GLEN FORREST MEDICAL CENTRE

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Dr Toni Law
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MBBS FRACGP FARGP DCH Grad Dip FM

Dr Alina Harriss
MBBS

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

Dr Siobhain Brennan
MBBS

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.

GP After Hours Clinic – Midland available at St John of God Midland Public Hospital Ph 1300 706 922
Mon - Fri 6pm to 10pm, 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.

QUANTIFYING HEART DISEASE

Heart disease is a major cause of death and disability in Australia. An estimated one Australian dies every 12 minutes from heart disease.

Some risk of heart disease is due to genetic factors, however there are a number of lifestyle behaviours that can increase a person's risk of poor heart health. These include smoking, excessive alcohol consumption, lack of physical activity and a poor diet.

We sometimes hear healthcare professionals or the media refer to a person's absolute risk of heart disease. Absolute heart disease risk is the probability that a person will experience a heart disease event in a given time period. It's based on data incorporating a variety of individual risk factors for heart disease including smoking status, blood pressure, blood lipid levels (level of fat in the blood) and diabetes status applied against a person's age, sex and other factors. It's thought that measuring absolute risk is a more useful tool for appropriately treating heart disease compared to assessing people only for individual risk factors, which can lead to under or over estimation of risk and inappropriate treatment.

A research team aimed to get a comprehensive picture of the heart disease burden in Australia by quantifying absolute heart disease risk as well as treatment rates using blood pressure and lipid (fat) lowering medications in this group. People in this study were aged between 45 – 74 years. Their sociodemographic factors were recorded including their medical history, health behaviours, weight, waist circumference and blood pressure. The absolute risk of a primary heart disease event over the next five years, in people who didn't have disease at the beginning of the study, was calculated via an algorithm. Absolute risk was divided into low, moderate and high categories.

The results of the analysis found that 71.5% of the study population was at low absolute risk of a primary heart disease event, 8.6% were at moderate risk and 11.2% had high risk. When researchers combined those with prior heart disease with people at high risk, they estimated that close to 20% of people in Australia aged between 45 – 74 years had a high five year risk of a heart disease event. Analysis of treatments used showed that the use of blood pressure and lipid lowering medications was significantly more common in those who'd had heart disease previously and in those with higher risk.

Estimates from this study suggest that close to one fifth of Australian adults aged between 45 and 74 years have a substantial absolute risk of a heart disease event in the next five years. Comparatively fewer people with low to moderate risk used blood pressure and lipid lowering medications. This illustrates the very real health and economic burden that heart disease represents in Australia and corroborates the need to take appropriate action early on to prevent disease progression.

There are simple lifestyle modifications people can make to improve heart health including increasing exercise levels, following a healthy diet packed with lots of leafy greens, quitting smoking, and minimising alcohol consumption. Talk to your doctor to discuss whether medication is appropriate for you.

Reference: Banks, E et al. (2016). Absolute risk of cardiovascular disease and blood pressure- and lipid-lowering therapy in Australia. MJA, 8, 320e1 – 320e7. Doi: 10.5694/mja15.01004.

LONG-TERM BENEFITS FOR CHILDREN WITH AUTISM

Autism spectrum disorder is a developmental disorder that affects the way a person interacts with the world. Symptoms include difficulties in communicating and interacting with others and engaging repetitive behaviours.

Autism spectrum disorder affects around 1% of children and young people. The disorder lasts into later life and can have long-term effects on a person's quality of life. There is a range of proposed therapies for children with autism with mixed evidence around their effectiveness. These include cognitive behavioural therapy, social skills interventions and sensory-based therapies.

Research has found that a variety of psychosocial (the interrelation of social factors and individual thought and behaviour) interventions can have positive short-term effects on some developmental indicators that are thought to be associated with long-term autism outcomes. The interventions include parent-child engagement, social communication and social imitation. There is little evidence, however, assessing whether these short-term effects are sustained into the long-term.

