



Seasons Greetings



Practice Staff from The Chadstone Clinic, Casey Medical Centre, Berwick Lodge Medical Centre and South East Healthcare enjoying the festivities at the Practice Managers and Practice Nurses Health and Wellbeing Christmas Lunch.



Editorial

The Statewide evaluation of Better Work & Family Balance Grants Programs across the State refers to the Family Friendly Work Practice project that we conducted across the Division in 2006. The evaluators, Schneider Australia Consulting, discuss the importance of the "Fish! Philosophy" sessions stating that:

"The antidote to burn-out is not necessarily rest – it is whole heartedness. It is the half-hearted things you do while juggling other things that wear you out. When advanced team members interact they are not just physically present they are wholeheartedly present. the team building through the Fish! training generated momentum for developing family friendly policies."

All at the Division whole heartedly look forward to the year ahead and send compliments of the season to all our practices and wish you a very safe and happy holiday season.

Anne Peek

Dandenong District Division of General Practice

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*Deadline for newsletter articles is 10th of each month.
Dandenong District Division of General Practice reserves the
right to accept or reject all material submitted for publication.
For further information please call the Division.*

DISCLAIMER

The views expressed in this newsletter are those of the authors and do not necessarily reflect the official position of the Dandenong District Division of General Practice

PapScreen issues a reminder about HPV Resource

The HPV vaccine has attracted growing media attention with recent debate focusing on whether or not the drug will be government-subsidised.

PapScreen Victoria would like to remind all GPs and practice nurses that its brochure: ***Pap tests and the human papilloma virus (HPV)*** is an extremely useful resource for women, and includes a range of commonly asked questions about HPV and its link to cervical cancer. The brochure can be ordered from www.papscreen.org.au (see the Health Professionals section) or by calling The Cancer Council Helpline on 13 11 20.

Is Vertebroplasty an effective and safe treatment for osteoporotic vertebral fractures?



Vertebroplasty is a relatively new procedure involving an injection of a type of 'bone cement' into acute osteoporotic spinal fractures. This may result in immediate and sustained improvement in pain. Despite its increasing use in Australia and overseas, this is the first controlled trial looking at the efficacy and safety. This trial is being performed at Cabrini and Royal Melbourne Hospitals and Monash Medical Centre.

Participants with either one or two acute osteoporotic vertebral fractures may be eligible to participate.

For more information, call A/Prof Rachele Buchbinder or the trial co-ordinator Lainie Wengier on **9508 1652**.

Pandemic Planning

Over the next few weeks GPs will be sent a resource called 'Preparing for an influenza pandemic', an information kit and workplan for general practice.

It includes practical advice for what you can do now for yourself, your staff and your practice. This resource then follows on with advice for the different stages of Pandemic Influenza.

It includes simple suggestions for now such as purchasing personal protective equipment and knowing how to use it.

Also, DHS have appointed Dr Jonathan Anderson as the GP Liaison Officer for the Pandemic Task Force.

NB: DDDGP will be running an education session on Pandemic planning in February/March. Various resources are already available on our website.

Reduce Type 2 Diabetes by up to 58%

- People with **pre-diabetes** have a **one in three** chance of developing type 2 diabetes
- **Pre-diabetes** is associated with a **45-55%** increase in mortality risk over 5 years
- Every day in Australia **275** adults develop diabetes
- More than **two-thirds** of all cardiovascular disease mortalities in the AusDiab study occurred in people with pre-diabetes or diabetes

International trials have shown that programs that actively support lifestyle changes can delay or prevent the progression of pre-diabetes to type 2 diabetes.

The Diabetes Prevention Program is an evidence based program designed to prevent type 2 diabetes. This program is a joint initiative between DDDGP, Southern Health Primary Care, RDNS and Local Government.

Who can participate?

