

**FREE!!**  
PLEASE TAKE ONE

# YOUR DOCTOR



## JULY 2016

### GLEN FORREST MEDICAL CENTRE



4 Hardey Road  
Glen Forrest 6071

P: 9298 8555  
F: 9298 8030

W: [www.gfmc.com.au](http://www.gfmc.com.au)



**Dr Frank Kotai**  
MB BS (WA)

**Dr Liz Wysocki**  
MB BS (WA)

**Dr Carol McGrath**  
MB BS (WA) FRACGP

**Dr Guido Hanly**  
MB BS (WA)

**Dr Toni Law**  
MB BS (WA) FRACGP MPH&TM DCH DRANZCOG

**Dr Jackie Williams**  
MB BS (WA)

**Dr Juliette Buchanan**  
MBBS FRACGP FARGP DCH Grad Dip FM

**Dr Alina Harriss**  
MB BS

**Dr Mark Daykin**  
MB ChB(UK) MRCGP (UK) FRACGP

#### CLINIC STAFF

**Nursing:** Sinead, Karen, Lisa, Cheryl, Fiona and Roz

**Reception:** Colleen, Ellen, Janet, Virginia, Kirsten, Sue and Debbie

**Practice Manager:** Maria

#### SURGERY HOURS AND SERVICES

Consultations are by appointment.

**Monday to Thursday**  
8.30am-1pm 2pm-6pm

**Friday**  
8.30am-1pm 2pm-5pm

**Saturday**  
8.30am-12.00noon

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

6pm to 10pm Mon-Fri, Sat noon-10pm Sun & Pub Hols 10am – 10pm

GP After Hours – Mount Lawley Ph 9370 4200 Mon-Fri 7pm - 11pm, Sat 2pm – 10pm, Sun 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 surgerly as early as possible after 8.15am. For After Hours emergency medical problems Monday-Saturday, please call 92988 555 up until 9.00pm for the practice duty doctor.

## ALL THINGS IN MODERATION. BUT WHAT IS MODERATION?

In a cluttered field of complex and at times contradictory dietary advice, one simple dietary recommendation for weight maintenance is “everything in moderation”.

This piece of advice refers to the benefits of controlling portion size, and if craving something indulgent, being ok with consuming a small amount rather than depriving oneself and risking a binge later on.

The issue with this recommendation is that the word ‘moderation’ means different things to different people. The guidelines as to what constitutes moderation may be tied up in other guidelines outlining dietary intake and therefore not easily identified by people. The ambiguity around what moderation is could lead people to adopt their own definition of the word based on how much they want to eat. Researchers tested this theory, measuring the variation that exists between people’s definition of moderation.

Researchers conducted three experiments to test peoples’ view on moderation. The first study involved 89 women who were each given a plate of 24 chocolate chip cookies. They were asked how many cookies they thought a person should eat, how many they thought constituted moderate consumption and how many they considered to be an excessive amount. The second experiment involved 250 people who were shown an image of gummy lollies. They were asked to rate how much they liked the look of these lollies and what they considered to be a moderate amount to eat. Lastly, participants were asked to reflect on what they defined moderate consumption to be for a variety of different foods and beverages including soft drinks, alcoholic drinks, ice cream and fast food.

The results from the first experiment found that only 9% of participants defined moderation as being less than what a person should consume, with two-thirds of the group classifying moderation as more than what they believed to be a reasonable amount for a person to eat. In the second and third experiment, the more that a person reported liking a food, the more likely they were to report that a moderate amount was more than what they considered a reasonable amount to eat.

These experiments reiterate that moderation is a subjective term for most people and is likely to correspond with how much a person likes a food and how much of it they’d like to eat. Portion control is a cornerstone of weight loss so it’s important to be realistic about how much food one should eat, particularly when it comes to foods high in saturated fat, salt and sugar. It’s best to refer to recommended dietary guidelines to find out appropriate portion sizes for different foods and how many calories correspond to different amounts of food.

**Reference:** vanDellen, MR et al. How do people define moderation? *Appetite* 2016; 101: 156 – 162.



# VITAMIN C AND CATARACT RISK

A cataract is characterised by the clouding of the lens in the eye.

Symptoms can include blurred vision, sensitivity to light, reduced vision at night and fading of colours. Cataracts develop as part of the ageing process however, people can also have an inherited genetic predisposition to the condition and lifestyle factors like smoking, diabetes and long term unprotected exposure to UV sunlight also increase risk. Oxidative stress, such as that caused by smoking, is linked to cataracts so researchers have proposed that foods high in antioxidants may help delay the onset of cataracts and also keep the condition from worsening. Researchers explored the association between vitamin C - an antioxidant - and cataract formation.

