

FREE!!  
PLEASE TAKE ONE

YOUR  
DOCTOR



OCTOBER 2015

## ELECTRA PARK MEDICAL CENTRE

154 High Street Road  
Ashwood 3140

**P:** (03) 9807 1102

**P:** (03) 9807 1311

**F:** (03) 9888 1449



### Dr Jing Pan

*MB BS FRACGP Diploma In Child Health  
(University Of Sydney)*

Special interests include women's health, dermatology, paediatrics, diabetes and other chronic illnesses.

### Dr Peter J Webster

*MB BS (Hons) FRACGP Dip (Obst) RCOG  
Grad Dip Fam Med*

Special interests include gynaecology, family medicine, palliative care and aged care. Involved in teaching Monash University students.

### Dr Walter Tereszkievicz MB BS (Monash)

Special interests include paediatrics, geriatrics, ear, nose and throat. Minor surgery.

### Dr Victoria Hayes MB BS

Special interests paediatrics, family medicine, immunisation, women's health.

**DIETITIAN and PSYCHOLOGIST now consulting at Electra Park Medical Centre.**

### APPOINTMENTS - BOOK ONLINE NOW!

We now have online appointments. Patients can visit our website at [www.electrapark.com.au](http://www.electrapark.com.au) or download the 'Electra Park Medical Centre' App.

Children 12 and Under Now Bulk Billed.

### PRACTICE NURSE

Dianne, Alison and Amelia

### PRACTICE MANAGER

Nicole

### RECEPTIONISTS

Lorraine, Lyn, Chris, Stephanie and Sue

### SURGERY HOURS AND SERVICES

CONSULTATIONS by appointment: (subject to change)

**Weekdays** 8.30am – 7.00pm

**Weekends** 9.00am – 11.00am (no

**& public holidays** appointment required)

Urgent medical problems dealt with promptly. The practice provides a complete range of medical care, including home visits, hospital and nursing home care. If you are in need of a home visit, please contact the surgery as soon as possible after 8.30am.

**We have onsite parking.**

### After Hours Care -

After Hours GP Clinic      After Hours Doctor  
36 Wellington Road, Box Hill      or Service (Locum)  
Ph: 8820 7500      13 SICK (13 7425)

In case of an emergency please call 000.

## GLUTEN FREE, NOT FOR ME?

Gluten-free diets used to be predominantly adopted by people with coeliac disease.

Coeliac disease is an immune reaction to eating gluten which can damage the small intestine's lining. In recent years, gluten-free diets have become somewhat of a fad for people who have no diagnosed medical need to eliminate gluten. The rise in this trend can be at least in part attributed to the perception that gluten-free foods are healthier. But is that true?

Researchers analysed over 3000 food products across ten different categories, comparing gluten-free labeled foods with similar products containing gluten, including bread and pasta, as well as 'treat' foods like potato chips, sweet biscuits and lollies.

The results showed that there were nutritional features favouring both gluten-

containing and gluten-free foods. Overall, in the core food groups analysed, there was little difference in nutritional value between the foods containing gluten and those without. Gluten-free foods had a small benefit in the 'treat' food category however these foods were still of low nutritional value and the removal of gluten did not make them healthy.

This study identified little benefit associated with gluten-free foods compared to their gluten-containing counterparts. The gluten-free label also has the potential to mislead consumers into thinking that junk food is healthier than it actually is. People who don't have a medically diagnosed need to avoid gluten should assess the nutritional quality of foods before judging a book by its cover.

**For reference:** Wu, J et al. Are gluten-free foods healthier than non-gluten free foods? An evaluation of supermarket products in Australia. *British Journal of Nutrition* Epub online June 29, 2015 doi: 10.1017/S0007114515002056.



## YOUR DOCTOR OCTOBER - INSIDE

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## BOILING BLUES

Vegetables are an essential part of a healthy diet. They can be eaten raw, but are often cooked in various ways for taste and to remove bacteria and toxins.

A traditional method of cooking vegetables is boiling them. While potentially improving the cleanliness and taste of vegetables, boiling can result in a reduction of some of the healthy minerals, vitamins and other health giving substances (phytochemicals) found in plant-based foods.

Researchers compared different vegetables when raw and after being boiled for 10 minutes. They found that vitamin C levels were reduced by more than half in broccoli, cabbage and spinach when boiled. Phytochemical levels in the vegetables were also reduced, though to a lesser extent. The combined decrease in these compounds in boiled food led to an overall reduction in total antioxidant activity.

