

saundersstreetclinic

37 Jackson Street, Wynyard, TASMANIA.

Phone 6442 1700

Newsletter May-June 2024

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	DipCompNurs, MBChB, FRACGP, FARGP,MFM,MPH&TM	Bradley Williams	MBBS, FRACGP
Allison Johnson	MBBS, FRACGP	Michaele Rawson	MBBS,
Sarvin Randhawa	BPharm, MBBS, FRACGP (on leave 2024)	Stephanie Hey	MBBS, FRACGP, CertAviationMed
Jess Andrewartha	MBBS, FRACGP, DCH(on leave 2024)	James Tan	MBBS
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.

Treatment of chronic low back pain

Hundreds of millions of patients with back pain are being given pointless drugs, surgery and injections, with a third prescribed dangerous opioids, experts say.

Doctors prefer to offer useless and often harmful treatments rather than tell patients there is nothing to be done except stay active, an international group of scientists has found.

Exercise and psychological therapy are the only things that work for most cases of chronic back pain but too many people wrongly believe the myth that rest is best for the condition, they add.

Job satisfaction and a positive attitude are among the strongest indicators of whether back pain will turn into serious disability but their report, published today, says doctors are reluctant to discuss social and psychological approaches, preferring needless scans.

Back pain is the world's leading cause of disability, with half a billion worldwide, but a series in *The Lancet* says that it is routinely badly treated.

Instead of focusing on treatment and management, prevention must be a priority in order to lessen the burden of low back pain, says lead author, Professor Rachelle Buchbinder at Monash University.

"Back pain disability globally has increased by 54 per cent between 1990 and 2015 and its getting worse and its getting worse due to the ageing population as well as the increased size of the population," said Professor Buchbinder. The rheumatologist and epidemiologist is calling for public health programs that tackle obesity and low levels of physical activity to help reduce the effects of low back pain on daily life

She says the research shows opioids, surgery and spinal injections are expensive and don't really help a patient long term.

"The things that do help the patient, like remaining active, exercising, maintaining a normal weight, staying at work and psychological help, they're often not as well funded, particularly if you are poor," said Professor Buchbinder.

The publication of *The Lancet's* special edition on low back pain coincides with the launch of the Australian and NZ Musculoskeletal Clinical Trials Network in Melbourne.

To be launched by Federal Health Minister Greg Hunt today, the network marks the first time there has been a coordinated approach to testing therapies for issues such as arthritis and back pain.

Professor Buchbinder says this will ultimately help sufferers.

"What this will enable is that we'll be able to focus on the most important questions that patients and doctors have that will actually impact and improve care and outcomes for people."

<https://www.theaustralian.com.au/news/world/back-pain-treatment-is-useless-experts-tell-the-lancet/news-story/08c5b85e9be01bf1f9f4cbd56ffb6bbb>

Food allergen's

Allergen labelling saves lives

Some foods and food ingredients or their components can cause severe allergic reactions including anaphylaxis.

Most food allergies are caused by [peanuts](#), [tree nuts](#), [milk](#), [eggs](#), [sesame seeds](#), [fish](#), [shellfish](#), [soy](#) and [wheat](#). The Food Standards Code requires these foods to be declared on labels whenever they are present as ingredients or as components of food additives or processing aids.

A useful poster is also available. You can [download a copy \(PDF 418KB\)](#), or for a printed A2 version please email information@foodstandards.gov.au.

On 25 May 2017 lupin was added to this list of allergens that must be declared. Food businesses have 12 months from this date to meet mandatory allergen labelling requirements for any food products containing lupin. Find out more about [lupin as an allergen](#).

If the food is not in a package or is not required to have a label (for example, food prepared at and sold from a takeaway shop), this information must either be displayed in connection with the food or provided to the purchaser if requested.

Royal jelly has been reported to cause severe allergic reactions and, in rare cases, fatalities, especially in asthma and allergy sufferers. Food containing the bee product royal jelly is required to have a [warning statement](#). The same warning statement is required when royal jelly is sold as a complementary medicine.

Gluten-containing cereals need to be declared on the label so people with Coeliac Disease and cereal allergies can identify these products. Gluten-containing cereals include wheat, rye, barley, oats, spelt and hybrid strains of these cereals (e.g. triticale).

The Food Standards Code also includes requirements for making 'gluten free' and 'low gluten' claims about food. For more information about these claim requirements, see [Standard 1.2.7 – Nutrition, Health and Related Claims](#).

Sulphites must also be declared on the label if added at 10 (or more) milligrams per kilogram of food.

Complaints about suspected undeclared allergens in foods should be directed to your [local food enforcement agency](#).

<http://www.foodstandards.gov.au/consumer/labelling/pages/allergen-labelling.aspx>

Skin Cancers

A skin cancer is a tumour in which there is uncontrolled proliferation of any of the skin cells, whereas the normal process of regeneration of skin involves replication of the cells in a controlled fashion. Each subtype of skin cancer has unique characteristics.