They investigated the association in over 1000 female British twins. Studying twins helped researchers separate genetic influences from environmental factors. Vitamin C consumption was found to be the most protective agent against the risk of cataract development out of the lifestyle factors studied. Over a 10 year period, people with the highest dietary vitamin C intake had one-third lower risk of developing a cataract. Dietary vitamin C consumption also appeared to slow the progression of the disease. The benefit was observed from food sources of vitamin C, not vitamin C supplementation.

This was an observational study so cannot confirm a causal link between vitamin C

and cataracts. However, researchers highlighted a plausible mechanism to explain the association. The fluid inside the eye contains vitamin C, which can help prevent the oxidation that leads to the clouding characteristic of cataracts. Vitamin C rich foods include citrus fruits, broccoli and strawberries and may be a worthwhile addition to a healthy diet, keeping the eye in good supply of antioxidants.

**Reference:** Yonova-Doing, E et al. Genetic and dietary factors influencing the progression of nuclear cataract. *Ophthalmology* Epub online March 23, 2016. Doi: 10.1016/j.ophtha.2016.01.036.



# SALT: MOORISHLY BAD FOR OUR HEALTH

Salt overconsumption is bad for health.

The National Health and Medical Research Council recommends that Australian adults get no more than one teaspoon of salt each day to reduce the risk of chronic disease. It's thought, however, that the average daily intake in Australian adults is much higher.

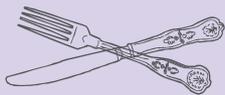
Too much salt in the diet has been linked to high blood pressure and increased risk of other health conditions like heart failure, kidney problems, stroke and osteoporosis. The majority of salt consumed comes from that added to food in manufacturing, often to make it more palatable and to preserve it, in the case of many processed foods. Consuming salt with fat is thought to promote overconsumption of foods and having a greater liking of salty and fatty foods has been associated with eating more kilojoules, binge eating and increased risk of being overweight, particularly in children.

Researchers looked further into how salt might influence consumption of fatty foods. Forty-eight healthy adults were recruited to take part in the study. They participated in four lunchtime sessions where they were given a meal of macaroni and cheese with varying levels of fat and salt content. They were advised to eat as much as they wanted until they were full. The amount of food they ate, how much they enjoyed it and their ratings of hunger and fullness were recorded for each combination.

The results showed that 11% more kilojoules were eaten when the meals were high in salt content, regardless of how much fat was in the meal. People who were sensitive to the taste of fat ate less of the high fat meal but only if it was low in salt. Ratings of hunger and fullness didn't differ significantly between meal types.

The results of this study suggest that high salt content in a high fat meal may affect how much food is consumed. This adds further weight to the benefits of reducing salt intake, particularly in reducing the amount of salt added to food when cooking and avoiding high salt processed foods. Being overweight or obese contributes to increased risk of a number of chronic health conditions, so it's important to consume healthy foods and control portions to recommended sizes.

**Reference:** Bolhuis, D et al. Salt promotes passive overconsumption of dietary fats in humans. *Journal of Nutrition* Epub online March 2, 2016. Doi: 10.2945/jn.115.226365.



## Good Health on the Menu

### ORANGE AND CARROT SOUP

*A winter soup packed with Vitamin C goodness.*

#### Ingredients:

- 2 brown onions, chopped
- 1kg carrots, peeled and chopped
- 4 cups chicken or vegetable stock
- 1 orange
- Salt and pepper to taste

