

FREE!!
TAKE ME HOME

YOUR DOCTOR



MARCH 2017

GLEN FORREST MEDICAL CENTRE



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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–10pm, Sat noon–10pm
Sun and 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.

WHY IS IT SO HARD TO KEEP WEIGHT OFF?

Many people struggle to lose weight. However losing weight is not typically the hardest part – it's keeping it off that's the real difficulty.

There is an abundance of scientific evidence attesting to the fact that popular diets can lead to weight loss but almost always result in people regaining weight over time. Usually, only a very small minority maintain their weight loss long term.

One explanation for regaining lost weight is a drop in a person's resting metabolism. A slow metabolism can result in people exceeding their food intake needs, even when less food is eaten. While this may be part of the cause, other factors are likely to be at play when it comes to the seemingly inevitable weight regain.

To help us understand why weight is regained requires having an accurate picture of how much food a person is eating, even when on a caloric-restricted diet. This is difficult to ascertain from research as a person's food intake changes from day to day and there are few accurate methods to track this in real life.

Researchers took the opportunity to study how food intake can vary with weight loss in a year-long clinical trial involving a new drug to treat diabetes. Canagliflozin works by causing more glucose to be excreted in urine, resulting in a loss of calories which can lead to a reduction in weight.

More than 150 people with type 2 diabetes took Canagliflozin for one year and 89 people took a placebo pill. The results showed that both groups lost weight, but this was more pronounced in the group taking Canagliflozin. Weight loss in this group averaged three kilograms compared to one kilogram in the placebo group.

Researchers were keen to understand why the drug-treatment group hadn't lost more weight. From laboratory tests, the amount of

energy being lost in the urine from excreted glucose was about 1500kJ (360 Calories) per day. Even at this level of kilojoules being lost from the body, weight loss still plateaued. The research team investigated this with respect to how body weight and energy intake are related. The conclusion they came to related to appetite, with people in the drug treatment group being hungrier. This hunger led them to eat around 420 kilojoules (100 Calories) extra each day for every kilogram of weight they lost. While people in the study didn't know how many kilojoules the drug was limiting each day by excretion, their bodies were fighting against the weight loss, prompting them to eat more to make up the deficit.

The influence of appetite is around three times stronger than the slowing of metabolism from weight loss and, when the two are added together, weight regain seems almost inevitable.

A limitation of the study was that it was only in people with type 2 diabetes using a drug where weight loss was really a side-effect. Therefore it's unclear how appetite changes may play out in healthy people.

The results of this study explain why it can be so difficult to keep lost weight off. It is not simply a matter of poor self-control but rather also an interplay of metabolism and appetite.

Taking the focus off the 'best way to lose weight' and more into helping to support a person maintain the weight loss is where effective therapies may need to shift.

Reference: Polidori D et al. How strongly does appetite counter weight loss? Quantification of the feedback control of human energy intake. *Obesity* 2016; 24: 2289–2295.



DID YOU KNOW? EGG FOR EGG ALLERGY

Hen egg allergy is one of the commonest forms of food allergies. The majority of significant egg allergy reactions occur in young children who have infantile eczema.

Food allergies are associated with increased risk of anaphylaxis and asthma. Advice on managing food allergies in infants historically focused on avoidance of specific foods during infancy. The thinking on this however, has begun to shift, with some research finding that early introduction of foods, under the strict supervision of healthcare professionals, might reduce the incidence of food allergy when compared to avoiding the foods.

The Prevention of Egg Allergy with Tiny Amount Intake study investigated whether the stepwise introduction of egg combined with aggressive eczema treatment reduced the risk of hen's egg allergy at one year of age.

Participants were between 4–5 months of age and had atopic dermatitis (eczema). They were randomly allocated to either the

egg group or a group receiving a placebo. Participants in the egg group consumed a powder consisting of egg and squash orally from six months of age each day for six months. For the first three months, the powder consisted of 50mg of heated egg powder and 100 mg of squash. For the final three months, the powder consisted of 250 mg heated egg powder and squash. The placebo group received a powder containing squash only, in two doses to mimic the same two-step process as received by the egg group.