- People with pre-diabetes (impaired fasting glucose and impaired glucose tolerance)
- People must have had an oral glucose tolerance test within the last 3 months to diagnose pre-diabetes

What does the Diabetes Prevention Program entail?

- An individual session with a dietitian and six group sessions over six months
- Participants will be divided into two groups, intervention or control group, for program evaluation requirements
- The intervention group will receive the healthy living course immediately. The control group will receive the course after six months but "standard care" will continue

What are the goals of the Diabetes Prevention Program?

- Weight loss of at least 7% of initial body weight
- A minimum of 150 minutes of moderate intensity physical activity
- Total fat intake of less than 30% of energy intake
- Saturated fat intake of less than 10% of energy intake
- Fibre intake of at least 30 grams per day

How to refer to the healthy living course?

- Refer to DCAS on statewide referral tool
- Include a list of medication, OGTT results, lipid profile, blood pressure, height and weight and medical summary

For further details regarding referral or more information on the Diabetes Prevention Program please contact: Debra Corin or Jo Ong at the Division on 9706 7311.

Quality Use of Medicine News



Merry Xmas and a happy and prosperous new year. The Quality Use of Medicines program would like to wish all readers all the best for the new year and thank them for their support in the year just past. As to the happy and prosperous new year, well a bit of positive action will go a long way to creating this. Make it your new year's resolution to review your plans first thing in the new year:

- Firstly, have a plan – if you don't know where you are going then you are sure not to get there.
- Then, once you have decided where you want to go have a look at what has to be done to get there.
- Divide this up into do-able bits.
- Then do them!

GP practices can do the same thing too and the best time to do it is at the start of the year when patient numbers are down a bit and staff are fresh after their holidays. Have a good look at your procedures, is everything being done to maximize patient and business outcomes? One thing that QUM news is going to suggest is adding a Home Medicines Review (HMR) to GP management plans. Most patients needing a management plan will qualify for the review, the research shows that these reviews do aid in risk reduction regarding medications and apart from increasing the level of care that the GP is able to provide for the patient the item 900 will add an extra \$134.10 to the GP management plan. If you are using a practice nurse to help with the organization of the management plan they can also do most of the arranging regarding the HMR too.

Quick Quiz

1. Name 3 groups of medications that will interact with tramadol.
2. Dextropropoxyphene and paracetamol combinations are marketed for the control of mild to moderate pain. Their efficacy is considered to be - no greater than paracetamol alone, greater than paracetamol alone but less than paracetamol and codeine (30mg per tab/cap) or stronger than paracetamol and codeine (30mg per tab/cap)?
3. One of the alternative medication products being sold to reduce osteoarthritis symptoms has a molecular structure similar to heparin and has been successfully used as an anticoagulant for haemodialysis patients. What is this medication?
4. What is the difference between an opioid and an opiate?
5. A drug seeking behaviour called pseudoaddiction has been described. How does this differ from addiction?

Persistent pain – paracetamol ↑, NSAIDs/COX2s ↓, opioids ↑ (except tramadol ↓) and alternative medications?

For the last few years the medications prescribed for persistent pain have given the media lots of stories to peddle. Our next NPS program “Analgesic choices in persistent pain” aims to set the record straight and give GPs information from the current evidence base. So to sort the hype from the fact call Graham at the Division on 9706 7311 and arrange your NPS visit today – qualifies as a QPI PIP visit and RACGP points apply.

COPD, our last NPS topic – we still have a few NPS practice visit cards left so if you missed a visit on this topic call Graham at the Division. The 98 GPs, 10 practice nurses and 7 medical students who have been visited have all given positive evaluations on this NPS topic.

New in NPS RADAR for December - Rosuvastatin (Crestor) for dyslipidaemia.