The Preschool Autism Communication Trial (PACT) was a randomised-controlled trial assessing the effectiveness of a parent-mediated social communication intervention in children with core autism aged between two and four years. The intervention aimed to improve parent interactive behaviours that may be relevant to child development, which in theory might improve child communication and other autism symptoms.

The intervention ran for one year and involved therapy sessions, and monthly support and extension sessions. Parents also did practice activities with their child for 20 – 30 minutes each day. Children in the PACT intervention were compared to children who received usual treatment. Researchers investigated the long-term effects of the PACT intervention to understand whether long-term outcomes were achieved.

Researchers assessed outcomes at the beginning of the study, at the end of the original study and at nearly six years after the original study ended. The primary outcomes assessed were autism symptom severity, parent-child dyadic communication and language scores. The average age of the children who researchers followed up was 10.5 years.

The results of the follow-up showed an overall reduction in symptom severity both over the course of the trial and over the follow-up period in the PACT intervention group compared to their peers receiving usual treatment. This was also apparent for severity score and dyadic communication. These results suggest that an early intervention involving both children with autism and their parents may have long-term benefits in improving symptom severity and communication.

Sustained results have the potential to improve quality of life and ability to lead a more fully functioning life in adulthood for those with autism. Talk to your doctor for therapy options to suit your child.

Reference: Pickles, A et al. (2016). Parent-mediated social communication therapy for young children with autism (PACT): long-term follow-up of a randomised controlled trial. The Lancet. http://dx.doi.org/10.1016/50140-6736(16)31229-6.

CHICKEN & FRUIT SALAD

This lovely chicken salad is enough to feed eight, and you can easily substitute the chicken for turkey.

Ingredients

1 orange, peeled and sectioned

15 seedless grapes

15 almonds

1 banana

1 apple, diced

3 cups cooked diced chicken breast

1 cup mayonnaise

Method

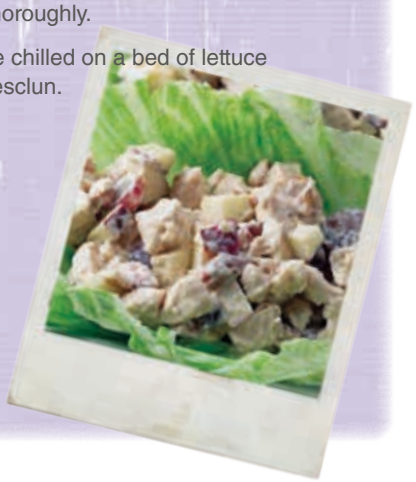
Remove seeds and membrane from orange sections and cut in half.

Cut grapes in half and split almonds.

Peel and slice banana.

Mix all ingredients together lightly but thoroughly.

Serve chilled on a bed of lettuce or mesclun.



LIFESTYLE CHANGES FOR GESTATIONAL DIABETES

Gestational Diabetes Mellitus (GDM) is a type of diabetes that occurs in pregnancy. GDM occurs in around 5 – 10% of pregnancies in Australia, typically developing between weeks 24 – 28.

GDM can cause the baby to be larger than normal birth weight and have low blood glucose levels. GDM also puts the mother at higher risk of developing type 2 diabetes. Recommendations to manage GDM often involve healthy eating and regular exercise. Some women also require insulin injections until the baby is born. Lifestyle programs early on in pregnancy have been the focus of many efforts to prevent GDM from developing in the first place. As insulin resistance is one of the factors inherent to GDM, these programs have focused on promoting lifestyle behaviours that help to improve insulin sensitivity.

A meta-analysis assessed the effectiveness of such lifestyle programs in reducing incidence of GDM. Twenty-nine clinical trials were assessed, involving 11,487 pregnant women. Researchers looked at the effect of lifestyle programs involving diet and exercise recommendations on risk of GDM.

Researchers observed an 18% reduced risk of GDM in women on either a diet or physical activity or a combined program involving both. They found that the timing of the intervention was important with women who started a lifestyle program before week 15 of their pregnancy gaining the greatest benefits. Much lower benefit was observed in women that commenced a program after week 15.

