

FREE TO TAKE HOME!

## FEBRUARY - MARCH 2021 EDITION



Schoolyard bullying



Positive attitude



What is 'normal' in puberty?



Cataracts

YOUR NEXT APPOINTMENT:

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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](http://www.healthnews.net.au)

### ● PRACTICE DOCTORS

#### Dr Michelle Barrett

MBBS, DRANZCOG, FRACGP  
Family Medicine

#### Dr Patrick O'Callaghan

MBChB, BAO (NUJ), FRACGP

Monday ..... 9:00am – 5:00pm  
Tuesday..... 9:00am - 12:00pm  
Wednesday..... 9:00am – 5:00pm  
Thursday..... 9:00am - 12:00pm

#### Dr Kate McCallum

MBBS, DRACOG, DCH  
Family Medicine

Tuesday & Friday ..... 9:30am – 5:00pm

#### Dr Ying Chow

MChD

Tuesday..... 9:00am - 12:30pm  
Wednesday..... 9:00am - 12:30pm  
Friday..... 1.00pm - 4.30pm

#### Dr Matthew Lewis

MBBS (Hons), Bsc (Hons), FRACGP

Monday ..... 8:30am - 12:30pm  
Thursday..... 8:30am - 12:30pm

#### Dr Jaclyn Moss

MBBS, FRACGP

Tuesday..... 9:00am - 5:00pm  
Thursday..... 8:30pm - 12:00pm  
Friday..... 8:30am - 12:00pm

#### Dr Stephen Martin

MBBS, ANU, FRACGP

Monday ..... 9:15am - 4:00pm  
Wednesday..... 8:30am - 12:00pm  
Thursday..... 8:30am - 5:00pm  
Friday..... 8:30am - 12:30pm

#### Dr Michelle Hart

MBBS, FRACGP

Monday ..... 8:30am - 12:00pm  
Wednesday..... 9:00am - 3:30pm  
Thursday..... 1:30pm - 5:00pm

#### Dr Maria Iannelli

MD (Uni Melb)

#### Dr Seren Ovington

MChD

Monday ..... 8:30am - 5:00pm  
Thursday..... 8:30am - 5:00pm

### ● PRACTICE STAFF

#### Practice Manager:

Graeme Sellar

#### Practice Nurses:

Jane & Danielle (RN)

#### Reception Staff:

Deb, Anne Marie, Hannah, Bec,  
Sandra & Kaden

### ● SURGERY HOURS

Monday – Friday ..... 8.00am – 6pm

### ● AFTER HOURS & EMERGENCY

For after hours care please phone: **1300 422 567**

In case of an emergency dial: **000**

### ● 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.

### ● PRACTICE NEWS

Welcome to our first edition of Healthnews for 2021. Last year provided some unique challenges for everyone and unfortunately the Covid pandemic is still dominating daily life here in the capital. We have been lucky here compared to interstate and especially overseas but for those of us in general practice complacency is the challenge in our quest to keep everyone safe.

Again let me thank you for your cooperation with all the Covid safe measures we implemented from late March 2020 onwards. We will continue to monitor the situation very carefully.

We are delighted to welcome Dr Seren Ovington who has joined the team in Feb 2021. Seren graduated with honours from ANU Medical school in 2015. Having previously attended Radford College winning many awards along the way! It is great to see another ANU medical school graduate staying and practicing locally, exactly the desired outcome when the medical school was established in 2007.

Dr Iannelli has had to move practice to complete some post graduate study and regional training requirements but will be back with us from August. For regular patients of Maria's we not only have Dr Ovington starting but have Dr Chow back from maternity leave. Indeed when Maria re-joins us in August we will have to build another consulting room in order to cope!

