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 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 surgey 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.

TIME TO TURN OFF THE TV

Sedentary behaviour refers to sitting and lying down. This can include sitting and lying down while watching television, playing computer games, reading, studying and sitting down while driving or working.

Sedentary time is on the rise with people spending more hours each day working in the office at their desk and then unwinding at home in front of a variety of screens available on TVs, laptops, tablets and smart phones to watch programs conveniently and quickly delivered via the internet.

Associated with an increase in sedentary behaviour is an increase in the risk of chronic disease including type 2 diabetes.

Watching TV is one of the most common sedentary behaviours in older adults, with data from the Australian Bureau of Statistics showing that Australians aged 75 years and over spend on average more than 19 hours each week in front of the TV. On the other hand, ongoing exercise is linked to positive health outcomes including reduced risk of heart disease and some cancers. As people age, the amount of time spent watching TV often increases and the amount of physical activity decreases.

Researchers investigated the risk of death in older adults associated with number of years and different quantities of television watching and the effect that Moderate-to-Vigorous Physical Activity (MVPA) has on this risk.

Data on over 160,000 people aged between 50 and 71 years were included in the study. Participants filled out a lifestyle and demographic questionnaire that included their medical history. Following that, participants completed two questionnaires at different points in time, which recorded information about their exercise levels and sedentary behaviours. Deaths were recorded over the course of the study.

Death rates were increased in older adults who had long-term television watching habits. Furthermore, death rates were also increased in older adults who increased their time spent watching television over the years compared to those who decreased this behaviour. Older adults who maintained over four hours of MVPA each week had around one third lower risk of death than those who got less than one hour of MVPA a week. People who maintained adequate exercise levels and watched minimal TV over time had the lowest risk of death.

This research reinforces the importance of staying active as we age. Sedentary behaviours can increase a person's risk of weight gain and associated issues like being overweight, obesity and type 2 diabetes. Increased sedentary behaviours like watching TV often translate to a decrease in physical activity so it's important to try to keep sedentary time to a minimum. You're never too old to start exercising so talk to your doctor for advice on what type of exercise best suits you.

Reference: Keadle, S at al. Impact of changes in television viewing time and physical activity on longevity: a prospective cohort study. *International Journal of Behavioural Nutrition and Physical Activity* DOI: 10.1186/s12966-015-0315-0

DIETARY FIBRE AND BREAST CANCER RISK

Saturated fat is the 'bad' kind of fat and often comes from processed foods like biscuits, pastries, hamburgers, pizza and hot chips.

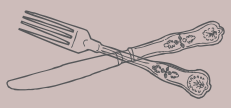
Breast cancer is the most common cancer affecting Australian women, with statistics suggesting that around one in eight women will develop breast cancer in their lifetime. There are a number of known risk factors for breast cancer including having a strong family history, being overweight and drinking alcohol. Various diets and food groups have also been hypothesised to affect breast cancer risk and are often publicised in mass media for their perceived benefits or risks. It's important to evaluate the merit of these claims and whether or not there's actually any good evidence backing them. Researchers analysed the validity of one of these claims – that dietary fibre intake in adolescence and early adulthood reduces a woman's risk of breast cancer.

Data was analysed from the Nurses Health Study II – an ongoing study that started in 1989 following the health of over 100,000 female registered nurses. The women filled out a general questionnaire in 1991 and every four years thereafter. They also completed a questionnaire in 1997 that covered their diets and frequency of food consumption in their high school years.

An association was observed between dietary fibre intake in early adulthood and lower risk of breast cancer. Similarly, higher fibre intake in adolescence was also associated with lower breast cancer risk.

As this was an observational study, a cause and effect relationship between dietary fibre intake and breast cancer risk cannot be confirmed. Nevertheless, fibre from fruits, vegetables and whole grains are known to affect our health positively in a number of ways including helping to maintain good bowel health, lowering cholesterol levels, helping to control blood sugar levels and assisting with weight maintenance by promoting feelings of fullness.

Reference: Farvid, M et al. Dietary Fiber Intake in Young Adults and Breast Cancer Risk. *Pediatrics* DOI: 10.1542/peds.2015-1226. Originally published online February 1, 2016.



