GPSpeak

Practicum makes perfect - UCRH students across the region

❖ **Doctor suicides** ❖ **Mental Health** ❖ **Cricket charity**

GPSpeak

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IN THIS ISSUE

Cover: University of Sydney final year physiotherapy student Dom Dagher working with Feros Village Wommin Bay, Kingscliff resident Bren Catchpole during his practicum coordinated by the University Centre for Rural Health North Coast. Dom is one of the many students from a range of universities who undertake local clinical placements in the fields of medicine, allied health, nursing and other disciplines throughout the academic year.
Photo: Robin Osborne

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Editorial

Oh, the farmer and the cowman should be friends,
Oh, the farmer and the cowman should be friends.
One man likes to push a plough,
The other likes to chase a cow,
But that's no reason why they cain't be friends."

Rogers and Hammerstein, Oklahoma (2009 London Cast)

Wikipedia states that "friendship has elements of affection, sympathy, empathy, honesty, altruism, mutual understanding, compassion and trust. There is also the ability to express oneself and one's feelings without fear of judgement from the friend. As a result friends tend to share common backgrounds, occupations and interests."

Medicine is a stressful occupation. The suicide risk amongst doctors is higher than the general population, particularly for female doctors, and has been the subject of recent reports in newspapers and on radio. The pressures on young doctors can be overwhelming at times, resulting in these tragic events.

Support for our young colleagues is crucial and this issue of GPSpeak reports on the support our allied health care and medical students (**page 23**) and young hospital doctors (**page 29**) receive from their more experienced colleagues.

They are at a particularly stressful time of their lives, moving away from home, establishing (and breaking up) new relationships, partnering and starting families. Add to these pressures the tasks of looking after vulnerable patients. At times they have to make life and death decisions and they do this without the wealth of experience and knowledge that more senior clinicians have acquired. They need our support, particularly in these circumstances.

The NSW Health Practitioner Regulation National Law - Section 141 came into effect in 2008. It requires mandatory reporting of impaired colleagues except where such a "reasonable belief" occurs within a legal or quality assurance framework. It applies to students as well as medical practitioners.

Mandatory reporting has been listed as yet another factor in the increased risk of suicide for doctors. Not being able to seek help for depression or work related issues may prove too much for some. Doctors are fearful of reaching out for help lest their illness be seen as indicating an incapacity for future professional roles.

All states of Australia, except WA, have mandatory reporting laws and doctors are reported to have travelled to the west to seek assistance because they cannot rely on the traditional confidentiality of the doctor-patient relationship.

The UCRH has played a crucial role in the pastoral care of our young health graduates. In our lead article (**page 5**), Dr Jane Barker, explores this issue and suggests a GP based mentoring program as a possible solution. Conducting this as part of a quality assurance program may give all participants the confidence "to express oneself and one's feelings without fear of judgement" - the confidence that one would expect of a friend.

The profession's response to the Federal Budget has been tepid. Scott Morrison announced the Medicare Freeze was to end ... just not yet. Doctors had hoped for a blowtorch to start the thaw but saw little more than the light from the Treasurer's iPhone.

Bill Shorten in reply promised that he would end the Medicare Freeze immediately but such promises are of little comfort to the profession, at least for the next two years.

Local federal MP, Kevin Hogan has, however, been busy in the health arena. GPSpeak reports (**page 8**) that the Buttery will get part of a $5.7 million package to address drug and alcohol problems, with a particular focus on "ice" users. Mr Hogan has also announced (**page 9**) that the Social Futures organisation has won the tender for the Lismore Headspace Service, that addresses youth mental health problems. It will take over from the North Coast Primary Health Network that had managed the service since its inception in 2015. The $1.4 million grant will also provide services in smaller regional towns, which is crucial to the effectiveness of these programs.

Local Aboriginal Medical Services have also received a boost from Canberra with the opening of the $4.7 million Djanangmum Health Clinic (**page 20**) in Casino and a $115,000 grant to train Aboriginal Mental Health First Aid staff and the expansion of the residential capacity of Namatjira Haven Drug and Alcohol Healing Centre (**page 21**).

Under the current Turnbull government, the North Coast Primary Health Network has a major role in commissioning essential health services for the North Coast. As discussed in the last issue of GPSpeak, commissioning of health services goes back over two centuries and can be challenging. Small businesses, like most general practice surgeries, are focussed on their day to day work. They have neither the time, nor the skills, to tender for possibly unsuccessful contracts.

Nevertheless, commissioning is in vogue and it seems likely that the successful tenderers will come from larger health organisations and corporate medical entities. GPs see this as leading to further fragmentation of patient care and at odds with the other model currently in vogue, the Health Care Home.

Dr Jayne Ingham from GPpartners, Brisbane reports (**page 11**) on her first hand experience of unsuccessfully tendering for a community mental health nurse. She reflects on the feedback given by the Commissioners that the bid was unsuccessful because they did not have a dedicated building for the nurses and had poor links with the local Mental Health Units.

Bricks and mortar seem somewhat old fashioned in this connected age but surgeries with meeting rooms and regular meetings of practice and health service staff have found them invaluable

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Editorial

cont from P3

in furthering communication and coordinated patient care.

Better communication and better integration between GPs and Mental Health Units are also urgent tasks for the future, reports Dr Richard Buss, Director of Mental Services for the Northern NSW Local Health District (page 7).

Mental health issues are highly prevalent on the North Coast with 23 per cent of the population believed to have a mental health problem - that's almost one-in-five of us! Dr Buss notes that the majority of cases are mild to moderate and are handled in general practice. However, even for the more severe cases, managed in hospital, medical issues are common and often chronic. Good communication is therefore essential for these patients, particularly upon hospital admission and discharge.

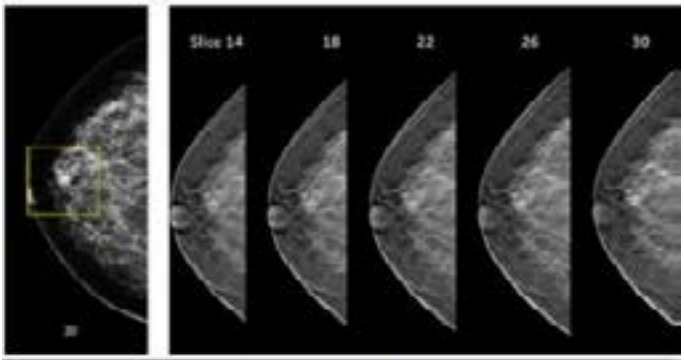
Dr Buss also notes the "culture clash" between public and private systems, which he suggests has historical origins. GPSpeak has seen an improvement in communication between the two systems in recent times and acknowledges that we all have to improve to achieve our common goal of "better integrated care and improved client outcomes".

Unlikely as it once seemed, even the Campbells and the MacDonalds and the Hatfields and the McCoys have reconciled. We should all be friends.

- David Guest

Digital Breast Tomosynthesis - 3D Mammography

Last year's gaming sensation, Overwatch, and Czech born mathematician, Johann Karl August Radon, have both contributed to improving breast Imaging on the North Coast of New South Wales.



In the digital image on the left there is a potential lesion in the subareolar region of the breast. In the 3D images on the right, it is easy to see there is no lesion present. Radiologists can pick out the individual structures on separate slices, to form the potential lesion seen on the 2D image.

Digital breast tomosynthesis generates three dimensional images of the breast using the same principles as those used in the past for intravenous pyelograms. Modern radiology equipment can reconstruct an image of the breast in seconds, which allows the radiologist to hone in on areas of interest and get a clearer view of possible lesions. Such lesions, obscured by overlapping breast tissue, may not have been detected on 2D mammography.

The high speed of the image rendering combined with the better spatial orientation also enables accurate placement of localisation wires for excision biopsy of putative lesions.

Local radiology company, North Coast Radiology, has installed the Genius 3D Mammography system, which takes a series of x-rays over a 30 degree arc yielding computer generated images that can be visualised in 1 millimetre slices.

The new technique has been shown in clinical trials to decrease the frequency of false positives by 15 to 40% and detect 41% more invasive breast cancers. However, there are no studies to date to show improved mortality.

Digital breast tomosynthesis (DBT) requires breast compression and hence is no more comfortable than its 2D predecessor. DBT captures more images and takes slightly longer to perform. It uses very low x-ray energy to ensure that levels are within recommended guidelines. The greatly improved accuracy of DBT more than offsets the slightly increased radiation exposure compared to 2D.

Breast screening mammography is not covered by Medicare. Diagnostic mammography is covered for patients with a past or family history of breast cancer or if there are indications found by the clinician on examination. Breast tomography can be added to the request in these circumstances.

Breast tomography (MBS item number 60100) is not listed in most general practitioners' electronic health record software but can be added as a **custom request.**

So, Radon and Overwatch? Radon first described the mathematics of the filtered back projection used to reconstruct the images and Overwatch along with the latest generation of first person shooter games has driven the innovation in graphic computer cards that are used to perform the calculations and render the breast images.

Focus on Mental Health

Can GPs help support young doctors at-risk?

Dr Jane Barker *looks at rising suicide rates among the young doctor population and urges the medical profession to be more active in addressing this mounting crisis.*

The death of a young person through suicide is a tragedy leaving family and friends devastated, and the medical fraternity is again reeling from more reports of the suicides of young trainees. In 2015, we have learned, three trainee psychiatrists took their own lives in Victoria. While investigations were announced, any changes that have been made did not prevent the deaths of a further three trainees this year, this time in NSW. Sadly, these are only the ones we are hearing about.

A colleague of one of these doctors wrote a distressed and powerful piece accusing the profession of failing to support its young doctors. The family of one is reported as saying that the "brutal and completely unsustainable expectations of her job" contributed to her death.

Whatever the truth, we as a profession should not remain complacent, risking the acceptance of physician suicide as a norm, as mere collateral damage in the battle to combat disease. If these were patients dying from a drug reaction or from medical errors there would be an outcry, but this is worse: it could be caused by a fundamental flaw in the medical system we work in and that we have, in part at least, helped to create.

These young people are not statistics, but represent those we have selected for medical school entry, those we have helped to train, those junior doctors who staff our hospitals, those training to be the medical leaders of the future.

Reasons behind suicide

Of course suicide is not simply caused by the medical system, although statistics comparing doctors to the general population show a significant increase in suicide amongst doctors, in particular amongst women doctors.

This suggests that having a career in medicine plays an important part. Not least because having knowledge and access to a means translates into more successful suicide attempts. In a study of physician suicides around two-thirds were related to mental health disorders, in particular to unipolar depression.

This study identifies around one-in-five instances being attributed to work related causes. I suspect this to be an underestimate as we know, for example, that the high levels of stress and disturbed sleep, common in the lives of young doctors, affect their cognitive function, their relationships, and their performance. We know that burnout, depression, anxiety and cynicism increase over the timeframe of medical school and on through young doctors' lives.

We know the increased incidence of suicide is a reflection of a high level of anxiety and unhappiness amongst medical students and trainees. We know that periods of transition, for instance a medical student moving into the clinical phase, a junior doctor joining the workforce, a doctor being investigated for malpractice, or matters occurring outside the workplace - such as a child being born or a relationship breakdown - will lead to an increase in vulnerability.

High-risk periods are when a young doctor is not only working but studying for critical exams with overwhelming consequences if they are failed. Added to this is the fact that doctors have difficulty accessing care because of shame, guilt, fear of confidentiality or fear of losing their income or their reputation. This appears to have been compounded by mandatory reporting. Whether or not this system really treats doctors fairly, there is a strong perception amongst the profession that it does not and this adds a further dimension: being a doctor is an impediment to the doctor/patient receiving the care they need.

Challenging the 'System'

There is no doubt that we need to react urgently to this crisis, that we need to identify causes and to find solutions. It has never been enough to train doctors in resilience, to mentor and support them to survive in medicine, if we are not willing to look closely at the underlying flaws in a system which is causing what could be described as an epidemic of depression and consequent suicidal ideation.

We need to ask whether the demands on young doctors are realistic and sustainable. We appear to be destroying the very workforce that our society so badly needs. Surely there are other ways to build and assess knowledge and experience, to provide the medical care our population requires without this terrible toll on our doctors.

There is no doubt that programs supporting junior doctors in the workplace are of vital importance. However, speaking of your problems in your own workplace environment is considered by some to be hazardous and may compound a sense of being judged for what is, after all, an illness.

