

## Welcoming our new Clinicians

Hope Island Medical Centre is delighted to welcome our two new doctors, taking our total complement to 9 GPs. Dr Cristina Johnson leaves us to complete another term of General Practice training before returning to us in January 2012.



Dr Dale Fox has special interest in acute and emergency medicine. She also enjoys family medicine and chronic disease management. Dr Fox consults in the practice on a sessional basis,

including Wednesdays and most Saturday mornings.

Dr Padmasundari Pulivarthi has special interest in women's health; lifestyle management and paediatrics. She is available most weekdays and some Saturday mornings.



Maddy Hooper (RN) joins our Practice Nurse team and brings with her a wealth of General Practice experience.

## Practice Personnel

### Medical Practitioners

- Dr Andrew Weissenberger
- Dr Hung Nguyen
- Dr Damien Sullivan
- Dr Olga Missiouris
- Dr Catherine Henderson
- Dr Karen Ho
- Dr Christopher Briggs
- Dr Dale Fox
- Dr Padmasundari Pulivarthi

### Practice Nurses

- Tania Coubrough
- Robyn Matthews
- Maddy Hooper
- Jenny Aveling

### The Reception Team

- Shannon Margaret
- Deb Cathy
- Alex A Alex P
- Anne Tegan

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“To ensure good health:  
eat lightly,  
breathe deeply,  
live moderately,  
cultivate  
cheerfulness,  
and maintain an  
interest in life.”  
- William Londen

# Are you at risk of Osteoporosis?

Osteoporosis is a condition in which the bones become fragile and brittle, leading to a higher risk of fractures (breaks or cracks) than in normal bone.

Osteoporosis occurs when bones lose minerals, such as calcium, more quickly than the body can replace them, leading to a loss of bone thickness (bone mass or density). As a result, bones become thinner and less dense, so that even a minor bump or accident can cause serious fractures. These are known as fragility or minimal trauma fractures.

## **Osteoporosis affects both women and men.**

Women are at a greater risk of developing osteoporosis than men, mainly due to the rapid decline in oestrogen levels after menopause. Oestrogen is an important hormone for maintaining healthy bones. When oestrogen levels decrease, the bones lose calcium (and other minerals) at a much faster rate - bone loss is approximately 1% - 5% per year after menopause.

Men also lose bone as they age, but their bone mass generally remains adequate until much later in life. However, certain risk factors such as reduced calcium intake and low levels of vitamin D can increase age related bone loss. Although osteoporotic fractures are less common in men than in women, when they occur, these fractures are associated with higher disability and death than in women.

## **Risk factors for osteoporosis**

The following risk factors can increase your chance of developing osteoporosis.

### **Your family history :**

- Any family history of osteoporosis and fractures

### **Your medical history :**

Certain conditions and medications can increase your risk of osteoporosis.

- Cortico-steroids (commonly used for Asthma)
- Rheumatoid arthritis
- Over-active thyroid or parathyroid glands
- Coeliac disease and other chronic gut conditions

- Chronic liver or kidney disease

The following symptoms may also indicate an increased risk of osteoporosis.

*For men:*

- Impotence
- Lack of libido
- Other symptoms of low testosterone levels

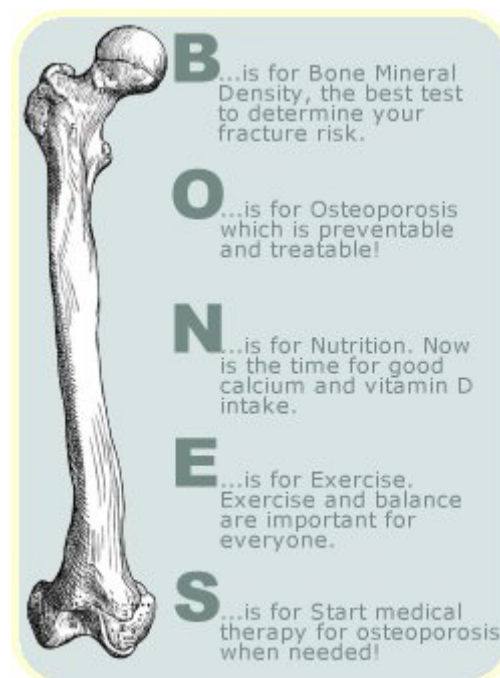
*For women:*

- If your period has stopped for 6-12 consecutive months (excluding pregnancy, menopause or hysterectomy)
- If you experience early menopause

