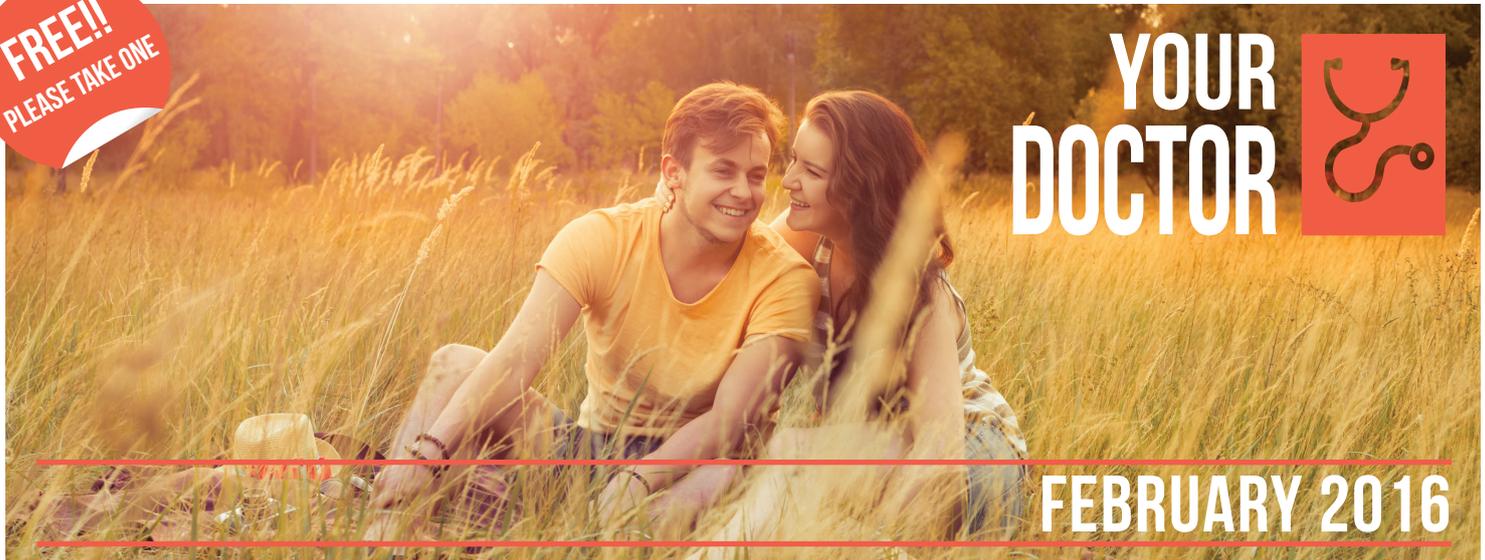


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YOUR DOCTOR



FEBRUARY 2016

HEALTH HQ

“Quality Caring”

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HOURS AND SERVICES

Consultations by appointment.
If you need to be seen urgently or need a long
consultation, please ask when you book. Home
visits within 5km can be arranged if necessary.

Mon, Tue, Wed, Fri 8:30am-5:00pm

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AFTER HOURS CARE

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VALUABLE WEBSITES FOR QUALITY INFORMATION

www.travelmedicine.com.au

www.healthinsite.gov.au

TYPE 2 DIABETES FROM BIRTH AND BEYOND

Type 2 diabetes is a fast growing condition in Australia, affecting close to two million Australian adults. There are two types of diabetes – type 1 accounts for 10% of all diabetes and type 2, the more common form, accounts for around 85%.

Type 2 diabetes occurs when the body doesn't respond to insulin properly resulting in high insulin levels and high glucose (sugar) levels in the blood. Insulin is a hormone that facilitates glucose moving from the bloodstream to cells. Lifestyle is a known risk factor for type 2 diabetes. Early-life developmental conditions have also been cited in the list of risks, particularly low birth weight. Researchers delved into this further assessing the effects of birth weight and lifestyle factors on occurrence of type 2 diabetes.

