

RHEUMATOID ARTHRITIS: WHAT IT IS AND HOW TO MANAGE IT

Rheumatoid arthritis is a chronic health condition which causes pain and swelling in your joints.

According to the Australian Institute of Health and Welfare (AIHW) about 456,000 Australians (around 1 in 50 people) have rheumatoid arthritis. While it is most common in those over 75 years of age, most people are first diagnosed between the ages of 35 and 64 years. Women are more likely to be affected than men.

Rheumatoid arthritis is an autoimmune disease where your immune system mistakenly attacks the tissues around your joints. When this happens, some joints become swollen and painful. While the cause is still unknown, having a family history and smoking both increase the risk.

Common symptoms of rheumatoid arthritis include:

- pain or swelling in the joints of both hands or both feet
- stiffness in your joints, particularly in the morning
- symmetrical pain and swelling (meaning that the same joints on both sides of the body are affected)



For some people, the symptoms gradually worsen. Others may have flareups followed by periods of time with little or no symptoms, which may last months or even years.

MANAGING METABOLIC SYNDROME WITH LIFESTYLE CHANGES

Metabolic syndrome is a collection of risk factors which together increase the risk of heart disease, stroke and type 2 diabetes.

Metabolic syndrome is diagnosed when you have three or more of the following risk factors:

- High triglyceride (fat) levels in the blood
- Low levels of HDL ('good') cholesterol
- High blood pressure
- Insulin resistance or type 2 diabetes

While each of these are risk factors on their own, their combined risks are even greater. If you have metabolic syndrome, your risk of cardiovascular disease and diabetes are much greater than in those who don't have the condition.

While genetics and age both play a part, lifestyle modification is the key to preventing and managing metabolic syndrome. Following are the dietary and lifestyle changes that can help.

- Eating a Mediterranean-style diet. This is an eating plan rich in minimally processed wholegrains (such as traditional rolled

Rheumatoid arthritis can cause permanent joint damage, but early diagnosis and treatment can help to prevent this. For this reason, it is important to see your doctor if you have symptoms.

The treatment of rheumatoid arthritis will depend on your symptoms and their severity. There are several medications that can help with pain management and reducing inflammation. These include:

- pain relief medications such as paracetamol and non-steroidal anti-inflammatory drugs (NSAIDs)
- corticosteroids (available as tablets or injections) which can help to manage pain and stiffness during flareups
- disease-modifying anti-rheumatic drugs (DMARDs) and biological DMARDs, which can help to reduce symptoms and joint damage.

There are also things that you can do to help to manage your rheumatoid arthritis, including:

- Building healthy lifestyle habits, including eating a healthy diet (particularly a Mediterranean-style diet), exercising regularly, not smoking, managing stress levels and getting adequate sleep and rest.
- Seeking help from an occupational therapist if you need help with managing day-to-day activities due to joint pain and stiffness.
- Getting enough vitamin D from sensible sunlight exposure and/or supplements.

or steel-cut oats, barley, quinoa, freekeh, burghul, brown rice, wholemeal or wholegrain pasta, dense wholegrain breads), vegetables, fruits, nuts, legumes (lentils, chickpeas and dried/canned beans), olive oil and fish but relatively low in red meat and dairy products. Refined grains, added sugars, sugar-sweetened drinks and ultraprocessed foods are best avoided or kept for special occasions. Use fresh or dried herbs and spices rather than salt to flavour foods.

- Exercising regularly, increasing incidental activity and reducing sedentary time and/or breaking up your sitting time regularly.
- Quitting smoking, if you smoke. If you need help to do this, speak with your doctor or call the Quitline on 13 7848.
- Getting adequate sleep and managing stress levels.

Dietary and lifestyle changes are recommended as the first line of treatment. However, some people also need medications to manage individual risk factors such as high blood pressure, high cholesterol and elevated blood glucose levels.



