

saundersstreetclinic

37 Jackson Street, Wynyard, TASMANIA.

Phone 6442 1700

Newsletter June-July 2023

Opening hours

Monday - Thursday	9am-1230 pm, 2pm-5 pm
Friday	9am-1230 pm, 2.30pm-5 pm
Saturday, Sunday, Public Holidays	closed

Doctors:

Jim Berryman	MBChB, FRACGP, FARGP	Bradley Williams	MBBS, FRACGP
Allison Johnson	MBBS, FRACGP	Michaele Rawson	MBBS,
Sarvin Randhawa	BPharm, MBBS, FRACGP	Stephanie Hey	MBBS, FRACGP, CertAviationMed
Jess Andrewartha	MBBS, FRACGP, DCH	Heung Soo Kim	MBBS ,FRACGP (pending)
Tim Andrewartha	MBBS, FRACGP-RG, Dip Palmed	Noora Albakkaa	MBChB

Nurses:

Fiona Munday RN	Belinda Townsend BNurs, RN.
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After hours arrangements

Please phone the surgery number, you will be given the number for Health Direct which is a phone triage service providing advice by the Federal Government. This service will contact the doctor on call at Saunders Street if necessary, following assessment by a registered nurse and in some cases by a doctor. If your concern is about **a medical emergency** call the ambulance service on **000**-there is no charge for ambulance callouts in Tasmania.

If the matter is urgent but not an emergency call **Health Direct 1800 022 222**. A registered nurse using triage protocols will take your call. If necessary, the call will be transferred to a GP at GP Assist in Hobart and if that GP thinks a call out or house call is warranted a GP from this clinic will be contacted.

Hay fever

Allergic rhinitis (commonly known as hay fever) affects around 18% of people (children and adults) in Australia and New Zealand. Despite its common name, allergic rhinitis is not caused by hay and does not result in fever. It is caused by the nose and/or eyes coming into contact with environmental allergens, such as pollens, dust mite, moulds and animal hair. People who are sensitive to these allergens may then experience one or more of the following symptoms:

Immediate signs or symptoms

- Runny nose
- Rubbing of the nose

- Itchy nose
- Sneezing
- Itchy, watery eyes

Obstructive signs or symptoms

- Congested nose
- Snoring

Whilst some of these symptoms may be similar to those caused by infection (such as colds and flu), allergy symptoms tend to persist unless treated appropriately. Symptoms range from mild or moderate (does not affect day to day function) to severe (affects day to day function). Symptoms may occur in a particular season (usually due to allergies to grass, weed or tree pollens) or are persistent and present all year round (usually caused by allergies to house dust mites, moulds or animal hairs). It is important to note that allergic rhinitis is not caused by a food allergy.

Complications of allergic rhinitis may include:

- Sleep disturbance
- Daytime tiredness
- Headaches
- Poor concentration
- Recurrent ear infections in children
- Recurrent sinus infections in adults
- Asthma which is more difficult to control*

* Some people with allergic rhinitis also have asthma. Better control of allergic rhinitis has been shown to result in better asthma control in both adults and children. Emerging evidence shows that untreated allergic rhinitis can also increase the risk of developing asthma.

Allergy testing

If you suffer from allergic rhinitis, particularly if it is persistent, or affects your day-to-day function, discuss treatment options with your doctor. A referral to a clinical immunology/allergy specialist may be required for further assessment including allergy testing. Further information is available on the ASCIA website: www.allergy.org.au/patients/allergy-testing

Treatment options – Aeroallergen minimisation

If it is possible to confirm the allergen(s) causing the allergic rhinitis, then minimising exposure to the allergen(s) may reduce symptoms. Further information is available on the ASCIA website: www.allergy.org.au/patients/allergy-treatment

Treatment options - Medications

Seek advice from your pharmacist or doctor about medications or treatments that will relieve your symptoms. Although medications do not cure allergies, they are much more effective with fewer side effects than medications available 20 years ago. You just need to know the best way to use them, and to avoid medicines that can cause more problems than they solve, like frequent decongestant (unblocking) nose sprays or tablets.

- **Antihistamine tablets, syrups, intranasal sprays and eye drops** (non-sedating) help to reduce symptoms (sneezing, itchy and irritating eyes), but they are not as effective in controlling severe nasal blockage and dribble. The advantage of antihistamines is their flexibility; you can take them when you have problems, and avoid them when you are well. Antihistamine eye drops can be helpful in controlling watery eyes due to allergies.
- **Intranasal corticosteroid nasal sprays (INCS)** have a potent action on inflammation when used regularly (like asthma preventer medications). These need to be used regularly and with careful attention to the way in which they are used. Different brands of INCS vary in strength and effectiveness, so it is important to read the labels and check details with your doctor or pharmacist.
- **Combination medications** containing an antihistamine and intranasal corticosteroid nasal spray are available and offer the combined advantages of both medications.
- **Decongestant sprays** unblock and dry the nose, but should not be used for more than a few days as they can cause long term problems in the nose.
- **Decongestant tablets** unblock and dry the nose, but should be used with caution as they can have 'stimulant' side effects like tremors, trouble sleeping, anxiety or an increase in blood pressure. People with high blood pressure should not take this medication.
- **Combination medications** containing an antihistamine and decongestant are also available, but these need to be used with caution as the decongestants can cause many side effects.

Natural products such as salt water nasal sprays or douches can also be effective in relieving symptoms.

Treatment options – Allergen immunotherapy

Allergen immunotherapy (also known as desensitisation) reduces the severity of symptoms and/or the need for regular medications. It involves the administration of regular, gradually increasing amounts of allergen extracts, by injections or by sublingual tablets, sprays or drops (under the tongue). Treatment is usually for 3-5 years and is typically offered for individuals older than 5 years of age with severe allergic rhinitis. This is a long term treatment that should be initiated by a clinical immunology/allergy specialist. Further information is available on the ASCIA website: www.allergy.org.au/patients/allergy-treatment/immunotherapy

(resource: <https://www.allergy.org.au/patients/allergic-rhinitis-hay-fever-and-sinusitis/allergic-rhinitis-or-hay-fever>)

The common cold

Parents often worry that their children have more colds than others and request that their immunity be checked. To put this in perspective is this graph of colds over a person's life. What happens is that we are exposed to THOUSANDS of viruses over our lifetimes and each time our immune systems recognise the viruses so that next time

we are exposed to that virus it is more effectively dealt with. So it is common for children to have far more colds than older people! [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(03\)12162-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(03)12162-9/fulltext)

