

Story continued from front page:

- genital changes - vaginal tissue becomes thin, less elastic and drier as natural lubrication finishes. This may in turn reduce sex drive and make intercourse more uncomfortable. As the pH of the vagina changes it may also be more prone to bacterial and fungal infection;
- over a period of up to years prior to the menopause (pre or peri-menopause) there may be irregular periods, some lighter and or shorter, some heavier than normal;
- urinary problems - changes in the bladder and urethra (neck of bladder) are similar to that of genital changes making women prone to infections over time. There may be painful, more frequent need to urinate even when the bladder is empty. The pelvic floor muscles weaken, so leakage of urine (stress incontinence) is more likely;
- skin and hair thinning - skin becomes thinner, drier and less elastic, lines may appear sleep disturbances - insomnia is common and can be separate to night sweats which also interrupt sleep;
- weight changes - with ageing comes slowing of metabolism and also being more sedentary. Women may tend to put on weight in the central region of the body (abdomen, hips and thighs);
- mood changes - depression, anxiety, irritability, forgetfulness can be all hormonally related. There may also be an associated sense of loss of fertility and diminished womanhood. This can be coupled with the move of children away from the home and a sense of emptiness, loss of purpose with regards to family involvement;
- bone loss - given the loss of functioning ovaries and hence hormones, this can lead to increased bone loss and the establishment of osteoporosis. This increases a woman's risk of sustaining a fracture with minimal trauma.

Management

Most of these symptoms can be managed firstly with correct approaches to lifestyle factors, ie. regular aerobic exercise, strength training, relaxation strategies and keeping in a healthy weight range.

Women who try and adopt a healthy lifestyle have less menopausal symptoms and those symptoms they do experience tend to be less severe.

Natural and complementary medicines include herbs and phytoestrogens, acupuncture, remedial massage.

Some prescription medicine (eg. Antidepressants or blood pressure medications) are also used in a select group of women who may not be able to take hormones.

HRT (Hormonal replacement therapy) is available where the symptoms of the menopause contribute to reduced quality of life issues. There are a variety of different types of HRT available that provide a medical replacement of the female hormones (oestrogen, progesterone) including at times,

testosterone. Replacing these hormones for a period of time helps to control these symptoms. No other treatments have been shown to be as effective as oestrogen replacement to treat hot flushes

and vaginal dryness. For the treatment of symptoms women can stay on HRT for one to five years. For

many women most symptoms disappear over this time frame. If taken for more than 5 years, the need to take HRT needs to be evaluated with your GP on an annual basis.

In 10% of women menopausal symptoms may continue longer than 10 years and HRT may be required over these time frames. This should be closely monitored by your GP if this is the case.

All medications come with side effects and possible tolerance issues that should be discussed in detail with your GP prior to commencing on any form of therapy.

A good reputable resource on issues relating to the menopause is the Jean Hailes Foundation (www.jeanhailes.org.au).



WHEN WE ARE CLOSED

Phone the clinic after hours on 9875 1111 and your call will automatically be transferred to the After Hours GP Clinic at 36 Wellington Rd, Box Hill (Ph 9899 9980), during their opening hours:

Mon-Fri 6.30pm-11.00pm
Sat 1pm-11.00pm
Sun & Pub Hols 10am-11.00pm

Outside these hours your call will divert to the Home Doctor Service (Ph 13 74 25). Alternately, Box Hill, Maroondah and Knox Private Hospitals all have emergency departments.

APPOINTMENTS Appointments should be made to see the doctor of your choice. Urgent problems are always seen quickly – please notify the receptionist.

BILLING POLICY

We are a private billing clinic. Fees are subject to regular review and changes will be advertised in the waiting room. Current fees are displayed in the waiting room. Full payment on the day will attract a discount. Veterans Affairs gold card holders will continue to be bulk-billed. If you have any difficulty paying our fees at any time, please discuss this with your doctor.

DIABETES CLINIC

Education and information about use of devices, healthy eating, and strategies to help manage your condition to avoid complications. Our Diabetes Clinic will keep you up to date with the latest approaches. Ask your doctor for a referral.

SKIN CANCER CLINIC

Most patients should have a skin cancer check once per year. Please ask your doctor for a specific appointment for this, and to send you reminder letters when your next SKIN CHECK is due.

MALE & FEMALE HEALTH CHECKS

In-depth health checks designed for patients aged 35-65 years. Please ask for a flyer at reception.