WHEN WE ARE CLOSED

Phone the clinic after hours on 9875 1111 and your call will automatically be transferred to the Blackburn Clinic After Hours Service (up to 11:00pm Mon-Fri, staffed by the Principal Doctors of Blackburn Clinic) and to our Home Doctor Service (Ph 13 74 25) at all other times. There is a fee for the Blackburn Clinic After Hours Service, details available to all callers. 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. Book online at: www.blackburnclinic.com.au

BILLING POLICY

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

DIABETES EDUCATOR

Our Credentialed Diabetes Educator provides education, review of blood glucose meters / insulin delivery devices, diabetes complications screening and self management advice. Ask your doctor for a referral.

SKIN CANCER CHECKS

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 a reminder when your next SKIN CHECK is due

IRON INFUSIONS

We can treat iron deficiency anaemia on-site, where medically appropriate, at considerable savings compared to the traditional day-surgery model. Please see your doctor for advice.

HOME VISITS

On weekdays we do home visits for our patients in the local area if necessary. Where possible we ask that you ring before 10:00am to arrange this. Sometimes demand for this service will exceed our ability to respond and a locum visit may need to be arranged. Fees will apply for all home visits.

MELBOURNE PATHOLOGY

Blackburn Clinic patients are able to access Melbourne Pathology services within Blackburn Clinic, from 8.00am - 1.00pm, Mon - Fri. Please take a number at reception in Blackburn Clinic (Suite 5) and wait in the reception waiting area to be called.



BLACKBURN CLINIC FAMILY GENERAL PRACTICE

SUMMER 2022-23

THE HEALTH BENEFITS OF EATING MORE PLANTS

A plant-based diet is one which consists mostly of plant-based foods including fruit, vegetables, legumes, nuts, seeds and grains. This includes both vegetarian and vegan diets, although other types of eating plans, including pescatarian and traditional Mediterranean diets, may also be considered plant-based.

When it comes to your health, research suggests there are many reasons to go plant-based.

- Plant-based diets are typically lower in saturated fat, contain no or less red and processed meats and are higher in dietary fibre and phytochemicals, all of which can benefit our health and reduce chronic disease risk.
- Plant-based diets have been associated with a reduced risk of common chronic diseases, such as cardiovascular disease, obesity, type 2 diabetes and some types of cancer.
- Plant foods including fruits, vegetables, wholegrains, legumes, nuts and seeds are important foods for building a healthy gut microbiome, which can affect our overall health and chronic disease risk.

Even if you are not quite ready to go completely meat free, just cutting down on red meat and incorporating more plant-based meals will provide health benefits. It can also benefit the environment. However, going plant-based isn't just about cutting out meat. A plant-based diet should contain a range of plant foods, including:

- Legumes such as lentils, chickpeas, nuts, seeds and dried or canned beans
- Soy foods such as tofu, tempeh, soybeans and edamame
- Wholegrains such as rolled oats, quinoa, brown or black rice, freekeh, burghul, barley and buckwheat
- Fruits and vegetables -aim for a variety of types and colours

Aim to balance your plate at mealtimes with vegetables or salads, wholegrains and plant protein (legumes or soy foods). Plant proteins are particularly important to include if you are cutting out all animal foods as they are important sources of protein, iron and zinc. And be aware that there is now an increasing range of processed nutrient-poor plant-based or meat-free foods, which are best to avoid or keep for special occasions. To reap the health benefits, focus on a whole-food plant-based diet. Finally, if you are cutting out all animal foods, it is important to supplement with vitamin B12 as this vitamin is only found in animal foods.

A great way to start is by adopting Meat-Free Mondays (www.meat-free Mondays.com/) and then gradually building in more plant-based meals over time. Or, if you are ready to go all-in, consider trying Veganuary – visit au.veganuary.com/ for more details and to register.