Participants' eczema was also treated during the study. Researchers obtained blood samples at each participant's first visit, again at 9 months and finally at 12 months of age. They also conducted an oral food challenge (OFC) to test for hen egg allergy.

The results showed a reduced incidence of egg allergy in those infants who'd received the egg powder compared to those receiving a placebo. They also found that by

and large hen's eggs could be introduced to these infants with atopic dermatitis using a two-step approach (gradually increase egg powder quantity) without immediate allergic reaction.

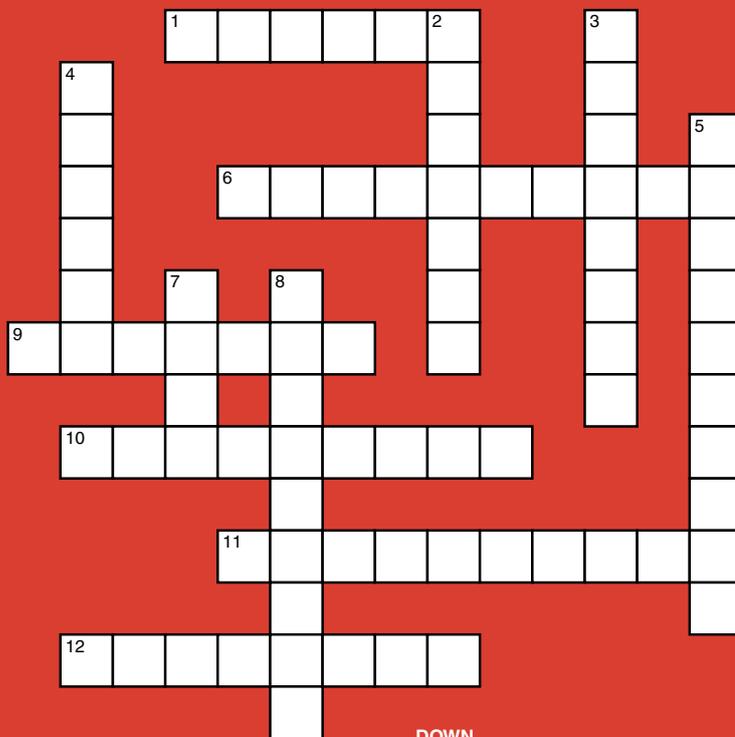
The results of this study suggest that high risk infants with eczema may benefit from early introduction of egg to reduce risk of egg allergies later in infancy. It's important to note that this should only be performed after consultation with your doctor.

Reference: Natsume, O et al. (2016). Two-step egg introduction for prevention of egg allergy in high-risk infants with eczema (PETIT): a randomised, double blind, placebo controlled trial. *The Lancet* [http://dx.doi.org/10.1016/50140-6736\(16\)31418-0](http://dx.doi.org/10.1016/50140-6736(16)31418-0).



Clever CROSSWORD

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



ACROSS

1. Atopic dermatitis.
6. Gut microbes.
9. A side effect of chemotherapy and radiotherapy.
10. A type of fat. The intake of which should be limited to prevent heart disease.
11. To avoid high blood pressure, eat a wide variety of foods including these.
12. The influence of this affects weight loss.

DOWN

2. This is linked with poorer outcomes for cancer survival.
3. A type of heart disease caused by plaque in the arteries.
4. An increased risk of this is associated with food allergies.
5. A slow one can result in people exceeding their food intake needs.
7. Wholefood, prudent and simply healthy are all names of a type of _____.
8. Focusing on your whole diet rather than on these individuals will pay off.

