

FREE!!
TAKE ME HOME

YOUR DOCTOR



OCTOBER 2016

GLEN FORREST MEDICAL CENTRE



4 Hardey Road
Glen Forrest 6071
P: 9298 8555
F: 9298 8030
W: 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
 8.30am-1pm 2pm-6pm
Tuesday to Thursday
 8.00am-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 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.

EXERCISE FOR OVARIAN CANCER OUTCOMES

Ovarian cancer is the sixth most common cause of cancer death in women and is responsible for about 5% of all cancer deaths in Australian women.

diagnosis were between 22% and 34% more likely to die of ovarian cancer compared to women who were quite active during the lead up to their diagnosis.

It's a cancer than can be difficult to diagnose at an early stage and there are few effective, non-invasive and easily accessed screening programs for ovarian cancer and the symptoms are often vague and similar to that of other illnesses. Some of the factors known to increase a woman's risk of ovarian cancer include older age, family history, starting your menstrual cycle early (before the age of 12), late menopause and not having children.

The second study investigated the risk of developing ovarian cancer. Of the 8300 women involved in the study, those who reported being physically inactive during their lives had a 34% higher risk of being diagnosed with ovarian cancer compared to those who reported regularly exercising.

Conversely, multiple births and prolonged breastfeeding have been linked to lower risk of ovarian cancer. Little is known about modifiable lifestyle factors interacting with ovarian cancer risk but physical activity has been hypothesised as one due to its link to reduction of risk of some other cancers. Researchers explored the potential association between physical activity and ovarian cancer outcomes.

Both studies were observational so a cause and effect link cannot be confirmed. Nevertheless, physical activity has been linked to outcomes associated with other cancers such as colon and breast cancers, so it is not implausible that the benefits extend to ovarian cancer. It's never too late to start exercising – if you're inactive talk to your doctor about developing an exercise program that suits your capabilities.

Reference: Cannioto, RA et al. Recreational physical inactivity and mortality in women with invasive epithelial ovarian cancer: evidence from the Ovarian Cancer Association Consortium. *British Journal of Cancer* Epub online June 14, 2016. doi: 10.1038/bjc.2016.153.



MYTH VS FACT

COFFEE: FRIEND OR FOE?



Coffee is a very popular beverage, consumed widely for a number of reasons, not least being for its purported ability to fight fatigue and boost concentration.

Numerous studies have investigated the health effects associated with coffee consumption with mixed results. Some claim coffee consumption is damaging to health, arguing that overconsumption can be dangerous to the heart and also contending that people can become addicted to it, to their detriment. On the other hand, some studies have claimed health benefits associated with coffee, including promoting a healthy heart and protecting against liver cancer and liver disease. With so many conflicting messages published, it's difficult to know where the truth lies and if there is any harm associated with a moderate consumption of coffee.

In an attempt to address this contention, researchers conducted a large review of more than 1200 studies that investigated the association between coffee consumption and both positive and negative outcomes. The health outcomes assessed included cancer, heart disease, diabetes, liver disease, neurological disorders and age at death. They found that the modest health benefits associated with moderate consumption outweighed the risk in the majority of health outcomes assessed.

Most of the research analysed involved observational studies so the effects of other lifestyle habits undertaken by study participants on health outcomes could not be removed. The take home message, however, seems to be that so long as you enjoy coffee in moderation, there shouldn't be any major concerns for your health.

Reference: Pourshahidi, LK et al. A comprehensive overview of the risks and benefits of coffee consumption. *Comprehensive Reviews in Food Science and Food Safety* 2016; 15: 671 – 684.

LIFESTYLE VERSUS GENES

The risks of most diseases are contributed to, at least in part, by genes. Having a family history of a particular disease is often flagged as a risk factor to be aware of, with diseases like heart disease and some cancers.

