

FREE TO TAKE HOME!

JUNE-JULY 2016 EDITION



Myasthenia Gravis



Stroke and When to Call 000



STI Testing is Easy



Is it Tonsillitis?

YOUR NEXT APPOINTMENT:

● PRACTICE DOCTORS

Dr Michelle Barrett

BMBS, DRANZCOG, FRACGP
Family Medicine
Monday 2:30pm - 6:00pm
Wednesday 1:30pm - 5:30pm

Dr Patrick O'Callaghan

MBChB, BAO (NUI), FRACGP
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Dr Mathew Lewis

MBBS (Hons), Bsc (Hons)
Monday 9:00am - 2:00pm
Tuesday - Friday 9:00am - 5:30pm

● PRACTICE STAFF

Practice Manager: Graeme Sellar

Practice Nurses: Jane & Danielle (RN)

Reception Staff: Dana, Debbie, Natashsa, Ashley & Samantha

● SURGERY HOURS

Monday – Friday 8.00am – 6pm

● AFTER HOURS & EMERGENCY

For after hours care please phone:
1 300 422 567.

● BILLING ARRANGEMENTS

Please pay all fees on day of consultation.
All children below the age of 5 are bulk billed.

● APPOINTMENTS

Home Visits. If you need your doctor to make a home visit, please call the surgery first thing in the morning.

Booking a long appointment. Long appointments are available when required. They are not to be booked routinely, please ensure if you think you need a long appointment that you book one with reception. If a standard appointment is booked and there are many issues to discuss or resolve the doctor will require you return for another appointment rather than run very late in their session. Thank you for your co-operation.

Please notify us if you are unable to attend an appointment, well in advance. If more than one person from your family wishes to see the doctor at the same time, please ensure a separate appointment is made for each family member.

● SPECIAL PRACTICE NOTES

Welcome to the winter edition of Health News. After some patchy early autumn rain things have started to dry up again and I think it's fair to say some good winter falls would be welcome.

We are now in the full throws of an election campaign, whilst both major parties have yet to announce any major health policies the extension to the freeze on Medicare rebates will hit general practice hard. If the budget measure is not reversed rebates will not move for over five years representing a real time reduction in the rebate level of well over 10%. No other business could survive on this. Why does Government think that GP practices will? Unfortunately we will have to review our billing policy in light of the government's announcement with a likely co-payment being required from those who have been till now Bulk billed. We will confirm any changes prior to their introduction.

Staff changes - Sadly for us but happily for her, Jo our morning receptionist is retiring in early June. Jo has been with us for over six years and she will be greatly missed. We wish her well with her travel plans and in retirement. Ashley has started with us and is fitting in well and we will welcome a couple of other new faces over the winter months whilst Natasha and Ashley travel overseas.

As we now enter the peak flu season our vaccination program is near its end. However it is not too late, please don't forget to ask your doctor if you are eligible for a free vaccine. Private vaccines for those out with the government programs are also available.

Please remember to let us know if you need to cancel your appointment. Our SMS reminder program is working well and the number of missed appointments has dropped significantly. However with such high demand for appointments any missed appointments affect others. If you haven't already given your mobile number at reception please do so.

Should you require medical treatment after-hours whilst the surgery is closed please contact CALMS our medical deputising service on 1300 422 567. The service is a not for profit service owned and operated by the GP's of Canberra and is the preferred choice of your GP for continuity of care.

We value your feedback, should you have any queries or complaints please do not hesitate to speak with one of our staff or ask for the practice manager. Otherwise the Health Complaints Commission can be contacted on 6205 2222.

Thanks again

Graeme Sellar, Practice Manager.

▷ Please see the Rear Cover for more practice information.

ENJOY THIS FREE NEWSLETTER

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



Myasthenia Gravis

This condition causes muscle weakness and fatigue and it is thought to be due to antibodies produced by the immune system 'attacking' the muscles' nerve receptors. There is also a form of Myasthenia without antibodies involved.

It can occur at any age but is more common in women under 40 and men over 60. Symptoms are typically weakness and tiredness.

The severity ranges from mild to near full paralysis. It can affect any muscles but the upper body more than the lower part. Facial muscles are often first affected. People may notice droopy eyelids or problems with swallowing or chewing. In the most severe cases the breathing muscles can be affected.

