

## Tennis elbow

Muscles on the back of your forearm, responsible for curling your wrist backwards, are anchored to a bony point on the outer side of the elbow (the lateral epicondyle).

Inflammation of this bump is called 'tennis elbow' (or epicondylitis) and can be caused by overuse of forearm muscles or an imbalance in shoulder, forearm and elbow muscles.

Some of the symptoms are tenderness of the elbow bump, and elbow pain when straightening the arm, opening the fingers, or trying to grasp objects with the arm stretched out (e.g. handshake). It may be painful to open a jar or hold a cup.

Playing tennis (backhand is the main culprit) is not the only cause. Anything that repeatedly uses forearm muscles, such as painting, driving screws, or even a computer mouse, can do it. Changing your tennis technique or changing the grip or weight of your tennis racquet may be all that is required.

First aid includes rest for a few days, icepacks every two hours for 15 minutes, gentle massage and muscle stretching and simple pain relievers. If needed, a physiotherapist can advise on tennis elbow straps or guards, exercises and things you can do to prevent re-injury.

Your doctor can help with anti-inflammatory medications, corticosteroid injections, a correct diagnosis when in doubt, and advice on workplace practices.

Prevention is important for Tennis elbow and strengthening exercises, modified technique and sports warm up.





Recipe for health

### MEATBALLS, TOMATO & SPAGHETTI

**INGREDIENTS (SERVES 4)**

- 1 Litre Beef stock
- 500g beef mince
- 1 clove garlic, crushed
- 1 egg, lightly beaten
- 1 cup dried breadcrumbs
- 1 tbsp. virgin olive oil
- 4 tbsp. tomato paste
- 1/2 tsp. rosemary dried or fresh
- 2 ripe tomatoes, diced
- Spaghetti pasta
- Shaved parmesan, to serve

**METHOD**

Combine 1/2 cup stock with mince, garlic, egg & breadcrumbs. Roll into balls.

Heat oil in a large frypan. Add meatballs & cook until browned all over. Pour over remaining stock, tomato paste & rosemary. Bring to the boil; reduce heat & cook covered for 10 mins, stirring occasionally.

Stir in tomatoes. Cook for 8 mins, uncovered, stirring occasionally.

Put on to a bed of cooked spaghetti. Garnish with parmesan.

## Sudoku

		5	7					
2								4
		3	5				1	2
			1	4	3			
5								
	3				2			
		6						
4	1		2		7	6		
		8				7	9	

## Laughter the Best Medicine

■ A man just coming out of anaesthesia in hospital fluttered his eyes open and muttered to his wife sitting at his bedside, "You're beautiful." Flattered, his wife continued her vigil while he drifted back to sleep. Later, her husband woke up and said, "You're cute." Startled, she asked him, "What happened to 'beautiful'?" He replied, "The drugs are wearing off." The family doctor diagnosed an ear infection in the crying baby and wrote a prescription

for ear drops as, "Put two drops in right ear every four hours" and he abbreviated "right" in the usual way, an "R" with a circle around it. But the woman returned several days later complaining the baby was still crying and his little bottom was getting really greasy with "all those drops of oil". The doctor saw the baby's right ear was dry. Sure enough, the pharmacist had typed these instructions on the eardrops label: "Put two drops in R ear every four hours."



# Gateway Medical Centre

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### AUGUST-SEPTEMBER 2012

Your next appointment:

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> Hypertension



> Parkinson's Disease



> Childhood bullying



> Tonsillitis



Enjoy this free newsletter from our practice. 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)

