

# CROSSWORD

- ACROSS**
- Eating disorder, with vomiting (7)
  - \_\_\_ is a chronic condition requiring regular preventive checks (8)
  - Viral nose blockage (4)
  - Means high blood pressure (12)
  - Another term for SLE (autoimmune disorder) (5)
  - Brain infection that can progress rapidly (10)
  - What two-year-olds are good at! (7)
  - Relating to behaviour (11)
  - Frequent hand washing prevents \_\_\_ food (12)
- DOWN**
- An eating disorder (8,7)
  - Heart pumps \_\_\_ around the body. (5)
  - Common contagious skin infection in children (8)
  - Ankle \_\_\_ that don't heal may mean poor circulation (5)
  - Treatments involve weighing up benefit and \_\_\_ (4)
  - Testosterone is a \_\_\_ hormone (4)

## Laughter the Best Medicine

**■ Busy Practice**  
One fella walked into a doctor's office and the receptionist asked him what he had. "Shingles," he said. So she took down his name, address, and medical insurance number and told him to have a seat. Fifteen minutes later, a medical student came out and asked him what he had. "Shingles," he said. So she took down his height, weight, complete medical history, and told him to wait in the examination room. A half-hour later, a nurse came in and asked him what he had. "Shingles," he said. So she gave him a blood test. Then told him to take off all his clothes and wait for the doctor. 15 mins later, the GP came in and asked him what he had. "Shingles," he said. The doctor asked, "Where?" He said, "Outside in the truck. Where do you want them?"

**■ Generation Y**  
People born before 1946 are called **The Silent Generation**. People born between 1946 and 1964 are called **The Baby Boomers**. People born between 1965 and 1979 are called **Generation X**. And people born between 1980 and 2010 are called **Generation Y**. **Why do we call the last group Generation Y?**  
Y should I get a job?  
Y should I get a car when I can borrow yours?  
Y should I wash and iron my own clothes?  
Y should I leave home and find my own place?



## School Sores – Impetigo

School sores (impetigo) is a bacterial infection of the skin. It is caused by a bacterium, most commonly Staphylococcus but in warmer climates, Streptococcus bacteria as well. Whilst not a 'serious' infection, it is contagious. The name comes about, as it is most common in school age children. It is spread by direct person-to-person contact. It can also be passed on through shared towels, clothes or linen.

The symptom is sores, usually open on the body. The limbs are most commonly affected. It can start as a few and develop quickly. Some children feel a bit unwell but most feel quite well. Diagnosis is typically by examination. A swab may be done but is not mandatory. Treatment is with antibiotics and antiseptic on the sores. Children need to be kept out of school until the sores have dried out. Towels, bedding and clothes should be washed separately and with something germicidal.



Recipe for health

### GARLIC PRAWN FETTUCCINE

- INGREDIENTS**
- 400g Raw Prawns Peeled and Deveined
  - 400g Fettuccine
  - 50g Extra Virgin Light Olive Oil
  - 4-6 cloves garlic depending on size, crushed
  - ½ teaspoon Chilli flakes, or to taste
  - 20g Fresh Parsley finely chopped
  - ½ cup water from pasta
  - 1 lemon squeezed
- METHOD**
1. Cook fettuccine in a large pot, ¾ full of cold salted water.
  2. Preheat large pan on medium heat and add olive oil, garlic and chilli and cook for approx. 1 minute ensuring that the garlic does not burn. Turn down heat if you see garlic colouring. After 1 minute turn up heat slightly and add prawns stirring until prawns start to turn white. Add ½ cup water until prawns are cooked.
  3. Add the fettuccine, parsley and lemon juice. Toss through.
  4. Serve on plate with some shaved parmesan cheese if desired.



# Gateway Medical Centre

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### FEBRUARY-MARCH 2013

Your next appointment:

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> Systemic Lupus Erythematosus



> Gestational Diabetes



> Male Hormone Deficiency



> School Sores – Impetigo



Enjoy this free newsletter from our practice. Please remember that decisions about medical care should be made in consultation with your a 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 McCririck**  
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

