

# HEALTH MATTERS

## ST PETERS FAMILY PRACTICE NEWSLETTER

**DECEMBER 2009 – FEBRUARY 2010**

ST. PETERS FAMILY PRACTICE  
ACCREDITED GENERAL MEDICAL PRACTICE  
50 STEPHEN TERRACE ST PETERS 5069  
PH: 8363 1033 FAX: 8362 2587 EMAIL: reception@spfamilly.com.au



PRACTICE PRINCIPAL: DR. ADAM PEDLER  
ASSOCIATE DOCTOR: DR. MARGARET TAYLOR  
PRACTICE MANAGER: LYN PEDLER  
PRACTICE STAFF: DEBBIE CURTIS  
EVE CARSON  
PRACTICE NURSE: ISLA YIANNOULLOU

### PRACTICE HOURS:

MONDAY – FRIDAY 8.30 AM – 6.00 PM

### AFTERHOURS:

DR. PEDLER PROVIDES PERSONAL AFTERHOURS COVER MONDAY TO FRIDAY, EXCEPT BETWEEN THE HOURS OF 10.00 PM AND 7.00 AM WHEN CALLS WILL BE DIRECTED TO OUR LOCUM SERVICE. WHEN DR PEDLER IS NOT AVAILABLE, AFTER THESE HOURS OR ON WEEK-ENDS, OUR PAGING SERVICE WILL OFFER YOU A HOME VISIT FROM OUR LOCUM SERVICE OR DIRECT YOU TO AVAILABLE HOSPITAL EMERGENCY DEPARTMENTS.

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### IN THIS ISSUE

- *Xmas closure details*
- *Staff education – the key to good service*
- *Dr Pedler talks about keeping well hydrated in summer-the older you get the saltier you become!*
- *Dr Taylor explains why you need to take a daily vitamin supplement.*

### XMAS CLOSURE

WE WILL BE CLOSING THE PRACTICE AT 1.00PM ON 24<sup>TH</sup> DECEMBER, XMAS EVE, AND RE-OPENING ON MONDAY JANUARY 4<sup>TH</sup> AT 9.00AM. DURING THAT TIME OUR TELEPHONES WILL BE SWITCHED THROUGH TO OUR ANSWERING SERVICE WHO WILL DIRECT YOU TO OUR LOCUM SERVICE FOR A HOME VISIT, OR, APPROPRIATE HOSPITAL EMERGENCY CENTRES.

We would like to thank all our patients for your support this year, and our warmest wishes for a Merry Christmas and a happy, safe holiday season. Take care!

### PRACTICE STAFF COMMITTED TO ONGOING EDUCATION

WE BELIEVE THE KEY TO GOOD SERVICE IS STAFF WHO ARE WELL TRAINED AND COMMITTED TO ONGOING EDUCATION. “THE ONE THING THAT IS CONSTANT IS CHANGE “AND THIS IS PARTICULARLY TRUE OF GENERAL PRACTICE, SO ALL OUR STAFF, NOT JUST THE DOCTORS, MAKE AN EFFORT TO KEEP WELL INFORMED!

**Lyn**, who is a Fellow of the Australian Association of Practice Managers, recently attended conference in Melbourne, where she received an award in recognition of 26 years membership.



One of the conference topics Lyn believes will be of most interest to our patients is the big leap forward in Electronic Health. The government is ready to issue every patient, health worker and healthcare organisation with a **Unique Identification Number**, in preparation for the secure exchange of health information over the internet. Our practice is already set up to send and receive encrypted electronic data but at the moment there are limitations on who can receive the information. This new initiative, however, will open up access and aims to put you in control of your personal health care record. Using your new ID number you will be able to access your health record from anywhere in the country, and other health professionals, using their ID numbers and electronic keys will be able to share and contribute to your health record. This is a revolution in Australian healthcare, focusing on the communication and storage of your health information – ultimately an electronic health record for everyone!

**Debbie and Eve** have updated their first aid skills and attained a Senior First Aid Certificate. They have also attended a course in Emergency Medicine, which we hope they don't have to implement too often at the reception desk!

**Isla** has attended a two day Practice Nurse Conference last month and she was particularly impressed with the presentations on Diabetes and Asthma management. Other topics included chronic kidney disease and running chronic disease management clinics in the surgery. All presentations highlighted the importance of early detection and how the practice nurse can play a pivotal role in slowing the progression of disease and the value of education in lifestyle modification.

With the aid of good data management, we are continually assessing our records to highlight patients we feel are at risk, so if you receive a letter from Isla offering you the opportunity to participate in a health check, we strongly advise you make an appointment. All chronic disease management conducted by our practice nurse is bulk-billed and free to you.

