



OCTOBER-NOVEMBER 2013

Your next appointment:



> Childhood Exercise Challenges



> Tackling Baby Blues



> Suicide Watch in Adolescents



> Travel & DVT Risk



Enjoy this free newsletter

Please remember that decisions about medical care should be made in consultation with your a health care provider so discuss with your doctor before acting on any of the information.
www.healthnews.net.au

● PRACTICE DOCTORS

Dr Malcolm Altson

MBBS, DA, DipRACOG, FRACGP

Dr David Kelly

MBBS, Dipl Child Health RCP (Lond),
Dipl RCOG (Lond), FACRRM

Dr Jimmy Huang

MBBS

Dr Dong Dong

MBBS

Dr Wen Yu

MBBS

Dr Modise Modise

MBBS

Dr Frankson Cai

MBBS

● PRACTICE STAFF

Business Managers:

Nicola Hornby-King & Kristy King

Office Manager: Julie McMillan

Practice Nurses: Maree Beadle, Ros Doxey, Pam Walker, Jan Sheargold & Breanna Mackrell

Nurses: Margaret Kerlin, Vanessa Williams, Fiona Nation, Carol Brett & Leah Wynd

Reception: Kate Williams, Joanne Woolcock, Hilary Ford, Kerri Tunks, Jasmin Robison, Elsa Huang, Jeanette O'Connor, Willy Skinner & Nicole Saker

● SURGERY HOURS

Monday to Friday8.30am – 6.00pm

Saturday9.00am – 12md

● AFTERHOURS & EMERGENCY

Weekdays:

Monday – Friday 8.30am – 6.00pm

Weekends After Hours:

Sunday Emergency Clinic:

5795 0200

Euroa Hospital

9am – 11am

Shepparton Afterhours Clinic:

5831 8022

Mon – Fri

from 6.00pm

Sat

11.30am – 4.30pm

& 6.30pm – 10.30pm

Sun

9.00am – 2.00pm

& 4.30pm – 10.30pm

Costs between \$61–\$70.85, out of pocket \$40.

OR for emergencies call the Ambulance on 000.

● PRACTICE NEWS

Dr Altson has returned full of energy and enthusiasm... all of which he will need as we embark on the next chapter of our renovations! Over the next couple of months we will be focusing on upgrading the old half of the building including pathology areas so there still will be some shuffling through the building but we are in the final stages.

In other news... As from the 1st July Euroa Medical in conjunction with Euroa Health have been able to offer a new extended afterhours medical service for the community. With the support of our Medical Local we have been able to begin a local after hours service involving both our local doctors and the Euroa Hospital.

After Hours calls will be dealt with according to the following protocol:

- For a medical emergency you will still call 000
- For other problems you will be referred initially to "Nurse on Call" on 1300 60 60 24, where your problem will be addressed. This service then has the ability to refer you onto Euroa Health and if necessary the local doctor on call.

We wish to thank the Commonwealth Government for assisting in the establishment of this service.

Our staff are in the final stages of the Euroa Medical Global Corporate Challenge as part of a healthy lifestyle program. Staff members have been wearing pedometers to measure their steps and activity. The competitive spirit amongst all has been fantastic and I can report that as I write this "Ros' Renos" are leading... STILL!! If you see any of them pounding the pavement around town, be sure to give them a toot & a wave!

Just a reminder to everyone service to Avenel is operating on Monday & Thursday afternoons with the plan in the pipeline to continue to increase the service to the town. All appointments to be made by calling reception on 5795 2011, please help support this service to ensure that we are able to continue.

Also reminder for all parents with children turning 4 this year, to ring reception and make an appointment for the "Healthy Kids 4yo Check". This is an important check up for your child as it includes a check of ears etc. – all extremely important with kids starting kindergarten etc.

We are still running our "Euroa Medical Star Performer" awards quarterly. We welcome nominations from our clients as this is a wonderful opportunity for us to recognise staff members showing excellent customer service to our patients. Nomination forms can be found in the waiting room, or ask reception staff for a form and hand into a staff member.

We would also like to congratulate the newest member of the Euroa Medical family, Nicole and now husband Robert, on their wedding in August. Wishing them all the very best for their next chapter!