### **Your lifestyle:**

- Smoking
- Excessive alcohol consumption
- Diet lacking in calcium
- Lack of sunlight exposure, which may cause vitamin D deficiency
- Sedentary lifestyle over many years

Hope Island Medical Centre invites you to complete the Osteoporosis screening questionnaire on the back of this page. Please take advantage of this and discuss your Osteoporosis risk factors with your doctor today.



# International Osteoporosis Foundation

## One Minute Osteoporosis Risk Test

	Yes	No
Have either of your parents broken a hip after a minor bump or fall?		
Have you broken any bone after a minor bump or fall?		
For women: Did you undergo menopause before the age of 45?		
For women: Have your periods stopped for 12 months or more (other than because of pregnancy) ?		
For men: Have you ever suffered from impotence, lack of libido or other symptoms related to low testosterone levels?		
Have you ever taken corticosteroid tablets (cortisone, prednisone, etc) for more than 3 months?		
Have you lost more than 3 cm in height or do you think you might be shrinking?		
Do you regularly drink more than 2 standard drinks a day?		
Do you smoke more than 20 cigarettes a day?		
Do you suffer frequent diarrhoea or have problems like Crohns disease or Coeliac disease?		
Have you been diagnosed with an over reactive thyroid or parathyroid gland?		
Do you avoid or are allergic to milk or dairy products without taking calcium supplements?		
Do you spend less than 10 minutes per day outdoors, with part of your body exposed to sunlight, without taking Vitamin D supplements?		

## RISK FACTORS

The longer you live the more likely you are to develop osteoporosis.

If you answered “yes” to any of these questions you may be at risk of developing osteoporosis and we recommend that you consult your doctor, who will advise whether any further tests are necessary.

**The Healthy Lifestyle Group** The Hope Island Healthy Lifestyle group is a patient driven support group for people who wish to connect with like minded people, who are trying to make meaningful changes in their lifestyles. **For more information, please see our practice nurses.**

Kathryn, a patient here at Hope Island Medical Centre says; “I would like to encourage anyone that is trying to change to a healthier lifestyle, whether it may be to lose weight for health reasons or just generally eat better and be motivated, to consider joining the Lifestyle Group being run from Hope Island Medical Centre. I have found everyone here to be helpful and informative. We hope that the group will help everyone involved with it—new members are always welcome. As I am in a situation where I feel quite isolated and alone at times, the support that is offered to me in this medical centre is invaluable.”

Kylie, who also participates in the group says; “I’ve been attending the Lifestyle group for a few months now and it’s amazing how positive being supported and told “you can do it”, can be. As a group we meet weekly and in between we keep each other motivated via mobile or on the group’s private Facebook page. We’re all in the same situation so there’s no pressure and we support and encourage each other every step of the way.”

## Donated Medical Supplies—A worthy cause for Africa

A big thank-you to Hope Island Medical Centre for kindly donating medical supplies to help aid a free medical clinic in Kenya, Africa in June/July 2011. Jambo, (hello) Jina langu ni (my name is) Donna Duffy, a Queensland Ambulance Paramedic who joined a team of 12 Queenslanders and 24 Victorians and ventured over to Kenya for a 3 week medical mission. Temporary hospitals were devised in 2 remote locations and local village people were offered free medical consultation and medicines according to their needs. Our team successfully raised \$20,000 to purchase medicines, first aid supplies and mosquito nets for these clinics. We were blessed by the many people and organisations that helped contribute towards this difficult fundraiser.

On tour our base was Nairobi, the capital, with a population of nearly 3 million people and one that houses the largest slum community in the world. A city with one road rule in that there seem to be no road rules! Many walk to their chosen destinations or catch 12 seater buses from once constructed bus shelters that get destroyed and stolen for their timber and roofing materials.