The study looked at the lifestyle habits and medical history of close to 150,000 people over a long period of time. Their birth weight was recorded as well as information on their

diet, exercise, smoking, alcohol consumption and body mass index (BMI). Occurrence of type 2 diabetes was also recorded.

Low birth weight was associated with risk of type 2 diabetes as were unhealthy lifestyle behaviours. Low birth weight combined with increasing numbers of unhealthy lifestyle behaviours was also linked to an increased risk. Researchers estimated that 57% of participants could have avoided type 2 diabetes if they'd stuck to a healthy diet, taken plenty of exercise, quit smoking, drunk alcohol in moderation and had a normal birth weight.

This research reinforces what is already known about minimising risk of type 2 diabetes. That is, adhering to a healthy lifestyle is a powerful protective factor. It also suggests that the prenatal environment plays a role in prevention. If you're pregnant talk to your doctor about how to foster a healthy in-uterine environment for your baby.

For reference: Li, Y et al. Birth weight and later life adherence to unhealthy lifestyles in predicting type 2 diabetes: prospective cohort study. *BMJ* 2015; 351:h3672 | doi: 10.1136/bmj.h3672.



FAREWELL FRUCTOSE



Childhood obesity rates are increasing and much of this is due to bad diet and lack of exercise.

Overweight and obesity early in life increases a child's risk of lifetime health complications including heart disease and diabetes. Some researchers suspect that fructose contributes to the risk of these conditions in children. Fructose is a naturally occurring sugar found in fruits and honey and also forms a half of each sucrose molecule (crystalline sugar). Fructose is potentially harmful due to the way it's metabolised in the body. It's thought that fructose fails to make people feel full and excess fructose drives liver fat metabolism, raising the production of LDL cholesterol (the 'bad' cholesterol).

Researchers investigated the effects of fructose in a group of 43 children who were given a diet for 10 days that cut fructose intake by two-thirds. The reduced calories were matched by increased intake of carbohydrates. The results showed that the children lost on average one kilogram in the 10 day period and saw improvements in the levels of circulating LDL cholesterol, insulin and blood pressure levels.

There is much debate about the effects of fructose on the body and more research is needed to understand the long-term impact of monitoring consumption. This study suggests that cutting the levels of fructose in a child's diet, particularly overweight children or those with obesity, can help with weight management and lower the bad cholesterol levels in the body. You just need to make sure that fructose isn't being replaced by unhealthy foods.

For reference: Lustig, RH et al. Isocaloric fructose restriction and metabolic improvement in children with obesity and metabolic syndrome. *Obesity* 2015 Epub ahead of print doi: 10.1002/oby.21371.

IT PAYS TO BE FIT AND STRONG

Coronary heart disease is the leading cause of death and disease in Australia. It's caused by atherosclerosis which blocks arteries and one of the consequences can be disturbed heart rhythms known as arrhythmias.

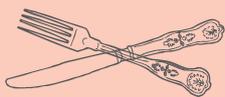
Getting enough exercise helps reduce the risk of heart disease, however there's also concern that strenuous exercise might increase the risk of arrhythmia.

Researchers looked at this link further in 1.1 million young Swedish men who'd undergone Swedish military conscription. Their fitness was tested through a bicycle test and their muscle strength through the handgrip test. Researchers analysed occurrence of vascular disease (including ischaemic heart disease, heart failure and stroke) and arrhythmia (including atrial fibrillation or flutter), bradyarrhythmia (slow heartbeat), supraventricular arrhythmia (fast heartbeat), ventricular arrhythmia (a very dangerous fast heartbeat) and sudden cardiac death.

Increased exercise capacity and muscle strength was associated with a lower risk of vascular disease. Higher exercise capacity was linked to increased risk of some types of arrhythmia (atrial fibrillation and bradyarrhythmia) but not others. Higher muscle strength was associated with lower risk of more serious types of arrhythmia.