As I write in mid-January we are yet to hear the actual details around the planned vaccine roll out. To date all we know is that both the Pfizer and Astra Zeneca vaccines will hopefully gain approval from the TGA in early Feb and then each state and territory will enact their roll out plans. We assume general practice will be at the forefront of the roll out though the Pfizer vaccine has some logistical issues that might be difficult to overcome. Our intention will be to call all staff in over two separate weekends aiming to vaccinate the vast majority of our patients. We will certainly keep you posted once we know more.

The practice operates a continuous quality improvement process and utilises Deidentified data from our clinical system to help identify areas for our clinicians to focus on. Should you have any queries about how we use the de-identified data please don't hesitate to ask your GP or our practice manager.

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.

**Graeme Sellar, Practice Manager**

▷ Please see the Rear Cover for more practice information.



## Positive attitude

We all see the world through our own eyes, which is why the adage about the half-full glass is apt. The difference is not the amount of water in the glass but the way we see it.

Having a positive attitude can be seen as trite or even linked to the American self-help movement – but don't dismiss it. We all feel better when we take a positive view on things. It gives us hope, keeps us motivated and helps us get through events in life.

Having a positive attitude does not mean we see everything as good and does not mean some things don't make us sad. It means that we look for the proverbial silver lining in any situation. It means that we start from a position of "I can make this work" rather than "I don't think this will work".

When it rains, we can choose to grumble about needing an umbrella or be happy that the plants get water. When stuck in traffic, we can stress about the car in front of us or be glad to have some quiet time to listen to music.

We have choices in life.

In any situation, getting you down ask yourself this simple question - what is the worst thing that can happen. You will generally be pleasantly surprised at how benign the answer is.

## Schoolyard bullying

Bullying in the schoolyard is not new, but awareness has grown, and it is (rightly) no longer accepted or hushed up.

Bullying is an ongoing use of strength or position to intimidate someone or force them to do something. Cyberbullying is new in this generation. Previously a nasty "note" could be passed around a class and be seen by some. Today millions can see a comment on line. But not every childhood taunt represents bullying.

As many as one in three school-aged children may have been subject to bullying. It is more common in middle school than senior school. Emotional bullying is most common, followed by physical acts like pushing tripping or shoving. Mostly it happens at school or nearby with surprisingly little on school busses.

Cyberbullying is less common in middle years but more so in senior school.

Victims may display low self-esteem, difficulty in trusting others, isolation and emotional upset. Often bully's too have emotional or other problems.

For parents, the key is to know what is happening. Make it a habit to ask how are things at school. Ask open rather than yes/no questions. Ask general questions about how they are feeling or what's happening with their friends.

Ensure your child knows that help is available and that they can talk to you about any concerns. For you, the school is the first port of call for any concerns. They have programs in place to deal with bullying and want to stamp it out.

<http://www.kidspot.com.au/schoolzone/Bullying-Facts-and-figures-about-bullying+4065+395+article.htm>

## Endometriosis

This is a condition where endometrial cells (which normally line the uterus) grow outside the uterus. The most typical sites are on the ovaries, bowel, fallopian tubes and pelvis lining.

The endometrial cells behave in the same way as they would in the uterus. They thicken and then break down and bleed each cycle. However, the cells are trapped and can't leave the body.

The cause is not known. Risk factors are; a positive family history, never having given birth, and short menstrual cycles. There is, unfortunately, nothing specific that can be done prevention wise.

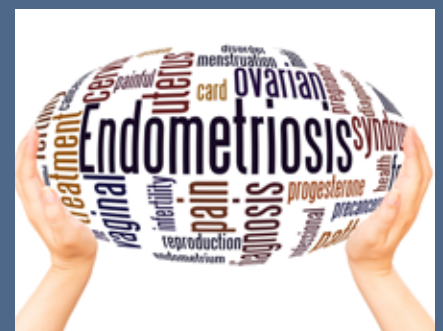
Common symptoms are painful periods, pain with intercourse, and heavy menstrual bleeding. Some may have pain on bowel motions, fatigue, bloating and nausea. The range is from mild to severe. The main

complication is infertility. Most women with endometriosis will still be able to conceive.