Other cooking methods that require less time and water, like steaming and microwaving, may have less of an effect. Remember that boiled vegetables are still vegetables and are therefore still good for you. So if you prefer the taste of a boiled green, it's still a valuable contribution to a healthy diet!



**For reference:** Vinha, AF et al. Impact of boiling on phytochemicals and antioxidant activity of green vegetables consumed in the Mediterranean diet. *Food and Function* 2015;5:1157 – 1163.

## TRAINED NOT TO FALL

Falls are a major cause of injury in the elderly, often leading to early admissions to aged-care facilities and diminished quality of life.

They are also the leading cause of injury-related hospital admission for people aged 65 years and older. Exercise programs that focus on improving balance are effective in reducing falls in the elderly, but do they reduce rates of the kinds of falls that lead to injury?

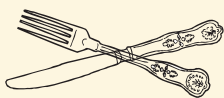


A group of French researchers investigated the effect of a balance-training program on the rate of injurious falls in a group of women aged between 75 and 85 years. The intervention group was offered free, supervised group balance training sessions for one hour each week over two years and were given exercises to perform at home to reinforce the training. The control group was offered brochures about preventing falls and biannual newsletters with information about falls.

After two years, women in the intervention group had a 19% lower rate of injurious falls than those in the control group. They also performed better in balance and movement tests.

So a two-year balance-training program was found to be a successful method of reducing rates of falls leading to injury in an elderly group of women. This could be a valuable strategy to help older people build the confidence and physical capabilities needed to avoid hospitalisation and live at home for longer.

**For reference:** El-Khoury, F et al. Effectiveness of two year balance training programme on prevention of fall induced injuries in at risk women aged 75-85 living in the community: Ossebo randomised controlled trial. *BMJ* 2015;351:h3830 doi: 10.1136/bmj.h3830.



### Good Health on the Menu

#### CHICKEN RICE PAPER ROLLS

*A delicious snack  
with a hit of fresh veg.*

##### Ingredients:

- 1 tbsp vegetable oil
- 2 chicken breasts
- 1 chilli, chopped
- 2 cups shredded cabbage
- 1 large carrot, grated
- 2 spring onions, grated
- 100g glass noodles
- 1 tsp sesame oil
- Mint

- Coriander
- Rice paper sheets

##### Method

1. Heat oil in pan and cook chicken breasts
2. Remove from heat and shred with a knife and fork
3. Boil water and pour over glass noodles until cooked. Drain, mix with sesame oil and set aside
4. Have a bowl of boiling water ready to assemble your rolls
5. Working with one at a time, soak a sheet of rice paper into the boiling water until malleable, remove and place on a dry, clean tea towel
6. Place a small handful of chicken, noodles, cabbage and carrot in the centre of the circle – add a little chilli, spring onion and herbs

7. Fold both ends of the circle down and then roll from one side to the other to form a spring roll shape
8. Set aside and continue with remaining mixture
9. Serve with dipping sauce like soy, coriander and lime juice