Diagnosis is based largely on the history of symptoms and a

neurological examination, which would show muscle weakness but no damage to the ability to feel. You would be referred to a neurologist and there are some specialised tests that can be done.

There are a number of different treatments including cholinesterase inhibitor medications (to improve muscle function), immune-suppressants, (e.g. steroids), and plasmapheresis (filtering the plasma from the blood).

Around 20% of people will go into spontaneous remission. Living with Myasthenia Gravis can mean making adjustments to your routine. You may need to do things more slowly and plan your day. Simple measures like an eye patch, eating smaller more frequent meals and installing handrails and other aids can help.

 [Weblink www.myasthenia.org.au/](http://www.myasthenia.org.au/)

Stroke – know when to call 000

A stroke is when the blood flow to the brain is disrupted due to a blood clot in an artery or bleeding from an artery. The symptoms will depend upon which area of the brain is affected. Typically there is weakness and loss of sensation on one side of the body. There may be loss of consciousness, dizziness or an unexplained fall. Speech or swallowing may be difficult. Vision may be affected.

A stroke is a medical emergency and if someone is having one you need to dial 000. Check the pulse and breathing and if needed administer first aid (CPR). If you are unsure about this, the ambulance officers can give you advice over the phone. If the person is not conscious put them in the coma position (on their left side). If conscious, do not give them anything to eat or drink. Encourage them to stay still.

If recovery from these symptoms is quick (less than 24 hours), then you have probably had a TIA (transient ischaemic attack) which can be a warning of impending more severe stroke. So this is still an emergency and needs to be checked out.

Early treatment in hospital may include medication to reverse or slow blood clotting and risk factors may need treatment. The mainstay is then rehabilitation to maximize physical recovery.

Sadly over 10,000 people die of stroke each year and two thirds of survivors are left with some disability.

Prevention is the best treatment. Risk factors for stroke include a family history; being over age 55; high blood pressure; being overweight; smoking; and diabetes. Many risk factors can be favourably influenced and the risk of stroke reduced.



 [Weblink https://strokefoundation.com.au](https://strokefoundation.com.au)

STI testing is easy

 [Weblink www.sti.health.gov.au/internet/sti/publishing.nsf](http://www.sti.health.gov.au/internet/sti/publishing.nsf)

If you have had sex (especially unprotected) it is possible you have picked up a sexually transmitted infection (STI). Some people will have warning symptoms while others won't. The good news is that testing is simple.

The most common STI is Chlamydia, which causes non-specific urethritis (NSU). This can cause burning with passing urine and a discharge from the genitals but it can have no symptoms. Untreated, infertility can result, especially in females. In 2012 there were over 80,000 cases. Treatment is simple with a course of antibiotics.

Routine STI screens for Chlamydia, Gonorrhoea, Hepatitis B and C, Syphilis and HIV involve blood and urine tests. If you have any symptoms then it is important to see your doctor and get tested. The same applies if a contact tells you they have

been diagnosed. Low cost or free tests are often available.

The best way to prevent STIs is to use protection when having sex. Unfortunately nothing is 100% certain so for those who are sexually active it is worth being tested even if you have no symptoms. This particularly applies to those who are not in a monogamous relationship.

There is no need to be embarrassed. Your doctor has seen it all before and you are not alone. And remember, medical information is confidential between you and your doctor.



Is it Tonsillitis?

The tonsils sit just behind the back teeth and are part of the body's immune system. If they are infected you will typically get a sore throat, fever, headache and often, bad breath. However, the vast majority of sore throats are not tonsillitis but rather pharyngitis, which is an infection of the back of the throat and is almost always viral (and therefore not helped by antibiotics).

True tonsillitis may be due to a virus or bacteria and is more common in children. The throat is more acutely painful than in pharyngitis. Your doctor nearly always takes a look at the health of the tonsils when assessing a 'sore throat' and will be wary of group A Streptococcus infection (about 1 in 5 cases) which can cause complications like difficulty breathing, drooling, stiff neck, and neck swelling below the lower jaw. The same bacteria can cause acute rheumatic fever, particularly in children of Aboriginal, Maori, or Pacific Islander background.

When in doubt, your doctor may organise a throat swab to help sort it out.