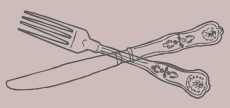
Good Health on the Menu

BROWN RICE SALAD

A high fibre salad that will keep you fuller for longer and may even help to reduce your risk of some diseases.

Ingredients

- **2 salmon fillets**
- **2 brown onions, diced**
- **250g of brown rice**
- **2 x zucchinis, diced**
- **1 x punnet of cherry tomatoes halved**
- **1 x red capsicum sliced**
- **2 x cups fresh spinach**
- **Olive oil**



Good Health on the Menu

Method

1. Follow packet directions to cook rice.
2. Heat olive oil in a pan on a medium heat. Caramelise onions and grill zucchini in pan. Transfer to a bowl and cover to retain heat.
3. Pan fry salmon until cooked through. Transfer to a plate and cover to retain heat.
4. Transfer rice to the bowl with onions and zucchini.
5. Add tomatoes, capsicum and spinach. Mix to combine.
6. Slice salmon and add to bowl.
7. Drizzle with olive oil. Add salt and pepper to taste.

TEXTING IN BED: AN UNHEALTHY HABIT

A good night's sleep is essential for teenagers' mental and physical health and development.

Research suggests that teenagers should get between nine and ten hours of sleep each night, yet it's thought that most only get around seven or eight hours. Inadequate sleep can compromise a number of aspects of teenagers' lives including increased risk of mental health issues and compromised academic performance.

One of the major activities that keeps teenagers up at night is increased screen time, which is time spent in front of the TV, on the computer or on their phones. Excessive mobile phone use before bed can push back the time at which a teenager goes to bed and also the time it takes them to fall asleep.

Researchers investigated the consequences of mobile phone use at bedtime in more than 1500 high school students in the US. They found that those who turned their phones off within 30 minutes of turning out their lights had better results at school than those who continued to use their phones for more than 30 minutes after the lights went out. Those who used their phones for longer at bedtime also had less sleep, the quality of that sleep was worse, they experienced greater daytime tiredness and struggled to maintain concentration.

Sleep is very important for people of all ages, to allow the mind and body to rest and recharge for the next day. This is particularly true for young children and teenagers who have developing minds and bodies to nourish. Try to keep screen time to a minimum in the hour leading up to bed time and refrain from using computers and mobile phones once in bed.

Reference: Grover, K et al. Effects of instant messaging on school performance in adolescents. *Journal of Child Neurology* Epub online 13 Jan, 2016 doi: 10.1177/0883073815624758.

A WOMENS HEART

Cardiovascular disease (disease of the heart and circulatory system) is one of our biggest health problems and a leading cause of death in Australia.

There are various factors that increase a person's risk of heart disease including high blood pressure, high cholesterol, being overweight and obese, sedentary behaviour, smoking, alcohol and low fruit and vegetable intake. Furthermore, heart disease is the biggest killer of Australian women. For some time it's been thought that men are at higher risk of heart disease however research is emerging to show that this is only partly true. While men tend to show signs and symptoms early in life, women are thought to have heart disease for a longer time period than men and women's survival rates after a heart attack are lower.

Dr Norman Swan

A MATTER OF HEALTH

BROWN FAT: WE SHOULD ALL HAVE SOME

We all have two types of fat in our bodies: white fat which stores energy and is the kind we generally don't want and brown fat which actually burns energy. Newborn babies have a lot of brown fat so they can generate heat and reduce the risk of hypothermia. But despite the fact that we've known about brown fat for a long time, it's still not fully understood apart from the fact that it burns up sugars and white fat to produce heat in the body. Naturally thin people tend to have more brown fat than fat people so if you could unlock its secrets then it could help with weight loss.

Recently, researchers at Sydney's Garvan Institute discovered that brown fat helps regulate blood sugar. People who have a lot of brown fat have much more stable blood sugars after meals, compared to those with little or no brown fat. In a previous study they also found that people exposed to relatively mild cold temperatures (19 degrees Celsius overnight) increased their brown fat by 45% and were more sensitive to the sugar-reducing hormone insulin.