Looking forward to some fantastic Spring weather!

● MELBOURNE PATHOLOGY

Monday to Friday 8.30am – 4.45pm. All pathology visits require an appointment. For appointments phone **5795 2011**.

Please see the Rear Cover for more practice information.

Suicide Prevention in Young People

It is relatively common for teenagers to get unhappy or depressed as they struggle to find their place in the world. When depression turns to thoughts of suicide this must be taken seriously, simply because suicide is the second most common cause of death in those aged 15-30 years. Encouraging young people to talk about their feelings, and listening with empathy, is the key to helping them communicate their thoughts.

Looking in from the outside, major depression typically shows as low mood, loss of interest ("everything is boring"), fatigue, irritability, feelings of guilt, withdrawal from friends, and poor school performance. Drug and alcohol abuse may be part of the picture. Be extra wary if a close relative has had depression too.

'Red flag' warning signs

Suicide can be triggered by a crisis (e.g. relationship breakup, failing an exam, death of a friend) and important warning signs include:

- Feeling hopeless or worthless, no matter what others say.
- Death or suicide thoughts appear in creative work, music, internet or personal diary.
- Out-of-place comment about death e.g. "I would be better off dead", or saying goodbye.
- Giving away personal possessions.

Where parents fit in

Keep your cool and calmly discuss your or their concerns without judging. Ask if they have ever thought of hurting themselves.



Supporting your teen, no matter what, can help a lot.

Find a way to stay with them if there is any immediate risk.

Any talk of self-harm or suicide is serious, so try and get professional help from your doctor or a counsellor. Go yourself if your

child refuses to accept help. Sometimes a confidential 'paid friend' can make all the difference.

There is also Lifeline: 131 114, or Kids Helpline (under 18s): 1800 55 1800.

Irritable Bowel Syndrome

Irritable Bowel Syndrome (IBS) describes problem symptoms that affect the gastrointestinal tract and are without a common cause. All the usual tests are normal. Abdominal pain, bloating and diarrhoea or constipation are features.

Fortunately, for most people the symptoms are mild and intermittent. The pain can range from mild to severe and last anywhere from minutes to hours. Although it can be a lifelong condition, symptoms are rarely continuous.

Women suffer IBS more than men and it often starts in their 20s or 30s, perhaps with symptoms worse around the time of menstruation. Certain triggers can set off IBS symptoms. In about a quarter of cases, an acute bowel infection starts symptoms, perhaps because abnormal strains of bacteria get established in the gut. Another common factor is stress. Some foods affect people because they are "allergic" to them or more commonly, they have problems digesting them – lactose, fructose or some starches – as an acquired or inherited tendency.

Diagnosis is based on the history and the exclusion of more serious problems through testing. In addition to the above symptoms

some people experience excess wind, nausea, indigestion or tiredness. No symptom is specific to IBS.

There are no abnormalities on physical examination. Blood tests, scans of the abdomen, colonoscopy and stool examination prove negative.

There is no formal "treatment" but many things that people try. It may be about finding which foods best suit them. Drinking plenty of water and eating regularly can help, as can limiting alcohol, caffeine and sugary foods. Psyllium can help constipation. Soluble fibre like oats, perhaps with linseed, help some. Regular exercise can help keep a regular bowel habit. There are anti-diarrhoeal or antispasmodic medications available for intermittent use. Others may find taking a pro-biotic helpful.

Managing stress and learning to recognise your own triggers help you best manage the condition.



Learn to recognise your own gut triggers.



www.betterhealth.vic.gov.au
search "irritable bowel"



Doppler scanning of varicose veins

Vein Thrombosis

The ability of the body to form a clot is vital and stops us bleeding excessively when we cut ourselves. However a blood clot forming inside the vein can be a serious problem, the most common being a deep vein thrombosis (DVT) in the deep veins of the leg.

Numerous things increase the risk of DVTs including smoking, a positive family history, sitting for long periods of time (including on a plane), pregnancy, some blood disorders, being overweight, recent surgery and heart disease. The commonest site for a DVT is in the calf veins.

