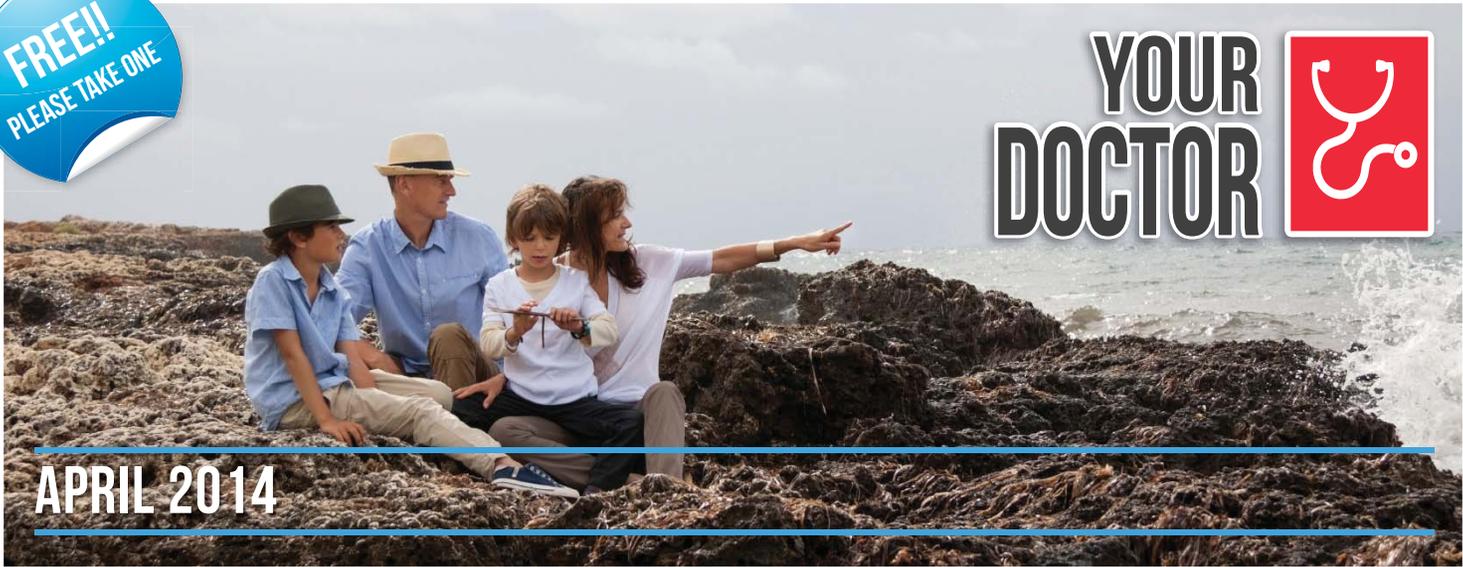




# YOUR DOCTOR



APRIL 2014

## SHEPPARTON LISTER HOUSE MEDICAL CENTRE

56 - 60 Nixon Street  
Shepparton 3630

**P:** (03) 5831 2333  
**F:** (03) 5821 6334

### 60 NIXON STREET:

Dr Bruce Sterling  
Dr Glen Russell  
Dr Ursula Russell  
Dr Helen Malcolm  
Dr Catherine Turnbull  
Dr Chik Sing Chua  
Dr Mohan Kulatunga  
Dr Matthew Wong  
Dr Kylie Siau



### 56 NIXON STREET:

Dr John Pedrotti  
Dr Paul O'Dwyer  
Dr Kristina Tavcar  
Dr David Cory  
Dr Jeneane Rea  
Dr Priya Rupeshraj  
Dr Barry McGrath  
Dr Wil Chong  
Dr Lang Lang Yii



### PRACTICE NURSES

Jo, Janine & Tamara

### RECEPTION

Trish, Kathy, Linda, Roe, Melisha, Paige,  
Jasmin, Marissa & Michelle

### PRACTICE MANAGER

Jenny

### CLINIC HOURS AND SERVICES:

Consultations are by appointment:

**Monday-Friday** 8.30am-6pm

**Saturday** 9am-12noon  
(emergencies only)

We provide a 24-hour medical service seven days a week. After 6.00pm weekdays and 12noon on Saturdays please call the After Hours GP Medical Centre at Primary Care Connect, 399 Wyndham Street, Shepparton on 5831-8022

The practice provides a complete range of medical care, including long consultations, home visits, hospital and nursing home care.

**Fees & Billing:** Fees are payable at the time of consultation by cash, cheque or EFTPOS. Our billing policy is displayed in the reception/waiting area of the Surgery. Pensioners are bulk billed and Health Care Card holders are charged a discounted fee. Veterans may sign the service voucher. If you have any difficulty in paying our fees please discuss it with us.

