GLEN FORREST MEDICAL CENTRE

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CLINIC STAFF

Nursing: Sinead, Karen, Cheryl, Fiona and Roz

Reception: Colleen, Ellen, Janet, Virginia, Kirsten, Sue and Julie

Practice Manager: Maria

SURGERY HOURS AND SERVICES

Consultations are by appointment.

GP After Hours Clinic – Midland available at St John of God Midland Public Hospital
Ph 1300 706 922

Monday to Friday	6pm–10pm
Saturdays	noon–10pm
Sundays and Pub Hols	10am–10pm

GP After Hours – Mount Lawley
Ph 9370 4200

Monday to Friday	7pm–11pm
Saturdays	2pm–10pm
Sundays and Pub Hols	10am–10pm

For all emergencies please present to St John of God Midland Public Hospital, 1 Clayton St, Midland Ph 9462 4000.

Urgent medical problems are always seen on the same day. For Home Visits, please telephone the surgey as early as possible after 8.15am. For After Hours emergency medical problems Monday–Saturday, please call 9298 8555 up until 11.00pm for the practice duty doctor.

YOUR DOCTOR

New insights from the **human genome**

In April 2003 scientists declared they had completed the human genome project – decoding the enormous chain of DNA which carries the 'instructions' within human cells.

Reading the popular press back then, you might have been forgiven for thinking that it was only a matter of time before we understood everything there was to know about a human being and could predict exactly how our bodies would change over the period of our lives.

The reality is much more complex than that. Little by little, examining and understanding the genetic code within all of us is leading to insights which can personalise treatments or identify new channels of investigation for hard-to-tackle diseases. In recent months, scientists have used so-called 'whole genome' techniques to identify links to conditions including schizophrenia, infertility and blood cancers – and even secrets behind living longer.

An example of this research came in a paper published in the respected *Nature Communications* journal in May 2017. The paper described a project which investigated the genes of a small group of people living in isolated mountain villages in Crete. Despite a 'traditional' diet high in animal fats from both meat and cheese, these people live to an elderly age and don't suffer from heart disease to the extent that would be expected with this diet. As they age, they may become overweight and even develop diabetes, but their hearts continue to perform normally.

By studying the genetic code of over 5,000 villagers, the investigating team were able to identify small alterations in that code which seem to be linked to the subjects' heart health. Just a few tiny changes in the genetic makeup of these villagers appears to protect them from the incidence of heart disease normally associated with their type of diet.

Of course, the majority of the rest of us won't share these genetic changes, and need to carry on being careful about what we eat and how we live to safeguard our hearts. However, the researchers hope that identifying these changes will allow them to compare the genes of people more at risk, and understand more about how genes can influence damage to our hearts.

Being able to decipher the entire genetic code of large numbers of people, along with using sophisticated techniques to identify patterns and differences between groups, genome research is increasingly being used as a tool by scientists to push forward the boundaries of what we know and what we can treat. Their discoveries may allow us to identify who is at risk for specific conditions and perhaps even develop new treatments.

Take me home and try our healthy RECIPE!

Food and **mental health**

It should be of no surprise to any of us that what we eat is central to our health.

Messages about healthy eating, weight management, heart health and even reducing the risks of cancer are everywhere. We are aware we should cut down on fatty foods and aim for our 'five-a-day' fruit and vegetables to keep our bodies healthy. But what about our brains? Does what we eat have any influence on how our brains work, and even on our mental health?

We know that what children eat can translate into how well they are able to concentrate at school. Good quality breakfasts and lunches which avoid sugary snacks and drinks help balance blood sugar levels, aid concentration and lead to improved behaviour.

The link between diet and our moods and mental health is less well established. However, a paper in *The Lancet* in 2015 has drawn attention to this connection. Claiming that "diet is as important to psychiatry as it is to cardiology," the paper cites growing evidence that a good quality diet and the avoidance of nutritional deficiencies is crucial to maintaining mental health.

Thankfully, there doesn't seem to be any difficult, new or expensive changes we need to make in order to protect our mental health. Studies have shown that people with irregular eating patterns and those who regularly eat 'junk' foods or sugary drinks are more likely to suffer with anxiety or depression. Even when depression has hit, a change in diet is likely to help – one study from Australia showed patients with major depression made positive progress after improving their diet.