Diagnosis is based on the symptoms, a pelvic examination and an ultrasound of the pelvis. In some cases, a laparoscopy may be needed. You can be referred to a gynaecologist.

Simple painkillers may suffice. Warm baths and heat packs can help relax the pelvic muscles easing cramps.

Hormonal treatments, including use of the contraceptive pill, may help. In more severe cases, surgery is performed whereby



endometrial cysts are removed. In the most severe instances, hysterectomy may be needed.



## What is 'normal' in puberty?

A normal part of life, puberty is the time when children start turning into adults. Technically it is the development of the capacity to reproduce (sexual maturation). 95% will start between the ages of eight and 14 (girls) or nine and 14 (boys). The process generally goes on for three to four years.

Together with the development of secondary sexual characteristics, there is also a period of rapid growth. For many, there are emotional changes too. With girls, parents worry about the onset of periods. These generally start two years after the onset of breast development. In boys, the worry is about later puberty and later onset of the growth spurt. There is no need for medical concern in either case.

The appearance of pubic hair does not indicate the onset of puberty. This comes from an increase in the production of androgens (male sex hormones) by the adrenal gland. It is a separate process and may happen simultaneously but can start up to two years earlier.

Precocious puberty is onset before age eight (girls) or nine (boys) and warrants a medical check as does lack of commencement by age 14. For some, a specialist referral may be needed.

Many of the puberty problems are more to do with changes in the adolescent's life which occur at the same time rather than being due to puberty itself. Have a chat with your doctor about supporting your child or about any concerns you may have.

## Cataracts

This is the leading cause of blindness and vision loss worldwide. Cataracts occur when the lens of the eye goes cloudy or opaque. Around 10% of Australians have cataracts increasing from 4% of 50-59 year olds to over 60% of 90-year-olds.

Advancing age is the most typical cause. Trauma, radiation exposure some drugs (e.g. steroids) and metabolic conditions (e.g. diabetes) can also lead to cataracts. Women are more affected than men. Indigenous Australians, Caribbean or African Americans are more prone than Caucasians. Smoking and excess alcohol consumption are also risk factors.

Cataracts are classified by their level of maturity (progression), cause, or appearance. Nuclear cataracts are the most common affecting the centre of the lens. A "mature" cataract is one where the whole lens is opaque. Reduced visual acuity (ability) is the hallmark symptom. The onset is gradual and progression slow but constant in most instances. If only one eye is affected, it may not be noticed for quite a while as the other eye "compensates".

Cataracts are easily diagnosed on examination. When looking in the eye with an ophthalmoscope, your doctor can see a cataract. Those over 40 are advised a regular eye check with an ophthalmologist who can do



other eye assessments simultaneously. Your GP can refer you.

Treatment for cataracts is surgical removal and insertion of an intra-ocular lens. This is done when symptoms warrant it, and prescription glasses no longer are helping. This may be

many years from the time of diagnosis.

The procedure is generally done under local anaesthetic, and you will be in and out in a few hours. Recovery is quick. The eye is padded for a short period of time, and you will be prescribed drops post operatively.



## BRAISED BEEF CHEEKS WITH TORTILLAS

### Ingredients

- 1 dried ancho chilli (or more to taste)
- 4 garlic cloves, crushed
- 1 tablespoon tomato paste
- 1 tablespoon honey
- 2 teaspoons ground cumin
- 1 teaspoon smoked paprika (pimenton)
- 1/3 cup (80ml) olive oil
- 4 beef cheeks, trimmed
- 2 cups (500ml) beef stock
- Juice of 2 limes
- Small corn tortillas, lightly grilled
- 1 avocado, chopped
- 2 butter lettuces, outer leaves discarded
- Sour cream, to serve
- Red onion, to serve
- Corriander, to serve
- Fetta Cheese, to serve