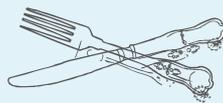
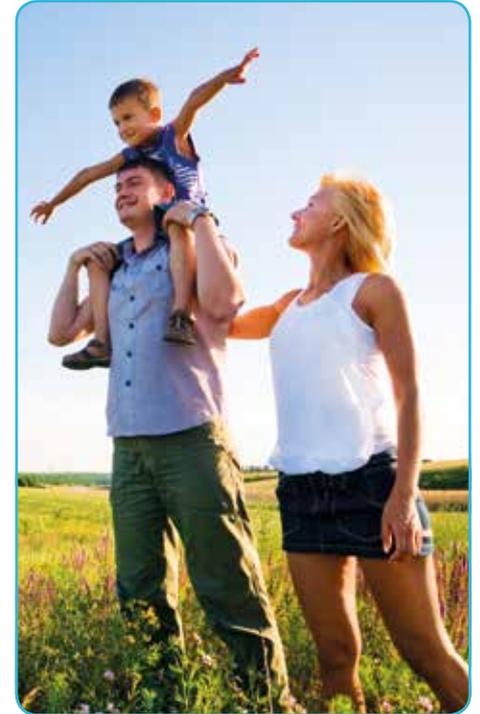
Genome-Wide Association Studies (GWAS) is a type of study that targets the genetic causes of disease, using gene sequencing data to create maps of gene areas that affect disease risks. These studies have found that there are a range of genetic changes that can contribute to disease risk. Most diseases, however, are not solely a result of genetic alterations.

Lifestyle factors play a role in disease risk. This includes individual behaviours in addition to behaviours that come about as a result of an individual's context. Family groups are one structure that's common to many people. Aside from the immediate family, there are larger familial groups that include related family members like uncles, aunties and cousins. Although extended family gatherings may be few and far between, research has found that lifestyle factors and habits are much more closely linked between members of an extended family than they are between unrelated groups.

Researchers took a closer look at the roles of both genes and lifestyle in influencing risk of many diseases. Part of this involved looking at the connections between families and their lifestyles. They found that the types of lifestyles led by families played an important role in affecting risk. When this was taken into account, the impact of genes was overestimated by almost 50%.

It's important to be aware of family history of any diseases and flag this with health professionals during consults. This research suggests that the way we live and who we live with is just as important as our genetic makeup. A good diet, adequate levels of physical activity and stress management are three important lifestyle factors that can promote healthy outcomes amongst families.

Reference: Munoz, M et al. Evaluating the contribution of genetics and familial shared environment to common disease using the UK Biobank. *Nature Genetics* Epub online July 18, 2016. doi: 10.1038/ng.3618.



Good Health on the Menu

LOW CALORIE SNACK BAR

A great snack that's tasty, simple to make and easy on your waistline.

Ingredients

- ¾ cup self-raising flour
- ½ cup brown sugar
- ½ cup shredded coconut
- ½ cup pumpkin seeds
- ½ cup sunflower seeds
- ½ cup sultanas
- ⅓ cup chopped dried apricots
- ¾ cup skim milk
- 1 egg



Method

- Preheat oven to 180 degrees Celsius
- Grease a baking tin and line with baking paper
- In a bowl, combine flour, sugar, seeds, sultanas and apricots
- In a separate bowl, whisk milk and egg together
- Combine the two mixtures and mix well
- Spoon mixture into tin and smooth over
- Bake for 30 minutes then remove and allow to cool
- Slice into 16 pieces to serve

DID YOU KNOW?

A BAD DIET IS DANGEROUS TO THE IMMUNE SYSTEM

A lack of access to an adequate food supply can have a negative effect on a person's immune system as a result of inadequate energy and a deficiency of vitamins and minerals.

Malnutrition, in the form of under-consumption, can lead to a suppressed immune system and the inability to produce an effective immune response. An ineffective immune system increases a person's risk of contracting disease and their ability to recover. Interestingly, people who are obese, with an excess supply of nutrients, also have issues with immune function. Researchers looked at an animal model to find out more about how obesity impairs immune function.

They looked at T cell activation in a group of rats fed a high fat diet. T cells are a class of white blood cells that play a central role in immune response. When a bacteria or virus comes in contact with the immune system, T cells locate and destroy cells that have been infected. After a few days, rats that were fed

a high fat diet had reduced T cell function. This response occurred before the animals experienced any weight gain. Consumption of saturated fats slowed the T cells and as a result they were not able to address infected cells as rapidly as they typically would.