### ALLIED HEALTH PROFESSIONALS

**Kingsley Gibson** ..... Physiotherapy

**Cameron Elliott** ..... Physiotherapy

**Megan Coventry** ..... Physiotherapy

**Luise Hollman** ..... Physiotherapy

**Emma Vowels** .... Exercise Physiologist

**Neeti Chadha** ..... Audiologist

**Tanya Bonner** ..... 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

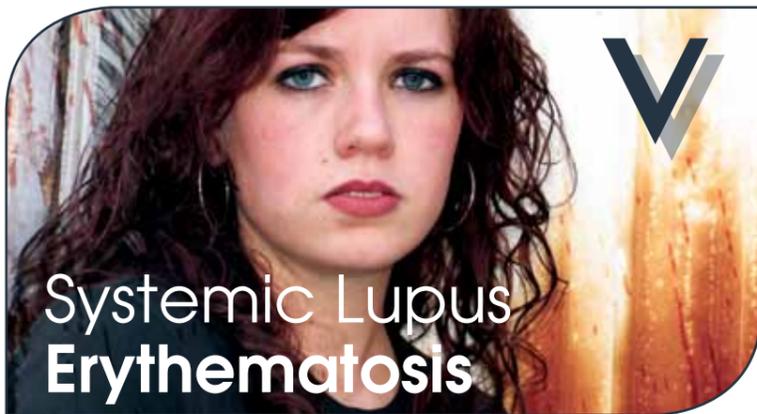
Patients in nursing home/aged care facilities ..... Bulk billed  
Veterans' Affairs patients ..... DVA Gold Card  
Patients with concession cards are encouraged to telephone for further information regarding fees as there may be a reduction in fees in certain circumstances.

**● 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.**





## Systemic Lupus Erythematosis

SLE or Lupus is an immune disorder that can affect many body organs. The immune system attacks these organs with autoantibodies. The cause is not known. Genetics play a role and women are affected more often (10 times) and mostly between ages 20 and 40.

The most common symptoms are joint aches and pains and a red skin rash which is worsened by sun exposure. Other symptoms can include fever, fatigue, hair loss, mouth ulcers, and dry eyes.

The symptoms can be few or many and can be vague or severe. SLE is notoriously difficult to diagnose as tests are not specific and all the autoantibodies found in people with lupus may be found in healthy people.

Diagnosis comes from a combination of examination findings and test results. It can take quite a while to establish a diagnosis. SLE can wax and wane in episodes or can be ongoing in a chronic form, mild or severe (affecting kidneys, lungs or heart).

Treatment is given to suit the circumstances, that is, the nature and severity of symptoms. Non-steroidal anti-inflammatory drugs (NSAID's) are used to treat painful joints. Steroids quieten the immune system when the kidneys or other internal organs are involved. Other potent medications or skin steroid creams may be used.

There is no specific cure but because the immune system is influenced by many things, lifestyle measures that can help include regular exercise, a healthy diet, not smoking and reducing stress.

There is no known cure for lupus. Most people will have flares from time to time and not need constant treatment. People with this problem can expect to lead a long and otherwise full and active life.

 Weblink [www.arthritisvic.org.au/Conditions-and-Symptoms/Lupus](http://www.arthritisvic.org.au/Conditions-and-Symptoms/Lupus)

## Tips to Avoid a Summer Food Bug

 People can avoid food-borne illness by following some basic food handling procedures such as:

- Store foods such as meat, dairy products and other perishables in the fridge until needed and don't leave leftovers out for longer than two hours
- Cover food to prevent contamination by dust or insects
- Throw away higher risk foods like meats and dairy products if they have been left out of the fridge for longer than four hours
- Cook all meats thoroughly, taking special care with chicken and minced meat products
- Always having an esky with ice or ice bricks to keep meats and other foods cold at barbecues and picnics
- Check expiry dates on food before purchasing or using
- Wash hands thoroughly with soap and water before handling food
- Place recently cooked leftovers to cool in the fridge
- Keep leftovers for up to three days and if reheating, reheat until steaming hot
- Wash fruit and veges in clean running water before eating

If you think you are ill from eating contaminated food, consult your doctor as soon as possible and make a list of foods eaten in the previous 48 hours. If a restaurant was involved, notify your local government's environmental health officer and refrigerate any leftovers for possible examination.

## Behavioural Problems in Younger Children

After birth, children gradually learn how to behave, with many cultural and family differences around what is acceptable behaviour. One thing is certain, problems with raising children are fairly universal! Fortunately the vast majority are not due to medical causes.

The doctor's role is most likely to advise parents on whether problems are severe enough or of a type to attract a medical label such as ADHD, Oppositional Defiance Disorder, Conduct Disorder or Autism Spectrum Disorder. On the one hand, establishing a diagnosis can assist parents in claiming benefits or dealing with the behaviours. On the other, it can 'brand' the child and make schooling or family life more difficult. These are things you can discuss freely with your doctor.