*Enjoy!*

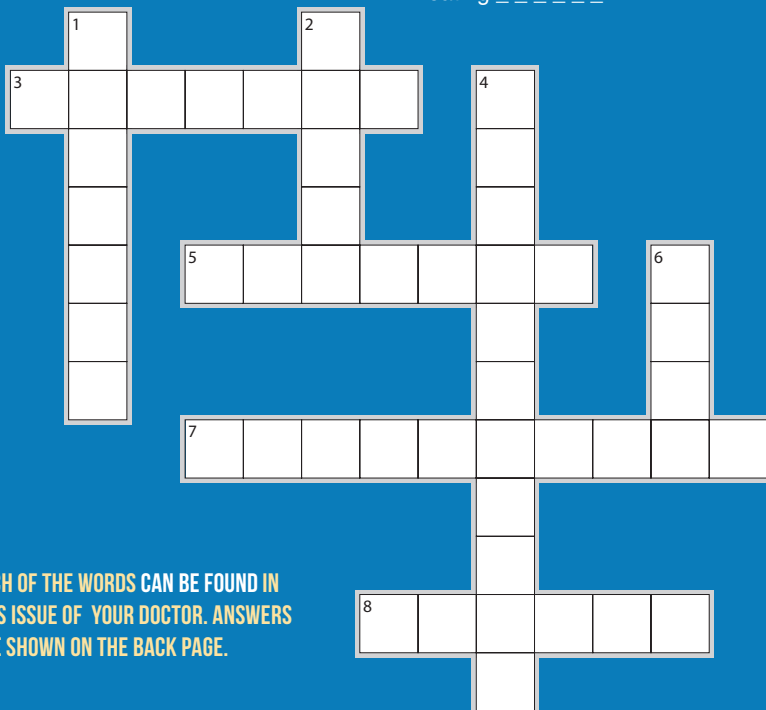
# Clever CROSSWORD

## Down:

1. A traditional method of cooking vegetables is what?
2. \_\_\_\_\_ are a major cause of injury for the elderly.
4. \_\_\_\_\_ bacteria can cause stomach upsets.
6. Vegetables are an essential part of a healthy what?

## Across:

3. What disease can cause damage to the small intestine's lining?
5. Obesity can increase the risk of chronic what?
7. Sedentary behaviour is one of the biggest drivers of physical \_\_\_\_\_.
8. Coeliac disease is an immune reaction to eating \_\_\_\_\_.



EACH OF THE WORDS CAN BE FOUND IN THIS ISSUE OF YOUR DOCTOR. ANSWERS ARE SHOWN ON THE BACK PAGE.

## OFFICES: THE MODERN HEALTH HAZARD?

**Sedentary behaviour is one of the biggest drivers of physical inactivity** (see Myth vs. Fact article to the right for another culprit), which in turn contributes to the risk of chronic diseases including heart disease and even some cancers. Data show that most adults do not get the recommended 150 minutes of moderate intensity physical activity each week, and a main cause of this is lack of time because of increasing work hours.

Most adults spend more than half of their waking hours working, and a majority of this time is spent sitting at a desk in the office. Office environments can play a substantial role in increasing rates of inactivity with

people hunched over a computer for long periods.

Changing the office can be an important step in improving the health of people who have minimal time to get outside and be active. Evidence is showing that even just standing up for longer each day has positive effects on heart, muscle, joint and mental health. Standing desks are one strategy to reduce sedentary time in the office. In many Scandinavian countries, office workers have workstations that can be used in both standing and sitting positions. Countries like Australia and the UK are behind in this.

Your office need not become a health hazard. Encourage your employer to foster a healthy working environment, which could involve introducing standing desks, having walking meetings and replacing Friday night drinks with more active team bonding activities.

**For reference:** Buckley, JP et al. The sedentary office: an expert statement on the growing case for change towards better health and productivity. *British Journal of Sports Medicine* Epub online March 26, 2015 doi: 10.1136/bjsports-2015-094618.



## MYTH AND FACT

### WHAT'S MAKING US SO FAT?

Overweight and obesity is a substantial problem, since it increases the risk of chronic diseases and some cancers, and makes existing conditions harder to treat.

There are a number of environmental and psychological factors that contribute to increased risk of overweight and obesity but is there one main cause?

Researchers looked at health and food data from 69 high, middle and low-income countries. They found that in 56 of the 69 countries, increased availability of cheap food energy was the prominent factor associated with increases in average population body weights. This was most apparent in high-income countries.

There were some limitations in the study model, nevertheless, these results corroborate the growing amount of evidence showing that access to calories is the main cause of weight gain. Underactivity, particularly in high-income countries, is another prominent factor. To minimise weight gain it's important to stay active and remember, just because there might be an abundance of food available, it doesn't mean you have to consume it all.



For reference: Vandevijvere, S et al. Increased food energy supply as a major driver of the obesity epidemic: a global analysis. *Bulletin of the World Health Organization* 2015;93: 446-456.



**Dr Norman Swan**

## A MATTER OF HEALTH

### HOW OLD IS OLD? ASK AN OLDER PERSON

That was the fascinating question researchers in Scotland asked of two groups of people: young adults in their twenties and older ones aged over 60.

They did the experiment, not by asking directly but by showing the participants carefully designed photographs which progressively aged a picture of the same person. They asked the two groups to define the person in the photo as young, middle aged or old.

As any parent of an adolescent could have told you, the young people were lousy at this task. They had no mental concept of middle age and basically defined anyone over 40 as old! The older group were much better at this. They had a good sense of the three categories and defined them pretty well.

So what does that tell you? Well that young people haven't thought much about anyone other than their peer group (not a big surprise) and that if you're planning policies and programmes for older people, you'd better have them at the table helping to design them!