### DOCTORS & THEIR INTERESTS

**Dr Betty Patapis**  
MBBS, FRACGP  
Women & Children's Health

**Dr Elaine Caplan**  
MBBS  
General Medicine

**Dr Robert Vial**  
MBBS, BMedSc, FRACGP, FACNEM  
General and Nutritional Medicine

**Dr Fung Cheung**  
MBBS, FRACGP  
Minor Surgery

**Dr Christel Romano**  
MBBS  
Women and Children's Health

**Dr David Mark**  
MBBS, FRACGP

**Dr John McCrick**  
MB ChB

**Dr Chris Ward**  
MBBS

**Dr Paul Klemes**  
MBBS, FRACGP  
Sports Medicine

**Dr John Cooper**  
MBBS  
General Medicine

**Dr George Spicer**  
MBBS

**Dr Lakshmi Kadaba**  
MBBS  
General Medicine

**Dr David Leaf**  
MBBS

### ALLIED HEALTH PROFESSIONALS

- |                        |               |
|------------------------|---------------|
| <b>Kingsley Gibson</b> | Physiotherapy |
| <b>Cameron Elliott</b> | Physiotherapy |
| <b>Megan Coventry</b>  | Physiotherapy |
| <b>Luise Hollman</b>   | Physiotherapy |
- (see leaflet inside newsletter)

- |                       |                       |
|-----------------------|-----------------------|
| <b>Emma Vowels</b>    | Exercise Physiologist |
| <b>Neeti Chadha</b>   | Audiologist           |
| <b>Tanya Bonner</b>   | Psychologist          |
| <b>Julie Leighton</b> | Psychologist          |

Available for appointment Mon-Sat.  
Please call 9998 3400 for appointments.

### BULK BILLING MEDICAL CENTRE

● **PHARMACY 9998 1900**  
Monday to Friday 7.30am - 9pm  
Saturday 8am - 8pm  
Sunday 8am - 6pm

● **APPOINTMENTS**  
Appointments are available 9am - 5pm Monday to Friday with all Doctors. Please enquire at Reception or phone the Centre.  
**Booking a long appointment.** If you want an insurance medical, review of a complex health problem or a procedure etc., please book a longer appointment.

● **SURGERY HOURS**  
Monday to Friday 7am - 9pm  
Saturday 7am - 8pm  
Sunday 8am - 6pm  
Public Holidays 8am - 6pm

● **AFTERHOURS & EMERGENCY**  
Family Care Medical Services - Ph: 13 74 25  
Mona Vale Hospital - Ph: 9998 0333  
Home Visits are available to patients of this practice (for emergencies). This service incurs a fee.

Monday - Friday	4pm - 8am	\$130.00
Saturday & Sunday	10am Sat - 8am Mon	\$140.00
Public Holiday	all day	\$150.00

Medicare rebates on above: approximately \$100.00  
Patients in nursing home/aged care facilities ..... Bulk billed  
Veterans' Affairs patients ..... DVA Gold Card  
Patients with concession cards are encouraged to telephone for further information regarding fees as there may be a reduction in fees in certain circumstances.

- **OTHER SERVICES OFFERED**
- |                            |                      |                 |
|----------------------------|----------------------|-----------------|
| • Pathology                | • X-ray              | • Minor Surgery |
| • Dentist (Private Billed) | • Vaccinations       | • STD checks    |
| • Menopause Counselling    | • Medicals           | • Allergy Tests |
| • Family Planning          | • Skin Cancer Checks |                 |

● **BILLING ARRANGEMENTS**  
The Centre directly bills Medicare all patients who present their Medicare cards at reception.  
All appointments are privately billed with the fees advertised at reception.  
Workers Compensation, ancillary services and overseas are charged AMA rates. Fees vary according to the complexity of the service or if a procedure is performed.  
Payments can be made by **cash, cheque, Visa, Mastercard and EFTPOS.**



Ask your Doctor if you should have a regular BP check.

## Hypertension

Most people do not know they have high blood pressure until somebody measures it.

But nearly 1 in 3 adult Australians have it. Once uncovered, treating high blood pressure with lifestyle changes and/or medications can add many years to your life; which is often considered as "insurance" against heart problems or stroke. This is particularly so in those who smoke or have diabetes or kidney damage.