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- Dr Grant CONNOLEY
- Dr Karen DU
- Dr Scott GARDINER
- Dr Megan GLENISTER
- Dr Melanie HATTOTUWA
- Dr Chris INESON
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- Dr Terence TING

HOURS (open 365 days of the year)

SUITE 5	
Monday to Thursday	8 am - 7 pm
Friday	8 am - 6 pm
Sat-Sun, Public Hols	8 am - 12 noon
Good Fri, Xmas Day	9 am - 11 am

SUITES 2 & 8	
Mon to Fri	8 am - 5 pm
<i>Hours extend past 5pm some days, dependent on GP availability.</i>	
Weekend/Pub Hols	Closed

An independent association of medical practitioners.
OPEN 365 DAYS
195 Whitehorse Road, Blackburn 3130
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Book online from all three websites.

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RECIPE



Sweet potato and pearl barley risotto

Serves:	Preparation time:	Cooking time:
4	10 mins	30 mins

Pearl barley is a nutrient rich grain. The nutty texture of the cooked pearl barley marries well with the creamy consistency of a risotto. Try it out you will be pleasantly surprised how easy it is.

INGREDIENTS

- 2 tsp oil
- 2 cups cubed sweet potato
- 1 tbsp oil, extra
- 1 leek, sliced
- few sprigs thyme, removed from stem
- 1 litre reduced salt vegetable stock
- 2 cups pearl barley, rinsed
- 1 cup reduced salt vegetable stock, extra
- ¼ cup finely grated parmesan
- 2 cups baby spinach leaves
- 1 tablespoon pepita seeds

INSTRUCTIONS

1. Toss cubed sweet potato with oil and place on a baking tray. Bake in a hot oven, 200°C, for 20 minutes or until golden.
2. Heat extra oil in a cast iron pot and saute leek and thyme until leek is tender.
3. Add stock and bring mixture to the boil.
4. Stir through pearl barley and bring mixture back to the boil, then reduce heat and simmer with lid on for 20 minutes, stirring occasionally.
5. Remove lid and add extra hot stock and simmer for remaining 10 minutes with lid off.
6. When pearl barley is cooked, fold through roasted sweet potato, parmesan and baby spinach leaves. Sprinkle with pepitas.

NUTRITION

PER SERVE: Energy 2118 (506Cal), Protein 14.7g, Fat 13.8g (Saturated 0.6g), Carbohydrate 72.7g (Sugars 6.9g), Fibre 15.5g, Sodium 947mg, Potassium 728mg, Calcium 151mg, Iron 4.0mg.

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YOUR DIABETES ANNUAL CYCLE OF CARE

The diabetes annual cycle of care is a checklist for reviewing your diabetes management and general health – if you have diabetes it is recommended that you do this review with your general practitioner (GP) each year. As part of this process, your GP may refer you to other health professionals, such as a dietitian, diabetes educator, podiatrist, ophthalmologist, exercise physiologist or endocrinologist, to help you in managing your diabetes and reducing the risk of complications.

The health checks included in the cycle of care include:

- HbA1c: a blood test to measure your average blood glucose levels over the past 2-3 months. Persistent high blood glucose levels can lead to diabetes-related complications such as heart, eye, kidney and nerve damage. Keeping blood glucose levels in your target range can help to reduce the risk of developing these complications.
- Blood pressure: is a measure of the force of circulating blood on the walls of your blood vessels. High blood pressure increases the risk of heart disease, stroke, eye damage and kidney damage. This means that managing blood pressure is just as important as managing blood glucose levels when it comes to preventing diabetes-related complications.
- Foot checks: An initial foot check should be done by your doctor, diabetes educator, practice nurse or podiatrist. If your feet are found to be low risk, then it is recommended that you have an annual foot check. If assessed as high or intermediate risk then you will need more regular checks – at least every 3-6 months, or more often if needed.
- Eye checks: Visit an ophthalmologist or optometrist once a year to check your eyes through dilated pupils. This is needed to

check for diabetic eye damage (retinopathy), as well as cataracts, glaucoma and other eye disorders that occur more frequently in people with diabetes. If any problems are detected, you may need more regular visits.