The symptoms of a DVT can go

unnoticed or they can include pain in the leg, swelling of the lower leg and foot, warmth and redness of the overlying skin and pain on tilting the foot upwards. Diagnosis is by a Doppler scan (similar to ultrasound) of the leg. This will show whether a clot is present as the symptoms can be due to other causes. The higher a clot extends up the leg to the groin, the more serious it is.

Treatment is with anticoagulation medications or blood "thinners". Generally it can be managed outside of hospital. You may need to take anticoagulants for three months or longer depending on

your circumstances and history. Wearing a compression stocking or sock is part of treatment.

The major complication of a DVT is a pulmonary embolus, where some of the clot breaks free and lodges in the lung. This can be fatal and requires anti-coagulation.

Prevention measures include not smoking, maintaining a healthy weight, doing regular exercise and for some, use of compression stockings. When travelling drink plenty of water, wear loose clothes, don't sit with your legs crossed and do regular stretching of the leg muscles both in your seat and by getting up and walking around.



Active children are set up for life.

Is Your Child Getting Enough Exercise?

Once-upon-a-time children didn't need to "exercise" because they were naturally active. They walked to and from school. After-school involved outdoor play rather than TV or computer screens, and on weekends they played outside until dinner.

Today some 17% of children aged 12-16 are overweight, and 6% are obese. This reflects not only a diet of processed foods high in sugar and fat but also a reduction in physical activity, with a decline in aerobic fitness.

We cannot wind back the clock but we can help our children to be healthier through more exercise. Experts recommend at least one hour of physical activity each day for children over five – a mix of moderate and vigorous exercise. This can include walking, running, bike riding, any form of suitable sport and of course outdoor play. It does not have to be in one continuous block of time.

Don't fret if you can't manage this amount every day. Any physical activity is better than none.

The benefits of activity are many. It controls weight, improves motor function and circulation, strengthens bones and muscles as well as improving balance and coordination. Active children tend to sleep better and they often have enhanced self-esteem. Mental health problems are less common in active children.

And it doesn't hurt to allow children to take some risks with exercise, as they learn from this. (These days, only one in five children will ever climb a tree!) Exercise also establishes good habits for later in life where regular exercise reduces the chances of developing heart disease, stroke and some forms of cancer.

Of course, as parents, setting a good example helps both you and them!



Depression can strain the bond between mother and baby.

Understanding Post-Natal Depression

Postnatal depression starts in the weeks or months after giving birth (which includes miscarriage or stillbirth) – a time of major adjustment. The sadness varies from mild to severe and knows no cultural or age boundaries.

Symptoms of depression in anyone can include negative thoughts, feeling sad, crying, fear, anxiety, disturbance of sleep, inability to cope, and irritability. The loss of confidence that flows and loss of enjoyment of the new baby can hinder care of the new child and the relationship with the father.

The exact cause is not known. A family history or past history of depression increases the risk. So does a difficult or traumatic birth and any history of abuse. Social factors such as lack of support, relationship difficulties or financial pressures can also contribute.

No test can diagnose this problem. The key thing is to talk to your doctor about how you are feeling. All new mothers will have "down" days or periods but this is not as severe as post-natal depression which places a curtain of sadness over everything.

Some women need antidepressant medication to get them through and many are safe to take while breast-feeding. Other women are helped by psychological counselling via your GP, a counsellor or psychologist.

There are also things you can do to help yourself. Talk to other mums. Do some regular exercise. Make sure you have some "me" time and get enough rest as sleep deprivation can depress almost anyone. Do not put pressure on yourself. Involve your partner and family by letting them know how you are feeling. Do not be afraid to ask for help from family, friends and professionals.



Breast Cancer in Men

It may be relatively rare (1% of what females get) but as for women, early diagnosis increases the chance of cure. Unfortunately, many men ignore the symptoms and present late. Healthy diet and lifestyle are the best preventions, along with getting your doctor to check anything unusual in the breast area.

With no known cause, risk factors for breast cancer in men are age (over 60), obesity, positive family history, liver disease and exposure to oestrogens or radiation. (Note that breast lumps can appear in teenage boys going through puberty but breast cancer is virtually non-existent at this age.)