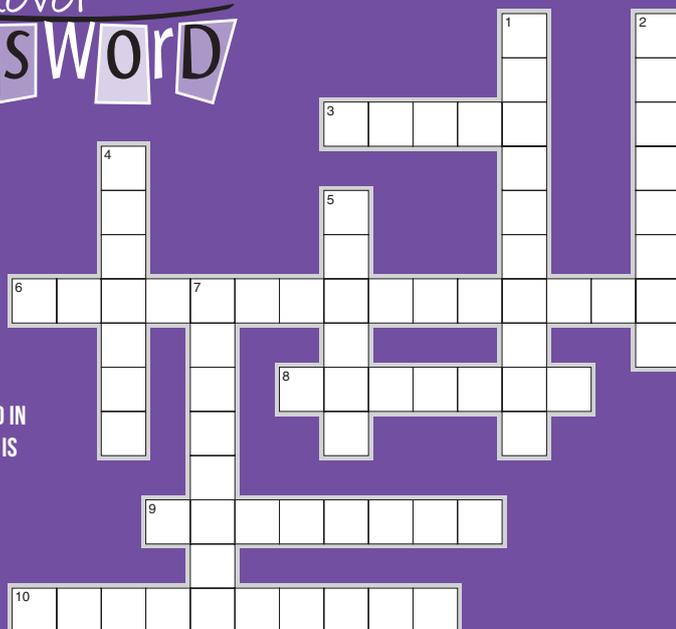
#### Method

1. Peel 3 strips of orange rind and set aside. Juice orange and set aside.
2. Put small amount of olive oil in a large saucepan and heat over medium heat.



3. Cook onion in pan until soft.
4. Add chopped carrot to pan and cook until soft.
5. Add stock to pan and bring to a boil.
6. Add the 3 strips of orange rind to pan and allow to simmer on low heat for 20 minutes.
7. Remove orange rind from pan.
8. Blend the contents of the pan in a blender or by using a stick blender, until smooth.
9. Add orange juice to blended soup and mix well.
10. Place back in pan and heat to taste.
11. Add salt and pepper to taste.

# Clever CROSSWORD



ANSWERS CAN BE FOUND IN THIS EDITION. SOLUTION IS ON THE BACK PAGE.

## Down:

1. Everything in \_\_\_\_\_.
2. Advanced glycation end products (AGEs) arise in food when heated to the point of browning or what?
4. One in ten babies is said to develop a food what?
5. Cataract symptoms can include blurred what?
7. The clouding of the lens of the eye is known as a what?

## Across:

3. Too much salt in our diet has been linked to higher \_\_\_\_\_ pressure.
6. Salt \_\_\_\_\_ is bad for our health.
8. Recommended dietary guidelines can help you find appropriate \_\_\_\_\_ sizes.
9. The ability to convert oxygen into performance is known as aerobic what?
10. Fruits and what are important to childhood development?

## A YOUNG START TO FRUITS AND VEGETABLES



Fruits and vegetables are the cornerstone to a healthy diet at any age.

Fruit and vegetable intake is very important in childhood to promote healthy development and also to encourage good dietary habits from an early age. Babies and toddlers however, can be difficult when it comes to food and may be averse to consuming fruits and vegetables. Yet research is showing that fruit and vegetable consumption in early childhood may be related to a healthier diet later in childhood.

A study investigated the association between early and later childhood consumption of fruits and vegetables, tracking the health and wellbeing of a group of children from age 30 months through to seven years. Toddlers at age 30 months were found to eat much more fruits and vegetables, consuming up to seven different types each day. By seven years of age, however, this amount decreased to an

average of just two serves of both fruits and vegetables. The children who had a higher intake of fruits and vegetables at age 30 months had an average two extra serves per day at age seven compared to those who consumed fewer fruits and vegetables at age 30 months. Having more than four serves of fruits or vegetables at age seven was associated with lower body weight and less body fat.

It's important for children to learn healthy habits from an early age so that they are more likely to carry these into adulthood. Fruit and vegetable consumption helps lower the risk of a number of health conditions and therefore plays an important role in the diet. There are various strategies that can be used to try to get toddlers and young children to consume more fruits and vegetables including varying the shape and texture of the food and having the child assist in its preparation. It pays to be persistent when it comes to young children eating their fruits and veggies.

**Reference:** Fletcher, S et al. Tracking of toddler fruit and vegetable preferences to intake and adiposity later in childhood. *Maternal and Child Nutrition* Epub online April 4, 2016. Doi: 10.1111/mcn.12290.

## MYTH VS. FACT

### ARE SPORTS IN OUR GENES?



We often observe gifted athletic ability across a number of generations in a family.

This is sometimes seen in a parent excelling at an elite level in a sport and their children going on to perform exceptionally well in the same field. This has led to the question of whether sporting prowess is inherited or shaped by environment, or a combination of both.

Researchers have tried to locate a gene or genes that may predispose someone to gifted athletic performance however have found that there are a variety of factors that determine sporting success, not all of which can be predicted by a genetic test. Some of these factors include technique, commitment and strategy. Researchers have identified a factor that is common to most elite athletes and that is the ability to convert oxygen into performance.