This is the latest statin to reach our shores. *NPS RADAR* notes that there is currently no clinical outcome evidence to suggest that any one statin is better than another. Any of the available statins are suitable for initiating treatment to reduce LDL cholesterol (LDL-C) levels, and if existing treatment with a statin achieves the target LDL-C level, there is no need to switch to another statin, including rosuvastatin. The full adverse-effect profile for rosuvastatin is not yet known; however rosuvastatin toxicity appears to be similar to other statins. Rosuvastatin may have a place for patients who cannot achieve target LDL-C levels: higher doses of rosuvastatin (20–40 mg) achieve reductions in LDL-C that are not possible with most recommended doses of other statins.

Also in this issue:

- Insulin glargine (Lantus) for type 1 and 2 diabetes mellitus: *NPS RADAR* examines the efficacy of this long-acting analogue of human insulin and compares the incidence of hypoglycaemia with that of isophane insulin.
- Amlodipine with atorvastatin (Caduet) for dyslipidaemia with concomitant hypertension or angina: this new type of fixed-dose combination preparation treats different indications concurrently. *NPS RADAR* details the quality use of medicine issues when using combination preparations.
- Pimecrolimus cream (Elidel) for facial atopic dermatitis (update, web only): the authority required listing of topical pimecrolimus has been extended to include adults. *NPS RADAR* covers the expanded listing and the latest safety information.

NPS RADAR is available on www.npsradar.org.au

New asthma handbook

The 6th edition of the *Asthma Management Handbook* updates the previous guidelines - changes in the new edition include:

- new drug therapies and their changing role, especially combination therapy with inhaled corticosteroids and a long-acting beta agonist.
- the Global Initiative Against Asthma classifications of asthma severity have been adopted, stressing the importance of recognising patterns of asthma.
- emphasis is placed on practical interventions that work, including quitting smoking, reducing weight and matching inhaler devices to the patient's capability.
- diagnosis and treatment of other illnesses often experienced by asthma patients (comorbidities), including other lung and bronchial conditions, depression, sleep apnoea and allergic conditions such as rhinitis.

Please contact National Asthma Council on 1800 032 495 or visit www.nationalasthma.org.au if you would like a copy.

Quick Quiz Answers,

1. Tramadol interacts with SSRIs, Tricyclic antidepressants, antipsychotics, 5HT agonists, amphetamines, some opioids and drugs that inhibit the liver isoenzymes CYP2D6 and CYP3A4. These drug groups include drugs that can be obtained in supermarkets, pharmacies and most discos. The interactions can be serious and involve increased bleeding potential, serotonin syndrome or seizures. The above list is not exhaustive and other medications eg warfarin also interact with tramadol.
2. No greater than paracetamol alone. Also the major metabolite of dextropropoxyphene is cardiotoxic, this may accumulate when dosing is in the normal dose range and there have been drug abuse problems associated with dextropropoxyphene. The reason for these products remaining on the market would seem to be commercial rather than medical need.
3. Chondroitin (normally obtained from bovine and shark cartilage). For this reason it has been suggested that chondroitin be avoided by those on anticoagulant or antiplatelet therapy.
4. Opioids include opiates which are naturally occurring alkaloids such as morphine or codeine.
5. Drug addiction is the compulsive use of drugs for non-medical purpose. The pseudo addict exhibits drug seeking behaviour for a medical purpose eg untreated pain. This behaviour can manifest as drug hoarding and/or requests for increased supply or doses of drugs).

Time to Drive Adult Vaccination



Health professionals are being urged to check the immunisation status of adult patients with high pertussis notifications across many states in Australia (and these are the ones that have been reported). Other vaccinations need to be considered as well such as influenza, hepatitis A & B, zoster and measles, mumps and rubella. Each patient should be assessed based on age, lifestyle, health, ethnicity, vaccination history. Also, pregnancy plans, type of work and plans for travel should be considered.

A new resource, www.myimmunisation.com.au, has been launched to help adults check which diseases they may not be protected against.

If you would like more information check out the website above or call Kate at the Division.

