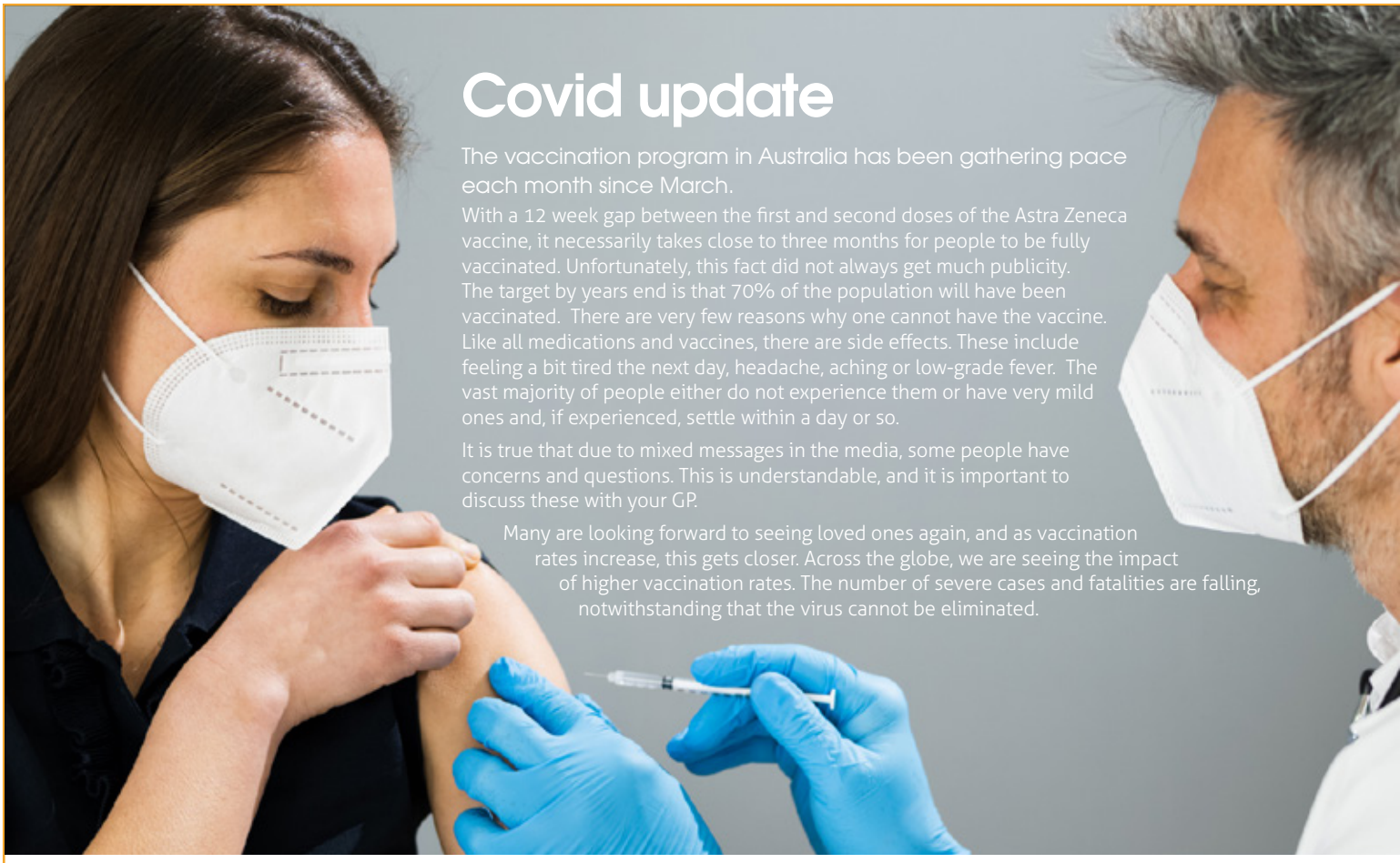

Covid update

The vaccination program in Australia has been gathering pace each month since March.

With a 12 week gap between the first and second doses of the Astra Zeneca vaccine, it necessarily takes close to three months for people to be fully vaccinated. Unfortunately, this fact did not always get much publicity. The target by years end is that 70% of the population will have been vaccinated. There are very few reasons why one cannot have the vaccine. Like all medications and vaccines, there are side effects. These include feeling a bit tired the next day, headache, aching or low-grade fever. The vast majority of people either do not experience them or have very mild ones and, if experienced, settle within a day or so.

It is true that due to mixed messages in the media, some people have concerns and questions. This is understandable, and it is important to discuss these with your GP.

Many are looking forward to seeing loved ones again, and as vaccination rates increase, this gets closer. Across the globe, we are seeing the impact of higher vaccination rates. The number of severe cases and fatalities are falling, notwithstanding that the virus cannot be eliminated.

Asthma **in children**

It is estimated that as many as one in five children will be diagnosed with asthma. It can range from very mild to severe.

Some children have symptoms all year round while others only in certain circumstances (e.g. a viral illness or exposure to irritants like dust or grass). Uncontrolled asthma can be fatal. However, asthma can be very successfully managed and controlled through the use of medication. Children with asthma can live a completely normal life and do not need to be restricted in their sporting or other activities.

Typical symptoms include a wheeze and cough. In more severe cases, there may be chest tightness and shortness of breath. Diagnosis is by the history of symptoms and examination of the lungs. Lung function testing is helpful but can be normal when asthma is quiescent.

Asthma is generally treated with inhalers. There are two mainstays -preventer and symptom relievers. The former is used regularly to treat the underlying inflammation in the airways and the latter to improve symptoms as needed. In severe cases, oral steroids may be used in short bursts.