- Kidney health: An annual urine test, the urinary albumin to creatinine ratio (UACR), shows whether small amounts of protein are passing into the urine can indicate very early signs of kidney damage. At this stage treatment can often slow or prevent further damage. A blood test to check kidney function, called estimated glomerular filtration rate (eGFR) is also recommended.



- Blood fats: a blood test to measure the different types of fats in your blood including LDL (bad) cholesterol, HDL (good) cholesterol and triglycerides (TG). As with high blood pressure, high blood fats can increase the risk of heart disease, stroke and other diabetes-related complications.
- Weight, waist measurement and body mass index (BMI): Carrying extra weight, especially around the middle, can make it harder to manage your blood glucose levels, blood pressure and blood fats, so it is important to keep a check on these.

During the review your GP should also ask about your lifestyle habits (such as diet, activity levels, smoking and alcohol intake), medications and emotional health.

For details of how often to have these checks and recommended targets, download a copy of the [NDSS Annual Cycle of Care Fact Sheet](#)

GAS AND BLOATING

Most of us have experienced the occasional episode of bloating, particularly after overeating or eating a rich meal. For some, bloating can occur as a symptom of other digestive disorders, such as Irritable Bowel Syndrome (IBS) or indigestion. But for others, bloating occurs regularly without other digestive problems and can be distressing.

The causes of bloating, and therefore the treatment, will vary from one person to the next. Following are some of the most common causes of bloating.



- Constipation is a common cause of bloating, although not everyone who experiences constipation will also have symptoms of bloating and discomfort.
- Irritable Bowel Syndrome (IBS) is probably the most common cause of bloating, with up to 90% of people with IBS reporting bloating among their symptoms. Other symptoms include abdominal pain and discomfort, along with changes in bowel habits. Interestingly, people with IBS don't actually produce more gas, but the nerves in their bowel are more sensitive to the gas they produce. Some people with IBS also have problems with how the muscles in the bowel contract, so that gas gets trapped in the small bowel rather than moving through.
- FODMAP sensitivity. For reasons we don't fully understand, certain foods are not well tolerated by some individuals. In particular, a group of short-chain carbohydrates, known collectively as FODMAPs, are poorly absorbed from the small intestine in some people. As a result, they pass down into the large intestine where they are fermented by gut bacteria to generate gas, causing wind, bloating and distention. FODMAPs include lactose (milk sugars), fructose (fruit sugars), fructans

(found in wheat, rye, barley, onion, garlic and certain vegetables, fruit and nuts), polyols (found in many artificial sweeteners and naturally in some fruits and vegetables) and galacto-oligosaccharides (found in legumes and some nuts and vegetables).

- Lactose intolerance occurs because of a deficiency of the enzyme lactase, whose job it is to break down lactose to allow it to be absorbed. Gut bacteria ferment unabsorbed lactose, resulting in bloating, typically along with nausea, abdominal cramps and diarrhoea.
- Coeliac disease is a condition where eating gluten causes an immune reaction in the small intestine, damaging the intestinal wall and reducing its ability to absorb nutrients from food. This can cause gut symptoms, including bloating, along with diarrhoea, nausea, and abdominal pain. Weight loss and deficiencies of certain vitamins and minerals, including iron and vitamin D, are also common, although some people have no symptoms at all.

If you are experiencing persistent bloating, it is important to see your doctor, who can help you determine the cause. Once you know the cause of your bloating, you can put a plan in place to manage it, which may include dietary and lifestyle changes, along with medications where needed.