As GPs working in the community we are of necessity experts in the mood disorders, primarily depression and anxiety, which appear to be underlying factors in physician suicide. We have all during our careers had experience as junior doctors, even if this was in another era.

We are aware of the stresses and strains of clinical practice, the complexity and emotional impact of stressful patient encounters. Many of us have been witness to, or personally experienced, bullying and sexual harassment in the medical workforce.

Most of us, if we would admit it, have at some point made errors of judgment and had to deal with the consequences. Many of us have experienced being investigated by the HCCC or being sued when we feel we are innocent. We too have been tired, stressed and at times felt burned out. Some of us, at some point in our careers, may have been depressed and have had suicidal thoughts. We, too, are not infallible and understand how a distressed doctor may feel, and have compassion for them.

What to do?

Doctors have in the main not been

cont on P6

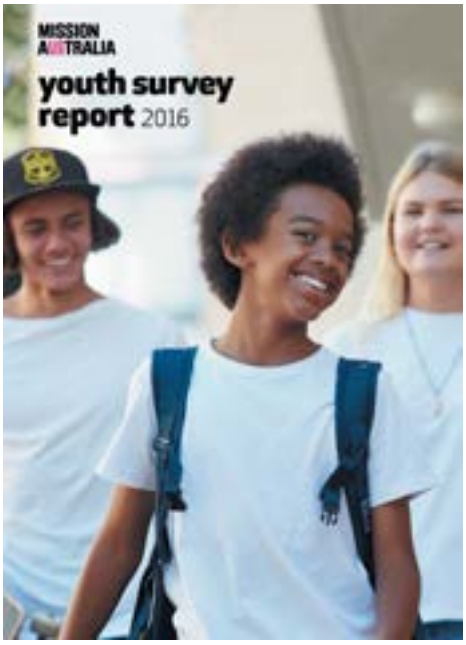
Mental health now a 'top three' youth concern

Mental health issues are now one of the three leading subjects of concern for Australian teenagers, according to Mission Australia's 15th annual youth survey, released this week.

Concerns about mental health, registered by 20.6% of the 21,846 respondents to the online survey joined the other main issues of concern, alcohol and drugs (28.7%), and discrimination and equity (27%).

"Physical and mental health are critical to the wellbeing of young people, their ability to pursue future ambitions and to successfully navigate their transition into adulthood," the report on the 2016 survey noted.

"It is important that young people have access to age-appropriate physical and mental health services and that they have the opportunity to participate in health-promoting activities such as sports."



Mission Australia Youth Survey Report 2016

Mission Australia CEO Catherine Yeomans said, "It concerns me that mental health continues to grow as an issue of concern for Australia. There are some wonderful youth mental health programs and a range of support services.

"We must ensure these continue to be funded, adequately supported and accessible.

"It is imperative that we provide appropriate and timely supports for young people across a continuum of needs. The old adage 'prevention is better than cure' is key when we consider the issues that young people face, especially in terms of mental health issues, as they commonly occur during this developmental period."

Pro Bono Australia News reported Catherine Yeomans calling the feedback a 'wake up call' from Australia's youth: "This [mental health] is the one that really I think we have to pay attention to because this has doubled since 2011 in terms of the number of responses identifying this as a top issue of national concern."

Doctors' suicide rates rise

cont from P5

adequately trained to cope with their personal responses to the clinical situations they encounter. They have not been trained to monitor their own competency under the stressors of long hours and highly charged clinical situations. Doctors have instead been trained to 'soldier on' regardless (as we now appreciate, even soldiers are highly vulnerable to the emotional impacts of their work).

Not all doctors can identify an appropriate colleague to assist them, or have necessarily accessed them. Many self-diagnose and even self-treat. We have not been trained adequately in the value of reflection. Clinical supervision, a requisite for other professionals like psychologists, is not mandatory. That leaves us vulnerable.

GPs are in a wonderful position to support young doctors if we were willing to take on this role. I propose that we consider funding GPs ,who have undergone a well-designed and accessible training program, to act as mentors to junior doctors.

This would be a non-clinical role and the GP would also encourage them to identify a clinically treating GP. For this to be able to happen we need to review the mandatory reporting system so that it is transparent, compassionate and allows all doctors to access the care they need.

Such a mentoring system should be an integral part of medicine, with all junior doctors being involved in what would become an accepted part of the system.

No young doctor should feel isolated and unheard in their distress, nor pay such a high price for choosing to join what we claim is a compassionate profession.

Dr Jane Barker is Academic Lead - General Practice, University Centre for Rural Health North Coast

Public mental health seeks closer liaison with GPs

In a situation said to be replicated across NSW, clinical communications between the public health system and general practice about mental health patients/clients is less than ideal.

However, the various shortcomings, including systemic issues, have now been identified, and a range of steps is being taken, or planned, in order to provide continuous care for both acute patients and those in the community setting.

This is the message to GPs from the Director of Mental Services for the Northern NSW Local Health District, Dr Richard Buss, who discussed the situation with GP Speak recently.

Suggesting health authorities "tend to treat the head separately to the body", Dr Buss said the public system needs "a much closer engagement with primary care providers, notably GPs".

He added, "Frankly, I don't think we've done it well enough in the past and there's still a lot of work to be done. However, the key issues have been identified and are receiving close consideration by the relevant parties, not least by the North Coast Primary Health Network.

"With federal government support, considerable effort is now being devoted to developing an integrated, person-centered approach to mental health issues. The aim is to ensure no one falls through the safety net."

According to Dr Buss, people with mental health concerns are proportionately greater in number in the Northern Rivers than almost anywhere in Australia, and their average life expectancy is twenty years younger than the general population.

"So they need GPs for earlier physical problems as well, including chronic disease, and will need them for comprehensive physical and mental health care. As a result, GPs are the pivotal point for coordinating care for this cohort of patients."

In this region, 23 per cent of all residents are believed to have an underlying or undiagnosed mental health problem. In addition, some 17 per cent of people have identified mental health concerns ranging

Dr Richard Buss

from severe (3 per cent) through moderate (5 per cent) to mild (9 per cent).

Such figures account for the high rate of calls to the Mental Health Access Line - 1300 per month - and 3800 emergency department presentations per year, some 45 per cent of whom are admitted as mental health inpatients.

The busy-ness of mental health services can be gauged from comparing the annual target of client contacts, 74,000, with the actual number of contacts undertaken: 119,000.

"We have around 6000 new clients per year," Richard Buss said.

The service also has a number of new facilities, including the sub-acute unit at the Byron Central Hospital, which accepts area-wide patients, and a planned refurbishment of a 16-beds for an Older Persons mental health unit for Lismore by September.

Despite the bricks-and-mortar enhancements, it is GPs who play the potentially most important role in supporting people in the 'moderate' and 'mild' categories, and are often required to assist in helping acute presentations post-discharge.

The contribution of pharmacists is also paramount, Dr Buss stressed, as the proper maintenance of prescribed medications is a key part of the therapeutic process.

He said less-than-ideal communications from and to the public health system continues to make it harder for GPs to provide the best level of care.

Partly, the problem is historical: "There has been something of a 'culture clash' between the public and private health systems, although there's now a much greater commitment to working together."

He feels the key - and most GPs would agree - is a better sharing of patients' treatment histories at both ends of the chain, notwithstanding stringent consent requirements.

This requires information transfer at various stages of a treatment journey, for example at admission and discharge for acute patients, although he said this is now happening much better.

"However, the information flow is less thorough for clients being assisted in the community setting," he added.

"The sharing of intake summaries with GPs is crucial for mental health clients and for those accessing drug and alcohol treatment facilities such as Riverlands in Lismore," Dr Buss said.

"These, plus the subsequent discharge records, should automatically go to their GP, assuming they have one, as most do. For those without a GP [nine per cent], we advise them to establish a link with a practice, and assist them to do so if necessary.

"It's obvious that without a patient's history to hand, doctors will find it more time consuming to develop a well targeted care plan, especially for those with complex mental health issues, and co-morbidities.

"In turn, these care plans should be communicated to the mental health team who are likely to have an ongoing role in helping clients maintain their balance in life.

"In other words, the present one-way street - itself yet to function optimally - will become a two-way street, enabling better integrated care and improved client outcomes."

Buttery gets more bread* from Canberra

As part of a $5.7 million Federal government package to address drug and alcohol misuse in the Northern Rivers, the residential facility the Buttery near Bangalow is being funded to provide a new service aimed at helping methamphetamine ('ice') users to address their dependency on the damaging drug.

Federal MP for Page, Kevin Hogan (left) with Buttery staff Lis Davis, John Mundy and Krystian Gruft.

To be known as Dayhab the free program will deliver community-based services between Lismore, Byron Bay and Tweed Heads.

"It is specifically designed for anyone not able to attend a residential rehabilitation program," said the Federal Member for Page Kevin Hogan at the on-site announcement of the funding on 27 April.

While the program will not exclusively target ice users, this increasingly common drug will be a major focus. Dayhab will fill a gap in local services and complement existing programs, according to Mr Hogan.

It is part of the $5.7 million package the MP announced last year to develop a range of services to tackle the "ice scourge" in the local community.

Congratulating the North Coast Primary Health Network and the Buttery for developing the program, Mr Hogan said, "Ice not only hurts the user, it tears families apart and puts our frontline emergency workers like nurses and police in physical danger."

The program will assist clients to attend daily intensive and holistic rehabilitation sessions over a period of six weeks. Once they complete treatment, follow-up care will be available if required.

"With rehabilitation sessions offered during school hours, it will particularly help single parents and others who are not able to enter long-term residential rehabilitation due to their responsibilities," Mr Hogan added.

- As the pun was irresistible, we might explain that 'bread' is a slang word for money (as indeed is its unbaked version, 'dough')

Studies reveal PTSD a wound of body and mind

Two new research studies focusing on the effects of post traumatic stress disorder (PTSD) on Australian defence personnel who have served overseas show that the physical impacts are as great as the psychological ones.

Yet this link is often unrecognised, or under-estimated, by health care professionals, they suggest.

Health problems found to be triggered by PTSD include loss of appetite, unintended weight gain, muscle aches and pains, breathlessness, obstructive sleep apnoea, unusual sleep behaviours and restless legs syndrome.

Australian Defence Force members in the Adelaide Anzac Day march.

One study was conducted by a PhD candidate at the University of Adelaide's Centre for Traumatic Stress Studies. The research examined data from 10,500 returned service personnel who had served in Afghanistan and Iraq.

It was found that nearly six per cent of PTSD sufferers experience concerning physical disorders.

The other study was supported by Gallipoli Medical Research Foundation and RSL Queensland. It looked to a much earlier conflict, the Vietnam war.

The number of veterans from this conflict suffering PTSD is said to greatly outnumber those on the books of the Department of Veterans Affairs who experience PTSD following service in the Middle East and Afghanistan.

This $6.5M research project, billed as a world first, focused on the health status of 300 Vietnam Vets. It examined and compared the occurrence and severity of PTSD-related psychological symptoms and physical illnesses, which included heart disease (four times greater risk of heart attack), gastric complaints, restless legs syndrome and sleep disorders.

Both studies found a significant number of veterans who experienced PTSD as a result of their wartime service face a level and mix of physical illness that matches, or even exceeds, their psychological damage.

One notable condition was obstructive sleep apnoea (OSA), a sleep disorder in which breathing stops periodically during sleep due to airway obstruction from relaxation of the tongue or airway muscles.

Common symptoms of OSA are snoring, waking up unrefreshed, daytime tiredness, slowed or stopped breathing during sleep, or waking up choking or gasping for air.

While many people with OSA are unaware they have it, they face a higher risk of serious health impacts such as heart disease, high blood pressure, stroke, diabetes, depression, impotence, and more.

Backers of the Queensland-based study have developed a national **education program** to equip GPs and other healthcare professionals with new strategies to better identify the signs and symptoms of PTSD.

More federal funding for youth mental health services

The not-for-profit organisation Social Futures will now be managing the Lismore branch of the early intervention youth mental health service Headspace, with government funding also enabling an expansion of much-needed services to Casino and Kyogle.

On 9 March the Federal Member for Page Kevin Hogan announced funding of almost $1.4 million, saying, "It is often difficult for young people in our smaller towns like Casino and Kyogle to access the services they need compared to those living near Lismore. These new services fill that gap".