Like malnutrition in the form of under-consumption, consuming a diet high in junk food and saturated fat can have a negative effect on the immune system and impair immune response. This effect appears to occur rapidly, before even a change in weight has occurred as a result of the high fat diet. The good news is, eating a healthy diet may have just as rapid effect in a positive direction. So start getting your recommended dose of fruits and vegetables today and limit saturated fat intake to a minimum.

Reference: Pollock, AH et al. Prolonged intake of dietary lipids alters membrane structure and T cell responses in LDLr^{-/-} mice. *The Journal of Immunology* Epub online July 28, 2016. doi: 10.4049/jimmunol.1501261.

MORE SLEEP, LESS WEIGHT FOR KIDS

A good night's sleep is extremely important for children.

Not enough sleep can cause daytime sleepiness, moodiness and an inability to concentrate - all of which are detrimental to a child's learning and social development. It's recommended that toddlers get between 12 - 14 hours sleep each day / night and primary school aged children get 9 to 10 hours sleep each night. Many kids, however, do not get this much sleep. Beyond just affecting learning and social outcomes, research has found an association between later bedtimes in childhood and risk of obesity in adolescence.

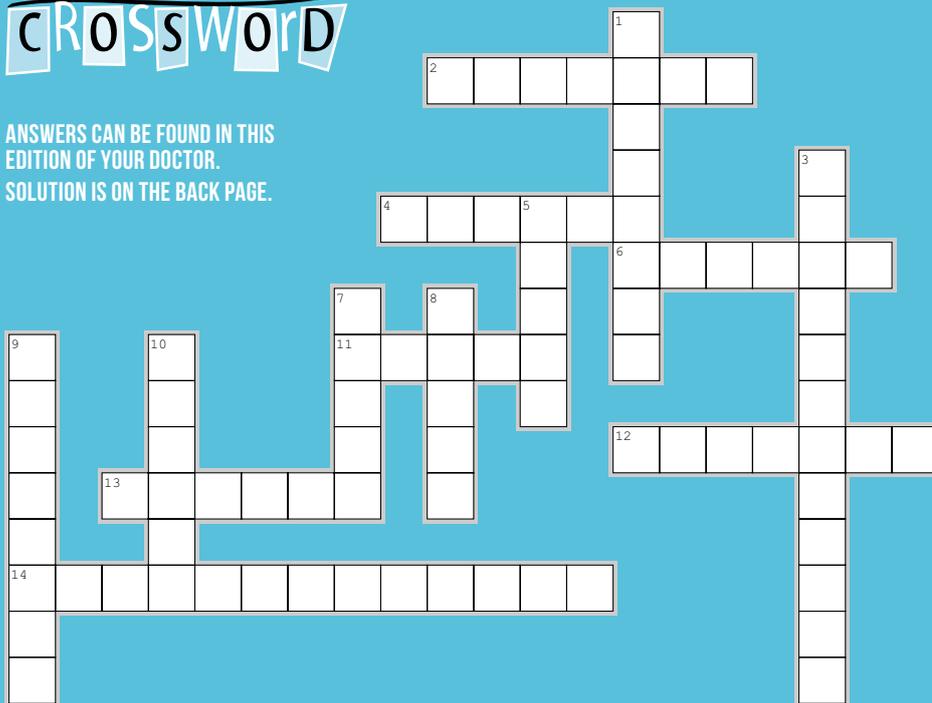
A study that's been following a group of children since 1991 has plotted the association between bedtime and obesity over time. At five years of age, a quarter of the children tracked went to bed before 8pm, half went to bed between 8pm and 9pm and the final quarter typically stayed up beyond 9pm. When these participants were followed up years later, at age 17, the rates of obesity in each group of bedtimes were 10%, 16% and 23% respectively. So those who regularly went to bed after 9pm had more than double the risk of obesity compared to those who went to bed before 8pm.

This study highlights yet another reason why it's so important for kids to get a good night's sleep. The study didn't measure when children actually fell asleep, but rather when they went to bed, but it's likely that those who went to bed earlier commenced the falling asleep process earlier. If you have trouble getting your kids to bed, talk to a health professional for advice or visit the Better Health Channel where there are good, evidence-based tips on sleep habits in childhood.