Illeret was our first clinic location, situated in far north Kenya bordering Ethiopia. Population of 35,000 and known as the Daasanach tribe, they are located in and around the area north of Lake Turkana. They are generally astoralists, eating only one meal a day, usually consisting of milk and sorghum, and sometimes meat. We were spoilt by being served 2 meals of goat stew, fish, rice and maize (cornflour and water). Breakfast being the most important meal of the day was our own supply of wheatbix, bread and of course the 'hot chocolate'. Our luxuries included no electricity, long drop, non-flushing toilets (outside the house), cold water bird bath,

mattress and a mozzie net. Clinics were culturally challenging observing many medical conditions consisting of malaria, AIDS, gastroenteritis, chest and eye infections, muscular aches and pains, wounds, malnutrition and iron deficiency anaemia. As a paramedic, triaging was my primary job. Translators were essential as Swahili is not my most fluent language. There are many children in Kenya. It was unbelievable to learn how care free they were. Their appreciation was surprising for none other than empty water bottle, filled with sand, attached to a rope, and dragged behind them. Every day is care free for these locals with very few children attending school as finances are tight. Selected few are lucky enough to be sponsored. Arrangements were made for us to visit the local school where we were able to pass on many donated sporting goods from home. Quality time was spent with these children enjoying this equipment playing soccer, hand-ball, skipping and ping pong.



Ganda was our second clinic destination located on the east coast, 2 hours north of Malindi. Our accommodation, again luxury, was a very old 2 star motel with cold running water, occasional flushing toilets

and beautiful green surroundings. I even located an Australian eucalyptus tree! A 3 km walk or motorbike ride into the Orma/Muslim community of Kapao was our base for the week. Again our team were exposed to many diseases, more common than Illeret of malaria, typhoid, old un-healed wounds, coughs, and general muscular aches and pains. The river in which they obtain their water is brown, full of multiple bacteria and many pollutants. Very few boil their water which became evident throughout all our examinations. Men, woman and children walked for miles to attend our clinics, and it became very difficult to close our



doors at the end of it all. In all our team treated nearly 1000 people. We all know that we cannot change the world in just one day but hopefully what we have provided has, and will continue to make a difference in the lives of the underdeveloped communities. Kenyans are truly laid back people and as the saying goes “... there’s no hurry in Kenya!”



Our trip was not complete without a visit to the Massai Mari. To see wild animals in their natural environment was truly a great wonder of the world. Our goal of seeing the top 5 African beasts was granted. Luxury was also

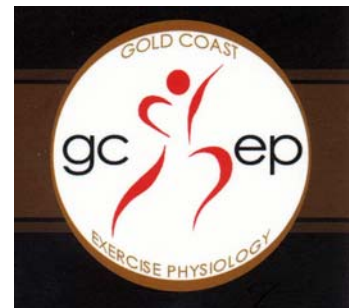


granted after such rough conditions on clinics. Hot running showers, flushing toilets, comfortable bed, 5 star food and hospitality were certainly appreciated. Into Africa Medical Mission tour 2011 was certainly very culturally shocking but such a rewarding experience. I am truly grateful for all that contributed in making this tour possible.

Regards  
Donna Duffy

## Profile

### Deb Fellowes BHMSc, MESSA, AEP, AMS



Deb Fellowes is an accredited Exercise Physiologist. She is a recognized provider with Medicare, Department of Veteran Affairs, Private Health Insurers, Job Networks and WorkCover (Qld and NSW).

She has been involved with the treatment of chronic conditions for over 10 years, and recognises the important role exercise can play with regard to managing these conditions, preventing aggravation of existing ailments, maximizing health, or minimising side effects of patients currently undergoing treatments.

Deb has also helped to develop and improve both the chronic pain management and back care programs offered at the Wesley Hospital.

Her background and experience mean that she is used to working with a variety of clients of differing physical restrictions, ages and goals.

So if you are not sure where to start, what exercise you can do, are limited by pain, or looking for a program to manage your medical conditions, then call Deb directly on 5528 4247, or talk to Reception to make an appointment.

**Exercise just needs to be taken regularly not seriously**



## **Did you know??**

Yes, there is help for low back pain!! If you have it you are not alone.