Social Futures CEO Tony Davies with Kevin Hogan, Federal MP for Page, at the announcement of extra funding for youth mental health services.

The funding follows last fortnight's announcement of a new Headspace planned for Grafton, along with a number of other mental health programs that will service the Clarence Valley.

Mr Hogan said he was pleased that Social Futures would be managing Lismore's Headspace: "They are the region's most experienced community-based organisation and they have an outstanding track record of supporting young people and their families. They are a great fit."

Noting that mental health is an issue for the whole community he vowed to continue to lobby for regional resources, especially to help young people.

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Tendering and Commissioning - a GP Network's experience

Dr Jayne Ingham* *discusses how the government's process for the tendering and commissioning of primary health care services - in this case, mental health services - may not be for the benefit of Australian GPs or their patients.*

Our GP Network, GPpartners, like that in the Northern Rivers, is a former division of General Practice which following the national restructure process (Medicare Locals, Primary Health Networks) has continued to function as an entity. GPpartners supports our local GPs with advocacy, relevant education (non-Drug company usually) and other assistance.. Over the years it is fair to say that our local GPs have come to appreciate us.

When we learnt about the change of funding for the Mental Health Nurses working in several practices in our area, and received an approach from nurses concerned about the funding and model changes, our GP network decided to enter the world of bureaucracy and tender for provision of the Mental Health Nurse program in our area.

The tender went through an electronic tendering system on behalf of the PHN which is responsible for the commissioning of services on behalf of the Federal Department of Health.

Being GPs we approached the process from a clinical perspective within a context of patient centred care, ease of access and referral through General Practice for the patient and rapid response from the Mental Health Nurse. We expected to have a 'foot in the door' because the Mental Health Nurse in General Practice Program had been running for eight years with an external evaluation showing a significant reduction in hospitalisations to Mental Health facilities.

We had lengthy discussions with the Mental Health Nurses and the practices employing them, and checked that the model and wages fitted with the expectations of the College of Mental Health Nurses.

On a personal note I might add that I work in a practice with a Mental Health Nurse. It is very satisfying as we can now offer a comprehensive service to our high end mental health patients. Instead of causing havoc with long unbooked appointments at times of crisis the GPs can manage the patients more effectively and even look after their physical health more proactively. We find our chronic pain patients easier because their psychological needs are better met. Unfortunately after June 30th we will lose our nurses.

Similar to your GP network we work on a tight budget with a virtual office and a very part-time admin assistant. We thought it worthwhile to approach someone more experienced in the tender process than us, and engaged a person experienced in budgets. This of course cost money. The tender had several criteria to address and a budget to fit the funding.

To cut a long story short it was a steep learning curve. The electronic process was not easy. The criteria were strict, with no room for innovation for building a model with any alternative sustainable model of care or close association with General Practice.

We failed on all accounts as we didn't have a building to house the nurses. All the General Practices in our area did not count. We did not provide direct physical supervision of the Mental Health Nurses, only regular meetings with them and the GPs involved plus the other mental health care providers. We supposedly had few links - according to feedback from the tender - with the Mental Health Units at the hospital and NGOs.

That was surprising as we do try to interact regularly with the local hospital's Mental Health Unit, although not with much success, as the beds are usually all occupied.

The successful tenders were awarded to a private psychology practice, a private mental health hospital and a Non Government Organisation. I am sure they run very successful organisations and have the best intentions for the welfare of their clients. The missing link to me is General Practice, easy access for patients, doctors who understand severe mental health illnesses, can prescribe as well as look after the patient's physical health and mental health nurses who work closely with the GPs.

Dr Jayne Ingham

I was interested in Dr Bastion Seidel's (RACGP President) address to the National Press Club in Canberra, which contained some very interesting statistics about Primary Care costs and Hospital costs. **The part that caught my eye** was "Looking at the most recently funded health programs, it struck me that it has become commonplace to talk about consumer centric mental health packages and client based aged care services.

"Primary Health Networks are now commissioning bodies for some forms of health services. And I sometimes wonder whether these services will be chosen by a computer algorithm and then delivered by a remote controlled drone. There may even be an app for all this."

I don't know who was responsible for selecting the criteria for the tender, presumably it was officials from the Department of Health and/or Brisbane North Primary Health Network. So far the commissioning process hasn't really affected General Practice but I worry that this will be the way of the future.

It may be good for business and to control spending but I fear that the doctor-patient relationship and the various relationships we have with our other local health care providers, as well as the positive outcomes we achieve in General

cont on P12

Condom study wins national award

A milestone North Coast study of young people's condom usage has won a national excellence award for a team of medical students undertaking clinical placements coordinated by the University Centre for Rural Health North Coast (UCRH).

The five University of Western Sydney students who conducted the 2016 study have since graduated and gone on to become doctors. The recipients of this year's Health Specialist Medical Award sponsored by ANZ Health are Drs Daniel Brieger, Sukhita De Silva, Karina Hall, Benjamin Pfister and Daniel Youlden.

At the time they were undergoing a series of UCRH-coordinated clinical placements in the Northern Rivers. The then-students were encouraged to develop a research project by UCRH researcher Dr Sabrina Pit who helped them liaise with the North Coast Public Health Unit to conduct a face-to-face survey of people aged 18-29 years attending a North Coast music festival.

The work was a collaboration with the North Coast HIV & Related Programs (HARP) and the North Coast Positive Adolescent Sexual Health Consortium (PASH).

An 11-question confidential survey asked 290 music festival attendees, male and female, to assess their confidence and ability to use condoms consistently and correctly, and how often they did so.

The results showed that while most felt confident about their condom usage a significant number had in fact used condoms inconsistently or incorrectly, resulting in high rates of condom failures during intercourse.

Results showed -

• Only 18 per cent of respondents always used condoms during sex in the past 12 months

• 77 per cent reported being confident with their condom practices, but 37 per cent had experienced condom breakage in the past year

• 48 per cent had seen a condom slip off during intercourse

• 51 per cent when withdrawing the penis after sex

• 34 per cent of interviewees reported consuming at least ten drinks in the past 24 hours

• 94 per cent had been under the influence of drugs or alcohol during sex some time in the last year, with 19 per cent reporting being under the influence "most of the time" or "always" when they had sex.

Dr Sabrina Pit said the results indicated significant risks of sexually transmitted infections (STIs), specifically chlamydia and HIV, and unwanted pregnancies.

"To our knowledge this is the first study to demonstrate that young Australian festival attendees, as an identified risk group, may be experiencing a significantly higher rate of problems when using condoms.

"It is a great credit to the students that they identified a need to get personalised feedback, and then designed a study that has provided much valuable information. Their project has made a positive contribution to public health and their award is richly justified.

"This research has great relevance for the health of a significant number of young Australians, not just locally but nationally as well," Dr Pit said.

GP Network Experience

cont from P11

Practice, will be compromised because we will not be able to use the health providers that we know and trust.

To some extent this has already happened in our area with referrals to the ATAPs (psychology program) for children. After GPs refer to the program the psychology service commissioned by the PHN takes the referral. The GPs do not know to whom the child is referred. Fortunately we have the alternative of referring though Medicare but there is often a gap fee for the parent, although they seem to understand when the GP says they recommend a particular psychologist.

A further quote from Dr Siedel: "Payments to practices should incentivise systems that support continuity of care. The benefits are obvious to the patients and practitioners. Payments should also incentivise better access to care in order to support the drive for continuity. Payments should be flexible".

It would be better - as has worked for a long time in General Practice - to fund GPs directly rather through the bureaucracy of tendering and commissioning of services. As with any area of expenditure, there needs to be checks and balances but I do believe that General Practice, with some guidance, is capable of measuring and reporting on outcomes. This was done in the "Collaboratives" which were funded some years ago. There is room for "Appreciative Inquiry" where models are built on what is already working.

Dr Jayne Ingham is a GP at North Lakes in Brisbane and Chair of* **GPpartners *, an independent membership organisation for General Practitioners (GPs) in the northern and western surburbs of Brisbane.*

NeuroMoves announces free initial assessments

The acclaimed exercise program NeuroMoves has announced that potential clients with spinal cord and similar disabilities will now be offered two-hour initial assessments free of charge.

The only requirement is for people to become members of Spinal Cord Injuries Australia (SCIA), the organisation that runs the program that began operating last month from a dedicated gym space in Southern Cross University's Health Clinic on the Lismore campus.

SCIA membership for people with a disability and their immediate family and carers is also free. Inquiries can be directed to 1800 819 775 or locally to 0403 091 364

According to SCIA's Northern Rivers Peer & Social Support Coordinator Lee Clark, the initial assessment previously cost $280, largely because of the time taken to evaluate often-complex needs and the fact that NeuroMoves clinics have a high staff to client ratio, often 3:1.

Ms Clark revealed this important change during her address to the latest 'Social Connections' breakfast meeting hosted by the University Centre for Rural Health in Lismore*.

Speaking on 'Breaking down barriers for people with spinal cord injury and other physical disability' Ms Clark said the NeuroMoves program has had a positive local start.

"This is the first time it has been offered outside an Australian metropolitan area, and it will be further enhanced by the arrival of additional state-of-the-art exercise equipment," she said.

The program, which was featured as the cover story of the Autumn 2017 issue of GPSpeak, has appointed three clinical staff, including Exercise Physiologist Kate Schaefer, a former Trinity Catholic College student who completed university in WA before returning 'home' recently.

Kate also addressed the UCRH breakfast meeting, saying her study placement with SCIA NeuroMoves had been by far the most enjoyable of any workplace she had experienced.

Spinal Cord Injuries Australia's Northern Rivers Coordinator Lee Clark, and NeuroMoves Exercise Physiologist Kate Schaefer.

Keen to move back east she had been delighted to see her 'ideal job' advertised at the program's start-up in Lismore. She leapt at the opportunity and soon became a member of a team that Lee Clark describes as "highly motivated and very positive about the support they can provide clients."

SCIA offers a suite of exercise services for people with a neurological condition or other physical disability, and receives significant funding from the Newcastle Permanent Charitable Foundation and the NSW Government's iCare Foundation.

The Lismore based program will serve a significant regional need, as it the only such service between Newcastle and Brisbane. Many clients are expected to be accessing NDIS packages when the scheme begins operating in this region from 1 July.

*UCRH's monthly **Social Connections Breakfasts** feature a range of guest speakers in the health field, and are free to attend. They are supported by the North Coast Allied Health Association.

Lismore flooding 2017

According to many people affected by Lismore's catastrophic flooding on 31 March, as well as others with long-time memories of local flood events, it wasn't the 1-in-10 year levee bank that let the city down.

Rather, they say, it was the various tiers of officialdom that should have provided more consistent information about the chances of inundation and a timetable for remedial measures such as saving home and business contents, and an orderly evacuation.

As it happened, the previously unbreached levee looked increasingly likely to over-top, yet many residents and businesses were still being told the flooding would probably be minor, and the levee would repel the floodwaters.

When it was clear this was not so, the urgent (and mandatory) evacuation gave little time for people to elevate or relocate their possessions, and barely enough to make themselves safe.

Yet 'old timers' suspected a bad outcome after hearing rainfall figures from up in the catchment, and began to make early precautionary moves.

"There's definitely a need to be better prepared," said Maddy-rose Braddon, an SCU environmental science graduate who played a key role in coordinating support for displaced residents on both sides of the swollen Wilson's River.

"We need to close the gap between government, local government and the community."

Fortunately, no lives were lost, unlike in the Tweed where a mother and two young children drowned, although many homes were destroyed or seriously impaired, with immense damage to possessions, while scores of businesses in the CBD and surrounding area suffered extensive water damage.

Given the prohibitive cost of insuring against flooding - $29,000 a year, one Keen Street shop owner who had decided to forego it told GPSpeak - many businesses will be unable to recover, while those willing to have another go were still struggling to clean up and re-open several weeks after the flood subsided.

- time to 'close the gap' on local disaster strategy

Government grants will help, but large financial gaps, including debts, are likely to remain.

It is clear that many lives, and livelihoods, in this regional centre will never be the same again, yet there are more than a few heroes, as in any disaster.

One such is a group formed the day after the floodwaters surged in and promoted to the community largely through a Facebook page, 'Lismore Helping Hands & After Flood Clean Up'.

Starting with a small number of followers Helping Hands soon had an online membership of 2,000, according to Maddy, who coordinated the page and developed an Excel spreadsheet to better match resources and actions with needs. Within three weeks their following would quadruple.