Exercise is vital to good health and to minimise risk of disease. The men included in this study were relatively fit to start with so more research into this effect in the general population is needed. The increased risk of some types of arrhythmia found in this study should not deter people from exercising. It's important to get the recommended amount of exercise and always check with your doctor to find out what type of exercise is best for you, particularly if you have a condition.

For reference: Andersen, K et al. Exercise capacity and muscle strength and risk of vascular disease and arrhythmia in 1.1 million young Swedish men: cohort study. *BMJ* 2015;351:h4543 | doi: 10.1136/bmj.h4543.



Good Health on the Menu

CRISPY CHICKEN BITES

A fructose free recipe that the kids will love.

Ingredients:

- 1 teaspoon of mixed herbs
- 1 teaspoon salt and pepper
- Flour
- Olive oil
- 2 cups fresh wholemeal breadcrumbs
- 2 eggs, lightly beaten
- 4 small chicken breasts – fat trimmed off and cut into bite size cubes
- Lemon and natural yoghurt for dipping

Method

1. Preheat the oven to 200 degrees Celcius.
2. Put the mixed herbs, salt and pepper in a bowl and mix until well combined.
3. Place flour in a bowl and toss chicken in it. Dust off any excess flour.
4. Crack the eggs in a bowl.
5. Dip the chicken pieces into the egg bowl and then into the bowl with the breadcrumb mix.
6. Heat some olive oil in a non stick frying pan and cook the chicken until golden brown.
7. Line a baking tray with baking paper and place the chicken on it.
8. Place in oven for 5 minutes or until chicken is cooked through.

9. In a small bowl mix natural yoghurt and lemon juice.
10. Serve chicken pieces with lemon yoghurt for dipping.



Enjoy!

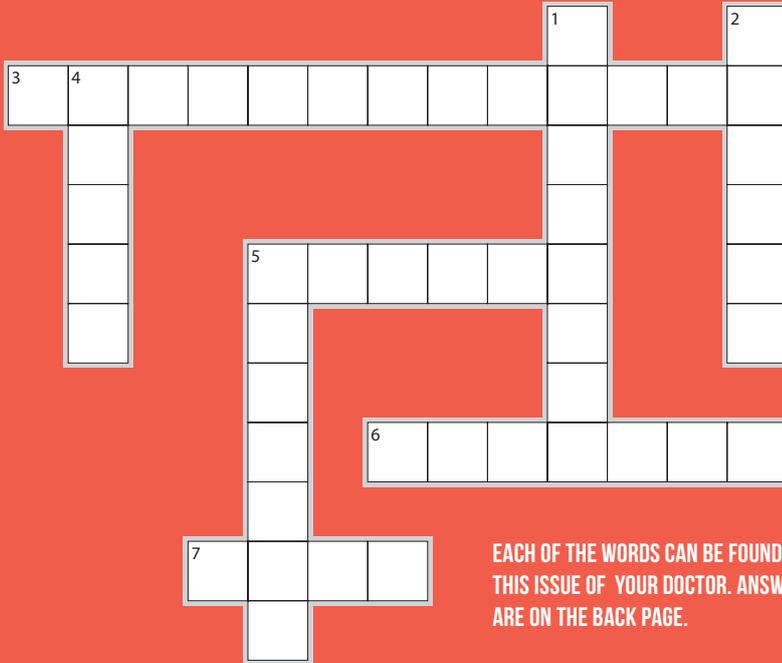
Clever CROSSWORD

Down:

1. Type 2 _____ is the fastest growing condition in Australia.
2. Coeliac disease refers to intolerance to what?
4. Getting enough exercise helps reduce the risk of _____ disease.
5. Type 2 diabetes occurs when the body doesn't respond to _____ properly.

Across:

3. Our _____ age tells us how many years we have been alive.
5. There are _____ cells in our intestine.
6. _____ early in life increases a child's risk of lifetime health complications.
7. Childhood obesity is increasing due to lack of exercise and bad what?



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

== DID YOU KNOW? ==

MIND OVER MATTER WHEN IT COMES TO WHAT WE PUT IN OUR MOUTHS



With the myriad of evidence-based information available to us around the health benefits of having a healthy diet and getting plenty of exercise researchers are beginning to look into why it's so difficult for people to maintain a healthy weight.