A staggering 80% of the adult population worldwide will experience low back pain at some time in their life. What is worse is 70-80% of these people have recurring problems within the first year.

Low back pain is one of the most common causes of disability of the working population.

Total cost of low back pain is larger than any other disease for which economic analysis is available.

Most low back pain which can sometimes be referred into the buttock, thigh, calf or foot is mechanical in origin which means it is caused by a specific movement or sustained postures.

A trained physiotherapist in the McKenzie method of mechanical diagnosis and therapy (MDT) can assess and differentiate the directional preference for treatment of mechanical problems. In brief we can work out which movement makes your injury worse and which one makes it better. Advice on correction of posture and specific exercises to reduce the pain will prevent further episodes of low back pain.

With the McKenzie approach 70% of patients can become self reliant and independent of therapies and the other 30% may require some therapist intervention.

### **Predisposing factors to back pain –**

- Poor standing posture – don't slouch. To correct it squeeze your shoulders down and back and pull your tummy in and walk tall. Have weight evenly distributed through your right and left foot.

Avoid standing on one leg for a period of time. Other benefits to correct your standing posture are looking taller, looking slimmer and feeling more confident.

- Frequently bending forward incorrectly. To correct bend your knees and lean forward through your hips. Don't forget to lean backwards to compensate for bending forward.

- Poor sitting posture – again don't slouch. When you are standing have you noticed you have a nice hollow in your back? This is natural and is called your lordosis. When you sit this hollow is generally unsupported, causing you to slouch and become sore. To prevent pain in sitting or pain when moving from sitting to standing, correct by using a little support in your lordosis, either a rolled up towel or a correct lumbar roll.

- Poor sleeping posture. We sleep for approximately 8 hours a night often in the fetal position curled up like a ball. Again this means we lose our lordosis. To correct this try sleeping straighter with a small towel under the waist and maybe a pillow between the legs.

- Keep active and do safe exercise. Walking with correct posture, comfortable clothing and good shoes is a cheap regular form of exercise so there are really no excuses.

[www.physiomax.co.au](http://www.physiomax.co.au), or contact PhysioMax on 5574 4255 to book an appointment with physiotherapist, Sarah Morgan, who visits the Hope Island Medical Centre on Thursday afternoons.

***'Helping you heal yourself'***



Hope Island Medical Centre is proud to be participating in the Closing the Gap Program and can offer patients all aspects of the PIP Indigenous Health Program including Wellness Checks. For more information, please speak to Nurse Tania.

Aboriginal and Torres Strait Islander people experience a burden of disease two-and-a-half times that of other Australians. A large part of the burden of disease is due to chronic diseases such as cardiovascular disease, diabetes, cancer, chronic respiratory disease and chronic kidney disease. This can be reduced by earlier identification, and management of risk factors and the disease itself.

## Profile

**Jenny Boban** A., Dip. Aud., M.Aud. SA. (CCP)

I am a fully qualified Audiologist and full member of the Audiological Society of Australia, and have had extensive experience in rehabilitation Audiology. I worked at Australian Hearing in both Townsville and Brisbane where I performed both adult and paediatric work, after graduating from the University of Queensland in 1996. I then went to work in the United Kingdom for 7 years both on the National Health where I worked in a hospital with Ear, Nose and Throat specialists, and also privately in a clinic in New Cavendish Street in London. I then returned to Brisbane and worked as a representative and trainer for a large hearing aid manufacturer before joining Active Hearing in April 2008.

At Active Hearing we are committed to providing our clients with full assessments, hearing aid fitting and rehabilitation for both private patients and pensioners. We are accredited by the Office of Hearing Services to provide services to eligible pensioners and DVA patients. For private clients we perform free screening assessments to determine if there is a hearing loss as well as regular annual check-ups to monitor hearing.

I am very much looking forward to meeting you -why not book in for a free assessment to discuss your hearing needs with me. I am available for consultation on Tuesdays.

### We provide services to suit all needs including:

- Free Hearing Assessments & Hearing Aids for eligible pensioners and DVA card holders
  - Hearing Assessments & Hearing Aids for Private Clients
- Tinnitus Evaluation & Management
- Custom Ear Protection (noise reduction plugs, swim plugs & musician plugs)

