skin patches
- Nausea, vomiting and abdominal pain
- Abdominal swelling
- Shortness of breath or coughing
- Headaches, vision changes
- Anaemia and bruising easily
- Increased susceptibility to infections

There are no screening tests or direct blood tests to detect lymphoma. It is diagnosed based on a thorough examination which may include x-rays, ultrasounds, CT scan or MRI, PET scan, blood tests and a biopsy of the swollen node. A bone marrow biopsy may also be required if there is suspicion that the lymphoma has spread to the bone marrow.

Treatment options are based on the progression of the disease and the type of lymphoma that is diagnosed. It usually involves chemotherapy, radiotherapy or both. If diagnosed early treatment is very successful in curing the disease. New medications called 'monoclonal antibodies' have also shown great results. Surgery to remove the tumour is generally ineffective.

Antivirals for Influenza



2017 has been a particularly bad year so far for Influenza with over 117,000 lab-confirmed cases requiring hospitalisation. It is likely that the actual number of cases is significantly higher as most people with flu symptoms will not require hospitalization and are not formally tested.

People considered most 'at risk' include:

- People aged 65 years and over,
- Smokers,
- Pregnant women,
- Aboriginal and Torres Strait Islanders,
- The homeless population,
- Those who are obese,
- People with underlying chronic health conditions such as diabetes, asthma, renal impairment, cardiac disease and/or immune system disorders,
- Children under 10 years of age.

Antiviral drugs can be used to shorten the duration and lessen the severity of flu symptoms if a course is started within 24-48 hours of the onset of symptoms. They are not a cure but they inhibit replication of the influenza virus, reducing its ability to invade and affect other cells meaning your symptoms will not be as severe and you will recover a few days faster than if you were to let the virus clear on its own.

Statistical benefits of using antivirals include:

- Up to 44% reduction of lower respiratory tract complications
- Reduced occurrences of otitis media in small children, meaning reduced antibiotic use
- 63% reduction in hospitalisations.

Antivirals are not effective if they are not started quickly and they are also not widely recommended for very young children. Some possible side effects include vomiting, headaches, diarrhoea and abdominal pain, though these are not very common.

Some Doctors may prescribe prophylactic antivirals for those they consider at high risk of contracting flu due to health, lifestyle or workplace factors.

Antiviral medication is not intended to replace annual influenza vaccinations, which remain our best source of defense against infection.

Compound Training

Weight training is one of the best ways to reshape your body, lose weight and gain strength and improve bone and general health. Whether you are new to weight training, keen to give it a go, or a season lifter, these five compound moves should form the basis of your workout as they work multiple muscles at the same time to build strength quickly for maximum results. Be sure to consult with a professional trainer to correct your form before attempting any heavy lifts, or if you have any injuries that may affect your ability to perform these lifts.



The Deadlift

- Works the quadriceps, gluteals, lower back and abdominals.
- Builds core strength.
- Works more muscles than any other exercise, engaging all the major muscle groups.
- Correct form is exceptionally important to avoid lower back injury.



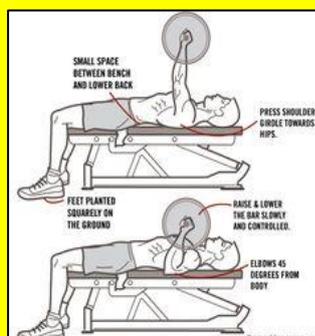
The Squat

- Builds lower body strength
- Enhances core strength
- Increases flexibility
- Builds muscles around knees and hips which can help avoid injury in later life
- Many variations exist that can be suitable for people with existing injuries or varying levels of strength.



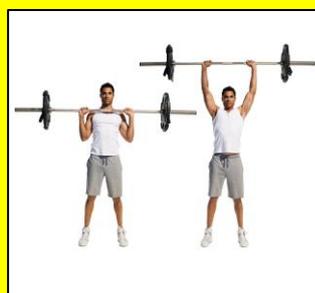
The Lunge

- Builds lower body strength
- Improves balance
- Increases hip flexibility
- Can be used to even out muscular imbalances between right & left sides of the lower body
- Effective with or without extra weights so can easily be done at home with no equipment.



The Bench Press

- Activates a large number of upper body muscle groups including pectorals, deltoids, triceps and forearms.
- Improves bone density
- Improves overall upper body strength
- Strengthens core muscles
- Good form is very important to avoid injury, especially when lifting heavier weight.



The Military Press

- Especially good for building core strength and improving posture
- Targets the deltoids and builds the trapezius muscles
- Improves overall upper body strength
- Helps to improve other lifts such as the bench press.