No. of adult cases (persons aged 20 years & over) reported to date (14 Nov 06) in 2006¹:

Disease	No. of Adult cases	% of all cases	Total cases
Measles	42 cases	34%	122
Mumps	194 cases	83%	233
Rubella	42 cases	86%	49
Whooping cough	8804 cases	90%	9780
Invasive pneumococcal	970 cases	79%	1233
Influenza (laboratory confirmed)	1142 cases	60%	1901
Hepatitis A	139 cases	58%	241
Hepatitis B	4760 cases (unspecified) 202 cases (incident)	93% 92%	5102 220

1. National Notifiable Diseases Surveillance System http://www9.health.gov.au/cda/Source/Rpt_5.cfm Accessed November 14, 2006. (Taken from Media release sent by GPDV from GSK)

Accreditation Update

The RACGP Infection Control Standards for Office-based Practices (4th Edition) is specifically designed for use by general practices. This authoritative and comprehensive text covers areas not discussed in other guidelines, for example, staff education, occupational health and safety issues and pandemic preparation. It is a 'must have' text for every Australian general practice.

To obtain a copy of these standards, download the order form from the RACGP website at: www.racgp.org.au/publications/orders or call Publications Department 03 8699 0495.

Small Group Learning for Practice Nurses

Dandenong District Division of General Practice is seeking expressions of interest from Practice Nurses, located within our Division, wishing to be involved in Small Group Learning. These groups will provide an opportunity for self directed learning and discussion for practice nurses based around how to build their capacity to assist practices to meet the chronic disease items and the specific nurse wound/immunisation and PAP items now available.

If you would like to participate in 5 or 6 small informal meetings with other interested nurses to share information and discuss common issues around the Chronic Disease initiatives and nurse item numbers please phone or email Rose Griffiths on 9706 7311 or r.griffiths@dddgp.com.au and request a Nurses Small Group Learning Expression of Interest form to complete and fax back.

Seeking expressions of interest from practice nurses wanting to complete a **GRADUATE CERTIFICATE IN NURSING (GENERAL PRACTICE)** in 2007.

This Graduate Certificate developed by the Sunshine Coast Division of General Practice in conjunction with the University of the Sunshine Coast, is designed to be the most accessible, flexible and affordable model of graduate study available anywhere in Australia to General Practice Nurses.

There are four components of this course with the first three courses available for Div 1 or Div 2 nurses. The course will be co-ordinated by GPDV and although there are suggested time frames for completion, only the fourth course, involving distance enrolment at the University of the Sunshine Coast, is tied to specific times.

The first three courses will be at minimal cost \$130 per course to the Practice Nurse. Once enrolled at the University for the fourth course the standard university fee of approx. \$1,500* will apply. Opportunities will be available to encourage the nurse to apply for assistance with some or all of the course costs.

If you are interested please contact Rose Griffiths at the Division and register your contact details.

Otway Division of General Practice presents their

South West Medical Update 2007

Victoria Hotel, Port Fairy
17th and 18th February, 2006

For further enquiries, please call Otway Division on 5593 2684 or email: admin@otway.asn.au



With the festive season upon us, it is a timely reminder for employers of their obligations under OH&S that they have a duty of care toward their employees against any forms of harassment. With Christmas celebrations occurring, staff and work colleagues should be reminded of your Sexual Harassment Policy, which should be in place for all practices. It is worth reminding everyone that any form of harassment will not be tolerated and that possible disciplinary action could occur if people over step their boundaries. It is too late after an incident to remind staff that a policy exists.

Harassment can come in many forms including sexual, racial, verbal and inappropriate behaviour to name a few.

Remind colleagues to look out for one another and if someone should over indulge with their drinking or appear unfit to drive for other reasons, then perhaps offer them a lift or call a taxi.

If you do not have a Sexual Harassment policy in place perhaps this is the time to introduce one. The Division has an example of such a policy. Phone Julie at the Division if you need further advice. It is a wonderful time of year to celebrate and reflect on the past year – so enjoy, stay safe and have a merry Christmas.