The ability to use oxygen in this way is called aerobic capacity and involves the combined capacity of the lungs and circulatory system and the ability of the blood to deliver oxygen to the working muscles. In athletes this is measured as the maximum amount of oxygen that can be used in one minute. This can be tested via a voluntary maximal oxygen uptake test, known as the VO<sub>2</sub>max test, which measures the amount of oxygen consumed in each breath. Endurance athletes share the common trait of having high VO<sub>2</sub>max scores. An international program looked at whether there were any genes that predict high VO<sub>2</sub>max scores and found one small genetic region that might have an association with VO<sub>2</sub>max.

It looks as though genetic testing cannot – at least at the current state of knowledge – identify elite athletes from the general population. This suggests that athleticism is only partly inherited and the rest comes from environment, hard work and perseverance.

**Reference:** Cao, Y et al. No evidence of a common DNA variant profile specific to world class endurance athletes. *PLOS One* Epub online January 29, 2016. Doi: 10.1371/journal.pon.0147330.



**Dr Norman Swan**  
**A MATTER OF HEALTH**

## NEW INFANT FEEDING GUIDELINES TO PREVENT FOOD ALLERGY

About one in ten babies is said to develop a food allergy in the first year of life, but according to some experts the rate of peanut allergy in particular could be halved if infant feeding practices were changed.

Recently an infant feeding summit took place in Melbourne and included leaders in child health and nutrition from Australia and overseas. The result was a new set of infant feeding guidelines giving advice to parents who want to minimise the chances of their baby developing a food allergy.

The main issue is the time of introduction of solids and foods which may cause allergies. Parents have been holding off, fearing the consequences, whereas recent allergy prevention trials have found that delaying the introduction of foods such as peanut paste is harmful and can increase the risk of getting peanut allergy.

So the recommendation for solids for infants in the first year of life is to introduce solids around the age of six months but not before four months and there is no evidence that introducing solids at this time affects the rates of breastfeeding, which is good news because breast is best.

Then when it comes to what are called allergenic solids - foods which can cause an allergy - the new recommendation is that foods such as peanut paste, cooked egg, cow's milk, fish and wheat, should be introduced in the first year of life, once iron rich solids have been established with the baby.

The final recommendation from the summit was to let parents know that so called hydrolysed or partially hydrolysed milk formulae which are advertised as reducing the risk of allergy, in fact don't do this - so if you can't breastfeed just use a normal infant milk formula.



## DID YOU KNOW? COOKING STYLE AND RISK OF DIABETES



All cooking processes facilitate some degree of chemical change in the food being prepared.

Some of these changes are positive, adding flavour to the foods and making the appearance more appealing. Some chemical changes, however, are thought to be damaging to health. One such class of chemicals is Advanced Glycation End-products (AGEs), which arise when food is heated to the point of browning or charring. The reaction that causes this brown or charred look is called the Maillard reaction and is what gives roasted food its aroma and flavour and bread its brown crust. Accumulation of AGEs in the body can promote oxidative stress and inflammation. Researchers are now also investigating its potential link to type 2 diabetes. Type 2 diabetes is the most common form of diabetes and is characterised by resistance to insulin, a hormone which helps to move glucose from the blood into cells to be used as energy.

Researchers investigated the association between AGEs and insulin sensitivity in a small group of healthy, overweight volunteers. Participants followed a diet either high or low in AGEs, but with similar total energy content and nutrient make up, for two weeks. Four weeks after the first diet finished they commenced the alternative diet for two weeks. The results showed that insulin sensitivity increased on the low AGEs diet, while on the high AGEs diet it either stayed the same or declined.

This was a small study so results need to be interpreted with caution. It does however, add to the growing body of evidence advocating the health benefits of lowering the intake of browned or charred foods where possible. A low AGEs diet has other positive health effects being typically high in fruits and vegetables and low in overly processed foods - particularly fried foods. There are plenty of cooking techniques that lower the risk of AGEs occurring including cooking for shorter lengths of time and cooking at lower temperatures.

**Reference:** de Courten, B et al. Diet low in advanced glycation end products increases insulin sensitivity in healthy overweight individuals: a double-blind, randomized, crossover trial. *American Journal of Clinical Nutrition* Epub online March 30, 2016. Doi: 10.3945/ajcn.115.125427.

## PRACTICE UPDATE

### 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](http://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.

### PHONES 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 information is only available to authorised members of staff.

**Down:** 1. Moderation 2. Charring 4. Allergy 5. Vision 7. Cataract  
**Across:** 3. Blood 6. Overconsumption 8. Portion 9. Capacity 10. Vegetables