### DID YOU KNOW? KEEP AN EYE ON THE SAND

Scientists and consumer bodies often report about the water quality at popular beaches, particularly if there's been any contamination and it's unsafe to swim.

The reports provide a measure of the bacteria present in the water; bacteria such as those found in the digestive tract of humans and animals like E.Coli and Clostridium. These germs can cause health problems like stomach upsets.

Whilst water quality has been the focus, scientists are reporting that the sand can contain significantly higher levels of bacteria than the water. Analyses suggest that the bacteria levels in the sand can be between 10 and 100 times higher than in the ocean and that sand provides an environment conducive to longer bacterial survival.

If you come across a water warning at a beach affected by contamination, keep an eye on the sand as well!

**For reference:** Zhang, Q et al. Differential decay of wastewater bacteria and change of microbial communities in beach sand and seawater microcosms. *Environmental Science and Ecology* Epub online June 30, 2015 doi: 10.1021/acs.est.5b01879.



7. Inactivity; 8. Gluten.  
Across: 3. Coeliac; 5. Disease;  
4. Clostridium; 6. Diet.  
Down: 1. Boiling; 2. Falls;

## CROSSWORD ANSWERS TO

### PRACTICE UPDATE

#### TELEPHONING YOUR DOCTOR

Patients of our practice are able to contact doctors by phone during surgery hours. It is important for our receptionists to determine the urgency and nature of the call. In non urgent situations, patient calls need not interrupt consultations with other patients. The receptionist will take a message for the Doctor whilst he or she is consulting. The Doctor will then endeavour to return the call at the end of their session. However, if the matter is urgent then staff will put the call through immediately to the Doctor concerned or to the Doctor on duty. Emails and SMS messages of a clinical nature will not be accepted by Practitioners of this practice.

#### TEST RESULTS/X-RAYS:

So that we can provide the best possible service for you, patients are requested to contact the surgery after 11am each day to obtain test results. In most cases, a follow up appointment is required, and we can let you know this at the time.

Your x-rays are your responsibility and are important to your ongoing medical care as they are often required for comparison at some time in the future. If you have had an x-ray in the past and not collected it, please ask reception for them at your next appointment.

#### APPOINTMENTS

When making an appointment, please let reception know if you need more time than a standard consultation or if you will be bringing another family member so that an appointment can be made for them as well. Longer consultations are usually required for complicated health problems and completing medical and insurance reports. Patients are seen according to the appointment order, so by advising us beforehand, you'll help avoid long waiting periods for other patients.

#### REPEAT PRESCRIPTIONS

Legal constraints and Best Practice Procedures dictate that a consultation is made for all repeat prescriptions.

#### REFERRALS

It is a legal requirement under the Medicare Act that a referral to a specialist only be given after due consideration by the treating physician. This therefore requires the physical attendance to the practice.

#### FEES AND BILLING POLICY

The AMA fee structure forms and basis of our billing policy, our current consultation fees are displayed at the clinic front desk. Fees are payable at the time of consultation by cash, cheque, credit card or EFTPOS. Should you have any difficulties with our fees, please discuss with your doctor.

We use the HIC online system, which allows us to claim your rebate directly, or send your claim to Medicare who can refund directly to your bank account. Please ask our receptionist if you require further information.

#### REMINDER SYSTEM

This practice is committed to preventative care. Our computer system allows us to issue you with reminder notices appropriate to your care eg. PAP smears, Immunisations, cholesterol checks etc. If you do not wish to be part of this system, please let us know.

#### YOUR RIGHTS

If you have a problem we would like to hear about it. Please feel free to talk to your doctor or our Practice Manager or you may wish to put your concerns in writing. We take your suggestions, concerns and complaints very seriously, however, you feel the need to take the matter further and discuss your issues outside the surgery contact:

**Victorian Health Services Commissioner**  
Level 26, 570 Burke Street, Melbourne Vic 3000  
Telephone: 1300 582 113 • Fax No: (03) 9032 3111  
E-mail: hsc@health.vic.gov.au

#### ACCREDITATION

Accreditation is the process of continuing quality improvement – to let you know we have met the standards set for the medical profession. The Standards used have been written by the Royal Australian College of General Practitioners. Electra Park Medical Centre has consistently achieved unconditional accreditation since November 2002. Electra Park Medical Centre continues the accreditation cycle every three years.