Your doctor is also concerned to rule out physical problems that might contribute to childhood behaviour problems. Children who have difficulty with hearing, eyesight

or specific learning disabilities can react with abnormal behaviour.

To complicate things further, children also have emotional and behavioural responses to stress, changes in environment (e.g. moving house), worries about school or friendships, or even windy weather!

Management will depend on cause. Once physical factors and learning disabilities are ruled out as major players, parents are stuck with using the best advice to cope.

Simple things like time-out, withdrawal of privileges, and simple rewards for good behaviour can work, depending on age

and the child's level of understanding.

There is no shame if parents seek help in managing behavioural problems – parenting classes, family therapy, cognitive behavioural therapy (CBT), social training or anger management for the child. Occasionally, medications help. Sometimes a somewhat 'detached' older person can give wise advice because all children will display bad behaviour at times. This is part of learning right from wrong.

*Losing your cool*



 Weblink [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)



## Male Hormone Deficiency

'Male menopause' is a wrong expression because unlike female menopause, sex hormones do not drop quickly in older men. Instead, androgens (testosterone mainly) drop slowly as males age, typically beyond the age of 40 or 50.

The symptoms that are said to go with 'male menopause' vary a lot and are not specific. They include tiredness, irritability, loss of motivation, low libido, moodiness, difficulty concentrating, joint or muscle aches and weakness, and a loss of zest for life.

In the most cases there is no known cause. Stress may play a role. You will need a thorough examination by your doctor, perhaps blood tests to measure testosterone and exclude other conditions. Low testosterone can be associated with conditions of the testes (e.g. past mumps) or pituitary gland, but ageing is the most common factor.

Sometimes a trial of testosterone replacement therapy is required to see if symptoms improve. To qualify for treatment on the PBS there needs to be two morning testosterone levels below eight. Testosterone can be given via an injection, a gel or patch usually. The length of time that a supplement is needed will vary from months to many years.

Lifestyle changes are also important. Weight loss for those who are overweight helps androgen metabolism. Exercise also can stimulate testosterone production.

## Gestational Diabetes

When blood sugar rises during pregnancy (gestational diabetes) it generally returns to normal after the birth. Some 3 to 8% of pregnant women develop this problem, mostly between week 24 and 28, and your doctor routinely screens with a blood test.

During pregnancy, hormones from the placenta help the baby grow. However, they can also block the effects of the mother's own insulin, leading to 'insulin resistance' where insulin requirements during pregnancy can be three times normal. For some women this is more than the body can handle and they in turn develop gestational diabetes. When insulin levels drop after delivery, things can return to normal.

Risk factors for gestational diabetes include overweight, over age 30, a family history of diabetes and having had gestational diabetes in a

previous pregnancy. People of Chinese, Polynesian, Vietnamese and Indigenous Australian background are more at risk. Eating a healthy diet, regular exercise and maintaining a healthy weight all reduce the risk.

Gestational diabetes means you are more likely to develop type 2 diabetes later in life but this is not a given. And it doesn't mean your baby is born diabetic.

As pregnancy progresses it is important to monitor and control sugar levels in the blood stream, something you can manage with your doctor and perhaps a dietician.



*Eating for Two*

 Weblink [www.diabetesaustralia.com.au/en/Living-with-Diabetes/Gestational-Diabetes](http://www.diabetesaustralia.com.au/en/Living-with-Diabetes/Gestational-Diabetes)

## Eating Disorders—the Signs

Eating disorders are common amongst adolescent girls—about 1 in 20 develops problems, usually of two types.

Anorexia nervosa—an intense fear of gaining weight—leads to under eating and dangerous weight loss. They may have unusual ideas about foods and a distorted idea of their body image.

Bulimia—binge eating followed by vomiting or purging with laxatives—leads to weight loss and perhaps damage to the bowel.

Eating disorders are a complex problem, often tied to traumas from the past, poor self-esteem and peer pressures.

How can you tell if someone you know has an eating disorder? Look for these signs:

- Sudden unexplained weight loss
- Hoarding or hiding of food
- Preoccupation with food, unusual diets or exercise

- Skipping meals or eating alone
- Frequent weighing
- Spending lots of time in the toilet, especially after meals
- Unexplained vomiting
- Eating large amounts without weight gain
- Withdrawal from family and friends
- Stopping of menstruation for no good reason
- Loss of scalp hair

People with eating disorders need professional help. The road back to recovery is often tortuous with many ups and downs. And the family and friends of those with eating disorders will need support and guidance.



*Bulimia is often seen as a secret shame*

 Weblink <http://au.reachout.com>