An age-old line when it comes to weight control is "I can't lose weight, it's genetic." Well this is partly true – genetics do play a role in controlling body weight. However so does the environment – the abundance of energy dense and overly processed food readily available to us. Genetics on its own does not account for the huge and ongoing increase in rates of overweight and obesity worldwide and thinking it does may be detrimental who those who are trying to shed weight. Researchers investigated this further, looking for any potential links between what we think about weight and our behaviour.

American researchers looked at beliefs about body weight, diet and exercise in a group of nearly 9000 adults. They were asked to respond to a variety of questions including "Some people are born to be fat and some thin; there is not much you can do to change this." The results showed that those who believed that their weight was uncontrollable made unhealthier decisions about diet and exercise. This relationship was stronger with increasing age.

This study suggests that the beliefs a person holds about the level of control that they have over their weight may affect the way they live their life and decisions they make about their health. It's important to be aware that overweight and obesity are also very much lifestyle conditions so evidence-based guidelines on weight management need to be followed for a healthier way forward.

For reference: Parent, MC and Alquist, J L. Born fat: the relations between weight changeability. Beliefs and Health Behaviours and Physical Health Epub online Sep 8, 2015. Doi: 10.1177/1090198115602266.

A QUESTION OF AGE

Our chronological age tells us how many years we have been alive, but it isn't always an accurate measure of our health.

Our health age, that is the condition that our body is in, is often referred to as biological age and defines the extent of our physical ageing and associated health risks. Often measurement of biological risk factors of bad health doesn't begin until later in life in those around 50 years old and older. There may be benefit, however, in looking into biological age earlier in life so that those with unhealthier profiles can make changes earlier on and thus hopefully prevent further decay.

Researchers analysed a group of 30 adults when they were 26 years old, and then again when they were 32 and 38 years of age. They found that at age 26 there was a wide variation in participants' biological ages. Biologically speaking, some 26 years old were more than a decade 'older' than their 26 year old peers. Those who had a higher biological age also seemed to continue to biologically age faster than those who didn't.

Biological ageing is largely lifestyle driven. A healthy weight, good diet, plenty of physical activity, not smoking and not drinking alcohol excessively can all contribute to good health for longer. Biological ageing starts early in life so it's important to be aware of your lifestyle decisions from an early age and fight the urge to feel 'invincible' when it comes to ill health.



For reference: Beksky, D W et al. Quantification of biological ageing in young adults. *Proceeding of the National Academy of Sciences* Epub online June 30, 2015 doi: 10.1021/acs.est.5b01879.



Dr Norman Swan

A MATTER OF HEALTH

DO YOU NEED YOUR APPENDIX?

Is the appendix just an unimportant little blind alley in the bowel to be thrown in the bucket when you develop appendicitis?

Well, maybe not, according to research from the Walter and Eliza Hall Institute in Melbourne. It was already known that there are a lot of immune cells in that part of the intestine, which act as a front line of defence. The question was what else they might be doing there and how important they are.

In experiments in mice, they found that when these immune cells were removed, the

animal's intestinal health was affected. For example it looked as though the area near where the appendix is was a reservoir of healthy gut bacteria which could be used to re-colonise the bowel if the normal bacteria in the bowel were harmed or depleted.

So this tiny little sack has got the potential to restore normal bowel function during times of abnormal function.

The good news is that surgeons believe that many cases of appendicitis can be treated with antibiotics, avoiding the need for throwing this handy organ into the bucket.



MYTH VS FACT: SELF-DIAGNOSED GLUTEN SENSITIVITY

Coeliac disease is a medically diagnosable disease that refers to intolerance to gluten in food.

For people diagnosed with this disease, even small amounts of gluten can damage the lining of the small intestine and can prevent the proper absorption of food nutrients. Gluten-free diets are essential to managing the health of those diagnosed with coeliac disease. Gluten-free diets have also become popular for people without coeliac disease who self-diagnose themselves with gluten intolerance or sensitivity.