Julie Shanahan, Business Coordinator

Public Holidays

Public Holidays over the Christmas period are:

Monday 25th December – Christmas Day holiday
Tuesday 26th December – Box Day holiday
Monday 1st January 2007 – New Year's Day holiday

If staff are requested to work on any of these public holidays then the rate of pay will be double time and a half - if you are paying under the award.

Please also note that in some diaries Labour Day is listed as Wednesday 14th March. The public holiday is in fact Monday 12th March 2007.

Please contact VHIA on 9861 4000 if you require any further information.

Award Increase

The Australian Fair Pay Commission handed down its first wage increase since coming into effect. From the 1st December 2006 the minimum hourly rates for awards increased by .72 cents per hour-unless there is a pre reform agreement ie AWA or EBA in place. There has also been an increase in allowances although this was handed down after the increase was announced.

Further information can be found by contacting the Julie at the Division on 9706 7311 or VHIA on 9861 4000.

New Chronic Heart Failure Guidelines



The National Heart Foundation of Australia and the Cardiac Society of Australia & New Zealand have recently released new guidelines for the prevention, detection and management of chronic heart failure (CHF) in Australia. These guidelines were launched on 20 November 2006, and are available by visiting **Heartsite** (www.heartfoundation.com.au/index.cfm?page=38) or by calling **Heartline**, the Heart Foundation's national telephone information service, on 1300 36 27 87.

The purpose of the guidelines is to promote evidence-based care for all patients with CHF. In particular, the guidelines aim to prevent CHF in those at risk and prevent progression and complications of CHF, relieve symptoms and improve quality of life and prolong survival of those with the condition.

What's New?

In addition to updating recommendations on prevention, diagnosis, and management, the document emphasises the effectiveness and importance of multidisciplinary care, usually integrating individualised care, patient and carer education in self care, counselling, intensive follow-up to detect problems early and prevent deterioration, physical activity programs and access to advice and support.

There are also new chapters on heart failure with preserved systolic function (HFPSF, previously known as diastolic heart failure), management of co-morbidities, post-discharge care, palliative care and the management of acute decompensated heart failure.

A summary of the key messages of the guidelines was published in the Medical Journal of Australia on 20 November 2006 and is available through the MJA website (http://www.mja.com.au/public/issues/185_10_20_1106/kru10726_fm.html)

In addition, a quick reference guide for general practitioners has been developed, and will be available to download from **Heartsite** from December 2006.

The Heart Foundation's consumer resource for those living with CHF, 'Let's Talk About Heart Failure', is still available through **Heartline** on 1300 36 27 87. A detailed summary can also be accessed by visiting **Heartsite**. (<http://www.heartfoundation.com.au/index.cfm?page=158>)

Argus Connect

Grace Period to Register for Free Argus Installations

GP practice sites and specialists planning to implement Argus for secure messaging should register with Argus before the end of February 2007. To do this, email Argus Connect on: argus@argusconnect.com.au



Paediatric Tip of the Month

Rickets is reappearing, primarily in the Sudanese community.

Clinical features to look out for include delayed closure of the fontanelles (anterior fontanelle should be closed by 2½), parietal and frontal bossing, craniotabes (soft skull bones), enlargement of the costochondral junctions (the "rachitic rosary"), swelling of the wrist and bowing of the femur and tibia. The presentation is sometimes decreased muscle tone and delayed motor development.



The Committee of Management and staff at Dandenong District Division of General Practice wish all GPs and practice staff a festive holiday season and a safe and prosperous New Year.

Please note the Division Office will close at 2.00pm on Friday 22nd December and will reopen Tuesday 2nd January 2007.