By simply eating regularly, avoiding sugary drinks and cutting down on takeaways, we can help protect our minds – as well as control our weight and keep our hearts healthy.

Avoiding and treating the **common cold**

The common cold is distressingly 'common' – with all of us recognising the symptoms of blocked nose, cough and frequent headaches.

Although a seemingly minor problem, the common cold can have major implications, with some estimates putting the annual cost in the US at around $40 billion. No cure or vaccine exists for the common cold – and anyone inventing one would certainly be popular!

The first and most obvious thing is to try and avoid passing the infection on to others. Staying away from others (where possible) and using tissues along with regular hand washing is probably the most effective way to limit the spread.

Over-the-counter treatments are readily available, and frequently advertised to dramatically improve the symptoms; many of us also have remedies passed down from our grandmothers ...so what is the evidence, what works, what can we do to help ourselves and our family stay healthy over the winter period?

The Cochrane Database of systematic reviews in the UK has a wealth of reports bringing together published evidence to try and provide some guidance. For the majority of over-the-counter remedies such as nasal decongestants and combination pain relief / antihistamine preparations, the evidence seems to be weak in adults and almost entirely lacking in children. Simple non-steroidal anti-inflammatories (or NSAIDs such as ibuprofen) provide some relief for adults, although they do not seem to be so effective in children. A few studies

have found honey to be the best thing to relieve cough symptoms in a child.

The best things we can do to try and prevent a cold in the first place are eating well, sleeping well and avoiding stress, all of which boost our immune system. Evidence for anything more specific is limited… the often-suggested vitamin C boost can perhaps reduce the duration and severity of a cold but there is no evidence it will stop us catching one. There is a small amount of evidence that garlic might protect us a little – although more work needs to be done to confirm this.

Sadly there is no magic cure for the common cold, nor is there a sure-fire way to stop catching one. Simple measures to improve our general health and prevent passing the virus on to others are probably our best defence, although vitamin C and garlic might help (and almost certainly not harm) a little. Consuming honey for the cough and the addition of NSAIDs for adults are most likely to provide some relief.

WORDSEARCH PUZZLE

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

MENTAL • REGISTRATION • DISEASE • SMOKING • BRONCHITIS • BRAIN
CIGARETTES • BEHAVIOUR • BLOOD • NUTRITION • HEALTHY • SYMPTOM
HEADACHE • INFECTION • ANTIHISTAMINE • IBUPROFEN • IMMUNE • VACCINATE
IMMUNISATION • MICROORGANISMS • SMALLPOX • EXERCISE • MEASLES DONOR
FITNESS • TRANSPLANT • SPORTSPEOPLE • INJURIES • CONCUSSION • RUGBY

Organ donation saves lives

In 2016, the families of 503 donors in Australia and 61 in New Zealand agreed to the donation of organs after the death of a loved one. As a result, 1,678 people received an organ or tissue transplant.

Organ donation is a subject few of us think about, but it has become an accepted part of modern medical practice. Up to 2,200 people across Australasia at any one time are on a waiting list for an organ transplant.

Given the circumstances which generally lead up to organ donation, it is naturally a very emotional time for those faced with making the decision, but making your wishes known in advance can help enormously. In Australia, you can record your details on the Organ Donor register – either online or using a paper form. In New Zealand, your donor status can be recorded on your driving licence, although you still need to let your family know which organs and tissues you are willing to donate.

A key factor in whether a person's organs are donated once they have passed on is whether their next of kin agrees to it. When an individual has told those close to them that they want their organs to be donated, the family is much more likely to agree and the donation is much more likely to happen. Simply taking the time to inform your next of kin if you'd like to donate your organs after your death can make it much easier for them to ensure your wishes are fulfilled.

Many countries have moved to an 'opt-out' system for registration as a way of increasing donation rates. This means that individuals are assumed to consent to donation unless they have specifically indicated otherwise. Currently, 24 European nations use this system, with France being the most recent country to adopt the system earlier this year. We know that when an opt-out system is used donations increase by around 25%.