**Management of your personal Health Information:** Your medical record is a confidential document. It is the policy of this practice to maintain security of personal health information at all times and to ensure that this information is only available to authorised staff.

**Telephone Access:** Doctors in the practice may be contacted during normal surgery hours. If the doctor is with a patient a message will be taken and you will be advised by the reception staff when it is likely that the doctor will return your call. Your call will always be put through to the doctor in an emergency.



## BUBS AND BED

**Sleep is crucial for the growth** and development of young children however getting kids to go to sleep at night is no small feat for many parents. Better Health Channel, a Victorian government online resource, suggests that toddlers require, on average, 10 to 12 hours of sleep per night as well as a daytime nap of one to two hours. Around a quarter of children between the ages of two and five experience difficulties going to sleep, leading to irritated behaviour and fatigue the next day. For parents, finding the right time to put kids to bed can be difficult. Too early and the child may not be ready for sleep, too late and the child is overtired and cannot fall asleep. A team of sleep physiologists investigated the best time to put toddlers to bed.

The researchers measured melatonin levels in a group of three to four year olds, whose average bedtime was around 8:15pm. Dim light onset melatonin is a good measure of

the timing of the biological onset of fatigue. The highest levels in these kids were found to be at around 7:40pm, corresponding to the time that most toddlers were put to bed. Those who were in bed by 8:15pm generally fell asleep by 8:45pm.

According to this study, 8:15pm is around the time to bed down toddlers for the night. Regardless of when you put your kids to bed, getting them to go to sleep can be stressful. Measures can be taken to increase the likelihood of a smooth transition into sleep including ensuring that they are well fed and hydrated, aren't too excited or anxious, and haven't had a nap too close to their bedtime. Talk to your GP or paediatrician for some advice.

*For reference: LeBourgeois MK et al. Circadian phase and its relationship to nighttime sleep in toddlers. Journal of Biological Rhythms 2013;28:322-330.*

## INSIDE

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- **DR NORMAN SWAN: KNOWING YOUR GENES**
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## A HEARTY DOSE OF FIBRE

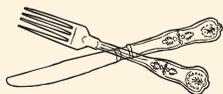
**Heart disease, including coronary heart disease** (CHD – angina and heart attack), heart failure and stroke is the leading cause of death in Australia, with the National Heart Foundation reporting that it claims one Australian life every 12 minutes. Risk factors for heart disease include overweight and obesity, physical inactivity, alcohol and smoking, and low fruit and vegetable intake. Certain food groups, such as fibres, are thought to play a role in reducing the risk of heart disease, perhaps by decreasing cholesterol levels and promoting less weight gain.

Researchers investigated the association between dietary fibres consumed in various quantities and risk of heart disease in a healthy population. The study concerned fibre from food intake only. They found a 9% reduction in heart disease for every additional seven grams of fibre consumed a day. This is a serving size that can be achieved through a portion of whole grains, beans and lentils, or through two to four servings of fruit and vegetables.

Increasing your daily fibre intake may be a step towards reducing your risk of heart

disease. Other lifestyle factors also need to be considered in addition to a healthy diet, including quitting smoking, reducing alcohol intake and getting more exercise.

*For reference: Threapleton, D et al. Dietary fibre intake and risk of cardiovascular disease: systematic review and meta-analysis. BMJ 2013;347:f6879 doi: 10.1136/bmj.f6879 (Published 19 December 2013)*



### Good Health on the Menu

#### LENTIL BURGER

*Try this burger for a quick and easy dinner that is high in fibre and low in kilojoules.*

##### Ingredients:

- 400g can of lentils, drained
- 2 crushed cloves of garlic
- 400g mushrooms, finely chopped
- ½ bunch of coriander, finely chopped
- 1/3 cup dried breadcrumbs
- 2 eggs, whisked lightly
- 2 egg whites
- 1 ½ tablespoons olive oil
- 1 brown onion, thinly sliced

- 4 wholemeal bread rolls
- ¼ head of lettuce
- 1 tomato, sliced
- Salt and pepper to taste

##### Method

1. Combine lentils, garlic, mushroom, coriander, breadcrumbs, egg and egg whites in a bowl and season with salt and pepper
2. Divide mixture into four portions and shape each portion into a flat, round patty
3. Heat two teaspoons of olive oil in a frying pan over medium heat. Add the onion and cook until brown. Remove onion and set aside
4. Add the remaining oil to the pan and cook patties for 4 minutes each side or until brown and cooked through
5. Slice open breadrolls and layer with lettuce and tomato

6. Add patties and onion to each breadroll then place the top half of roll back on

**For extra flavour add a dollop of low fat plain yoghurt to each burger.**

*Recipe serves 4*



*Enjoy!*

## MYTH VS. FACT ARE DAILY WEIGH-INS A BAD IDEA?

**Regular weight watching**, like daily weigh ins, has been criticised as encouraging an unhealthy fixation with weight and body image. While this is a valid concern, and probably isn't wise for vulnerable groups like teenage girls, some research has shown that regular weighers may lose more weight, with few negative psychological consequences.