75 PLUS HEALTH ASSESSMENTS

If you are 75 years or older (or 55 for those of Aboriginal or Torres Strait Islander descent), please ask your doctor about this preventative service, aimed to keep you living independently in your own home. The assessment is only for your doctor's use. This is a comprehensive health assessment involving time with the nurse and your doctor, and is billed to Medicare so that there is no cost to you.

RESULTS OF INVESTIGATIONS

Unless previously organised with your doctor, patients are asked to make an appointment for results of investigations. If your doctor has specifically advised that you may telephone for results, please ring the doctor who ordered the test, at the time indicated to you by the doctor.



BLACKBURN CLINIC FAMILY GENERAL PRACTICE

Summer 2015/16 Edition

Blackburn Clinic

Family Medical & Licensed Travel Vaccination Centre

195 Whitehorse Rd, Blackburn
www.blackburnclinic.com.au
Telephone: 9875 1111
Appointments: 9875 1123

Dr Robert DUNN
Dr Patricia GARLICK
Dr Grant CONNOLEY
Dr Scott GARDINER
Dr Peter ELLIOTT
Dr Peter LOVASS
Dr Adrian TANG
Dr Praba RATNARAJAH
Dr Janice KRELTSZHEIM
Dr Claire St JOHN
Dr Melanie HATTOTUWA
Dr Ann DONAGHY
Dr Sean DAS
Dr Elise HARRISON
Dr Kazunori NAKAJIMA
Dr Suzanne ASHDOWN
Dr Kathryn CUNNEEN
Dr Aaron ZHANG

HOURS (open 365 days of the year)

Monday to Thursday 8 am - 7 pm
Friday 8 am - 6 pm
Saturday 8 am - 12 noon
Sunday 8 am - 12 noon

ONLINE APPOINTMENT BOOKINGS NOW AVAILABLE

www.blackburnclinic.com.au
Some appointments can now be booked from our website. This service is available for our existing patients only. If you need a long consultation, or cannot find a suitable appointment time online, please phone the clinic as not all appointments are available online.

Dr Melanie Hattotuwa - The Menopause

Dr Melanie Hattotuwa joined the Blackburn Clinic in 2006 and now juggles caring for her two young children while working part time at the practice. She has a special interest in women's health and paediatrics, although enjoys all aspects of medicine. Melanie feels that

The Menopause is a natural part of a woman's life that is sometimes poorly understood, and has written the following article in an effort to improve understanding and reduce stigma associated with The Menopause.

What is the Menopause?

The menopause is defined as the time around a woman's last period, which typically happens between the late 40s to early 50s. The average age is 51 years. At this time menstruation can be erratic (pre or peri -menopause) and it is usually considered to be the menopause once there has been at least 12 months of no vaginal bleeding. In less than one percent of women, this happens before the age of 40.

What happens in Menopause?

Experiences in menopause vary widely between different women and from culture to culture. All women however undergo the same basic hormonal changes. Ovulation ceases as the ovaries run out of eggs and the sex hormones of oestrogen and progesterone no longer are produced. The body then responds to these changes in a variety of ways:

25% of women do not have any symptoms of menopause

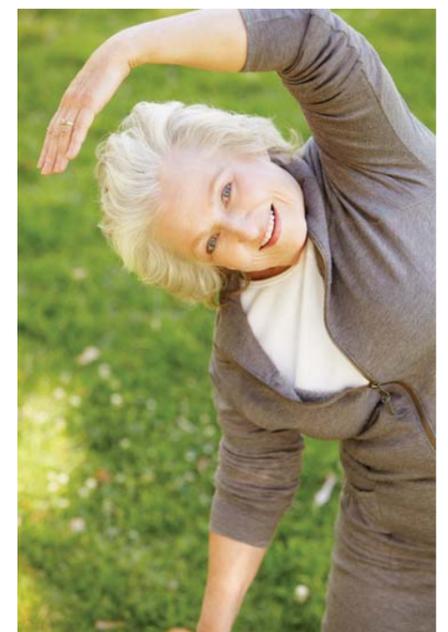
50% of women experience some menopausal symptoms

25% of women have more severe problems.

It is important to recognise that not all symptoms experienced at this time can be attributed to menopause. Some are just part of the normal ageing process.

Signs and Symptoms:

- hot flushes and night sweats - which can also be described as a surge of heat lasting between 30 secs to five minutes possibly felt over the face, neck or all over the whole body. It may be accompanied by sweating, nausea and skin flushing. Typically these can be called night sweats.