Good Health on the Menu

STUFFED CAPSICUM WITH COUSCOUS AND VEGETABLES

A simple dish packed with the goodness of fresh vegetables

Ingredients

- 4 red capsicums
- 2 tbsp olive oil
- 1 onion, diced
- 2 cloves garlic, crushed
- 1 tbsp dried oregano
- ½ tsp cumin
- 2 tbsp tomato paste
- 2 tomatoes, seeded and diced
- 1 zucchini, diced
- 2 cups cooked couscous
- 1 tin chickpeas, drained
- ½ cup chopped parsley
- Salt and pepper to taste
- Feta, for topping



Method

1. Preheat oven to 180 degrees Celsius.
2. Cut the tops off the capsicums and keep to one side.
3. Remove the seeds and slice the bottom of each capsicum so they sit upright and fairly flat on a baking tray.
4. In a pan heat olive oil and cook onions until soft.
5. Add garlic, oregano and cumin and stir for 2 minutes.
6. Add tomato paste, tomatoes and zucchini.
7. Add couscous, chickpeas and parsley and stir until combined.
8. Season with salt and pepper.
9. Spoon stuffing evenly into capsicums.
10. Sprinkle over some feta and finish with the top back in place.
11. Bake in oven for 30 minutes.

SATURATED FAT: AN ENEMY OF THE HEART

Heart disease is a major cause of death and disability in Australia.

Coronary Heart Disease (CHD) is caused by plaque (a waxy substance) building up inside the coronary arteries, which supply oxygen rich blood to the heart. This buildup can cause a blockage over time that limits blood supply to the heart leading to an increased risk of a heart attack.

Guidelines on the prevention of heart disease consistently recommend limiting saturated fat intake. Foods high in saturated fat include biscuits, cake, processed foods and many forms of fast food. Many people limit saturated fat intake but replace it with low quality carbohydrates, which promote increased risk of obesity and diabetes.

A less studied area is the association between individual Saturated Fatty Acids (SFAs) – like lauric, myristic (both found in coconut oil), palmitic and stearic acids – and the risk of CHD. Researchers looked at the association between the intake of individual SFAs and CHD and also the change associated with replacing individual SFAs with healthier macronutrients.

Data from over 70,000 women and 40,000 men was analysed. Participants filled out food frequency questionnaires at the beginning of the study in 1980 and every four years thereafter. The questionnaires looked at how often participants had consumed specific foods in the past year. From these, researchers calculated intake of SFAs, polyunsaturated fat, monounsaturated fat and trans fats. Total CHD was also recorded including non-fatal and fatal heart attacks. Participants were followed up for between 21 and 25 years.

The results showed an increased risk of CHD associated with intake of the major individual SFAs. Furthermore, the study found that replacing saturated fat with polyunsaturated fat, whole grain carbohydrates or plant proteins was associated with a reduction in the risk of CHD.

The results of this study confirm the need to limit saturated fat intake as much as possible, and to replace saturated fat with healthier macronutrients like vegetables and whole grain carbohydrates.

Reference: Zong, G et al. (2016). Intake of individual saturated fatty acids and risk of coronary heart disease in US men and women: two prospective longitudinal cohort studies. *BMJ* doi: 101136/bmj.i5796.

MYTH VS. FACT?

PROBIOTICS FOR CANCER TREATMENT SIDE EFFECTS

Chemotherapy and radiotherapy can be lifesaving treatments for people with cancer.

These treatments can, however, come with unpleasant side effects including fatigue, pain, hair loss and gastrointestinal problems including diarrhoea. Bowel problems are a common side effect in treatments targeted at cancers of the abdominal and pelvic regions. Severe diarrhoea can diminish a person's quality of life and at the worst end of the spectrum, can lead to interruptions or discontinuation of treatment.



Chemotherapy is effective in destroying cancerous cells, but it can also destroy healthy cells in the process. In the abdominal region, healthy cells that line the bowel and gut microbes (microbiome) can be damaged or destroyed by chemotherapy. A healthy gut microbiome is important for maintaining an intestinal defense barrier and a well-functioning immune system. If chemotherapy upsets the function of gut microbes, this could explain some of its association with diarrhoea.