The results of this meta-analysis suggest that there is benefit to be gained from starting a lifestyle program involving healthy diet and exercise early on in pregnancy, particularly for those women at higher risk of developing GDM. This analysis looked at a large variety of programs so it isn't clear which one specifically works best. Talking to your doctor about healthy eating and exercise plans that can be sustained safely throughout pregnancy is a great place to start.

Reference: Song C et al. Lifestyle intervention can reduce the risk of gestational diabetes: a meta-analysis of randomized controlled trials. Obesity Reviews 2016;17:960-969.

NUTRITION: PROTECTED BY FRUIT

Fruits and vegetables are filled with healthy nutrients including fibre and vitamins and are an essential part of any balanced diet, promoting better health as we age.

High fruit and vegetable consumption has been linked to various positive health outcomes including lower risk of chronic diseases and cancers. Some research has also shown an association between fruit and vegetable consumption and reduced risk of breast cancer, however results from different studies are varied. Furthermore, whether or not consuming fruits and vegetables early in life is beneficial to lowering risk of breast cancer in adulthood is not well understood.

Researchers investigated the association between fruit and vegetable intake in adolescence and early adulthood and the risk of breast cancer. Data was analysed from the Nurses' Health Study II, a study that's been running since 1989 involving a large cohort of female registered nurses. Participants' filled in food frequency questionnaires that included questions about their diet in high school and intake of fruits and vegetables during this time.

Their level of fruit and vegetable intake was classified into one of nine categories spanning from "never or less than once per month" to "six or more times per day". The primary outcome assessed was incidence of breast cancer. This was self-reported by participants or their next of kin and then medically verified for most cases via records and reports. Researchers also controlled for other risk factors for breast cancer including age, weight, family history of breast cancer, smoking status, menopausal status and oral contraceptive use.

The follow-up period spanned 22 years and showed that a higher total fruit intake in adolescence was associated with lower risk of breast cancer. This association was significant for postmenopausal breast cancer but not premenopausal breast cancer. The association between vegetable and fruit juice intake and breast cancer risk was not significant in this study.

Researchers flagged the bioactive components of fruits and vegetables, which might explain their protective qualities including carotenoids, vitamin C, flavonoids, fibre, magnesium and potassium. Fruits found to have the largest association were apple, banana and grapes. These results suggest a benefit for increased consumption of fruits in adolescence with regard to breast cancer risk.

While this study did not find a significant association between vegetable intake in adolescence and breast cancer risk, there are numerous positive health benefits associated with vegetable intake and guidelines consistently advocate for a diet high in leafy greens.

Reference: Farvid, M, S et al. Fruit and vegetable consumption in adolescence and early adulthood and risk of breast cancer: population based cohort study. BMJ 2016; 353: i2343 http://dx.doi.org/10.1136/bmj.i2343.

DID YOU KNOW?

ONE HOUR A DAY KEEPS THE DOCTOR AWAY

Inactivity is a major risk factor for poor health outcomes. It generally involves prolonged periods of sitting, where people can spend many hours each day with little movement of their major limbs.

Whether this is driving or working for hours on end at a computer, the health detriment is the same – higher risk of early death. Estimates suggest that at least five million avoidable deaths can be attributed to inactivity.

Despite the many known and well-publicised benefits of exercise, few people meet the recommendations of at least 60 minutes per day. Data on the health of over a million people highlight that meeting this recommendation could be a lifesaver. People who meet the recommendations of getting at least one hour of exercise each day cut the risk of early death by at least 40% compared to people who are active for less than 30 minutes per day. Furthermore, research has shown that the type of exercise isn't crucial. All movement is good movement.

Achieving one hour of movement each day, including periods of standing, eliminates the risk of early death from inactivity. If you sit for hours each day, whether it's on the couch, at the wheel or in front of a screen, now is the time to start moving. It could be a lifesaver.

Reference: Ekelund U at 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 Epub online July 27, 2016. doi: 10.1016/S0140-6736(16)30370-1.