The bad news was that the cold also increased the research subjects' appetites so they didn't lose weight. The two other things that seem to stimulate brown fat are being in the dark and eating hot chilli.

So the recipe seems to be switch off the lights at night and open the bedroom windows after having Szechuan chicken for dinner – but don't eat too much of it if you want to lose weight. Bottom line? Get on with easier ways to control your blood sugar and wait until researchers find an easier way to boost your brown fat levels.

MYTH VS FACT: CAN WE BELIEVE EVERYTHING WE READ?

The media often publish medical stories that claim to detail a breakthrough or 'miracle' cure or treatment.

There seems to be high public interest in stories of this nature so it's important for the public to know what has actually been found and what it means for day-to-day life.

Medical breakthroughs rarely occur and are often the result of many years of research and many iterations of published material. Therefore a headline that claims a breakthrough or medical miracle certainly warrants a more detailed investigation into how much merit lies in the claim and what the study has actually found.

To assess the merit of medical stories published in the media, researchers compared the press given to 75 medical articles in widely circulated newspapers with 74 articles published in high quality medical journals over the same period of time.

They found that research covered in the newspaper was half as likely to be from randomised controlled clinical trials (which tend to offer high quality evidence) compared to the frequency of reporting on this type of trial in the journals.

Observational studies, which describe populations rather than test a treatment or preventive strategy, were the more common choice for newspapers. Observational studies need to be interpreted with caution as they cannot ascertain a link between two things but rather can only describe an association that's been found that could be due to other factors. Furthermore, the observational research reported on in newspapers tended to have a smaller sample size and describe a moment in time. Both of these factors increase the likelihood of associations being found that may actually be spurious.

The media will often publish the most eye-catching medical stories as these are the ones that are going to lead to an increase in readership. Eye-catching does not necessarily translate to accurate so people need be wary of what type of research is being reported on and what the results are actually telling us.

Some things to be aware of that will help you assess the quality of what's been reported are the type of research that's been undertaken (randomised controlled trial, observational study, etc), the sample size (e.g. did the research involve 100,000 or 100 people?), and what conclusions are being drawn to translate to everyday life. If you're not given that information in the story, then don't trust the conclusions until you've checked further or discussed with your doctor.

Reference: Selvaraj, S et al. Media coverage of medical journals: do the best articles make the news? PLOS ONE 2014;9:e85355.

ANSWERS TO CROSSWORD

Across: 1. Brown 4. Plaque 6. Measles 7. Sydney 9. Survival 11. Elbow 13. Sleep 14. Sedentary

Down: 2. Observational 3. Breast 5. Active 8. Eyecatching 10. Lifestyle 12. Fibre

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 informations is only available to authorised members of staff.

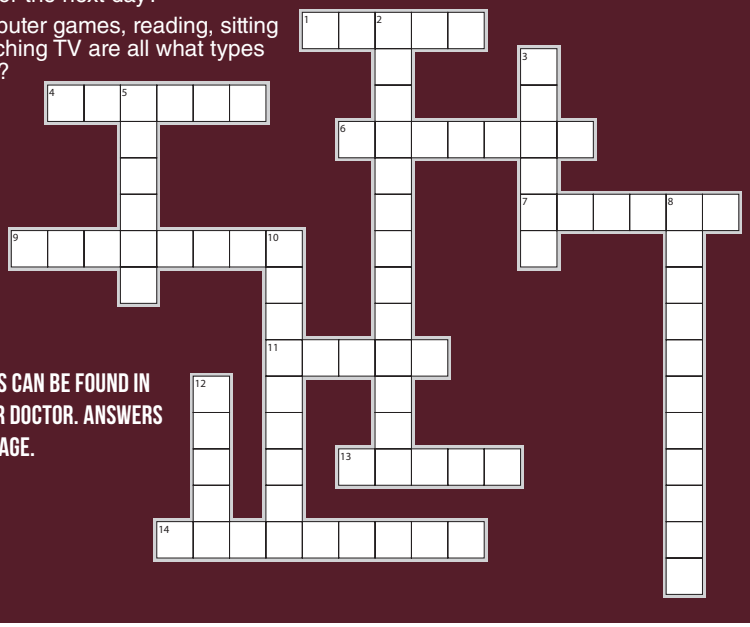
Clever CROSSWORD

Across

1. What type of fat helps regulate blood sugar?
4. What builds up in arteries to become a major cause of heart disease?
6. Make contact with an infected surface and you could catch this illness.
7. Where is the Garvan Institute located?
9. After a heart attack, the rate of this is lower for women.
11. Where is it recommended you sneeze to avoid germs on your hands?
13. What is important for people of all ages, to recharge for the next day?
14. Playing computer games, reading, sitting at work, watching TV are all what types of behaviour?