**The whole team** continues to be involved in an general practice education program - a "Collaborative" with other practices where we exchange ideas, learn about new and innovative systems and share experiences to improve health outcomes for our patients.

### **FROM THE DESK OF DR. ADAM PEDLER**

**WITH AGE WE LOSE THE ABILITY TO RELY ON THIRST TO GAUGE THE BODIES NEED FOR WATER! BE AWARE AND AVOID DEHYDRATION THIS HOT SUMMER!**

A recent article in the men's health section of the Financial Review caught my eye..."the older you get, the saltier you become. This happens because with age you drink less water and the concentration of salts in your blood rises".

Research at The Florey Neuroscience Institute in Melbourne uncovered a signalling mechanism in the emotional part of the brain. This part of the brain responsible for hydration becomes oversensitive as part **of age related change**. When you are younger it signals hydration after large volumes of water are consumed, but with age, it signals hydration in response to small volumes of water. As a result large numbers of older people are unaware that they are partially dehydrated.

The flesh may lose its springiness and urine may be dark, but you may feel normal.

As older people can no longer rely on thirst to gauge the body's need for water the Mayo Clinic suggests using the colour of the urine as a barometer. Clear or light coloured urine means you are well hydrated. Occasionally people can harm themselves by drinking too much and developing water intoxication. Keeping a good balance is important particularly in our hot summer and particularly if you take blood pressure pills with a diuretic ("fluid pill") as part of the treatment.

Look out for these symptoms of mild to Moderate Dehydration:

dry, sticky mouth; thirst; sleepiness; decreased urine; fewer tears; muscle weakness; dizziness or feeling light-headed and headache.

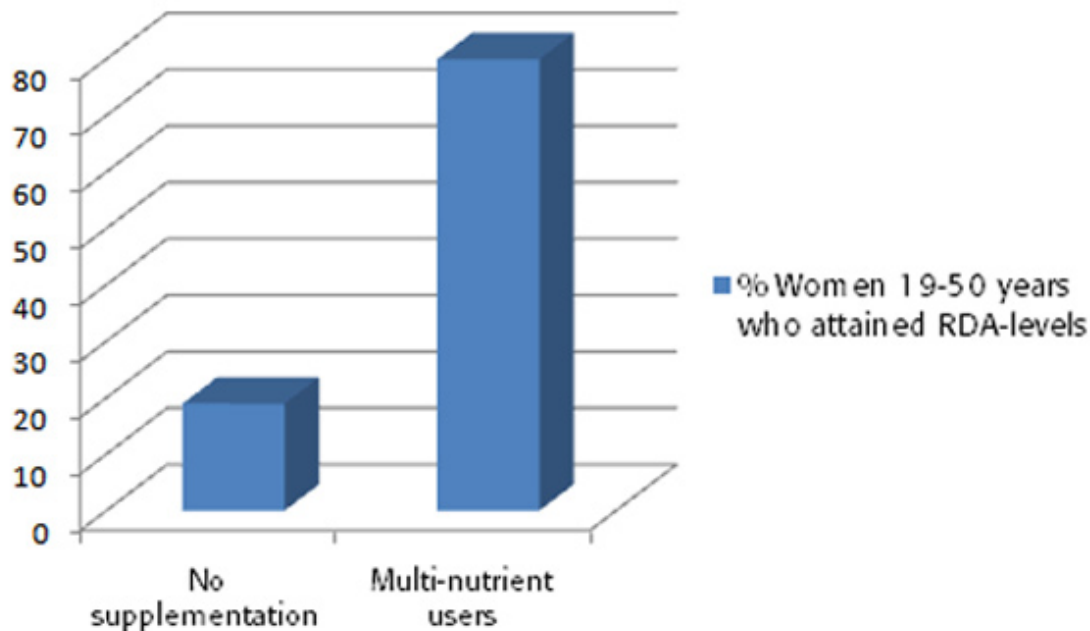
And remember, when you're partying in the holiday season – alcohol is a diuretic! For every glass of wine have a glass of water to keep well hydrated.

## FROM THE DESK OF DR. MARGARET TAYLOR

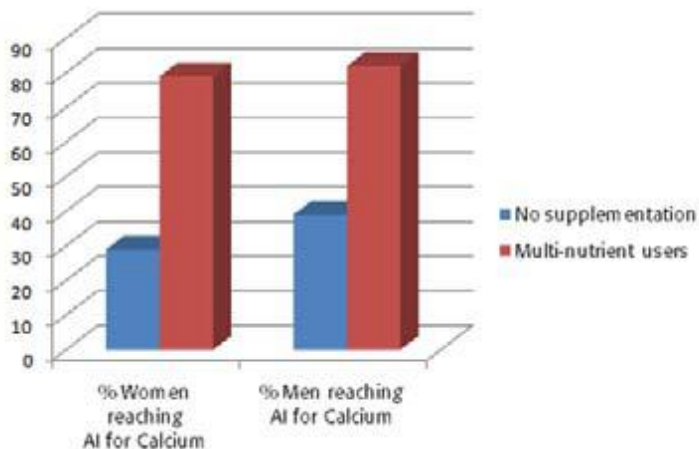
### IS TAKING A MULTI VITAMIN NECESSARY?