Maddy Braddon and Lorraine Tasker from Helping Hands Lismore

As well as Maddy herself, key participants included Lismore City Councillor Elly Bird, whose Council would lead the subsequent clean-up, Lia Hibner from Israel, and 60-year-old Aboriginal woman Lorraine Tasker. Groups such as Lifeline, Red Cross, St Vincent de Paul and other NGOs were quick to offer help, and continued to provide valuable support in the early days and ensuing weeks.

Although Lismore's flood circumstances were unique, the group quickly sought advice from others experienced in managing natural disasters, including a US free website www.recovers.org that led to the establishment of www.lismore.recovers.org

Brisbane City Council, with its own flood experience, was also contacted, as were those who had helped with the fallout from Victorian bushfires.

Along with the rapid and adept use of communications technology good old-fashioned leafleting was also employed, with widespread drops of information sheets listing contact numbers for organisations that could help with emergency housing, household goods, food, clothing, grant information, personal support, and services such as Police, RFS and SES.

This broad response enabled the development of what Maddy calls a 'template' that has already caught the attention of organisations, including councils, responsible for managing disasters.

Rather than rescuing stricken residents, a specialised job done by the SES, the team worked to identify the immediate needs of flood affected residents, mostly food, dry clothing and personal items, and set up a distribution centre outside the devastated Lincraft shop in Keen Street.

The volunteers would work twelve hours a day for eight days straight, supported by donations from businesses and individuals, many from outside Lismore. A key helper was the 'Baked Relief' group from Bangalow whose members kept up a ready supply of home cooked meals and snacks. The group, which, like Helping Hands, hadn't existed before the Northern Rivers flooded, also helped affected communities such as Billinudgel, Mullumbimby and Murwillumbah.

The welfare team soon engaged in door-knocking flood-affected properties to identify and, if necessary, assist, people in difficult circumstances, including the elderly and the disabled.

Brought-in members of the Rural Fire Service helped to improve public safety, kindly leaving behind a stock of barely used sleeping bags and pillows when they returned home. These were distributed to needy people in Lismore and surrounding areas.

Lorraine Tasker is a fine example of asking a busy person if you want something done. A grandmother of twenty, she was with the 'Lincraft group' when a need arose to keep donated food cool.

"I asked around, and next thing these blokes are coming down the road carrying a fridge that had been washed into the street. There was no electricity to run it, but we had plenty of donated ice, so we created the biggest Esky you can imagine!"

Lorraine also realised the importance of checking up on older Aboriginal people whom she thought might need help, and her home visits proved invaluable.

Helping Hands also set up a Hub at the long-disused South Lismore Train Station, a convenient location for many residents of low lying parts of the city.

"The Hub saw well over a thousand community members through its doors and more than 900 volunteers offer their help," Maddy said.

"At its peak, there were often more than 200 people here, whether ready to offer help or to ask for assistance. More than 700 'needs' were 'met' since the Hub opened, and two hundred of those were completed in late April by the 800 visiting volunteers from the Philippines based Church of Christ (Iglesia Ni Cristo) on the Gold Coast.

Such is the power of social media that people travelled from Brisbane, Sydney and Melbourne to offer their time, skills and donations to help Lismore get back on its feet. Key support came from Gasfield Free Northern Rivers supporters and activists who ran the Bentley Blockade.

"The logistics of running the Hub were intense and their experience was critical to its success," Maddy said.

"A huge thanks to the hundreds of volunteers that have put their helping hands up to assist the community. The journey is not over, we understand many still need help and it's important that as a community we continue to support each other," she added.

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An Update on Carotid Screening

Probably the most common question I am asked when visiting GP practices in the Northern Rivers is "What's the latest guideline for management of Carotid Artery Stenosis (CS)".

The question of management of symptomatic stenosis is pretty well settled – there is strong evidence that those with recent symptoms and CS of more than 50% should be surgically managed (if their life expectancy is more than 1 year). The screening and management of asymptomatic CS however is still a matter of debate.

Carotid artery stenosis is a major cause of ischemic stroke, accounting for 20-25% of cases . Management of asymptomatic CS is either with best medical therapy – usually statins, blood pressure control with ACE-I, aspirin or asasantin, smoking cessation, strict glycemic control – or surgery – carotid endarterectomy (CEA) or carotid stenting (CAS). The decision, however, of who to screen for asymptomatic CS and who to treat is far from clear. If there is no benefit in treating asymptomatic disease, then there is no point in screening!

The recent "Choosing Wisely" campaign, a multi-national initiative to reduce the use of medical resources, had as one its top 5 recommendations from the Society of Vascular Surgery to "Avoid the use of ultrasound for routine surveillance of carotid arteries in the asymptomatic healthy population" .

In this, it states the presence of a bruit alone does not warrant serial duplex ultrasound. Age over 65, coronary artery disease, peripheral vascular disease, a history of smoking or high cholesterol would be appropriate risk factors to prompt ultrasound in patients with a bruit.

The RACGP goes further with its guidelines for "Screening tests of unproven benefit" , stating, "It is no longer justifiable to screen for the presence of asymptomatic carotid artery stenosis to select patients for carotid procedures. There is no current evidence of patient benefit. However, there is evidence of harms from screening, including significant procedural risk and cost".

At face value, this suggests that no-one should be screened for asymptomatic CS.

Ultimately, the answer probably lies somewhere in the middle. Currently, most Australian Vascular Surgeons will treat selected patients with asymptomatic disease – those who are younger or with a long life expectancy, have severe disease (>80%), who have significant disease progression over time, or unfavourable plaque morphology on imaging.

The current focus of research is to try to identify those at high risk of progression from asymptomatic to symptomatic disease eg, using 3T MRI to assess plaque characteristics.

Team Hendry benefits from a sporting chance

Multi-award winning sportsman Chris Hendry, a person with disabilities who lives in Ballina, discusses his achievements with GPSpeak's Robin Osborne.

The first remarkable thing when meeting Chris Hendry is his powerful handshake, which could hold dangers for the unwary. However, there is no attempted dominance about Chris's grip - it is simply the way he is: straightforward, self confident and as fit as a fiddle. Despite all, one might perhaps add.

After learning of his multiple achievements in the sporting world, from athletics to cricket and even ten-pin bowling and snooker, I was keen to see him in action. Unfortunately the cricket season was ending by this time, so all on offer was a sampling of Chris in action at the Ballina nets, and even then it was case of light-duties as he had recently damaged his shoulder bowling in a representative state game.

"I strained the AC (acromioclavicular) joint in my shoulder," Chris said, "so I can only show you some spin." Chris Hendry bowling spin is like a district cricketer sending them down as fast as he can, and I was glad not to be at the receiving end with bat in hand.

Also in attendance was family friend and local sport coach Peter Stephenson.

"Chris is an inspiration for everyone," said Peter who had helped prepare him to contest a spot in the Australian team for the Shanghai Special Olympics World Summer Games in 2007.

"When I first met him in 1998 I could see he had the potential to be a great achiever. I told him that if you do everything I say, and train hard, in seven years you'll qualify for the Special Olympics."

Chris accepted his offer and rewarded Peter's confidence by being selected in Australia's team for the 100m, 200m and the 4x100m relay. In China, he came in second in the world, out of 7000 Special Athletes, and the medals he won are among the 160 awards in his trophy cabinet. These include gongs for track and field from the Special Olympics in Sydney, golds for ten-pin and snooker, and a host of cricketing awards, local, statewide and national. He is a proud member of the NSW/ACT representative team for disabled players, opening the bowling,

Chris and Maryellen Hendry - his mother and carer is the second leg of 'Team Hendry'

and at times, the batting as well.

Chris, aged 37, has an intellectual disability and epilepsy, explained his mother and prime carer, Maryellen, the second leg of 'Team Hendry', who accompanies him to local and away matches, ensuring he lives healthily and maintains his medications. Maryellen is intensely proud that Chris is also engaged in regular paid work: "He is employed with Ballina Shire Council's disability section in Alstonville, doing horticultural work (he holds a certificate), greenhouse and potting duties, and so on."

However, the future is likely to present more challenges, as she is now 62 and knows she will not be able to care for Chris for the rest of his life.

Chris Hendry pictured with former Australian Test cricketer Adam Gilchrist, one of Chris's greatest admirers.

"The introduction of the National Disability Insurance Scheme has certainly put my mind more at ease about the future," she admits candidly.

Chris's physical circumstances are now starting to have more of an impact on his sporting activities.

"The risk of having further grand mal seizures on the cricket field has made it difficult for him to continue his cricket in open competition," Maryellen said.

"He was playing for Ballina Bears in the district comp, but health issues are now restricting his participation in able-bodied sport."

Chris understands the problem, and nods his assent, clearly with some regret.

The third member of 'Team Hendry' is an unusual charity whose roots lie deep in the world of cricket, indeed in its heartland, the Lord's cricket ground in England.

The organisation was formed in 1952 when some cricket loving actors enjoying a tipple at the Lord's ground tavern wondered how the group might be able to help less advantaged people.

By 1986 the so-called Lord's Taverners had spread to Australia where today it has eleven branches, including one of the most active, Northern NSW, based in Lismore and with an eye on the broader region.

To its great benefit, the local club's inaugural and long-serving chair was Stan Gilchrist, the father of Australian Test cricket star Adam Gilchrist. (His successor is local businessman Graeme Hoskins).

The former wicket-keeper and big hitting batsman has spoken at fundraisers and taken a keen interest in the sporting career of Chris Hendry.

"Chris came to our attention through the local media around 2011," Stan Gilchrist told GPSpeak.

"There was an application to our grants committee to help support his activities in ten-pin bowling, athletics, indoor and then outdoor cricket. Maryellen told us he was

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Physio research likely to change best-practice in aged care

By Monique Ryan, Feros Care

The discovery that exercise therapy was considered the norm for community dwelling seniors, yet only passive physiotherapy was government funded for residents of aged care, led Feros Care physiotherapist Jennie Hewitt to run a four-year research trial through the University of Sydney.

"I was shocked that massage and electrical devices for pain relief were funded and yet therapeutic exercise programs were not," Jennie said.

"I set out to find scientific evidence to dispute this approach and discovered there was very little resident-specific research available."

Jennie wanted to change both the health funding structures and also attitudes about physiotherapy within aged care. She realised the best way to do this was to prove the value of strength and balance exercises using a clinical trial.

In 2012 Jennie began conducting a four-year cluster, randomised controlled trial into the effects of an individually prescribed, physiotherapist-directed exercise program on falls among residents in aged care facilities, versus usual care.

The study measured falls per person, as well as quality of life and mobility. A cost-effectiveness analysis will also be performed to inform policy makers.

"My personal buzz has been seeing groups of residents enjoying themselves, the pride in their faces, telling their families that they're going to the gym for a workout. It's that sort of intangible thing that has most motivated me," Jennie said.

Eight residential aged care facilities were assigned to the exercise group while eight carried on as usual.

Participants in the exercise groups were assessed by a physiotherapist and prescribed an individualised progressive resistance training program using specialised gym equipment from HUR Australia.

They also performed a circuit of high-level balance exercises at each session. Classes were in groups of up to 10 participants and lasted one hour.

As well as falls-prevention, Jennie said that quality and enjoyment of life, and social participation, are also benefits of exercise for residents.

"We have had some great stories from the residents who joined the exercise programs. One of our participants is 93 years old and reported slipping on wet tiles: 'I felt myself project forward suddenly but I just kept moving and felt the strength in my legs and abdomen, I saved myself! If it wasn't for these exercises I'd have landed flat on my face', the resident said.

"Another woman approached me at one of the villages in Sydney and said, 'Thank you so much for what you have done for my mother with this gym program. She used to be in and out of hospital every month with falls, but she hasn't fallen once in the six months since she started the program - it's amazing!'"

All the data collected is currently being analysed and results from this trial will be submitted for peer review and publication in an international journal over the next few months."

"However, we can divulge that the exercise program has proven a statistically significant reduction in falls and improvement in mobility in the exercise group," Jennie said. "This evidence is timely, as the Aged Care Funding Instrument is currently under review."

Jennie has been contacted by peak bodies to write best practice guidelines for physiotherapy for aged care residents. She presented the trial at the 2016 World Congress of Active Ageing.

"There's no doubt that the study and the data collected are important to inform policy and make best practice recommendations, but the individual stories about lives changed...well they are priceless!".