The viral form of tonsillitis is treated with rest, fluids and pain relief. It will be painful to eat so don't force it for children or adults. The less common bacterial form will need antibiotics – typically penicillin (unless there is an allergy to this drug).

Complications, which are rare now, can include ear or sinus infection or an abscess (called Quinsy). Occasionally, an acute sore throat can be the beginning of a longer bout of glandular fever (Infectious Mononucleosis) or the more risky acute epiglottitis.

In previous generations, removing tonsils was common. Today they are only removed



Bacterial infection affects about 1 in 8 bouts of tonsillitis

 Weblink www.betterhealth.vic.gov.au/health/conditionsandtreatments/tonsillitis

on good grounds including chronic or recurrent (more than four per year) infections or if the enlarged tonsils impact on breathing and contribute to things like sleep apnoea in the toddler.

There is generally no need to see your

doctor with a mild sore throat. If it does not settle or you have a fever, or other concerns then always get it checked. Remember that most times antibiotics are not required and tonsils usually do not need to be removed.



 Weblink www.mydr.com.au/pharmacy-care/psoriasis-self-care

Psoriasis

This form of long-lasting dermatitis affects about 1 in 50 Australians, males and females equally, usually commencing after the age of 20. Any area of skin can be affected but the scalp, knees and elbows are common sites.

Cells build up on the skin surface that lead to scales, which are often itchy and painful. On the scalp it can look like dandruff. The cause is unknown but is thought to be related to overactive *T lymphocyte* cells in the immune system.

The rash generally comes and goes. Triggers include infections or injury to the skin (e.g. sunburn), stress, cold weather, alcohol and some medications. About 20% of sufferers may also have psoriatic arthritis causing painful joints.

Diagnosis is generally based on appearance (or a skin biopsy if in doubt). There is no cure for psoriasis but it can be

controlled. Avoid known triggers. Wash daily to remove scales. "Blot dry" the skin and apply moisturiser. A small amount of sun exposure can help but don't get burnt.

When it comes to applying products, it is best to find what works for you, bearing in mind you can react to some, or they might stain clothing. There are a number of moisturisers and products containing coal tar, sulfur, and salicylate that you can buy over the counter and apply according to advice. Steroid creams can be available on prescription. More severe cases may need a referral to a dermatologist.

CHICKEN & VEGETABLE SOUP

Ingredients

- 1 kg skinless chicken legs or 1 small whole chicken
- 2 tbsps olive oil
- 1 large leek – washed, halved and thinly sliced.
- 3 garlic cloves – crushed
- 1 large carrot – peeled and diced
- 2-3 celery stalks – diced
- 2 small zucchini – diced
- 1 swede – peeled and diced
- 1 turnip – peeled and diced
- ½ cup pearl barley
- ½ cup green split peas
- ½ cup lentils
- 8 cups chicken stock



Heat oil in large saucepan over medium heat and add leek and garlic. Stir until soft but not coloured. Add diced carrot, celery, zucchini, turnip and swede. Cook for 2 minutes. Stir in pearl barley, green split peas and lentils. Add chicken stock, chicken and 2 cups cold water.

Bring to boil. Then reduce heat to low and simmer partially covered for about 1 hour, until vegies and soup mix are tender. Stirring occasionally. Remove chicken from soup. Cool slightly and then remove the meat from the bones. Roughly chop chicken meat and add to soup. Season with salt and pepper.

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SUDOKU

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2	5	1	4	7	8	9	3	6
9	1	8	6	4	7	2	3	5
7	8	4	9	3	2	1	5	6
1	5	3	7	9	8	6	2	4
4	7	6	2	1	5	3	8	9
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Laughter – the Best Medicine!

- At the cocktail party, one woman said to another, "Aren't you wearing your wedding ring on the wrong finger?" The other replied "Yes, I am, I married the wrong man."
- My wife dresses to kill. She cooks the same way.
- A good wife always forgives her husband when she's wrong.
- What's the difference between a boyfriend and a husband?
About 15 kilos.
- The secret of a happy marriage remains a secret.
- After a quarrel, a wife said to her husband, "You know, I was a fool when I married you." The husband replied, "Yes, dear, but I was in love and didn't notice."



Hughes Family Practice

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