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WORD SEARCH

ASTHMA
AUTISM
CANCER
CHICKEN
CONSUMPTION
DIABETES
DISEASE
EXERCISE
FRUIT
GESTATIONAL
GLUCOSE
HEALTH
HEALTHCARE
HEART
INACTIVITY
INTERVENTION
LIFESAVER
MOVEMENT
NANOPARTICLES
POLLUTION
PREGNANCIES
PRESSURE
RESEARCHERS
RESULTS
RISK
STROKE
SYMPTOMS
TREATMENT
VEGETABLE
VISION

A MATTER OF HEALTH
Dr Norman Swan

MESSAGES FROM THUNDERSTORM ASTHMA

In November 2016, Melbourne experienced what's called a thunderstorm asthma event with thousands of people turning up in emergency departments, hundreds of intensive care admissions and several deaths.

One reason for the impact was that too many people with asthma don't recognise that their condition is worse than it is and are relying too heavily on their blue puffer. Throughout Australia there is a cohort of people who live with unacceptable asthma symptoms. We are talking about wheeze, breathlessness, chest tightness and general incapacity to consistently go around your tasks of daily life without breathlessness.

The most worrying symptoms are those during the small hours of the night or on waking because they are markers of poor asthma control. Frequent use of Ventolin or a blue puffer is another marker of poor asthma control.

Ventolin or salbutamol, is what's called a reliever. It doesn't treat the asthma, it just opens up the airways. It's a temporary stopgap solution but unfortunately relied on by too many people in our community as the core treatment for their asthma.

Around 25% of all people in Australia with asthma, have uncontrolled asthma symptoms and are not taking a regular asthma preventer. Some people living with asthma would describe an asthma attack as when their Ventolin doesn't work or relieve their symptoms as quickly as they would expect it to. Whereas the very need for Ventolin is in itself an asthma attack and something that we should worry about.

People living with asthma who have regular symptoms and are on no regular preventer treatment or core asthma treatment should be taking one that includes an inhaled steroid component. Just the administration of a regular, relatively tiny dose of inhaled steroid virtually eliminates the risk of asthma deaths, asthma crises and trips to hospital. When people don't improve, then sometimes a long acting form of Ventolin or similar may need to be added.

If this pattern of poorly treated symptoms is something you can relate to, please talk to your doctor about them.

AIR POLLUTION: A MAJOR RISK TO HEALTH

Each year about 15 million people suffer a stroke. Of these approximately six million die and five million are left with a permanent disability including loss of vision, speech or mobility.

Stroke is a complex disease with various risk factors. Most of the risks are personal behaviours which are related to an unhealthy lifestyle. Not surprisingly, the six most important risk factors are related to health status and diet. These include high blood pressure, a diet low in fruit, a high body mass index (BMI), smoking and a diet low in vegetables. Another factor now moving into the top risk factors for stroke is the health burden introduced by air pollution from the environment (outside air) and air pollution from within the household, mainly from the use of stoves inside for warmth and cooking.

Air quality has been particularly poor in various parts of the world for the past 200 years. Air quality can be particularly bad for people living in major cities. Smog is a complex mixture of chemicals including nitrogen dioxide, sulphur dioxide, carbon monoxide and array of particulate matter, including many poorly understood nanoparticles. It's not clear what part of this matter is the most dangerous as far as stroke risk is concerned, but studies have shown that many of these individual components have the ability to raise blood pressure and increase the risk of blood clotting.

A recently published report on the global burden of stroke, points to the urgent action required to limit the emission of dangerous environmental pollutants and the need to encourage the use of cleaner fuels, including those used inside people's homes in poorer parts of the world. It also suggests that extra care is required on days of particularly poor air quality, when older people at increased risk of stroke, should avoid unnecessary exposure.

Reference: Feigin VL at al. Global burden of stroke and risk factors in 188 countries, during 1990-2013: a systematic analysis of the Global Burden of Disease Study 2013. The Lancer Neurology. Epub online June 9, 2016. pii: S1474-4422(16)30073-4. Doi: 10.1016/S1474-4422(16)30073-4.

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.