The donation of organs is increasing in demand, and transplants are increasingly successful. Despite a rise over the last few years, donation rates in New Zealand continue to be among the lowest in the world; while the number of people waiting for an organ continues to escalate. So, if you want to be an organ donor, it is important to discuss it in advance and make your wishes known to your family.

To vaccinate or not to vaccinate

What is the evidence for and against immunisation, and should we vaccinate our children?

In recent years there has been a lot of controversy surrounding immunisation, with articles online and in the popular press claiming problems and side-effects. First introduced in the UK during the 1940s, mass vaccination of children has been adopted by many countries and expanded to cover a variety of pathogenic microorganisms. Now routine vaccination programmes are freely available and widely advertised, especially to parents of younger children.

In Australia, children are offered vaccination against 13 infectious diseases during the first five years of their life. This programme has reduced deaths from immunisable diseases by an impressive 99%. Worldwide, immunisation programmes have been estimated to save approximately 3 million deaths each year – and vaccination has even eradicated smallpox.

Over the years, vaccination has however sometimes provoked strong objections. The most recent large-scale controversy was sparked in 1998 by a paper linking the MMR vaccine with the development of autism. Although this claim has since been disproved by several more extensive studies, the ongoing effect of the original study nonetheless continues to result in large numbers of anxious parents choosing to decline the opportunity to vaccinate their children.

The effects of this decision are ongoing. There have been huge increases in the number of children suffering with measles, sometimes with horrific consequences. A recent rise in the number of cases of measles in Germany has reportedly led to the authorities considering whether to fine those families that are avoiding vaccination.

Immunisation programmes are most effective when over 95% of the population is vaccinated. This makes it much harder for the disease to take hold, and protects those unable to be immunised (eg, because they are too young or have health problems). A key problem to protecting everyone is that it relies on entire communities to take up the offer and participate in the immunisation programme.

Easy one dish meatballs

INGREDIENTS

Serves 4

Oil, small amount for frying

1 onion, peeled and chopped

200g mushrooms, cleaned and chopped

500g beef mince

½ C breadcrumbs

2T fresh parsley chopped

1 egg beaten

¼ C Worcestershire sauce

¾ C orzo or risoni pasta

420g can tomato soup or chopped tomatoes

1 ½ C beef stock

1 C water

METHOD

1. Heat the oil and add the onions. Stir until soft then add the mushrooms and cook for about 5 minutes until tender. Cool slightly.
2. In a separate bowl, combine mince, crumbs, parsley, onion and mushroom mix, egg and sauce. With wet hands, roll mixture into small balls.
3. Heat a small amount of oil in a deep frying pan. Brown the meatballs. Add in the orzo, tomato, stock and water, and season with salt and pepper.
4. Cover and simmer gently for about 25 minutes, or until the meatballs are cooked and pasta is just tender. Sprinkle with fresh parsley.
5. Alternative options: cook meatballs as above but omit the pasta, and instead separately cook a packet of spaghetti or even mashed potatoes.

A delicious and satisfying meal on a cold winters night

The **ongoing effects** of **smoking**

It would be very hard to claim we are not aware of the risks of smoking. Campaigns across the globe have been warning us of the dangers for nearly 50 years.

A recently published review has reported on the number of people smoking in 195 different countries and how these numbers have changed over the last 25 years.

Australia and New Zealand have a broadly similar number of smokers – somewhere between 13 and 16 percent of the population. And although this number is falling, it has only dropped between 1.5 and 2.1 percent over the last 25 years.

Smoking causes a wide range of disease, from chronic bronchitis to heart disease and cancer. The links between the chemicals found in cigarettes and smoking related diseases have been proven beyond any reasonable doubt. In 2015, smoking was the second highest risk factor worldwide, for death and disability.

Efforts continue to try and discourage smoking. Australia was the first country to enforce plain cigarette packaging in 2012, adding images on the outside of every packet, graphically illustrating the effects of smoking. In addition, ever increasing taxes, restrictions on where smoking is allowed and large fines if the rules are broken, Australia's anti-smoking laws are among the most stringent in the world. Thankfully, the policies do seem to work, with a recent review in the respected Cochrane library of evidence-based medicine reporting an increase in the number of people trying to quit smoking after plain packaging was introduced.