Physiotherapist Jennie Hewitt

Lord's Taverners' commitment

cont from P 17

a big fan of Adam, and that's been a really good connection as well. Adam's shown a close interest in his activities."

Stressing that Lords Taverners "don't believe in the limitations of disability or disadvantage," Stan Gilchrist said the body assists young sportspeople to meet travel costs and buy uniforms, with an emphasis, but not exclusively so, on cricket.

It also helps fund university studies for people of disadvantaged backgrounds, or who intend to work with disadvantaged youth.

Previous sporting beneficiaries have been helped to go to England to play club or even county cricket, honing their skills before returning home to potentially compete at a high level.

One notable success is NSW-turned-Tasmanian professional Georgia Redmayne.

Wrote Gideon Haigh in The Australian this year, the former Alstonville resident "largely stood out of cricket in her final year at high school, searching for the marks that would guarantee a university place; succeeding at that, she deferred her medical degree in order to play a season in Worcestershire, with financial support from the north NSW branch of the Lord's Taverners."

"A century in her first innings on ¬English soil justified earlier sacrifices, and made her new friends."

The Lord's Taverners' commitment to offering diverse and deserving competitors a sporting chance is testament to both the club membership and the efforts of young local sportspeople and their families.

Let's shake on that, Chris!

Milestone study shows exercise benefits aged care residents

A PhD research study being undertaken by physiotherapist Jennie Hewitt is showing that tailored exercise programs can deliver significant benefits for elderly residents in aged care facilities.

The study, the first of its kind ever conducted in Australia or internationally for residents of aged care, has shown improvements of up to 50 per cent in mobility and falls-reduction in participants doing a program focusing on resistance and balance exercises.

A total of 221 people aged 70 to 101 years (mean age: 86) have been involved so far. The results are immensely encouraging, according to Ms Hewitt, who is the Positive Living Coordinator for Feros Care in the Northern Rivers.

Supervised by senior academics at The University of Sydney, Ms Hewitt has been conducting the milestone study since 2012. The participants reside in 16 aged care facilities in this region and Southeast Queensland.

"After receiving medical clearance, we ensure that each person's program is individually designed, and that their engagement is closely monitored," she said.

"While it is generally accepted that exercise is more beneficial than passive treatments, it is not enough, and indeed can be dangerous, to simply ask residents to get up out of their chairs and walk. Studies that used this approach returned an increase in falls rates.

"It is important that individualised, progressive strength and balance work be prescribed."

Falls have been found to be markedly reduced among members of the participating groups compared to usual care. Balance, mobility and walking speed have also been much enhanced.

An important part of the program is a range of high-tech exercise equipment for seniors provided free of charge by leading Finnish company HUR.

The equipment was loaned for the duration of the trial, with three aged care facilities going on to purchase it after seeing the benefits.

University of Sydney physiotherapy student Alex Roberts guides Feros Care residents through an exercise routine at Byron Bay pool.

Supervision and support is provided by facility staff as well as physiotherapists. Final year physiotherapy students from The University of Sydney whose practicum placements are coordinated by the University Centre for Rural Health North Coast have been able to participate in helping with the gym program at Feros Village Wommin Bay.

Jennie Hewitt told GPSpeak she hopes the results of the study will provide an impetus for older people in the broader community to be encouraged and helped to participate in appropriate exercise programs.

"It is not just people in residential aged care who spend inordinate amounts of time either sitting or lying down," she said.

"Many elderly people at home are in similar circumstances and should be able to derive comparable benefits from undertaking properly planned and assisted exercise. But they can't do it on their own, and require support to access the professionals and services to assist them manage their wellbeing."

Physiotherapist and researcher Jennie Hewitt with Feros Care Wommin Bay residents (l-r) Cleo Bell, Julie Knox and Bren Catchpole, and USydney physiotherapy students Dom Dagher and Chelsea Clark.

Casino's $4.7M Indigenous Health Clinic opens

The future primary health care needs of the Richmond Valley's Indigenous community will be well served by the new Djanangmum Health Clinic, a federally-funded facility that was officially opened today.

Doing the honours was the Federal MP for Page, Kevin Hogan who said the $4.7 million clinic replaces the previous facility that was in rented premises and did not meet the needs of health workers or the community.

Djanangmum Health Clinic is operated by the Bulgarr Ngaru Medical Aboriginal Corporation. It will provide primary health care services, preventative health programs, dietician/nutritionist services, child and adult dental services, mental health case management, alcohol and other drug counselling and sexual health programs.

Page MP Kevin Hogan with Uncle Harry Walker Mundine at the official opening of the Djanangmum Health Clinic in Casino.

Mr Hogan added, "This clinic will help improve the health and life expectancy, as well as early childhood health and development, of Aboriginal and Torres Strait Islander people in our community."

New funding targets Aboriginal men's resilience

Increasingly committed to addressing regional mental health issues, the federal government is allocating new funding of $115,000 to train Aboriginal Mental Health First Aid staff and expand the residential capacity of Namatjira Haven Drug and Alcohol Healing Centre.

Announcing the funding boost at Namatjira Haven, on the outskirts of Alstonville, Federal MP for Page Kevin Hogan said the training will be coordinated by the Indigenous organisation Rekindling the Spirit.

The mental health package of $31,910, along with $83,186 to expand the centre's capacity from 14 to 16 beds, is provided through the North Coast Primary Health Network's commissioning funds.

Celebrating federal funding for mental health care and D&A support were (rear) Terry McGrath Namatjira Haven Team Leader, Vicky Bardon Namatjira Haven Board Member and Mental Health First Aid Training Mentor, Dian Edwards Namatjira Haven Team Leader, Kevin Hogan Federal MP for Page, Jeff Richardson Rekindling the Spirit Service Manager; (front) Colin Marsh Namatjira Haven Mental Health Trainer, Sharmaine Keogh Rekindling the Spirit Counsellor, Roger Bartholomew Rekindling the Spirit Youth Worker, Dr Vahid Saberi North Coast PHN Chief Executive.

"Mental health is an issue for our entire community that I take very seriously and will continue to lobby to make sure we get the resources we need to help our Indigenous community," Mr Hogan said.

"This funding will help build the skills of our local mental health and drug workforce so that they can more confidently respond to clients and build community resilience."

The Gulgihwen ('change') program run by Namatjira Haven is a withdrawal management project for Aboriginal men wishing to address substance misuse who do not require, or who feel unable to attend, a seven-day hospital detox.

"We focus on the importance of a healing place (the land we are on) that allows men the safety and peace they need to work on their issues and find their own strengths and take responsibility for their choices into the future," said centre manager Dian Edwards.

"Three months here turned my life around"

Today, 27-year-old Roger Bartholomew looks well, fit and happy, but it was not always so.

Originally hailing from Moree, he spent time in various country towns, including Tenterfield and Inverell, succumbing to alcohol and drug abuse by his late teens, and continuing the destructive lifestyle into his early twenties.

"I realised I had developed a dependency, and was having problems with life in general," Roger told GPSpeak after the announcement of enhanced Commonwealth funding for Indigenous D&A treatment and mental health care.

"Things couldn't continue the way they were, but I wasn't sure where to turn until I spoke with a friend who had been in Namatjira Haven and spoke highly of it.

Former Namatjira Haven resident Roger Bartholomew is now a Youth Worker at Rekindling the Spirit.

After nine years of substance misuse Roger went 'cold turkey' and entered the residential facility located in an isolated rural setting near Alstonville.

"The first three weeks were hard," he said, "and I tried to make the rules suit me. But in reality it was me who needed to change. I stayed three months, and since then have never looked back."

After several unsatisfying jobs, Roger found work with the Indigenous support organisation Rekindling the Spirit first as a driver, then as a youth support worker, and now as a fully fledged Youth Worker, along with studying a Cert 4 in community services.

"I've always loved being a part of that place [Rekindling the Spirit]," he said. "It ticks all the boxes and I know I can be of help to young Aboriginal people facing many of the same challenges I did. Of course nowadays there are even more drugs around. Early intervention is just so important."

Considering his obvious fitness, it was not surprising to learn that Roger is a keen and accomplished sportsman - "Footy, cricket, basketball, golf... everything but tennis, for some reason I can't understand!"

In 2014 (Perth) and 2015 (Newcastle) he joined Southern Cross University teams that contested the National Indigenous Tertiary Student Games, winning gold in basketball. Just as importantly his success further highlighted the benefits of turning away from substance abuse.

There could be no better advertisement than Roger for the facility named after Australia's famous Indigenous artist, a man who struggled desperately with alcohol at a time when nothing like Namatjira Haven even existed.

** GPSpeak thanks Roger Bartholomew for his generosity in sharing the intimate details of his life and treatment journey.*

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Practicum makes perfect

by Robin Osborne

Final year students from university level physiotherapy and occupational therapy (OT) courses continue to fan out across the Northern Rivers to get hands-on experience with clients both elderly and young.

The benefits flow both ways for students opting for rural placements rather than staying close to the University of Sydney where they are studying.

Sydney University occupational therapy student Monalisa Atmawijaya helping Kyogle Public School year 5 student Deacon Farrell.

The placements are coordinated by the University Centre for Rural Health, headquartered in Lismore with campuses in Murwillumbah and Grafton. The UCRH arranges practicum placements for medicine, dentistry, physio and OT students throughout the year in a range of facilities, from hospitals to GP clinics, aged care homes to pre- and primary schools.

The supervised placements are an essential part of the degree work for all aspiring healthcare professionals.

Two-person teams from the physio and OT programs work in residential aged care or with young children in the Tweed, Byron Bay, Ballina, Lismore and Casino.

Recently, four OT students spent four days per week at Kyogle Public School where learning support teacher Leanne McLaughlin said, "Around one-third of our kids need curriculum adjustment for academic and/or social disability."

As there hasn't been an occupational therapist in the area for a long time, the OT undergraduates are of immense value to a lower socio-economic school.

"The OTs work with around 20 students individually or in groups," Ms McLaughlin said. "They assist with various essential needs, including fine and gross motor skills, memory improvement, visual perceptions and social interaction. The response from the kids is always terrific."

Like many visiting students, the aspiring OTs have never visited the area before, but said they loved their time here and thoroughly enjoy working with the children.

Judging from their smiles, the young clients feel the same.

As year five student Deacon Farrell put it, "It's helping me and it's kind of fun as well."

Down in Casino, students Boris Leung and Maree Lau helped elderly residents of Richmond Lodge, focusing on fine motor skills, coordination, reading and cognition.

Patience and flexibility are just as important as technical knowledge.

"You have to be quite inventive," Boris said.

"We need to be creative to make things interesting. Everyone has goals, and while some of these might seem slight to an outsider, they're important to individuals."

"Each step forward is a milestone, and as rewarding for us as for the residents themselves."

* * * * * * * * * * * *

Profiled recently in GPSpeak (Autumn 2017 issue), doctor's daughter, qualified pharmacist and aspiring medico Sophie Wagner is now two rotations into her practicum year in a cross-section of North Coast clinical settings.

Starting with a four-week placement with local physician Dr Stephen Moore - whom she confessed to "admiring very much, he is very inspiring" - Sophie has been undertaking an eight-week surgical placement with the operating teams at St Vincent's Private Hospital and Lismore Base Hospital.

Rather than just sitting on the sidelines as the surgeons undertake diverse procedures, from gall bladders and hernias through skin cancers to mastectomies, Sophie has been actively involved with providing supervised assistance.

She told us she has gone from "knowing nothing to quite a lot", and as with her initial placement she holds the skilled clinicians in high esteem.

Future placements this year, coordinated by the University Centre for Rural Health, will take in orthopaedics, geriatrics and general practice, the field that still seems to attract her the most.

"From the beginning I felt that becoming a GP, or a rural generalist, in an area like this [where she went to high school] held the most appeal. Perhaps because my mum is a GP here, and I have been exposed to how she works, but not only that."

"Meanwhile, there's still a lot to see and learn in other aspects of medicine, and I'm really enjoying this practicum year. UCRH does a great job in arranging our placements, and ensuring we get all the academic and personal support we need."

"Even if I hadn't grown up locally I would feel very positive about the quality of medicine practiced here, and the Northern Rivers lifestyle. I know other med students feel the same, regardless of where they've come from."

University of Sydney 3rd year medicine student Sophie Wagner... her second practicum placement of 2017 was in the surgery departments at St Vincent's Private Hospital and Lismore Base Hospital.