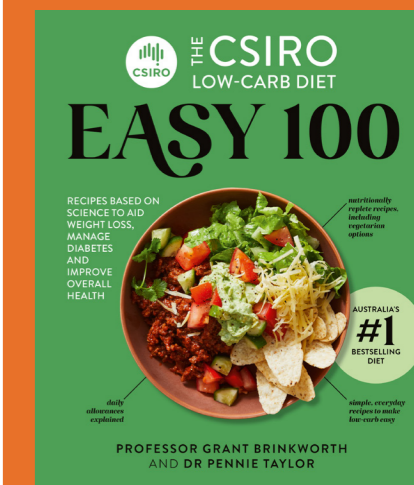
While bloating can be unpleasant and uncomfortable, in most cases, the cause of your bloating isn't anything serious. Bloating will typically fluctuate in intensity and commonly improves overnight and gets worse over the day, particularly after eating. If your bloating is persistent across the day and night, gets progressively worse over time and/or is associated with other symptoms such as weight loss, nausea, abdominal pain, changes in your bowel habits or blood in your stools, then it is important to discuss this with your doctor to rule out any more serious causes.

Dr. LoL:)



"It's OK if you disagree with my diagnosis. I can prescribe something to make you less disagreeable."

COMPETITION



Win a copy of *The CSIRO Low-carb Diet Easy 100* courtesy of Pan Macmillan.

The CSIRO Low-carb Diet is proven to be highly effective in achieving sustained long-term weight loss, reducing risk factors for heart disease and improving metabolic health. Now, with book #6 of the bestselling CSIRO Low-carb Diet series, eating low-carb has never been easier or more delicious.

Here are 100 brand-new everyday recipes, featuring plenty of vegetarian options, meals for one and two, and low-carb alternatives to high-carb staples, such as bread, pizza bases and smoothies. Plus there are shopping tips, handy lists and easy-to-follow guidelines, with solid, dependable advice from Australia's foremost nutritional scientists.

To enter visit us online at win.yourhealth.net.au

Competition opens 1st December 2022. The winning entry will be selected on 1st March 2023 and notified by email.

ENDOCRINE DISRUPTING CHEMICALS

Endocrine-disrupting chemicals (EDCs) are chemicals that can interfere with hormones produced in the body. Research suggests that exposure to these chemicals may contribute to a wide range of health problems, from obesity and type 2 diabetes, to reproductive and neurodevelopmental problems, to reproductive cancers.

Endocrine-disrupting chemicals can be found in food, water and many consumer products. Common EDCs include:

- Brominated flame retardants (BFRs), used in electronics, clothing, and furniture such as sofas and mattresses to reduce flammability.
- Phthalates, used to make plastic more flexible and as stabiliser in fragrance to extend the scent, these are used in hundreds of products, including plastic food wraps, vinyl

flooring, soft toys and fragranced cleaning and personal care products. However, Australia has restrictions on the phthalate diethylhexyl phthalate (DEHP) in children's products including toys, baby bottles, dummies, cups, bowls, plates and utensils.

- Parabens, used to preserve foods and personal care products such as skincare and cosmetics.
- Bisphenol A (BPA), used in many water bottles and plastic containers, in the lining of canned foods and in thermal paper used for receipts. It has now been banned in children's products such as baby bottles.
- Pesticides and herbicides used in agriculture and at home, in the garden or around the house.
- Per- and polyfluoroalkyl substances (PFAS) used as oil and water repellents and coatings for common products including non-stick cookware, and stain and water-resistant carpets and textiles.



Studies have shown that nearly everyone has detectable levels of EDCs in their body. While we can't completely avoid or remove them, we can make changes to reduce our exposure to these chemicals and their effects on our health. You can do this by:

1. Learning about common EDCs and where they are found.
2. Reading labels and avoiding products containing known EDCs.
3. Looking for alternatives – there are an increasing number of healthier alternatives now available, from cleaning and personal care products to food storage and drink containers to natural pest control products.
4. Minimising consumption of processed foods, particularly those wrapped or packaged in plastic.
5. Getting a water filter and reusable glass or stainless-steel water bottle, rather than buying bottled water and reusing plastic drink containers.
6. Avoiding microwaving or heating food in plastic containers.
7. Reducing chemical use around house and using natural cleaning and pest control products instead.