Researchers investigated 91 overweight adults over a period of six months. The participants were divided into two groups – one of which was assigned to a daily self-weighing program. At the conclusion of the study, the daily self weighers reported fewer issues with body dissatisfaction, greater dietary restraint, less hunger, less binge eating, and lower perceptions of loss of control of eating. There were no differences in markers of depression and anorexia between the two groups.

Keeping a regular eye on your weight via daily or weekly weigh-ins may be a step towards controlling unhealthy eating patterns. However, this probably isn't a great idea for high risk groups like young women, or people with a previous history of depression or anxiety.

*For reference: Steingberg DM et al. Daily self-weighing and adverse psychological outcomes: a randomized controlled trial. American Journal of Preventive Medicine 2014;46:24-29.*

## Clever CROSSWORD

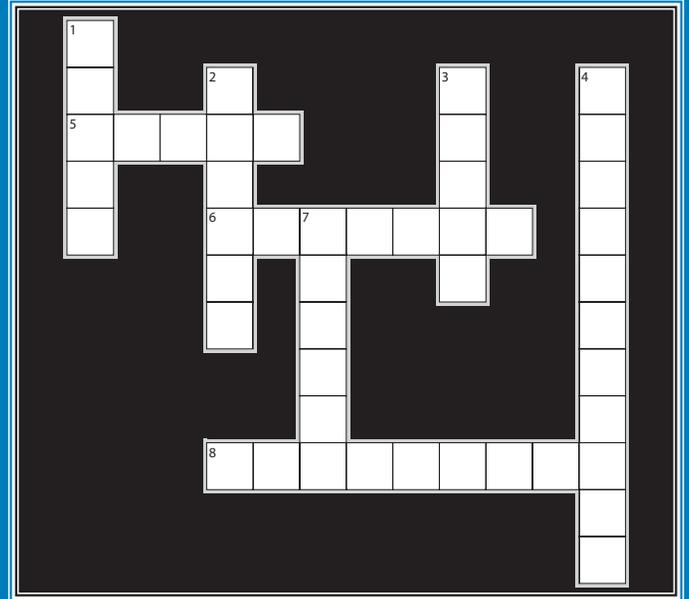
### Down:

1. A major issue as we age is decreased ability to perform daily \_\_\_\_\_.
2. What is the entire genetic code held in our DNA?
3. Obesity may reshape our sense of what?
4. Sleep is crucial for growth and what, of young children?
7. Daily or weekly weigh-ins, may help control unhealthy what, patterns?

### Across:

5. Toddlers require, on average, 10 to 12 hours of \_\_\_\_\_ per night.
6. One of the risk factors for heart disease includes what?
8. Another risk factor for heart disease is low fruit and \_\_\_\_\_ intake.

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



## HAPPY LIFE, HEALTHY LIFE

**There's a lot of speculation** about the effects of well being on our health as we age. Feelings of happiness and enjoyment may contribute to increased fulfilment but do they translate to tangible health outcomes? A group of researchers investigated whether enjoyment of life was associated with reduced risk of functional impairment in a group of people aged 60 years and over.

A major issue as we age is decreased ability to perform daily tasks. This can lead to early admission to health facilities like nursing

homes and increased risk of death. Looking at 3000 men and women over an eight year period, researchers found that perceived enjoyment of life was associated with lower incidence of impaired daily activities and 0.05m/s increase in gait speed. Gait speed is thought to be a significant predictor of future disability, cognitive decline, falls and hospitalisation.

While conclusions about cause and effect cannot be drawn from this study, the results indicate that we may need to focus on

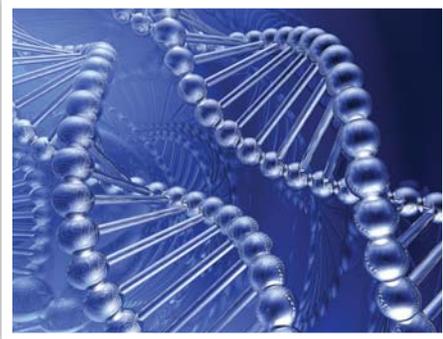
enhancing social wellbeing at older ages. Furthermore, negative feelings of wellbeing, like stress, are known to affect our health in a number of ways like increasing risk of heart disease and some cancers. Focusing on your happiness and wellbeing occasionally is an important part of living a balanced and healthy life.