The usefulness of multivitamin supplementation has been debated for many years. A 2002 Canadian study of 1530 adults clearly demonstrated that taking a multi-nutrient formulation may actually be the only way the average person can reach the recommended daily intake of nutrients.

In a random sample of women aged 19-50, only 19% of the women who did not take multi-nutrient supplements attained recommended levels of certain nutrients through diet alone, versus 80% of women who did take supplements.



And a similar difference can be seen for men. This graph shows that only 25% of women and 35% of men get enough calcium without supplements – no wonder so many people have cramps and osteoporosis.



The Australian Government's new recommendations aim to define nutritional adequacy, not just to prevent deficiency, but also to maintain wellbeing and health by optimising nutrient intake for the prevention of heart disease, birth defects, certain forms of cancer, and other health conditions.

### Children and Adolescents

Vitamins and minerals are essential for optimum brain function, growth and development. The modern diets of children and adolescents predispose to deficiencies in one or more micronutrients, and supplementation may be the only way to guarantee that they receive their daily nutrient requirement. Ninety-six school children received a supplement containing a selection of vitamins and minerals or matched placebo for twelve weeks. Cognitive performance was assessed using a variety of tests. Compared to placebo, children getting the vitamins performed better on attention-based tasks – they were able to concentrate significantly better.

## Women

The majority of patients presenting to their medical practitioners in Australia have one or more nutritional deficiency. Prescribed medication may compound these deficiencies and therefore contribute to many degenerative diseases. Women taking the oral contraceptive pill (OCP) for example have lower zinc, folate, vitamins B1, B2, B6, B12, C and E levels. Folate supplementation in OCP users even with normal blood folate can result in improved cervical pap smears.

## Pregnancy and Lactation

International studies indicate that there are widespread nutritional deficiencies across the developed world, especially zinc, iron, calcium, magnesium and iodine, folate, betacarotene and vitamins B6, A and C. These nutrients are essential for a healthy pregnancy and birth and minimise the chance of autism, learning problems, asthma, infectious diseases and even chronic, degenerative disease late in the child's life.

## Elderly

A large proportion of the elderly also do not meet the current recommended daily intakes (RDI) for a range of nutrients. A survey of 686 elderly people found that the percentage who consumed **less than two thirds of the RDI** for various nutrients were as follows: vitamin B6 70%, folate 65%, vitamin D 60%, zinc 50%, calcium 31%, magnesium 25%, vitamin B12 25% and vitamin C 6%. More recent studies indicate that more than 60% of older adults are vitamins D, E, folate and calcium deficient, despite apparently adequate dietary intakes. This is very worrying given there is strong evidence for the prevention of degenerative diseases:

- Cancer, cardiovascular disease and cataracts by the antioxidant vitamins A, C, E and carotenoids
- Immune function is improved with zinc, vitamins B6, C and E
- Vitamins B6, folate and B12 are important for reducing homocysteine, which is more important for blocked arteries than cholesterol! (Ask for a test)
- Vitamin D, calcium and magnesium are essential for musculoskeletal functioning in osteoporosis and joint disease

## Heart Attack

A large Swedish study indicates that use of multivitamin supplements may prevent heart attack. The results are based on data from a case-control study of 45-70 year old residents. After taking account of other cardiovascular risk factors, the risk of a heart attack among regular users of supplements was 21% less for men and 34% less for women, compared to non-supplementers. This was in addition to the effect of such healthy lifestyle habits as consumption of fruits and vegetables, intake of dietary fibre, not smoking and adequate physical activity. The study showed that low dose multivitamin supplements usage was associated with a substantially lower risk of non-fatal MI

**In summary, a multivitamin and mineral is necessary as optimal nutrition may not be achievable through diet alone for:**

- Prevention and treatment of vitamin and mineral deficiencies
- Maintenance and improvement of general wellbeing
- Increased demands of certain life stages ie preconception, pregnancy, lactation, adolescence and ageing
- Increased demands due to moderate-to-heavy exercise, stress, dieting, infection or illness and medication use, including the Pill
- Patients with malabsorption or inadequate diets – and isn't that most of us at some time.

***For your convenience, and because we understand what constitutes quality amongst the many products that are on offer in the market, we provide several quality multivitamins for sale here at the surgery. Please ask Dr Pedler or myself for guidance on which will be appropriate for you.***