The classic symptoms are: lump, usually under

the nipple; overlying skin changes or nipple redness; or discharge from the nipple (rare). Diagnosis is based on examination, imaging (mammogram or ultrasound), then a needle biopsy of the lump.

Treatment is a specialised area, as you can imagine – a combination of surgery, radiation or chemotherapy usually.

SUDOKU

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Laughter the Best Medicine

Quirky say-so's...

- A day without sunshine is like, you know, night.
- Death to all fanatics!
- When there's a will, I want to be in it.
- A conscience does not prevent sin. It prevents you from enjoying it.
- I don't suffer from insanity. I enjoy every minute of it.
- Read a book about anti-gravity. You won't be able to put it down.

Euroa Medical

● PRIVACY POLICY OF THE PRACTICE

In the interests of providing quality health care this practice has developed a privacy policy that complies with the privacy legislation and the NPPs (National Privacy Principles). The Practice ensures the confidentiality of all patients' Personal Health Information according to the RACGP code of practice for the management of health information in General Practice. This means that a person must give consent before information about them is released.

Healthful Hint

IDEAS TO GET WALKING.

Catch public transport and get off a stop or two earlier. Ban the car for walkable trips in your neighbourhood. Park further from work and walk the extra distance. Meet friends and walk to a cafe for lunch. Take the stairs instead of the lift or escalator. Exercise your dog (or the neighbour's). Walk with your children to school. Enjoy a family bushwalk or get to know your neighbourhood. Organise a walk regularly with friends or family.

ENJOY YOUR BABY.

In between organising everything your baby needs don't forget to take time to enjoy your baby! Cuddle, talk to and play with your baby. Babies like sound, colour and movement as they grow.

TOP TRAVEL QUESTIONS.

Do you have visas for the countries you are visiting or transiting? Have you made copies of your passport details, insurance policy, travellers cheques, visas and credit card numbers – one copy for you and one left with someone at home? Are your recommended vaccinations or other health precautions in place? What are the overseas laws about travelling with medicines? Is your passport valid for at least six months and do you have extra copies of your passport photo? Does someone at home know your travel itinerary?

WHEN SHOULD OLD MEDICATIONS BE THROWN OUT?

Every medication bottle has an expiry date printed on it. If this date has passed, discard the medication. Do this sooner if the medication is not needed and there are toddlers in the house.



HONEY GLAZED CHICKEN WITH BASMATI RICE SERVES 4

CHICKEN DISH

- 8 chicken thigh fillets, trim excess fat
- 2 tsp sweet paprika
- 1 tsp ground cumin
- 1 finely chopped long fresh red chilli (optional)
- 2 crushed garlic cloves
- 1 dspn Olive oil
- Juice of ½ lemon

Place chicken in a bowl and cover with combined spices above. Stand for 30 minutes. Then heat 1 dspn oil over medium-high heat. Add chicken and cook, turning regularly until browned. Reduce heat to medium-low. Cover and cook for approx 8-10 mins. Add 1 tbs honey and juice of ½ lemon. Cook until glaze thickens (approx 1 min).

RICE DISH

In a saucepan over medium heat cook until soft (approx 3 mins).

- 1 tblspn Olive oil
- 1 clove crushed garlic
- 1 finely chopped red onion.

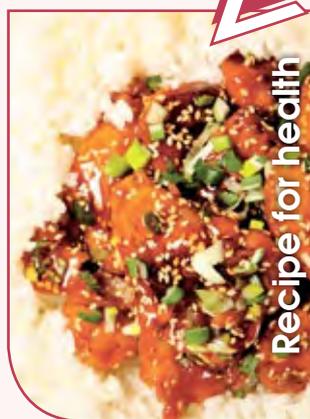
Stir in

- 1½ cups Basmati rice
- 3 cups water.

Bring to the boil, stirring occasionally. Reduce heat to simmer. Cover and cook for 12 minutes or until rice is tender. Remove from heat.

Add:

- 1 jar (280g) mixed chargrilled capsicum, drained and coarsely chopped.
- 1 cup frozen peas



Recipe for health

Cover and let stand for 5 minutes, before adding rind of 1 lemon, and juice of ½ lemon. Then garnish with finely chopped spring onion and sesame seeds. Serve chicken with rice.