Genesis Cancer Care Queensland

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Q. Did you know GenesisCare treat benign conditions with radiation therapy to reduce the pain associated with degenerative or inflammatory conditions?

A. Radiation therapy may be an appropriate treatment option for patients.

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Established treatments, anti-inflammatory drugs, steroid injections and/or physiotherapy, have shown to have variable effectiveness on these conditions. In some cases, randomized trials have demonstrated that radiation therapy produces superior outcomes.[1,2,3,4] For example, a clinical trial showed that patients treated with radiation therapy for plantar fasciitis had improved pain control with radiation therapy compared with steroid injections.[3] Although the exact mechanisms are unclear, it is thought that radiation therapy works by exerting an anti-inflammatory or anti-proliferative effect to reduce pain and swelling.

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GenesisCare

Remembering a local GP legend

by Dr Ian Traise

On Anzac Day 2017 Dr Nigel Chamberlain, a General Practitioner in Alstonville for over 30 years, died as a result of complications from a devastating cycling accident in September 2014.

Nigel, aged 62, was well known and highly regarded by his patients, community and colleagues in the Northern Rivers.

Nigel was born in 1956 in Nottingham, UK. When he was five years old his family immigrated to Australia, settling in Sydney. When 14 years of age, Nigel's parents went to the Philippines as missionaries. Nigel lived with them in remote villages on the island of Palawan, when not at school in Manila. He returned to Australia for the last years of high school, while his parents continued their work overseas.

He studied medicine at the University of NSW, graduating in 1979. During that year he also married Sue, a nurse, having met at church. His intern year was spent in Canberra, and then in New Zealand for three years, where Nigel did his obstetric and paediatric training.

His first experience of General Practice was in Tumut, as part of the Family Medicine Programme, then in 1984 the Chamberlain family, which by now included two children, arrived in Alstonville.

As a young GP living and practicing in the growing village of Alstonville, Nigel was able to pursue his interests in paediatrics and obstetrics, and was for 10 years regularly delivering babies at Lismore Base Hospital. Later on, Nigel developed an interest and expertise in managing skin cancer; while very much remaining a true General Practitioner - being ready to listen, to problem solve, and do his best for the full variety of his patients' conditions.

Alongside his busy practice, Nigel was a devoted family man who prioritised time with Sue and their four children, especially around sport - athletics, surfing, kayaking, skiing, soccer, and cycling. He was a leader and friend to many in his local church community at Alstonville Baptist.

Dr Nigel Chamberlain

His active mind pursued a wide variety of other interests; among them a love of trees, travel and photography; to designing and building his own house. Of late, the arrival of grandchildren had given Nigel and Sue an extra joy in life.

His contribution to the wellbeing of our community is recognised; and his kind, easy going nature, his intelligent observations of life, his authentic Christian faith, his humour, and wisdom are sadly missed by his family, friends, colleagues and patients.

Double-jab at area's low vax rates

Save the Date to Vaccinate website © - NSW Ministry of Health

Both the Federal and NSW governments are launching campaigns to improve immunisation rates, with the Northern Rivers being a key priority area.

Canberra will spend $5.5M on a national awareness campaign aimed at convincing reluctant parents to vaccinate their children. Health Minister Greg Hunt said areas with low vaccination rates will be "specifically targeted".

The national childhood immunisation rate stands at 93 per cent, but the coverage is much lower in a range of Northern Rivers postcodes, notably around the Byron Shire hinterland.

This has prompted NSW Health Minister Brad Hazzard to launch a million dollar campaign to boost rates across the state, particularly targeting parents in northern NSW who he said are "failing to safeguard their children by vaccinating".

The 2017 Save the Date to Vaccinate campaign started on 24 April as part of World Immunisation Week.

"Northern NSW and in particular the north coast have the lowest vaccination rates in Australia," Minister Hazzard said. "It is beyond concerning. The Government wants to get levels closer to the statewide average... Around nine in every 10 children in NSW is vaccinated but in some parts of northern NSW, the rate is as low as six or seven in every 10 children."

"Byron Bay is of huge concern. It may be beautiful but its kids are amongst the least protected in NSW."

Health authorities warn deaths still occur in Australia from diseases such as whooping cough and diphtheria. Both can be prevented by routine vaccination.

North Coast Director of Public Health, Paul Corben said many residents of the north coast were unnecessarily wary of immunisation, often through disinformation.

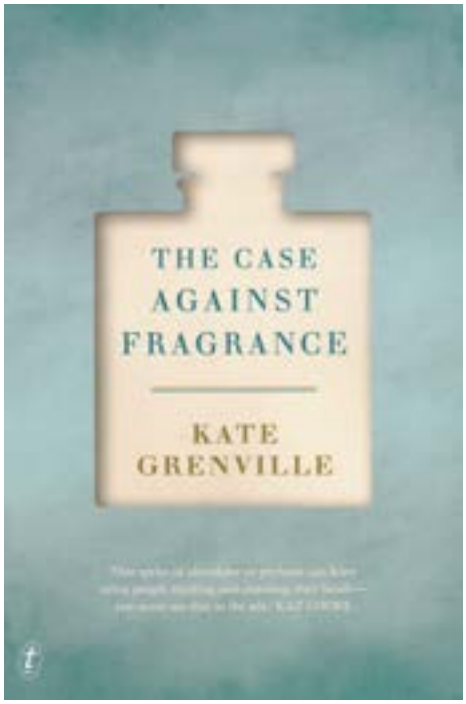
"We face a range of challenges often not experienced in other states with many people here perceiving vaccines are unnatural, as opposed to life-saving," he said.

"This campaign will see a range of targeted local strategies including increased community engagement and more nurses and midwives certified to vaccinate children."

The 2017 campaign includes TV, print, digital, social media and advertising components and encourages parents to download a phone app which reminds them when jabs are due.

Book Reviews

Reviewed by Robin Osborne



The Case Against Fragrance

By Kate Grenville (Text 208 pp)

Highly regarded Australian author Kate Grenville (The Idea of Perfection, The Secret River, etc) would have been incensed - the relevance of the word will soon become apparent - to have seen a recent liftout in The Australian Financial Review badged 'The Scent Issue 2017'.

There, in page after page of glamorous stories, the virtues of the world's famous perfumiers were extolled from every angle. Fragrances were divided into categories - floral, oriental, woods, fresh and aromatic fougères, the last being the 'coming together of all elements' - and brands slotted into each.

Gucci's Bamboo, for instance, is "woody and floral, with notes of Casablanca lily, sandalwood and Tahitian vanilla".

While those who formulate, manufacture, write about and wear these scents are enthusiastic in the extreme, Kate Grenville would be sickened by each and every one of them, quite literally.

Although a perfume user in her earlier years, by her 30s she had stopped using scent and as time passed she came to dislike not only perfumes but other kinds of scents as well, such as "the sickly fragrance in cosmetics, shampoo and cleaning products."

Recovering from a virus in her 50s, Grenville realized she had become even more sensitive to scents, and during a night at the opera, sitting near a woman who had refreshed her perfume at interval, she developed a raging headache, sore eyes and "a strange fog in my brain that made everything feel far away and confused. All I wanted was to go home to bed."

Worse was to come in 2015 during a book promotion tour when she arrived at her overly-scented hotel - patchouli in the lift, indeed! - triggering a reaction that would continue throughout the tour.

Meeting some admiring fans, she recalls, "They had no idea in the world that a choice they'd made that morning was resulting in me having a headache. Fragrance in all its forms was an automatic part of their lives... It was I who had the problem. I felt embarrassed, somehow ashamed, and very alone."

This book is her attempt to help us better understand what she terms 'Planet Fragrance', a place where man-made scents are so pervasive that the only way to avoid them is to become "to put it mildly - eccentric."

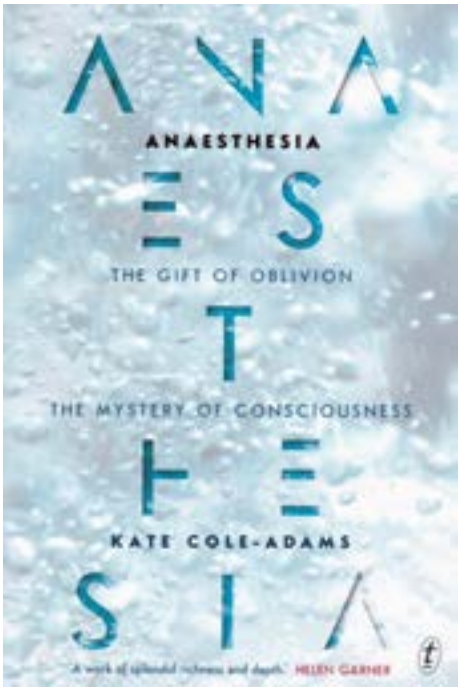
When her pursuit of "straight-up, reliable information" about fragrance led her nowhere except specialist scientific publications, Grenville did what any good author would - decided to write her own book.

"Fragrance has plenty of friends. The case for it is made every day by people who make money out of it, and people who just love the way it smells.

"But there's a downside to fragrance - to do with our health - that you don't hear much about... Using fragrance is a choice and my hope is that this book might give people the chance to make that choice an informed one."

After considering the extent of the problem - "Dermatologists think that between one and four per cent of the population has an allergic reaction to fragrance", and it's much commoner in women than men - she goes on to present chemical analyses of scents and fragranced products, and ultimately to issue a plea for fragrance-free products, workplaces, public events and greater personal awareness of the problems that the scent-intolerant can face.

While The Case Against Fragrance may not encourage me to throw away the Issey Miyake cologne I was given for Christmas ("top notes bring sweet and fresh waves of tangerine, bergamot, yuzu and orange... etc") it has certainly made me more mindful of when and where I might wear it.



Anaesthesia

Kate Cole-Adams (Text 405pp)

Not everyone goes to 'sleep' under a general anaesthetic, as Kate Cole-Adams concerningly informs us, while many people taking to their nightly bed have a similar problem with wakefulness, as American sleep expert Dr W. Chris Winter explains.

Superficially there may seem slight connection between induced unconsciousness and tucking in at night, yet

the similarities are irresistible to explore, not least the potentially serious, even traumatic, health impacts of ineffective anaesthesia and insomnia.

The former's work is the result of many years' research and experience, written not by a health professional but by a (highly regarded) journalist, and blends the history of anaesthesia with an account of patients, including herself, who have experienced it in various ways, not always positively.

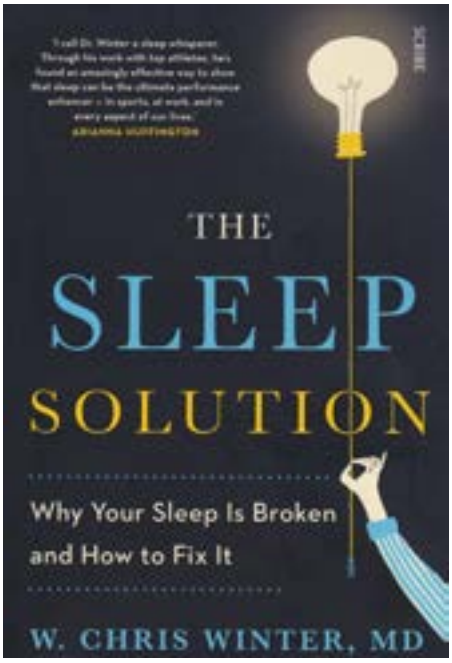
The latter's, sub-titled 'Why Your Sleep Is Broken and How to Fix It', appears to be a self-help book, although it is just as relevant to professionals, with a variety of clinical content.

Dr Winter, a neurologist who writes for the US media and consults to high level sports teams and the military, focuses on what a lack of quality sleep can do to the body, listing one hundred illnesses, ranging from heart disease to brain malfunction, as well as the many possible causes. These include obesity, smoking, alcohol misuse and, although only to an extent, genetics.

Management strategies, from drugs to devices and doctors, are clearly discussed, with napping, snoring and apnea, rapid legs syndrome, sleep schedules and aids being among the topics covered.

While not immediately explanatory, the meaning of Cole-Adams' sub-title, 'The Gift of Oblivion, The Mystery of Consciousness' becomes clear the further one reads, the conclusion, if that be the term, being that no one, including anesthetists, knows exactly why 'An-es-thee-zha' - "Most of us can barely pronounce it" - works, nor why it doesn't work well, and sometimes not at all, on a significant cohort of patients.