Newsletter Errata

The fax number for *South East Primary Mental Health* was incorrectly printed in the November newsletter. The new fax number is **9767 4411**. Please amend your records

South East Primary Mental Health presents The New MBS Better Access to Mental Health Items and How to use them

The South East Primary Health Team in Conjunction with Dandenong Division of General Practice will in the first half of 2007 be running small group education sessions on all aspects of using the new MBS items for referral to Allied Health Counsellors.

Topics covered will include:

- Introduction and overview of the MBS items
- Mental Health plans and how to do them effectively and efficiently
- Use of Evaluation tools
- Building effective relationships with allied health providers

Dates:

Tuesday 20 th February	6.30pm – 9.00pm
Tuesday 20 th March	6.30pm – 9.00pm
Tuesday 17 th April	6.30pm – 9.00pm
Tuesday 15 th May	6.30pm – 9.00pm

Venue:

Milpera Centre; 169 Cleeland Street Dandenong. (SEPMHT Offices)

Ample free parking is available across the road from Milpera. A meal will be provided from 6.30pm – 7.00pm. CPD points have been applied for.

Please contact us to book a place at one of these evenings on phone: 9767 4400 or fax: 9767 4411. Numbers will be limited to maximise learning. Larger practices may wish to apply for sessions at their clinic.



Specialist Update

Mr Malcolm Baxter and Mr Sarin Wongprasartsuk, ENT Specialists have moved to 46 Clyde Road, Berwick. Phone: 9707 2777, Fax: 9707 1599.



Zail Hearing Care

After 10 years at the Berwick Hospital we have moved to: 46 Clyde Road Berwick. Phone: 9769 8700 (new)

- Purpose build facility including paediatrics (6 months+)
- Full Hearing Aid Services (Pensioner, private, TAC, W/C etc)
- Low waiting time, prompt reporting, 2 ENTs on site

**The above is a paid advertisement*

Please note: There are no public obstetric medical clinics at Dandenong or Casey hospitals.

Specialist Obstetricians in private rooms may provide your antenatal care for you if you require higher *Secondary level maternity care* or choose this level care (refer to *Maternity Care Options flyer*)

NAME	ADDRESS	PHONE
Dr Daya Jayasinghe. (male)	131 Cleeland Street, Dandenong 3175	97922377 (fax) 97923621
Dr Jorg Kemper (male)	50 Clyde Road, Berwick 3806	9796 2699 (Fax) 9796 2633
Dr Vish Keyuranggul (male)	331 Princes Highway, Noble Park 3174	9548 4311 (fax)9548 4199
Dr Jacques Lam (male)	62 Clyde Road, Berwick 3806	9769 7611 (Fax) 9769 7622.
Dr Rudy Lopes (male)	2 Ryder Street, Noble Park 3174	9708 5886 9708 5884 (fax)
Dr Katherine Louey (female)	267 Cranbourne Road, Frankston 3199	9776 6411 (rooms) 9775 5074 (fax)
Dr Mark Tarrant (male)	Suite 5/6, 8 Langmore Lane, Berwick 3806	9796 1988
Dr Peter Trowbridge (male)	126 David Street, Dandenong 3175	9793 2320 97911855
Dr Peter Yong (male)	1324 Heatherton Road, Noble Park 3174 & 50 Clyde Road, Berwick 3806	9706 9320
Dr Melwyn D'Mello (male)	Peninsula O&G 267 Cranbourne Road, Frankston 3199	9776 6411 9775 5074 (fax)

If you wish to see an obstetric specialist you will require a referral from your GP

Did you know that there is a Diabetes Support Group that you can send your patients to?



This group provides:

- Information sharing and support
- Contacts of local services and guest speakers
- Raising awareness in the community about diabetes
- Social and educational activities

Meetings held:

When: 2nd Tuesday of each month
Starting 2.00pm – 4.00pm

Where: Paddy O'Donoghue Centre
18 – 32 Buckley Street,
Noble Park, 3174
Phone: 9238 1427

Register: By contacting Secretary: Bob Fernshaw 9706 3300.