

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.

Paediatric referrals by GP's to paediatricians

GPs were exposed to many children's problems during their training, and they manage paediatric chronic conditions already, so when they refer to specialists, they usually do so for a "shared care approach". If a parent has been a main driver of a referral, it does not mean it's unnecessary, he said.

Parents want to do the right thing by their children.... A request for a second opinion is often based on it - and it's appropriate for the GP to engage with the request, and to refer.

Anxious parents and time poor GPs are sending children to specialist doctors for constipation, bed wetting, and concerns about how tall or short they are, contributing to long waiting lists for care in public hospitals.

New research has pointed to the trend which coincides with [concerns](#) many parents are bypassing GPs to take their children to hospital emergency departments for minor conditions.

A survey of 73 paediatric specialists who work at the Royal Children's and Monash Children's, has revealed three quarters thought a referral could have been managed by the referring GP. Waiting times for specialists' appointments at the hospitals can exceed six months.

Paediatricians from both hospitals told Fairfax Media that these conditions included constipation, which can be treated with laxatives prescribed by a GP, as well as headaches and concerns about height and weight.

They also see developmental queries which a GP should know is still within the spectrum of normality. This includes babies who are not rolling or sitting at six months, toddlers not walking before 14 months, and toddlers not talking before 18 months. <http://www.theadvocate.com.au/story/4207483/anxious-parents-and-gps-sending-children-to-specialists-unnecessarily/>

Prostate Cancer Awareness

September was Prostate Cancer Awareness Month and the Prostate Cancer Foundation of Australia has asked everyone to get involved and help create awareness and raise much needed funds to help in the fight against prostate cancer.

The Prostate Cancer Foundation of Australia lists Prostate cancer as the most common cancer in Australia with 20,000 men diagnosed and close to 3300 deaths each year.

A man has a one in five risk of developing prostate cancer by the age of 85. Men in rural and regional Australia have a 21 per cent higher prostate cancer mortality rate than men in capital cities.

ADHD diagnosis

In Australia, the alarm has been raised about the increasing diagnosis of ADHD. A national mental health survey in 2013-14 found ADHD was the most commonly diagnosed mental disorder among children and adolescents 298,000, or more than 7 per cent — and that more than 500,000 prescriptions for ADHD had been dispensed. Separate figures show the number of patients treated with PBS medicines for ADHD has risen 31 per cent in five years and in 2014 alone, 24,232 new patients began treatment, most aged six to 12 and 2180 under the age of six. The rates of treatment in school-aged children are highest in the ACT, followed by NSW and Queensland.

An editorial in the *Medical Journal of Australia* in March said doctors may be recommending drugs in a simplistic attempt to solve more complex behavioural problems, and it went on to warn of an associated rise in poisoning and overdoses. Ritalin misuse reported to the NSW Poisons Information Centre from 2004-14 reveals a 210 per cent increase in ingestion for overdose or recreational reasons rather than for therapy. <http://www.theaustralian.com.au/life/weekend-australian-magazine/keith-conners-adhd-and-the-medication-nation/news-story/f063d27921a7a059c5c23c3c1c0b98d4>

Hand foot and mouth disease

Hand foot and mouth disease is a common mild and short-lasting viral infection most often affecting young children; 95% are under 5 years of age. It is characterised by blisters on the hands, feet and in the mouth. The infection may rarely affect adults.

Hand foot and mouth disease is very infectious, so several members of the family or a school class may be affected. Epidemics are most common during the late summer or autumn months.

Hand foot and mouth disease is also called enteroviral vesicular stomatitis.

Hand-foot-and-mouth is due to an [enterovirus infection](#), usually Coxsackie virus (CV) A16, although it can also be due to Enterovirus 71 and other coxsackivirus types. One outbreak was reportedly due to Echovirus. Severe infections have most often been linked to Enterovirus 71. Mixed infections may occur. Recently, atypical hand-foot-and-mouth disease due to CVA6 has been reported.

After an incubation period of 3 to 5 days, the viral infection results in mild fever, sore throat and loss of appetite. Malaise, swollen lymph glands, and mild diarrhoea may be present.

Flat pink patches on the dorsal and palmar surfaces of the hands and feet are soon followed by small elongated greyish blisters. These resolve by peeling off within a week, without leaving scars.

Usually there are also a few small oral vesicles and ulcers. These are sometimes painful, so the child eats little and frets. There may be a few on the skin around the mouth. In young children a red rash may develop on the buttocks and sometimes on the arms.

Atypical hand foot and mouth disease due to Coxsackie A6 results in a more widespread rash, larger blisters and subsequent skin peeling and/or nail shedding.

Hand foot and mouth disease



The diagnosis is typically made clinically, due to the characteristic appearance of blisters in typical sites, ie, hands, feet, and mouth.

In ill children, blood tests may be performed and may show:

- Raised white cell count

- Atypical lymphocytes
- Raised serum C-reactive protein (CRP)
- Positive serology for causative virus.

The causative virus may be isolated from swabs of vesicles, mucosal surfaces, or stool specimens, which confirms the infection but is rarely necessary.

The infection is passed on by direct contact with nasal and oral secretions or faecal contamination.

Specific treatment is not necessary. The blisters should not be ruptured to reduce contagion.

Antiseptic mouth washes and simple analgesics such as paracetamol relieve the discomfort of eating.

No vaccines or specific antiviral medications are available.

As in the vast majority of cases hand foot and mouth disease is a mild illness, there is no need to keep children from school once they are well enough to attend.

However, the blisters remain infective until they have dried up, which is usually within a few days. The stools are infective for up to a month after the illness. Good hand-washing technique will reduce the spread of the disease. <http://www.dermnetnz.org/topics/hand-foot-and-mouth-disease>

[Heart attack symptoms-dial 000 ambulance](http://www.cprsavealife.org/WARNING-SIGNS.html)

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