Continued on back page

Nutrition



Almond, Pistachio & Raspberry Ice cream

Preparation time:	Cooking time:	Serves:
30 minutes	10 minutes	6

Ingredients:

- 4 egg yolks
- 1/3 cup (75g) raw cane sugar
- 2 cups (500mls) So Good Unsweetened Almond milk
- 1/2 cup (70g) pistachios, finely chopped
- 1/2 cup fresh, frozen or canned raspberries

Instructions:

1. Whisk together the egg yolks and sugar together in a bowl, for about 5 minutes, until sugar has dissolved.
2. Pour the Sanitarium So Good Unsweetened Almond milk into a saucepan and bring to a simmer. Remove immediately then pour the hot milk slowly over the egg yolk mixture, whisking constantly.
3. Return the mixture to the clean saucepan and cook over low heat, stirring constantly with a wooden spoon until the mixture coats the back of the spoon. Do not let the custard boil.
4. Pass the mixture through a fine sieve then allow to cool. Meanwhile, clean and remove any stalks from the raspberries. Mash together the raspberries using a fork. If using canned, drain the syrup off any first. Frozen raspberries can be left frozen and broken with a fork.
5. When the custard has cooled to room temperature, stir through the raspberry mash and chopped pistachios. Cover and refrigerate, turning every hour or so, or put in an ice cream machine and blend according to manufacturer's instructions.
6. Store in freezer in a covered container until ready to serve. Leave the ice cream to thaw for 10 minutes, before rolling into scoops. Sprinkle with chopped pistachios to serve.

Nutrient	Per Serve
Energy (kJ)	550
Calcium (mg)	64
Total Fat (g)	8
Protein (g)	4
Carbohydrate (g)	11
Sodium (mg)	24
Iron (mg)	3.9
Fibre (g)	0.9

© Recipe kindly provided by Sanitarium Health & Wellbeing Company.

Keeping an eye on your maculae

You're currently using your macula - the central part of the retina, the light sensitive tissue at the back of your eye - to read this newsletter.

It's also essential for driving a car, seeing colours clearly and recognising faces.

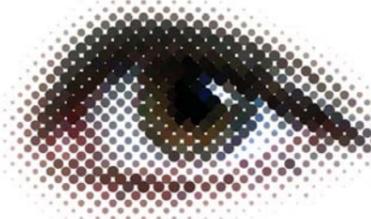
One in seven people aged 50 or over, however, have signs of a disease of the macula called age-related macular degeneration (AMD). It's the main cause of severe vision loss and blindness.

But early detection may help save your vision and you can also reduce your AMD risk.

What is age-related macular degeneration (AMD)?

Light passes through your eye's pupil (black hole) to the macula, which contains a high concentration of light receptor cells. AMD is damage to these cells that starts with the accumulation of waste products.

It then can develop into two types of disease: 1) Dry AMD; light receptor cells gradually thin out and disappear 2) Wet AMD; abnormal blood vessels also grow



under the retina, leak out fluid and cause sudden vision loss.

Medicine still hasn't found a cure for either AMD type, but fortunately treatment can stop or reverse the early stages of wet AMD.

What to do

Get an Eye check!

Early AMD often doesn't cause symptoms. But an eye check every two years if you're aged 50 or over can detect it before symptoms develop so you can start treatment.

You should immediately have an eye check, however, if you already have symptoms including:

- ▶ Difficulty reading or with other fine vision
- ▶ Distortion, where straight lines appear wavy or bent
- ▶ Difficulty distinguishing faces
- ▶ Dark patches or empty spaces in your central vision

People of all ages can reduce AMD risk by observing the following precautions:

Don't smoke

Eat a healthy diet including fish, nuts, dark green leafy vegetables, fresh fruit

Maintain a healthy weight

Wear sunglasses

More information: Speak to your GP, Visit www.mdfoundation.com.au.

What to pack in your travel kit

For all the fun and relaxation that overseas travel promises, you should never forget that a travel-related injury or illness can be a spoiler.

You can reduce your risk of this happening with a medical check up and vaccinations before you leave. It's also highly recommended to take a travel medical kit to help you:

- ▶ Manage and treat pre-existing medical conditions
- ▶ Prevent travel-related illness
- ▶ Take care of common, minor health problems

How much of a risk?

Your risk of travel-related health problems varies according to your age, destination, current health status, trip length and planned activities. In general, research finds that up to 50% of travellers experience a health problem. Although most are mild, up to 8% of travellers are sick enough to seek care from a health care provider.

What to take

Medications you regularly take at home
Each country has its own rules on travelling with medications.

Find out about these rules from the Australian Government website www.smartraveller.gov.au or ring 1300 555 135.