### Did you know these facts about hypertension?

- It increases the risk of stroke more than the risk of heart attack.
- The risk of either relates to your age and gender and how high the blood pressure goes beyond a value of 115/75mmHg. Raised diastolic pressure (the lower of the two readings) is a stronger indicator of risk until the age of 50, when systolic pressure (the higher reading) becomes more important.
- Treatment of hypertension improves the risks, no matter how bad the high blood pressure is to start with. Stroke risk reduces most. For example, any intervention that is able to reduce diastolic pressure by a reading of 5-6 (mmHg) could decrease the risk of stroke over the next five years by 50% and the risk of heart problems by about 20%.
- The more strict blood pressure control is, the more it reduces the chance of strokes and circulatory problems.
- Things you can do to lower your blood pressure are try to maintain an ideal body weight, limit alcohol and salt, stop smoking and get regular exercise.
- Most people on treatment will need two or more medications to reach their target blood pressure, sometimes combined in the one tablet. If you are taking a lot of medications, you can ask your doctor about a Home Medicines Review. See your doctor for regular BP checks or monitor it yourself at home.

[www.heartfoundation.com.au](http://www.heartfoundation.com.au)



## Parkinson's Disease

Parkinson's disease, rare before age 50, will almost triple by 2050 due to our ageing population, affecting 1-3% of those aged 80.

This progressive degenerative disorder affects brain nerve cells and leads to tremor, mood change, and rigid muscles.

Treatment is moving towards protecting the brain from changes for which early diagnosis is important. In fact, many years before the typical tremor appears, other symptoms can warn of trouble ahead, such as:

- depression
- impaired sense of smell
- muscular aches and pains
- disturbed skin sensation
- low blood pressure
- constipation and bowel disturbance.

The cause of Parkinson's is really unknown and at different stages in the illness, help from people such as nurses, physiotherapists, occupational therapists and speech therapists are needed.

Drug treatment provides most relief from symptoms by altering a chemical hormone in the brain, dopamine. These drugs tend to wear off though and changes to treatment are needed, which is a specialised skill. Sometimes implantation of a brain stimulator can dramatically help abnormal movements.

## Telltale signs of childhood bullying

About half of children who get bullied fail to tell anyone about it. Playground threats, fear of being singled out by adults or low self-esteem may stand in the way. That's why it is important to look for these signs of bullying in your child:

- Unexplained bruises, torn clothes or damaged books.
- Not wanting to go to school – making excuses, such as feeling sick.
- Easily upset, appears unhappy, or mood swings.
- Restless sleep with bad dreams or crying while asleep.
- Headaches, poor appetite or stomach aches.
- Refuses to talk about events at school.
- No single good friend from school.

Cyber bullying, the use of the internet to be repeatedly hostile to an individual or a group, is becoming more common as younger children use social media, chat rooms, email or mobile phone text messages. Thirty years ago a "note" could be passed in class to a few eyes. Today thousands can see a posting on Facebook. Cyber bullying is seen most in the first few years of high school and although girls and boys bully as often, girls tend to bully more in social groups.

Australian research on 3000 students in years 6-12 showed 30% were victims of cyber bullying in the previous year, females most (64%), with 83% knowing the bully. Some

40% worry about getting upsetting emails or chat messages. People who bully offline are also most likely to bully online, and they can do it anonymously.

### So what can parents do? Firstly – look out for possible signs, which include:

- Sudden aversion to socialising with friends.
- New nervousness about school.
- Dropping out of sports or other activities.
- Change in mood.
- Change in sleep patterns.

### Secondly help your child by:

- Listening to concerns raised.
- Discussing cyber bullying with your child.

- Take complaints from your child seriously.
- Teach them about online safety, especially with social media and passwords.
- Block the cyber bully if possible and keep any evidence.
- Contact the school. Most have policies to deal with cyber bullying.
- Contact the police if threats are made.

*Childhood bullying is as common amongst girls as it is amongst boys.*



[www.qld.gov.au/disability/children-young-people/bullying/facts.html](http://www.qld.gov.au/disability/children-young-people/bullying/facts.html)

## Managing Menorrhagia

Menorrhagia, or excessively heavy periods, can develop soon after the first period but more often affects women close on menopause.