Some of them, as the author notes, are conscious throughout their procedures yet unable because of muscle blocks to inform the surgical team of the pain they are undergoing. I recall a ghastly experience during surgery at a Sydney hospital as a late teenager, feeling every slice and stitch, yet being unable to move or whimper.



The Sleep Solution

Dr W. Chris Winter (Scribe 262pp)

Far worse, as we hear, was the experience of Rachel Benmayor whom the author met at a dinner party in the Blue Mountains. She had been fully conscious throughout a caesarean birth, "paralysed and in agony". As Cole-Adams writes, her "near-death encounter" became the starting point for the book.

The finishing point sees the author in a Brisbane hospital being operated on for her scoliosis, a procedure that, unlike the experiences of many on her study, she mercifully does not remember: no recall of banter amongst the surgical team, or out- of-body experiences, or pain because of anaesthesia failing to do its job. Should this last happen, she is quick to stress, it is rare that the specialists are to blame. They tread a fine line between giving too little and too much, and it is not only the second that has potentially fatal consequences.

"Every time you have a general anaesthetic, you take a trip towards death and back. The less hypnotic your doctor puts in, the more likely that you will wake. It is a balancing act, and anaesthetists are very good at it. But it doesn't alter the fact that people have been waking during surgery for as long as other people have been putting them to sleep."

In the broad surgical mix, she explains, "It is anaesthetists... not surgeons who decide which patient is in most need of and most likely to survive emergency surgery: anesthetists increasingly oversee the pragmatic hierarchy of triage."

Yet some patients never get to see their anesthetist, or not until the last moments before the surgical procedure. The quality of this connection has been found to improve the chances of the anaesthetic experience - the bedside manner is not an outdated concept.

"I have witnessed operations in three continents and interviewed some of the world's best-known anaesthetists," she writes.

"I have sat through conferences, scoured professional journals and medical libraries for reports and studies, hounded psychiatrists and psychologists, and cornered dozens of friends and strangers and asked them to talk about their own experiences of surgery."

Her efforts have paid off. After its "long gestation" this book has delivered an important contribution to medical literature in Australia and internationally. Despite the detail and the intensity of the experiences described, it will never put you to sleep.

Northern Rivers intern aspires to career in rural surgery

by Dr Siobhan Clayton – Intern LBH

2015-2016 UOW student cohort & UCRH Staff

I arrived in Lismore in mid-2015 to begin a 12-month rural clinical placement for Medicine from the University of Wollongong, coordinated by the University Centre for Rural Health. In August 2016, following exams, I returned, and took up an elective surgery placement and a pre-Internship placement at Lismore Base Hospital, completing this in November.

In January this year I began the Internship program at LBH, and am hoping to continue there as a Registrar. I chose this area because it was a part of NSW, I had never visited, yet had heard so much about. The North Coast is known for its eclectic mix of people, shops and artists. It is a vibrant and unique area, with beautiful beaches, national parks and waterfalls to explore. It sounded the opposite of my home town of Bowral, a quiet, conservative 'sleepy' place, dubbed by locals as the retirement village of Sydney. I thought that being in my mid-twenties it would be a good time to set sail to the winds.

I have always liked the idea of practicing in a rural area. My Dad was the local pharmacist in Bowral, and I could see the joy it bought to him to have that connection with his patients; knowing multiple generations of families, understanding financial constraints of patients, and the strength of connectedness unique to rural communities. Lismore has what I would describe as the gifts of the rural life; I have experienced that same connectedness and sense of contribution to the community in the short time I have been living here - being involved in the Park Run, attending 'Our Kids' events are great examples of grass roots organisations making a difference to the local community.

During my time in Lismore, I have already formed life-long friendships with many of my colleagues and teachers, and these will undoubtedly continue to strengthen.

I have met the most wonderful people and have felt incredibly welcomed into the community. Within a few weeks I had both patients and colleagues inviting me over to dinner even though they had met me only ten minutes before. The beautiful countryside, incredibly generous and hospitable people, and living on a macadamia farm have definitely helped. The simple pleasures of having fresh eggs, and cows mooing on my morning runs are something Sydney cannot offer.

I aspire to a career in General Surgery, and to practicing in a rural area. I have been fortunate enough to have been taught by some of the best surgeons in Australia, and really admire the work they are doing for the community. Rural surgery is a unique field, requiring a certain versatility and adaptability of skills, and tailoring those to the needs of the community. Their commitment and dedication to serving the community are qualities I admire, and have contributed to my decision to return to Lismore. It is also wonderful to have so many great female surgical role models as well as male surgical role models, particularly Dr Curtin with whom I completed my elective medical placement last year. His technical skills as well his 25+ year commitment to serving the Northern Rivers is awe-inspiring.

The next two years will be an exciting adventure for me. I am grateful for the opportunity to have been a student at the University Centre for Rural Health and to have met a community of doctors, academics and staff so enthusiastic about providing students with an unforgettable experience of rural life. My positive experience here as a student has cemented my desire to live and work in rural Australia (hopefully Lismore), and I hope that sharing it will positively influence many more students to come.

BEAT IT - exercise programs for diabetes

Helping Patients better manage their Diabetes.

Diabetes NSW & ACT have partnered with Exercise professionals across NSW and ACT to run the BEAT IT exercise and lifestyle program. This is an eight-week program consisting of exercise sessions 2 times a week, education sessions once a fortnight and pre / post assessments and a 6 months post program follow up.

Diabetes is a chronic health condition in which the body no longer produces the hormone insulin, which is responsible for controlling blood glucose levels, or does not produce enough insulin to meet the body's requirements.

Exercise plays a key role in the management of Diabetes. Exercise improves insulin sensitivity and enhances glucose uptake, therefore improving glycemic control. Exercise can also reduce risk factors for associated chronic diseases, such as: obesity, hypercholesterolemia, hypertension.

The program helps participants take control of their health and better manage their diabetes. Providing practical exercise sessions and education on the types of exercise required to improve their Diabetes management. This coupled with education sessions discussing diet requirements, and goal setting for long term success gives participants a great foundation to improve their Diabetes control long term and reduce risk of developing associated chronic diseases.

Embrace exercise Physiology currently run BEAT IT programs in Ballina and Goonellabah with additional programs in Casino and Tweed Heads due to commence in May. If you have any questions or want to know how to get your patients involved contact us today!

1 in 4 Australian Adults are living with Diabetes or Pre-diabetes

280 people are diagnosed per day in Australia

$400 million is spent in NSW per year treating Diabetes

385,000 people registered as having Diabetes in NSW

Alysia Bonnett - exercise physiologist

Healthy Asia in the backyard

by Robin Osborne

Like many foodstuffs whose origins might be obscure to those consuming them, powdered turmeric has an unlikely life, starting as a rhizome, or clumpy root, resembling ginger, and passing through a dramatic seasonal metamorphosis. In any climate cooler than the full-blown tropics it loses its glossy leaves as autumn progresses, and soon disappears from view.

As the weather warms the rhizome shoots of this shade loving plant begin to re-emerge, like caterpillars from their chrysalis, sending up glossy green leaves that by mid-summer will stand more than a metre high and frame beautiful white flowers.

The plant looks so lush that it will never die, and indeed it doesn't, as the cycle goes on underground, with the rhizomes expanding at an astoundingly rapid rate. While they can be dug up and harvested at any stage, they are best left until early winter when the roots are firm and able to be stored (in my experience, refrigeration spoils them, and ditto for mature edible ginger). Tumeric can be used in curries, blended drinks, adding colour to steamed rice and other recipes.

The roots comes in shades of yellow, like the powder, and orange-red, my preference, and have various health-giving properties, with some apparent value as an anti-oxidant.

In my backyard plot they complement other Asian cookery essentials, including edible, die-down-and-reshoot-next season ginger and its cousins, the greater and lesser galangals, another rhizome plant, which impart a sharp/woody taste to Thai curries. Known as 'Laos' in its powdered form, which is far less tasty than the fresh root, galangal is a perennial that provides a year-round tropical look to the garden. The greater form grows to nearly three metres.

Frustratingly, the wonderful coriander, another Asian essential, only thrives locally during the cooler months unless grown in a shade house or hydroponically. In our summers it bolts to seed and has no value.

Better to use the space to grow Thai basil, which is an easily grown, longer lasting than the normal version and a superb addition to any Asian meal. The pungent Vietnamese (or Cambodian) mint is also a garden asset, great for Asian salads when used judiciously.

Curry leaf, plants of which can be sourced locally, becomes a handsome shrub in the right conditions, and is a named ingredient in most Indian and Sri Lankan recipes. Dried leaves are much inferior.

Citrus flavours are another key Asian taste, and the best providers are lemongrass and Kaffir lime leaves and the zest of its knobbly fruits. The former is easy to propagate from stems bought at a local market, even supermarket, or nursery, and make a great border plant, providing useful mulch during the high growth period in summer when they love a good hair-cut. After they die back, dig them up, separate them, trim the roots and replant. The 'secrets' to lemongrass are full sun and good drainage.

Kaffir lime trees are fairly fool proof, less problem prone than most citrus, and the unique taste is a must for Thai food and other dishes. It works in baking, too.

While a potential trap for the over-confident diner, the many varieties of chillies, that great import from the 'New World' (Latin America) are integral to Asian cuisine. Unlike say, coriander, they have a tendency to die back, or fail completely, in winter, although some can kick on for years with a strong pruning.

Regardless of how hot the variety may

be, at least they won't kill us, unlike their relative in the Solanaceae family, Deadly Nightshade, aka Belladonna.

Chilli 'peppers', as they are sometimes misnamed, are also feted for their medicinal and health giving properties, being rich in vitamin C and other goodies, and are said to help with weight control because of their ability to metabolise food intake.

Chillies come in an infinity variety of shapes, sizes, colours and hotness, the last being measured on the Scoville scale, which range from zero (sweet bell peppers) up to call-an-ambulance (Mexican habañeros can rate up to 500,000 units of heat).

Warning: drinking iced water does not help with a chilli overdose, although plain yogurt might, and if you get chillies in your eyes then try doing what the Viet Cong taught me (that's another story) - find someone with long hair (which I once had) and use that to rub it away.

Whichever chilli variety one chooses to plant, ranging from the tiny bird's eye, which goes mad throughout summer, to medium-sized fats, the bonnet-shaped or attractive slenders, they all flourish in this area. Eaten fresh, whether red or as unripe greens, preferably chopped up with soy sauce, they are delicious.

Dried and added to cooking, they enhance any dish, from Asian through to Italian pasta sauces. Drying chillies is an easy and rewarding process, best done by spreading them, de-seeded or not, on a flat basket or plate and exposing them to the day's hot sun for five hours over the course of a week or more. Drying in the oven is risky, unless the temperature is very low, as they burn easily. When dry, whisk them in a food processor and store for future use.

Happy growing, happy cooking and happy eating!

ADVERTORIAL

Harald Puhalla
GENERAL SURGEON

"It is estimated that by 2030, obesity will be the major contributor to a 50% increase in worldwide cancer cases, overtaking tobacco use"

American Cancer Council 2015, Jemal et al

Obesity increases the risk of 13 types of cancer

- Oesophagus
- Breast
- Liver
- Gallbladder
- Kidney
- Bowel
- Multiple myeloma
- Uterus
- Ovary
- Pancreas
- Gastric cardia
- Thyroid
- Meningioma

The number of obese people in Australia is dramatically increasing every year. Currently 70% of the Australian adult population and 25% of children are overweight, or obese. Consequences for obese people are multifactorial and pose significant health implications.

The strong association between obesity and multiple chronic health problems - DM2, hypertension, coronary artery disease, pulmonary embolism, stroke, asthma, osteoarthritis, chronic back pain, obstructive sleep apnoea - is well known. Obesity can also be linked with major depression and pregnancy problems.

Further research has shown that obesity also increases the risk of developing cancer. The Australian Cancer Council recently published thirteen different types of cancer that are more often seen in obese people compared to people who have normal body weight. The risk is highest in obese females for endometrial and renal cancer and colorectal and pancreatic cancer for obese males.

How can it be that obesity is a trigger for malignancy?

Fat tissue produces a variety of different messengers. An increased percentage of body fat leads to an over production of these messengers, which then triggers chronic inflammation, vascular and cell proliferation. All these factors are known precursors for cancer.