There is very little research into whether Non-Coeliac Gluten Sensitivity (NCGS) is a real condition. It's not a diagnosable condition and rather relies on self-reported symptoms. Researchers are now looking further into whether it is a real condition and, if so, if it actually relates to gluten consumption.

Researchers looked at 35 people who were clinically diagnosed as being likely to have NCGS. Participants were all already following a strict gluten free diet. They were each given a sachet of flour labeled A or B and were asked to sprinkle it on soup or pasta for 10 days. After a two week break, each

participant used the other sachet of flour. One sachet had gluten in it and the other didn't. Participants were asked to report which sachet they believe contained the gluten based on how it made them feel.

One-third of participants correctly identified which sachet contained gluten. On the other hand, half of the people who thought that the gluten-free flour sachet had gluten in it reported gastrointestinal symptoms after eating it but didn't report any symptoms after eating the sachet that actually had gluten in it.

These results suggest that it may not be gluten that's causing these symptoms in people with NCGS. Another culprit could include FODMAPs (different types of carbohydrates like lactose, fructose, fructans and sugar alcohols) that are in many foods that also contain gluten and are known to sometimes cause Irritable Bowel Syndrome (IBS) like symptoms. The sample size was small in this study and the duration short so more research needs to be done to tease out any potential links. However it may be the case that for many people without coeliac disease who follow a strict gluten free diet it may not be the lack of gluten that's resulting in improvements.

For reference: Zanini, B et al. Randomised clinical study: gluten challenge induces symptom recurrence in only a minority of patients who meet clinical criteria for non-coeliac gluten sensitivity. *Alimentary Pharmacology and Therapeutics* Epub online August 27, 2015. Doi: 10.1111/apt.13372.

PRACTICE UPDATE

SERVICE

Our mission is to provide the highest quality care and service using evidence based medicine to ensure the health of our patients. "Quality caring" means we excel in our work, products, and environment and show concern for and interest in our patients' needs. Further information about our practice policies can be obtained by asking one of our friendly receptionists.

PRIVACY

Your medical record is a confidential document. It is the policy of this practice to maintain security of personal health information at all times and to ensure that this information is only available to authorised staff members. You can make a request in writing for a copy of your records to be transferred to another GP.

COMMUNICATION

Information regarding appointments, investigations, results, scripts, referrals may be shared with your consent as required for your care. Patient requests requiring action are attended to promptly, based on level of urgency. You will be notified if there is any charge for the service.

FOLLOW-UP OF RESULTS

Your doctor will decide with you how to inform you of test results (e.g., phone call, follow-up appointment, etc.). All results are reviewed by the ordering doctor. For any results requiring urgent action, you will be phoned. If you have not been contacted regarding your results, call and ask.

FEEDBACK

Our goal is to provide a quality, caring service. If you have any concerns or suggestions, please let us know. We genuinely wish to hear from you. If we have not satisfied your concerns, please contact the Health Quality and Complaints Commission on 1800 077 308 or info@hqcc.qld.gov.au.

FEES

Consults \$60 gap. Welfare \$45 gap. Extra for Travel vaccines and medication. Skin Check for HCC/Pension card Holder's \$10 gap, New HCC/Pension patients one of \$20 gap, DVA bulk-billed. Scripts and referral letters \$20 (bulk-billed if collected by patient). Saturday: No concessions. 3% surcharge for American Express and Diners Club payments.

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Dr Michael Read provides "no scalpel" vasectomies as permanent contraception for men. He also performs circumcisions for boys and men, as well as babies.

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WE WELCOME DR NORA CADMAN TO HEALTHHQ TEAM. DR CADMAN HAS OVER 20 YEARS IN GENERAL PRACTICE, FOCUSING ON WOMEN'S HEALTH

Down: 1. Diabetes 2. Gluten 4. Heart 5. Insulin
Across: 3. Chronological 5. Immune 6. Obesity 7. Diet

ANSWERS TO CROSSWORD