The most common forms of skin cancer are:

- [Basal cell carcinoma](#) (BCC)
- [Squamous cell carcinoma](#) (SCC), including [keratoacanthoma](#)
- [Melanoma](#)

The term non-melanoma skin cancer refers to all types of skin cancer apart from melanoma. BCC and SCC are also called keratinocyte cancers.

Early, superficial skin cancers include:

- Superficial basal cell carcinoma
- [Intraepidermal squamous cell carcinoma or Bowen disease](#) (pre-cancerous, in-situ squamous cell carcinoma) and [actinic keratoses](#)
- Melanoma in situ.

Who gets skin cancer?

Skin cancer most commonly affects older adults but it can also affect younger adults, and rarely, children.

- Skin cancer tends to affect individuals with fair skin ([Fitzpatrick skin phototype](#) I, II and III), although people with darker skin can also develop skin cancer.
- People who have had a skin cancer have an increased risk of developing other skin cancers.
- A family history of skin cancer also increases risk.
- Certain genes such as [melanocortin-1 receptor](#) have been identified as carrying an increased risk of skin cancer.

What causes skin cancer?

The common forms of skin cancer listed above are related to exposure to ultraviolet radiation (from sunlight or [tanning beds](#)) and the effects of ageing. Other risks include:

- [Smoking](#) (especially for SCC)
- Human papillomavirus infection ([genital warts](#)), particularly for mucosal sites such as oral mucosa, lips and genitals
- [Immune suppression](#), for example in patients who have received an organ transplant and are on [azathioprine](#) and/or [ciclosporin](#)
- [Human immunodeficiency virus infection \(HIV\)](#)
- Exposure to ionising radiation
- Exposure to certain chemicals, such as [arsenic](#) and [coal tar](#)
- Longstanding skin disease such as lichen sclerosus, [lupus erythematosus](#), [linear porokeratosis](#) or [cutaneous tuberculosis](#)
- A longstanding wound or scar, eg, from [thermal burn](#) (a Marjolin ulcer).

What are the clinical features of skin cancer?

Skin cancers generally appear as a lump or nodule, an ulcer, or a changing lesion.

What are the complications of skin cancer?

Skin cancer can usually be treated and cured before complications occur. Signs of an advanced, aggressive or neglected skin cancer may include:

- Ulceration
- Bleeding
- Spread of the tumour to lymph glands and other organs such as liver and brain (metastasis).

How is skin cancer diagnosed?

Skin cancers are generally diagnosed clinically by a dermatologist or family doctor, when learning of an enlarging, crusting or bleeding lesion. The lesion will be inspected carefully, and ideally, a full skin examination will also be conducted.

- [Dermatoscopy](#) (a special magnifying light) may be used to confirm the diagnosis, to detect early skin cancers, and to exclude benign lesions.
- A partial [skin biopsy](#) may be taken in cases of suspected non-melanoma skin cancer to confirm the diagnosis.
- A complete [excision](#) is usually undertaken to make a diagnosis if [melanoma](#) is suspected, as partial biopsy can be misleading in melanocytic tumours.
- The diagnosis is confirmed in the laboratory by a histopathologist. It can take a few days for the report to be issued, or longer if special tests are required.

What is the treatment for skin cancer?

Early treatment of a skin cancer is usually cures it. The majority of skin cancers are treated surgically, using [local anaesthetic](#) to numb the skin. Surgical techniques include:

- [Excision biopsy](#)
- [Mohs surgery](#)

Treatment options for superficial skin cancers include:

- Minor surgery including [curettage and diathermy/cautery](#) and [electrosurgery](#)
- [Cryotherapy](#)
- Topical therapy such as [fluorouracil cream](#), [imiquimod cream](#) or [ingenol mebutate gel](#)
- [Photodynamic therapy](#) (photosensitising cream plus light)
- [Radiotherapy](#) (x-ray treatment)
- [Lasers](#)

Treatment for advanced or metastatic basal cell carcinoma may include targeted therapies [vismodegib](#) and [sonidegib](#).

Treatment for advanced and [metastatic melanoma](#) may include:

- [Systemic immunotherapy](#) using [ipilimumab](#) or checkpoint inhibitors [pembrolizumab](#) or [nivolumab](#)
- [Topical and intralesional immunotherapy for melanoma metastases](#)
- Targeted therapy against BRAF mutations using [vemurafenib](#) or [dabrafenib](#) or MEK inhibition with [trametinib](#)
- Combination medications, such as [cometinib](#).

Patients with skin cancer may be at increased risk of developing other skin cancers. They may be advised to:

- Practice careful [sun protection](#), including regular application of [sunscreens](#)
- Learn and practice [self skin examination](#)
- Have regular skin checks

- Undergo digital dermatoscopic surveillance ([mole mapping](#)), especially if they have many moles or atypical moles
- Seek medical attention if they notice any changing or enlarging skin lesions
- Take [nicotinamide](#) (vitamin B3) to reduce the numbers of nonmelanoma skin cancers.

<https://www.dermnetz.org/imagedetail/33013>