Probiotics have been proposed as one method of reducing the risk of diarrhoea as a side effect from chemotherapy and radiotherapy. Researchers reviewed nine clinical trials that involved probiotic use in people with abdominal or pelvic cancer being treated with chemotherapy or radiotherapy. The incidence of diarrhoea was much lower in people who were taking a probiotic compared to a placebo. The strongest benefit was seen in people with severe diarrhoea.

Further research is needed to add to the evidence base for use of probiotics to minimise some of the bowel-related side effects associated with chemotherapy and radiotherapy of the abdominal region, so in the future the use of probiotics could become a standard part of some radiotherapy and chemotherapy treatments.

Reference: Wang Y-H et al. The efficacy and safety of probiotics for prevention of chemotherapy-induced diarrhea in people with abdominal and pelvic cancer: a systematic review and meta-analysis. *European Journal of Clinical Nutrition* 2016; 70: 1246–1253.



WHAT DOES A GOOD DIET REALLY MEAN?

Australian research has found that focusing on your whole diet rather than obsessing on individual nutrients pays off in terms of obesity and blood pressure.

According to Dr Katherine Livingstone of Deakin University, two in every three Australian adults are overweight or obese, and one in three has high blood pressure (hypertension) which is often related to being overweight or obese.

In a recent study 5,000 men and women were scored according to the healthy food they ate like fruit and veg, lean meats etc and by consumption of foods they shouldn't such as junk food, high-fat content cakes

and potato chips. Results showed that there was a lower risk of obesity only if the participants had both the recommended intake of foods to eat more of and those to eat less of. So if you've eaten large amounts of fish, fruit and vegetables, it does not mean that you can then go out and eat a whole block of chocolate!

The key message is that to reduce the risk of becoming overweight or obese or suffer from associated high blood pressure you need to eat a wide variety of foods including plenty of vegetables, fruits, whole grain foods, lean meat, legumes, low fat dairy products, and drink water in conjunction with limiting your intake of sugar, saturated fats and soft drinks.

NUTRITION: DIET CLUES FOR CANCER SURVIVAL

Cancer can be deadly if not detected and treated in a timely manner. Early detection and improved treatments have increased the chance of survival for some cancers and many people diagnosed with cancer can go on to live long and healthy lives.

There is an abundance of evidence around diet and lifestyle changes that people can make to reduce their risk of developing cancer. These include quitting smoking, increasing physical activity levels and adhering to a healthy diet full of plenty of leafy greens and fruit. There are fewer recommendations however, around the best diet for someone who has survived cancer, in order to promote good health following remission.



Only a few key cancers have been studied in relation to the diet and lifestyle habits of cancers and the results of these have been mixed. A research team analysed 117 studies which involved over 200,000 cancer survivors in a hope to identify similar findings.

Consistent with recommendations to reduce risk of cancer before it had occurred, they found that higher consumption of vegetables and fish had a favourable link with longer survival. Alcohol was linked with poorer outcomes. When they looked at whole diets, one type of diet stood out. It went by a few names depending on the study, including the wholefoods, prudent or simply healthy diet, but had the same components. The diet was high in fruit, vegetables and whole grains, and low in processed red meat, refined grains and high fat foods. Eating according to this dietary pattern was associated with a 22% lower risk of an earlier death.

A western diet – high in fat, sugar and junk food – was considered as being the opposite of the wholefood diet. Western diets in these studies comprised of processed meat, refined grains and lots of added sugar. People who followed this type of diet had around 50% higher risk of death from cancer than those following the healthy diet.

The results of this analysis show that more or less the same recommendations that are given to reduce risk of cancer occurring in the first place are also true for promoting good health in cancer survivors. Dietary patterns that are closely connected to foods near to their natural state such as fruits, vegetables, fish and whole grains currently sit at the top of evidence-based recommendations for people with cancer to follow.

Reference: Schwedhelm C et al. Effect of diet on mortality and cancer recurrence among cancer survivors: a systematic review and meta-analysis of cohort studies. *Nutrition Reviews* 2016; 74: 737–748.

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.