*For reference: Steptoe, A et al. Enjoyment of life and declining physical function at older ages: a longitudinal cohort study. CMAJ 2014. DOI: 10.1503/cmaj.131155*



**Dr Norman Swan**

## A MATTER OF HEALTH



### KNOWING YOUR GENES

**There's a lot of talk about how cheap** it's becoming to test our genes and identify our chances of certain diseases and what medications might be best for us when we're ill. But there's also a lot of confusion – made worse by the jargon - words like genome, chromosome, genotyping, and gene sequencing.

So, here's some help and words of caution.

The genome is the entire genetic code held in our DNA, which is held on chromosomes that come in pairs numbered one to 21 with two sex chromosomes (two X's if you're female or an X and a Y if you're male). Genotyping and gene sequencing are different ways of creating maps of the three billion lines of genetic code on our 46 chromosomes. One method is to map the genome using maybe a million known landmarks known as single nucleotide polymorphisms (SNPs). Another is to exhaustively sequence the complete code rather than the snapshot you get from the landmarks.

When you hear about the \$99 genome, it's actually genotyping using these landmarks – the SNPs. It's fairly accurate but the problem is that most of the things they find aren't fully understood so you could be panicked over nothing. High quality gene sequencing costs a lot more, is prone to error and is more of a research tool at the moment.

The other important issue for consumers in Australia is that we have no genetic information protection Act, which means that if you have gene testing, you're obliged to divulge the results on life or disability insurance applications and you could be denied coverage. If we're to encourage people to know their genes, such legislation is imperative.



## DID YOU KNOW? OBESITY AND OUR TASTEBUDS

**Fascinating research has shown** that obesity may reshape our sense of taste. What food we choose to eat is closely linked to how it tastes, smells and feels in our mouth. One theory proposed by scientists is that obese people may not detect sweet tastes as well as those in a normal weight range, and this change in taste sensitivity could arise, in part, due to weight gain.

Researchers fed a group of mice a high fat diet over a period of 10 weeks making them obese. They were able to show a biochemical change in the functioning of taste receptors in the obese mice, finding that less of their taste cells were sensitive to the effects of sweet foods.

This research suggests that taste changes may be a consequence or partial cause of obesity. If someone is dulled to sweetness, they may need to eat more of the food in order to get the same sweet sensation that they got when they were lighter. While further research is needed to ascertain the link between obesity and our taste buds, this study highlights the importance of controlling portion sizes and choosing healthy sugars, like those found in fruit, over processed sweets.

*For reference: Chang YY-C and Chiou W-B. Taking weight-loss supplements may elicit liberation from dietary control. A laboratory experiment. *Appetite* 2014;72:8-12.*

8. Vegetable.  
**Across:** 5. Sleep; 6. Obesity;  
7. Eating.  
**3. Taste; 4. Development;**  
**Down:** 1. Tasks; 2. Genome;

## ANSWERS TO CROSSWORD

### PRACTICE UPDATE

#### ONLINE BOOKINGS:

Patients are now able to book their appointment online! Just log on to [www.listerhouse.com.au](http://www.listerhouse.com.au) and click on "Online Bookings" and follow the prompts.

#### DOCTORS:

**Dr Wil Chong** and his wife celebrated the birth of their first child, Chloe, in November 2012 and Dr Wil is enjoying his role as a "dad"!

**Dr Lang Lang Yii** and **Dr Chik Chua** also welcomed the arrival of their new baby "Sean" in December 2012. Dr Lang Lang Yii is currently on maternity leave and will return later this year.

Meanwhile **Dr Catherine Turnbull** has completed her maternity leave after the birth of "Petra" and is now working two days per week.

**Dr Matthew Wong** commenced full time with us in February this year, having moved with his family to Shepparton from Wodonga. Dr Wong graduated at the University of Melbourne with a Bachelor of Medicine and Bachelor of Surgery (MBBS) and Bachelor of Medical Science (BMedSc).

His post graduate education includes a Diploma of Obstetrics and Gynaecology (DRANZCOG).

**Dr Mohan Kulatunga** who has an Advanced Diploma of Obstetrics is becoming very popular with our mums and bubs. He is also enjoying his work as a General Practitioner and is studying for his fellowship of the RACGP.

**Dr Graeme Jones**, one of our Partners, retired on 30th June 2013. Dr Jones has been part of Lister House for over 40 years and has been an integral part of promoting general practice and is recognised nationally for his contribution to the field. He was involved in the development of the Rural Health School of Medicine in Shepparton and strongly supported the training of medical students. He continues to be involved with the training of General Practice Registrars.

We all wish Dr Jones the best in his retirement and he will be sadly missed by us all.

#### MEDICAL STUDENTS:

**Florah Mwilambwe** and **Essam Qazag** (fifth year ERC students) have joined us for a six month placement. Having them in our Practice will be hugely rewarding to us all, bringing their up-to-date knowledge to us and assisting with the patient load whilst learning significantly on the job.

We trust that our patients will support our two new students, as they have in the past, as our patients are critical to their learning and gaining a quality experience.