Down

2. The type of study that can only describe an association between two things.
3. What cancer is the most common to affect Australian women?
5. It is important that as we age, we stay _____?
8. Media often publish these types of medical stories.
10. Which factors should you be aware of and make adjustments to in order to reduce the risk of heart disease?
12. A salad high in this, will keep you fuller for longer.



EACH OF THE WORDS CAN BE FOUND IN THIS ISSUE OF YOUR DOCTOR. ANSWERS ARE ON THE BACK PAGE.

Research has shown further differences in the underlying causes, complications and symptoms of heart disease between men and women. One of the major causes of heart disease is the build up of plaque in the arteries. The plaque can eventually either partially or completely block the flow of blood through an artery in the heart, brain or other organ. Women tend to have less severe plaque build up than men so fewer women receive stents (a small mesh tube that's used to keep narrowed arteries open) or bypass surgery. The build up of plaque in men leads to a greater risk of a 'plaque explosion' and subsequent heart attack. While women have a lower risk of this explosion, there is a greater risk that the plaque will slowly erode through the artery wall increasing the risk of more severe outcomes.

It's important to be aware of the difference in risk factors and symptoms for heart attacks between men and women. In women, high blood pressure is particularly important as it increases both the risk of heart attacks and death and having diabetes increases the risk of death. With regards to symptoms of an imminent heart attack, while both women and men might experience chest pain and discomfort, it's more common for women to experience a shortness of breath, nausea and vomiting as well as muscular pain in the back and jaw.

While there are similarities in the way that heart disease behaves in men and women there are also notable differences that women should be aware of. The Heart Foundation reports that 90% of Australian women have at least one risk factor for heart disease and 50% have two or three. Therefore it's important to be aware of what lifestyle factors increase the risk of heart disease as well as symptoms to be aware of if a heart attack is imminent. Some manageable lifestyle adjustments that can be made to reduce the risk of heart disease include getting the recommended amount of exercise, eating plenty of fruits and vegetables, not smoking and not bingeing on alcohol.

Reference: Mehta, LS et al. Acute myocardial infarction in women: A scientific statement from the American Health Association. *Circulation* Epub online 25 Jan, 2016 doi: 10.1161/CIR.0000000000000351.

DID YOU KNOW?

THE POWER OF A SNEEZE

Sneezing without covering the mouth and nose is a sure way to spread germs.

Illnesses like the flu and measles are spread through contact with infected surface areas or inhaling germs from the air into the body.

Researchers from the Massachusetts Institute of Technology have been studying sneeze dynamics to find out more about how sneeze droplets form and travel once they leave the nose and mouth.

Sneezes involve the contraction of muscles expelling air, mucus and saliva from the nasal passage. High-speed videography recorded sneeze droplets leaving the nose and mouth. They initially leave the mouth as a sheet of liquid, burst into filaments and break apart into droplets when the sneeze has travelled away from the body. Mucus and saliva travel in the ejected sneeze cloud.

The research conducted highlighted the wide variation in droplet size generated by different people's sneezes. Some of the people studied were classified as 'super-spreaders', meaning within a short period of sneezing their droplets had spread across a small room and reached the height of air ducts. It's important to cover your mouth and nose when sneezing and coughing to minimise risk of transmitting germs and wash your hands after doing so. A recommendation has been to sneeze into the crook of your elbow to avoid germs on the hands.

Reference: Scharfman, BE et al. Visualization of sneeze ejecta: steps of fluid fragmentation leading to respiratory droplets. *Experimental Fluids* Epub online 20 Jan, 2016 doi: 10.1007/s00348-015-2078-4.