Medically speaking, menorrhagia is defined as menstrual loss greater than 80ml per cycle, but the affected may find this hard to estimate. The presence of large clots and flooding at menstruation that requires high-absorbency pads or frequent (e.g. hourly) change of pads or tampons are convincing signs. Women may have "accidents" involving clothing or bed sheets, or social limitations at the time of menstruation.

For the doctor investigating this problem, the main aim is first to exclude serious problems before making a diagnosis of dysfunctional uterine bleeding, which means hormonal problems without any disease being present.

These possible causes need exclusion: uterine fibroids; adenomyosis, polyps, or endometrial hyperplasia (abnormal growth of the lining of the uterus); pelvic infection; and cancer of the uterus (particularly women in their 50s). Rarely, clotting disorders may affect younger women.



*Surgery is rarely performed for heavy periods.*

Particular symptoms may hint at a cause. Pelvic pressure and frequency of urine are associated with large fibroids. Pelvic ache and painful intercourse are common in women with adenomyosis or pelvic infection.

An internal manual examination is an important part of any check-up. Pelvic ultrasound is very helpful. Vaginal swabs are done for suspected infection. Endometrial biopsy, the taking of a

sample of the lining of the uterus, can be done as an office procedure (hysteroscopy) or under general anaesthesia (D&C). This test is critical to diagnosis and to exclude cancer.

Treatment varies with cause, age, and desire to have children.

**Medications** taken several days before menstruation can lessen the loss. So can the oral contraceptive pill. An intrauterine device (IUD) that contains the female hormone progestogen is successful in 90% of users at the end of a year, with the added benefits of contraception.

**Minor surgery** that shrinks the lining of the uterus, called endometrial ablation, has a three-year satisfaction rate of around 80%, with re-operation necessary in 20%. (This is not suitable for women wanting further children.)

**Surgical removal** of fibroids is possible in women wanting further children or in preference to hysterectomy. Deliberate blockage of arteries 'feeding' fibroids (radiographic embolisation) is an emerging alternative to surgery. These procedures all carry risks.



*Bacterial infection affects about 1 in 8 bouts of tonsillitis.*

## Tonsillitis

The tonsils are two pads of glandular (lymphatic) tissue; one situated each side of the back of the throat, just behind the back teeth.

The tonsils are relatively small before age one, then increase to maximum size as a child reaches four to seven years. They help provide a defense against any infection (usual viral) that comes via the nose or mouth, so it is common for tonsils to become red, inflamed and enlarged.

When doctors talk of "tonsillitis" (which simply means inflamed tonsils), they are worried about severe tonsillitis – sore throat, fever, headache and pain on swallowing – due to bacterial infection that they can treat. Why? Bacterial infection happens in about 1 in 8 bouts of tonsillitis. Left untreated, the infection can cause complications of rheumatic fever, abscess formation ("quinsy"), failure to thrive or a tendency to ear infections (if repeated infections), and obstruction to breathing or swallowing (if very enlarged).

Bacterial tonsillitis produces visible "muck" (exudate) on the tonsils and compared to the sore throat of a cold, the pain is more severe. Usually, there will be swelling of the lymph glands in the neck as well. If your doctor is

uncertain about whether bacteria are involved they might take a throat swab to try and grow any bug in the laboratory.

*Streptococcus* is the most common bacterial cause and standard treatment is penicillin over 6 to 12 days. It is important to take the full course of antibiotic, which your doctor may decide needs to be started with an injection.

Paracetamol can help the pain as can a throat gargle or lozenge. It is important to keep hydrated by drinking plenty of fluids. Aspirin is NOT to be given to children with tonsillitis as it can lead to a rare condition called *Reye's syndrome*.

These days, surgical removal of the tonsils (tonsillectomy) is not taken lightly because of the risks. The operation is usually reserved for recurrent bouts of tonsillitis that respond poorly to antibiotics, lead to frequent ear infections or interfere with a child's general health. Breathing obstruction and abscess are, thankfully, rare indications. Discuss with your doctor.