Taking all these health problems into account, it was no surprise when researches confirmed that a 40-year-old obese person has a seven year shorter life expectancy compared to a 40-year-old person with normal body weight. The life expectancy reduces by 13 years if the obese person smokes.

Many of the obesity related health problems can be treated conservatively, however there are currently no guidelines or recommendations for surveillance of their increased risk of cancer.

Bariatric surgery is often labelled as a cosmetic operation but it is much more than that - it is a l**ifesaving procedure.**

Bariatric surgery has been proven to improve, and often cure obesity related comorbidities, but can weight loss surgery also help to decrease cancer risk?

Recent Australian research showed that people who had a laparoscopic sleeve gastrectomy, with weight loss of about 20kg, also had a dramatic decrease in their inflammatory, vascular/cell proliferative messengers compared to before the surgery.

This explains some of the clinical observations that the incidence of colorectal polyps, a well-known premalignant condition, significantly decreases after bariatric surgery.

Obese women, who have an increased risk of developing ovarian cancer prior to bariatric surgery, had a reduced risk score for ovarian cancer after weight loss surgery. These findings suggests that weight loss surgery is able to reduce cancer risk.

Since bariatric surgery is considered to be a safe procedure, with a reported mortality similar to a laparoscopic gallbladder operation, tailoring a bariatric procedure to the individual patient's profile can provide a diverse range of positive medical outcomes.

Whilst metabolic comorbidities, chronic joint pain, sleep apnoea, quality of life and various other pathologies are known to improve following bariatric surgery, the decreased risk of cancer incidence is also worth noting.

The invasive risks of Winter

by Dr David Guest

"... and **winter is coming**" are the ominous words first uttered by Eddard (Ned) Stark, Lord of Winterfell and Warden of the North, in the opening scenes of Game of Thrones. Such words were well heeded by Napoleon in Russia in 1812, if not by Hitler in 1941, and now, in a similarlt invasive, if less violent, context, by health custodians of the NSW Far North Coast in 2017.

The Northern NSW Local Health District (NNSW LHD), in conjunction with the North Coast Primary Health Network, local Aboriginal Medical Services and General Practices, is on a **quest** before this year's winter sets in.

Each April/May sees a spike in patients attending general practices to receive influenza, pneumonia and other vaccines. Many practices attempt to cope with this increased load by running clinics for their most susceptible patients. Most Aboriginal people and all people aged over 65 qualify for **free vaccinations.**

Patients with diabetes or chronic conditions that affect the lung, heart and immune system are at greatest risk and should receive the age appropriate influenza vaccination. All pregnant women are encouraged to have the free vaccine. It is safe in pregnancy and protects not only the mother but also the newborn in the first six months of life.

Workers who get influenza may expect to have a number of unpleasant days of illness, and to lose time from work, with symptoms such as high fever, myalgia, headache, runny nose and coughing. Yearly vaccination greatly reduces this risk. Those too pressed for time to get to their general practice can be vaccinated at some chemists for only a small fee.

A frustration for many GPs is vaccine refusal due to the oft heard complaint that the vaccine 'causes the flu'. Patients are quick to label autumnal allergic symptoms and minor viral illnesses as post vaccination influenza and make the **false assumption that a temporal correlation indicates a causal association**.

Side effects from vaccination are rare and, apart from fainting young males, are mostly confined to soreness around the injection site or low-grade fever that settles in 24 hours. Since the Australian flu vaccines contain no live virus it might be worth checking with patients on their understanding of how these vaccines work.

It is important that GPs practice, and are seen to practice, what they preach. All health professionals in contact with patients should be immunised and many general practices will pay for all their staff to be immunised.

The autumnal vaccination season is soon followed by increased presentations for many viral illnesses. Outbreaks of influenza start in June and peak in August. They are associated with lost productivity in the healthy, with significant morbidity and mortality in the very young and old. These severe cases stress the resources of local hospitals and major outbreaks can be devastating.

Older patients will often have prolonged hospital stays from the complications of influenza. This ties up much-needed beds and has a cascading effect through the hospital system with bed block in the wards causing similar problems in the emergency departments. It even ties up individual ambulances for hours on end.

Night's Watchmans and the White Walkers - Game of Thrones

These issues have been well documented and publicised for North Coast Hospitals in recent years.

The Winter Strategy addresses this aspect of the problem by aiming to better manage those at greatest risk of hospital admission. It is a four-pronged strategy focussing on:-

1. Identification by GPs and the hospital EDs of high risk patients,
2. Increasing patients' capacity for self care management,
3. Improving access to medical attention before the condition deteriorates to the need for hospital admission
4. Out of hospital care through increased services from community and LHD chronic disease nurses, home visits by GPs (and possibly GP nurses) and Hospital in the Home.

Better communication between all groups within the primary and secondary health sectors is the key to delivering this program, which builds on the work done in 2015-16 in the North Coast Integrated Care Collaborative. Reorganising services to be more patient focussed takes time and effort and will extend well beyond the 2017 winter.

Heads, you win

Dr Ruth Tinker explores Easter Island's 'monumental history'

One of the great things about travelling is learning about other peoples and places. I recently visited one of the most fascinating of places - Easter Island. History argues about when the Rapa Nui arrived on the remote Pacific island. Legend says that chief Hotu Matu'a led his extended family there in a few canoes between 200 and 300 AD.

Radiocarbon dating suggests 700 AD as a better date, while some scientists believe it could be as late as 1200 AD.

The island, which is a triangle roughly 23 km by 11km, is extremely isolated even today. It is five hours flying time from Chile, and almost as far from Tahiti. The nearest island community is Pitcairn Island, a town of 50 souls, which is 2000 km away.
The people flourished, farming and using large log canoes to fish off shore. The population probably peaked at around 15,000. The people brought bananas, taro and chickens with them but also, unfortunately, rats.

The island was thickly forested when the immigrants arrived, but by the time Europeans started visiting, the landscape was cleared of almost all the trees. The timbers had been used in making dwellings, canoes, for cooking fuel and for carving and moving enormous statues called moai. The rats are variously blamed for aiding the deforestation, but also have been said to have been eaten when protein became scarce.

Twenty one species of trees and all species of land birds became extinct through a combination of overharvesting and overhunting, rat predation, and climate change. Loss of large trees meant that residents were no longer able to make seaworthy canoes, significantly diminishing their fishing abilities. The native tropical forests had provided ideal shade cover for soil, but with much of the native forest destroyed, the topsoil became eroded. This caused a sharp decline in agricultural production, a problem further exacerbated by the loss of land birds and the collapse in seabird populations as a potential source of food.

By the 18th century, residents of the island were largely sustained by farming, with domestic chickens as the primary source of protein.

How many moai and why?

One thing we do know is that today there are around 900 moai on Easter Island. These were carved from volcanic tuff, and average 5 m tall. They are thought to have been a way to honour and capture the "mana" or good fortune and good will from community leaders when they died. They were carved from the hillside of the largest volcano, which one can still visit.

Tumbled along the hillside are stones in various stages of completion. Some still embedded in the surrounding rock and others stand part way down the hill. Still others are face down. They were transported to the village and many were placed upright on raised platforms called ahu. The platforms often contained the bones of villagers. Most moai face the village, and have their backs to the ocean. The mana was thought to have been channelled through their eyes, so they needed to see the village.

What happened to the islanders?

The story of the islanders is reminiscent of many non-European societies. Having peaked at 15,000 the population declined through hunger and protein deficiency. The people pushed over many of the moai believing they were no longer supporting the villages. A new religion took hold, known now as the Birdman Cult. The fittest and bravest competed to win the right to rule the island for the year. They climbed down a cliff (which was the side of the volcanic caldera), and swam a kilometre to a tiny island. There they climbed the island cliff and waited for the birds to arrive to nest. The winner was the man who was first back to the main island carrying an intact egg.

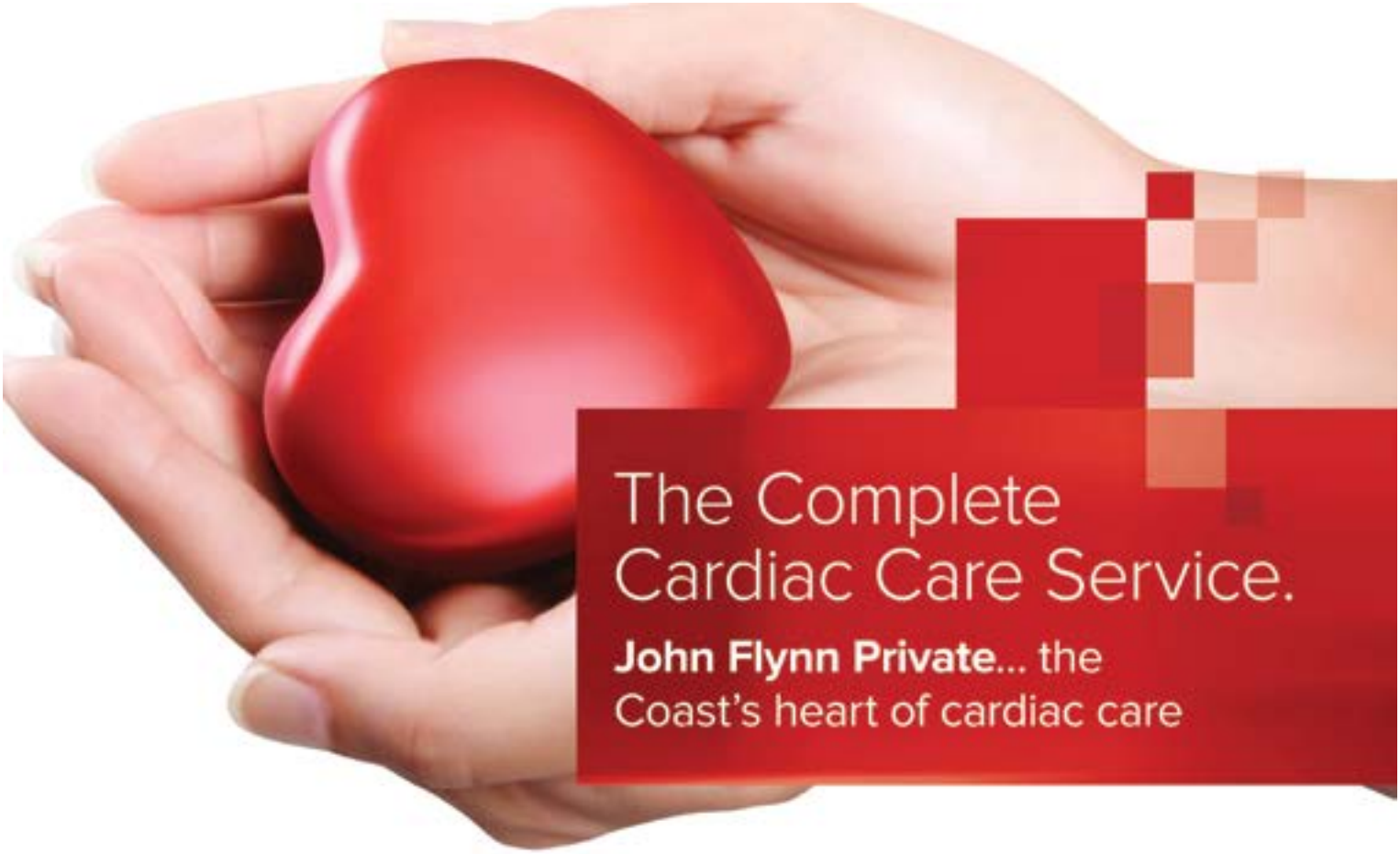
When Captain James Cook visited in 1774 he estimated the population as down to 700 men and only 30 women, after what he thought was a civil war. In the 1860s the islanders were taken by slavers to Peru. They brought back European diseases, including smallpox, TB and syphilis. By 1877 only 111 islanders remained.

Easter Island life today

Easter Island was taken over by most of the colonial powers at different times through the last 150 years. It was annexed by Chile in 1888, and the island leased for sheep grazing. Chile installed a civil governor in 1965. These days only Rapa Nui can own land. Islanders pay no taxes to Chile, but Chile supplies education, medical and all other services.

Given their isolation, I think the islanders have a pretty good deal. They are not wealthy. They have a beautiful island, a great surfing break, monumental history and some deep mysteries for visitors to explore.

Photographs by Ruth Tinker



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