The rationale of treatment is to use the lowest dose necessary to control the condition. Thus, the doses used are not constant throughout the year.

For parents, the keys are recognising the pattern of your child's asthma, the usual triggers, and the symptoms. As part of this, it is important to have an asthma plan (available from the National Asthma Council).

https://www.nationalasthma.org.au/health-professionals/asthma-action-plans

https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/asthma-in-children

It is important to have your child checked regularly by your GP and seek urgent medical attention if there is any worsening of the condition.

https://www.healthywa.wa.gov.au/Articles/A_E/Carpal-tunnel-syndrome

Carpal Tunnel Syndrome

This is a painful condition caused by pressure on the median nerve running through a narrow space in the wrist (the carpal tunnel) into the hand. The nerve supplies the feeling sensation to the thumb index and middle fingers and sometimes the thumb side of the ring finger. It also supplies some muscles which move the thumb.

Symptoms (tingling, pins and needles or pain) typically are subtle at first and can increase over time. It can be worse at night. Later there can be a weakness in the thumb muscles. Risk factors include family history, being female, age between 40 and 60, underactive thyroid, previous wrist injuries, arthritis, and overuse of the wrist. Carpal tunnel can come on in pregnancy due to hormonal factors but generally resolves after giving birth.

Diagnosis is largely based on symptoms. Examination of the hand may reveal some changes in muscle power or sensation, but it may be normal. An electromyogram (EMG) or a nerve conduction study can show the electrical activity of the median nerve.

Conservative treatment includes resting the wrist, wearing a wrist splint, and avoiding aggravating activities. Anti-inflammatory medications and pain killers can alleviate symptoms. Injections of local anaesthetic and cortisone can be effective for some.

Surgery can be "open" or increasingly these days laparoscopic (keyhole). The ligament tissues pressing on the nerve are cut to release the pressure. Recovery, usually full, is gradual over some months even though you are often discharged home the same day.

https://www.sleephealthfoundation.org.au/obstructive-sleep-apnea.html

Sleep **Apnoea**

This occurs when the walls of the throat come together or collapse during sleep obstructing the upper airway. Breathing can stop for a period of time until the brain recognizes a drop in oxygen and sends a "wake up call", causing you to wake slightly (or completely). In turn, the airway opens with a snort or gasp, after which the person goes back to sleep.

Up to five episodes per hour are considered normal. Severity varies from mild (5-15 episodes per hour) to severe (over 30). Your sleeping partner often notices first. Up to one in four men may have this condition.

Risk factors include obesity, alcohol consumption, some medications, large tonsils, underactive thyroid and nasal congestion. Symptoms (apart from snoring and waking un-refreshed) include tiredness, reduced concentration, irritability, and reduced libido.

Sleep apnoea increases the risk of high blood pressure, heart attack and also motor vehicle collisions.

Diagnosis is via a sleep study where your sleep is monitored overnight. Treatment starts with lifestyle measures like weight loss, reducing alcohol and managing specific causes such as large tonsils. This can lead to significant improvement. Mouthguards at night can help. For a few, surgery on the palate is beneficial.

The mainstay of treatment is a continuous positive airway pressure (CPAP) machine. You wear a mask connected to the machine, which forces air through the back of the throat, keeping it open. Unfortunately, not everyone can tolerate this.

Enlarged prostate

The prostate gland sits under the bladder in males. As men get older, it slowly enlarges. It is thought to double in size between age 21 and 50 and double again between 50 and 80.

The exact reason for this is not known. Benign prostate enlargement (BPH) is thus universal, but not all men experience symptoms nor need treatment. It is important to note that prostate cancer can also cause prostate enlargement but is an entirely separate condition from BPH.

BPH is not life-threatening, but the symptoms can impact quality of life. There is nothing you can specifically do to avoid it.

Typical symptoms occur in men over the age of 40. They include hesitancy (waiting longer for the urine flow to start), a weakened and/or poorly directed stream, straining to pass urine, dribbling at the end of urination, going more frequently to pass, feeling the need to go more frequently and urine, going at night. Most men do not get all symptoms, and severity varies.

Diagnosis is generally based on symptoms. An examination of the prostate may be done as well as a blood test for prostate-specific antigen (PSA).

https://www.andrologyaustralia.org/prostate-problems/prostate-enlargement-or-bph/

Treatment depends on symptoms. In mild cases, it can be as simple as restricting fluids later in the day and reducing alcohol and caffeine. Medications can be used to ease most of the symptoms. In more severe cases, surgery can be performed. Historically this has been the removal of the prostate, but newer procedures using laser are now an option.

RICOTTA & LEMON PASTA

Ingredients

- 500g your favourite pasta
- 1 c. ricotta
- 1/2 c. extra-virgin olive oil
- 1/2 c. freshly grated pecorino or Parmesan
- Zest and juice from 1 lemon
- Salt & Freshly ground black pepper
- Pinch of crushed red pepper flakes
- Freshly sliced basil, for serving

Preparation

1. In a large pot of boiling salted water, cook your favourite pasta according to package directions. Reserve 1 cup pasta water, then drain. Return pasta to pot.
2. In a medium bowl, combine ricotta, oil, pecorino, lemon juice, and zest. Season with salt, pepper, and a pinch of red pepper flakes. Add ricotta mixture and 1/4 cup reserved pasta water to pasta and toss. Add more reserved pasta water if sauce is too thick.
3. Serve with basil, more pecorino, and a drizzle of olive oil.

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SUDOKU

OTHER SERVICES

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ALLIED HEALTH

[redacted]

PATIENT FEEDBACK

[redacted]
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We provide a comprehensive family medical service – quality care in a friendly, relaxed atmosphere.