### Method

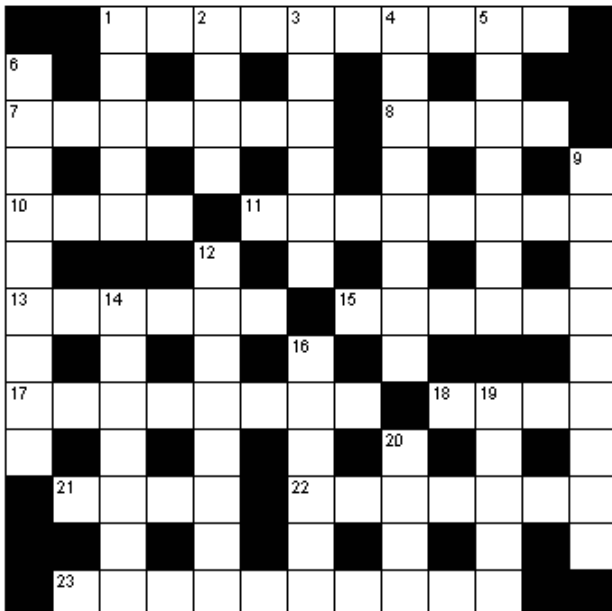
1. Place the ancho chilli in a bowl and cover with 1/2 cup (125ml) boiling water. Soak

for 10 minutes or until softened. Place the chilli and soaking water in a small food processor with the garlic, tomato paste, peanut butter, honey, cumin, paprika, 2 tablespoons oil and 1 teaspoon salt and whiz until a paste. Transfer to a bowl, toss the beef cheeks in the marinade, cover and chill in the fridge overnight.

2. Preheat the oven to 180 degrees. Heat 2 tablespoons oil in a flameproof casserole dish over medium-high heat. Remove the beef from the marinade (reserving marinade) and brown. Add stock, lime juice and reserved marinade to the casserole dish, then cover and cook in the oven for 3 hours or until the meat is tender. Remove from the oven and cool slightly. Remove beef from the braising stock and shred, using 2 forks.

3. For serving, place the shredded beef on the tortillas with avocado, lettuce, sour cream, pickled red onion and coriander.

## CROSSWORD



### Across

- 1 Credible (10)
- 7 Chic (7)
- 8 Arrange in order (4)
- 10 Cook in an oven (4)
- 11 First showing of a film (8)
- 13 Uncover (6)
- 15 Northern Ireland (6)
- 17 Roomy (8)
- 18 Warmth (4)
- 21 Orient (4)
- 22 Bishop's district (7)
- 23 Unnecessarily (10)

### Down

- 1 Fracture (5)
- 2 Flesh without fat (4)
- 3 Whole (6)
- 4 Put together (8)
- 5 Of greatest size (7)
- 6 Robin (9)
- 9 Rued (9)
- 12 Helped (8)
- 14 Mollify (7)
- 16 Obstacle (6)
- 19 Sorrowful poem (5)
- 20 Throw carelessly (4)

## Hughes Family Practice

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

● **SURGERY HOURS**  
Monday – Friday  
8.00am – 6pm

● **AFTER HOURS & EMERGENCY**  
For after hours care please phone:  
1300 422 567.

● **SPECIAL PRACTICE NOTES**  
**Communication policy.**  
Our GP's cannot routinely take phone calls during consultations. A message can be left with staff and the GP may call back or arrange a staff member to book an appointment where appropriate. We don't communicate by email.

**Test Results.**  
You will be contacted where there is an abnormal result or if your GP requests follow up. You can call the practice nurse between 12.30 and 1.00 pm for information.

**Recalls and Reminders.**  
Our practice operates a recall and reminder system for a range of health issues and in response to test results as appropriate. Patients wishing to opt out of our recalls system should discuss this with their GP.

**Patient Privacy.**  
**The practice takes the privacy of your personal health information very seriously.** If you have any questions please ask at reception for a copy of the practice privacy policy.

**Repeat Scripts.** You need to make an appointment for Repeat Scripts. Fees apply.