Other studies show that individual support, along with campaigns highlighting how quickly health benefits can be experienced, are two of the most effective strategies in encouraging people to cut out cigarettes.

If we are to reduce the number of people dying from smoking related diseases, more people need to be supported to stop smoking. Perhaps a combination of legislation, support and encouragement will be the most effective in helping people kick the habit.

If you would like help to stop smoking, speak with your doctor and find out what support and assistance is available.

Targeted exercise reduces **rugby injuries** in teenagers

Exercise is good for us, whatever our age. For young people, regular exercise is a major weapon in the war against obesity, as well as improving self-esteem and social interactions.

As we age, we also come to appreciate the importance of preparation and fitness training before launching headlong into high level participation in sports. Ensuring we are fit and strong undeniably helps avoid strains, sprains and pulled muscles. Youngsters may be slower to recognise this, and often evidence is not available to support it. However, injury can be all too common in young sportspeople.

One area of particular concern is head and neck injuries sustained whilst playing rugby. A study in 2009 estimated concussion injuries to be as high as 3.3 per 1,000 player hours, or one injury every seven games or so. Teenagers are known to be particularly at-risk due to the adolescent growth spurt; meaning bulk and aggression may not match muscle tone, leaving them more susceptible to injury.

For several years it has been recognised that educating players and referees about how and why rugby injuries happen can help reduce the number of affected players. Less has been known about whether targeted exercise and muscle toning could help youngsters avoid injury.

A recent study from the UK has looked at just this issue. The team from the University of Bath designed an exercise regime for boys in the U15 – U18 teams. Exercises were designed to increase core strength, balance and coordination. When regularly performed, the drills had impressive results. Remarkably, both musculoskeletal injuries and concussion were reduced by over 70%.

This study clearly indicates that even for teenagers who might consider themselves invincible, a little conditioning and training can provide a lot of protection. If such a simple intervention could avoid even one devastating neck injury in a young player, then it's surely worth implementing for all teams.

REPEAT SCRIPTS

Repeat prescriptions will not be issued without a prior consultation. Patients seeking repeat prescriptions must see their doctor. This is to ensure proper management.

REFERRALS

A re-referral may be requested by telephone. New referrals require that the patient be seen by the doctor. Referrals cannot be back-dated. Referrals have a currency of twelve months, please check with your specialist to see if your referral is still current.

ETHICS

This practice abides by the AMA Code of Ethics at all times. A copy of the code is available on request.

LONG CONSULTATIONS

Long consultations are available on request for all Doctors if required. We recommend the following, **Dr C McGrath** requires 30 mins for a "Well Woman's Check". **Dr F Kotai** requires 60 mins for an Aviation medical. All Health Assessments require 30 mins. Failure to attend appointments will attract a fee of $30.00.

ONLINE APPOINTMENTS

Online appointments can be made any time of the day at **www.gfmc.com.au** click on "Make a booking".

BILLING

We are a private practice and payment is made on the day. A discount of $5.00 is given for payment on the day. We can claim your rebate immediately from Medicare using Easyclaim onto your cheque or savings card or Online Claiming where Medicare deposits direct to your bank account within 48 hrs. Questions related to fees can be dealt with by the receptionist. If you have difficulty paying your account, please feel free to discuss this matter with your doctor.

FEEDBACK

We would like to know of any concerns you may have about the care you receive.

Please feel free to talk to the doctor or our Practice Manager. However, if you feel there is a matter you wish to take up outside, you can contact the Health and Disability Services Complaints Office (HaDSCO): GPO Box B61, Perth WA 6838. Tel: 9323 0600.

PHONE CALLS

Doctors in this practice may be contacted by phone during surgery hours. A message will be taken if the doctor is with another patient.

MISSED APPOINTMENTS

If you miss an appointment and fail to advise us at least 2 hours beforehand you will be charged a Failure to Attend Fee. This fee applies to everyone and cannot be claimed back at Medicare.

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 informations is only available to authorised members of staff.

Take me home to complete our PUZZLE – check inside!