Reference: Anderson, S et al. Bedtime in preschool-aged children and risk for adolescent obesity. *The Journal of Pediatrics*. Epub online July 5, 2016. doi: 10.1016/j.peds.2016.06.005.

Clever CROSSWORD

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



DOWN

1. Physical inactivity increases the risk of this disease.
3. What type of fasting has been causing a lot of hype?
5. By what percentage was the impact of genes overestimated?
7. This is the colour of T cells in the blood.
9. Which dried stone fruit appears in this month's recipe.
8. A study recommends people should exercise how often?
10. What does the G stand for in the acronym GWAS?

ACROSS

2. This is a risk for adolescent children who did not get enough sleep as a toddler.
4. What beverage should be enjoyed in moderation?
6. How many minutes should this week's recipe bake for?
11. Overconsumption of coffee can be dangerous to which organ?
12. Which cancer is responsible for about 5% of cancer deaths in Australia?
13. What is the risk of obesity for children who go to bed after 9pm compared with those who go to bed before 8pm?
14. These kinds of studies were undertaken during research into ovarian cancer.





Dr Norman Swan

A MATTER OF HEALTH

the car. But the recommendations are for a minimum of two and a half hours of moderate exercise each week. Moderate means being a bit breathless and having trouble carrying out a conversation. The further you are away from reaching that target, the higher your risk of dying sooner from an avoidable problem.

A recent study showed that daily physical activity can completely counteract the unhealthy effects of sitting at work. For instance one hour of activity neutralises eight hours of sitting in the office or car. The exception is sitting in front of the television which is more toxic because we tend to have all sorts of other unhealthy behaviours in front of the screen. Sporadic physical activity does help, but not as much.

Climb stairs, take brisk walks, cycle or walk instead of taking the car. There are all sorts of things you can do to increase your daily activity. So do it!

Reference: Ekelund, Ulf, et al. "Does physical activity attenuate, or even eliminate, the detrimental association of sitting time with mortality? A harmonised meta-analysis of data from more than 1 million men and women." *The Lancet* (2016).



BEING PHYSICALLY INACTIVE CAN BE A DEATH SENTENCE

Physical inactivity is a global pandemic increasing the risks of heart disease, stroke, diabetes, dementia and some cancers like colon cancer.

Worldwide statistics show there are billions of dollars in costs to individuals, families and the economy from not being active enough and millions of lives lost.

Unless you're bed ridden, we're all physically active to some extent. After all we have to get out of bed, shower, walk to the kitchen then

NUTRITION: INTERMITTENT FASTING: MORE HYPE THAN HEALTH?

There has been a lot of hype in recent years about intermittent fasting.

One of the most well-publicised intermittent fast diet is the 5:2 diet, which involves eating normally and sensibly for five days a week and then cutting caloric intake on the other two days to 500 calories for women and 600 calories for men. There are countless other variations of intermittent fasting, like 24 hour fasts where only water is permitted and alternate day fasting and feasting. Intermittent fasting has been promoted as beneficial to a variety of health outcomes, one of the main ones being weight loss. There's mixed research about the benefits of intermittent fasting for weight loss, particularly when it comes to weight loss maintenance over the long term. Researchers reviewed the available evidence to investigate the association between intermittent fasting and weight and metabolic outcomes.

The studies that were included for analysis involved some form of intermittent fasting that was adhered to for more than six months. The studies compared this form of dieting with traditional calorie-restricted diets. They found that the difference in weight loss between the two approaches to dieting was negligible. Furthermore, rates of adherence to the diet interventions were similar. Changes in levels of blood lipids, glucose and insulin were not significantly different between the intermittent fasting approach and a continuous energy restriction approach.

This research suggests that while intermittent fasting might be positive for weight loss efforts, it may be no more superior to a more traditional and less extreme calorie-restricted diet. This might be particularly relevant when considering weight loss maintenance over time. The take home message is that there is no miracle diet that's foolproof and suits everyone. The safest bet is to choose an evidence-based diet that is well suited to your lifestyle and therefore that you are more likely to maintain over the long term.

Reference: Headland, M et al. Weight-loss outcomes: a systematic review and meta-analysis of intermittent energy restriction trials lasting a minimum of 6 months. *Nutrients* 2016.



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 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.