General advice for travelling with medications includes:

- Take enough for the whole time you're away;
- Take a few days' supply in your hand luggage in case your checked baggage goes astray;
- Talk to your pharmacist about any storage requirements (e.g refrigeration);
- Medications and supplies to prevent illness such as insect repellent for malaria

For common, minor health problems pack:

- ▶ Painkillers
- ▶ Diarrhoea medicine (such as loperamide)
- ▶ Oral rehydration salts (such as Gastrolyte or Hydrolyte)
- ▶ Antiseptic lotion and/or ointment, bandaids and other wound dressings
- ▶ Insect repellent
- ▶ Latex gloves
- ▶ Thermometer
- ▶ Tweezers and scissors (not in hand luggage)
- ▶ Antibiotics in case of diarrhoea due to food poisoning

More information, as always, ask your GP.

Women's Health

Taking antidepressants while pregnant

The decision on taking any medication during your pregnancy requires a balancing act between the potential benefits and harms. A good example of this challenge is seen with depression.

Depression affects one in ten pregnant women.

Treatment options include emotional and practical support, psychological therapy and medications. The most frequently used medications are antidepressants called SSRIs

(selective serotonin reuptake inhibitors).

SSRIs are a group of different medications.

One, paroxetine, is unsafe for the unborn baby.

However the remainder are considered relatively safe during pregnancy.

Weighing up benefits and harms

How do you make a decision on SSRIs? The balancing act involves weighing up the potential benefits and harms for both the unborn baby (foetus) and yourself of taking the medication, versus not taking it.

Ask your doctor questions to help with this task. For example, it's important to understand that not taking the medication doesn't provide

100% protection for your unborn baby. It's estimated that 2 - 4 out of every 100 babies are born with a major defect not related to taking medications. So you may ask: Will the SSRI increase the risk to my unborn baby above this baseline level?

Another important question includes:

What are the risks of not taking a SSRI?

Research shows that pregnant women who don't have depression treated face an increased risk of stillbirth or premature birth. For women

themselves, there's also an increased risk of pregnancy complications, depression after birth (post-natal depression) and suicide attempts.

After talking to your doctor the key messages you may learn include:

- ▶ It's essential to treat depression
- ▶ SSRIs may be the most effective treatment and are relatively safe
- ▶ Any decision involves weighing up potential benefits and harms for your unborn baby and yourself
- ▶ If you decide to take a SSRI, use the lowest effective dose

More information: Speak to your GP, visit www.beyondblue.org.au



Dr.LoL :)



Tell us your favourite summer memory for your chance to WIN an iHealth PO3 Wireless Pulse Oximeter Valued at \$89 RRP.



Enter on your practice's website OR

post this entry slip to:

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Med. Practice * _____

In 15 words what is your favourite memory of summer time?

Don't forget to Like us at 'Your Health Newsletter and Websites' on Facebook for exclusive content and offers.

Drawn 1 March 2016 - winning entries will be published on our Facebook page.

Mythbusting : Physical Activity in the Heat

Here are the facts behind some common myths about physical activity - for work, health or leisure - in hot weather.

Myth	What does the research say?
You need a sports drink to stay hydrated	You only need a sports drink if you're a serious athlete. Sports drinks typically contain water, salts (usually sodium and potassium) and sugars. An ordinary person - for example, doing an aerobics class - can replace liquids with normal water and salts with normal meals and snacks afterwards. As for those sugars, they can be bad for your teeth and make it harder to lose weight.
Only cold drinks work when you're hot	As long as you can sweat adequately, a hot drink can make you feel cooler on a hot day. The reason is that it triggers sweating, which is the most effective way for your body to cool down and more than compensates for the extra heat added by the hot drink. However, don't do this on a hot and humid day, if sweat isn't evaporating but just drips off your skin or you're wearing too much clothing - sweating won't work efficiently in these situations.
You can sweat out toxins	Toxins are substances such as mercury and alcohol. Your body eliminates them through organs such as the liver and intestines. Sweat is 99% water, with a small amount of salt, proteins, carbohydrates and urea (a byproduct of the kidneys) - but no toxins!
A hard earned thirst needs a cold beer	The cold liquid will feel nice, but the alcohol acts as a diuretic, which makes your kidneys urinate more. This loss of liquid can increase your thirst. Even worse, it places you at increased risk of dehydration and heat stroke (body temperature rises above 40.5 C°) which is a life-threatening condition

More information: Speak to your GP, Visit www.healthdirect.gov.au search for "heat stroke"