

HEALTH HO

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HOURS AND SERVICES

Consultations by appointment. If you need to be seen urgently or need a long consultation, please ask when you book. Home visits within 5km can be arranged if necessary.

Mon, Tue, Wed, Fri 8:30am-5:00pm **Thursday** 8:30am-6:00pm Saturday 8:30am-12:30pm

AFTER HOURS CARE

GP & Home Visits: Chevron After Hours (07) 5532 8666

Hospital: Pindara Emergency Centre (07) 5588 9000

In a serious emergency, call 000.

VALUABLE WEBSITES FOR QUALITY **INFORMATION** www.travelmedicine.com.au www.healthinsite.gov.au

IS THERE A SINGLE BEST **EXERCISE FOR LOSING WEIGHT?**

There's no mystery to weight loss. A healthy diet and getting adequate levels of physical activity will assist in achieving and maintaining a healthy weight for most people.

Losing weight, however, is more difficult for some people than others. It's therefore important to know what works best when it comes to food and exercise for weight loss, particularly if you struggle to lose weight. Researchers assessed whether there was a 'best' type of exercise to do for weight loss.

The trial involved a calorie-restricted diet combined with four different forms of exercise - strength training, endurance training, a combination of strength and endurance and a fourth group who were simply told to follow Government recommendations about weekly exercise. Ninety-six obese people participated in the trial for 22 weeks

and were randomly allocated to one of the four exercise groups. All were on the calorie-restricted diet. The first three groups undertook exercise three times a week for around 50 minutes per session and the fourth group was given the broad instruction to aim for between 200 - 300 minutes of moderate intensity exercise each week.

By the end of the trial all groups had a reduction in body mass and an increase in muscle mass. By and large, participants showed a significant degree of compliance to their exercise and diet plan with all groups achieving a similar amount of exercise each week.

These results show that as long as you are committed to a healthy diet and exercise plan, no one type of exercise is better than another. It's more important to find a healthy diet and exercise plan that suits you as an individual so that it's more likely that you'll stick to it

For reference: Benito, P J et al. Change in weight and body composition in obese subjects following a hypocaloric diet plus different training programs or physical activity recommendations. Journal of Applied Physiology 2015: 118: 1006-1013.



WHAT MAKES FOOD HEALTHY?

People eat different foods for different reasons. A common reason why people select the food they do is for its perceived healthiness.

There are a number of things about a food's composition and content that determines the degree to which it's healthy. Broadly, people know that fruits and vegetables are good for them and junk foods and beverages like soft drink, confectionary and deep fried items are not. However there is some ambiguity around the foods and meals that sit in the middle of the scale. Nutritionists have a host of criteria that they use to determine the healthiness of a food however not as much is known about how consumers make this determination.

Researchers investigated how consumers rated the healthiness of foods. They asked 85 people to evaluate 54 different foods and beverages at a buffet. Their ratings were then compared to the actual nutrient profile of the foods.

There was a strong correlation between the participants' perception of healthiness and the composition of the food. People were good at assessing the healthiness of individual foods but – and this is the key – not as good at doing this for meals. They gave meals a lower health rating even though they rated the individual contents of the meal highly. Participants used fibre content as an indicator of health foods and sugar and fat content to predict unhealthy foods. They didn't, however, tend to take into account the saturated fat, salt and protein content when forming their opinion.

This suggests that people have it mostly right when it comes to what constitutes healthy food and meals. A meal is a sum of its individual parts so if the ingredients are healthy, the likelihood is that the meal will be too so long as not too much salt or sugar has been added in the preparation process. This research implies that the hardest part of eating well might not actually be knowing what is and isn't healthy, but rather actually making the decision about the healthier choice.

For reference: Bucher, T et al. What is healthy food? Objective nutrient profile scores and subjective lay evaluations in comparison. *Appetite* 2015; 95: 408-414.



TOPPING UP ON YOUR VITAMIN D

Vitamin D is important for healthy bones. It helps the body absorb calcium from food and helps the flow of calcium between the bones and the blood.



The sun's ultraviolet radiation is the best source of Vitamin D however it's also a risk factor for skin cancer. Most people get enough Vitamin D in the summer months of the year however the winter months, particularly in areas that don't see a huge amount of sun, can be problematic. Guidelines suggest that during the hot months of the year a few minutes of sun exposure on less than 15% of the skin's surface at mid morning or mid afternoon most days of the week is enough to get adequate Vitamin D levels. In winter two to three hours of exposure during the week is recommended. People with dark skin require three to six times this exposure.





Good Health on the Menu

GREEN SALAD

A nourishing green salad that's as healthy as the sum of its parts.

Ingredients:

- 5 cups mixed green salad leaves
- 2 cups broccoli
- 3 cucumbers, sliced
- 2 green capsicums, diced
- 1 avocado, cubed
- 1 tablespoon sunflower seeds
- 1 tablespoon pumpkin seeds
- 1 tablespoon chia seeds
- Parsley chopped finely to garnish

Dressing:

- Extra virgin olive oil
- Lemon juice

Method

- Toss all ingredients in a large bowl until well combined.
- Drizzle olive oil and lemon juice over the salad – toss again to evenly distribute salad dressing.



Researchers looked at a group of CBD office workers in Melbourne to test whether or not they got adequate levels of Vitamin D throughout the year. Adequate levels of Vitamin D in the blood are 50nmol/L and above.

The average office worker got around 67nmol/L in the summer months. However, in winter, their levels fell to around 43 nmol/L.

These results suggest that more care is needed in the colder months of the year to get adequate Vitamin D levels. Office workers should try to take short breaks throughout the day to go for a walk or eat their lunch outside to ensure that their body is receiving enough Vitamin D to function healthily. This needs to be undertaken with skin safety in mind and people taking adequate precautions to ensure that sun exposure does not become harmful.

For reference: Kimlin, M et al. Are the current Australian sun exposure guidelines effective in maintaining adequate levels of 25-hydroxyvitamin D? Journal of Steroid Biochemistry and Molecular Biology 2016; 155: 264 – 270.

Clever CROSSWorD

Down:

- 2. Increased physical stress correlates with increased _ _ _ _ activity
- Fruits and _____ are an essential part of a healthy diet.
- 5. Vitamin D is important for healthy what?
- 6. Over consumption of caffeine can have side effects like _ _ _ _ .

Across

- Only one fifth of Australian children are getting adequate levels of _____ activity.
- 4. Adequate levels of physical activity will assist in achieving a healthy _ _ _ _ _
- 7. Working memory difficulties are often observed in lack of what?
- 8. When trying to lose weight it's important to choose an _ _ _ _ plan that suits you.



TOO HOT TO GET ACTIVE

Around one in four Australian children are overweight or obese. Furthermore, only around one fifth are getting adequate levels of physical activity.

Australian guidelines recommend that kids aged between five and 12 should have at least 60 minutes of moderate to vigorous physical activity each day. There are a variety of factors that affect a child's propensity to exercise, one of which is thought to be the seasons and accompanying weather patterns. Researchers tested this theory in a group of school children in Melbourne.

The kids wore a hip mounted accelerometer which measures steps and the speed of movement to provide information on how often and how fast they were moving during the day. Their measurements were recorded for a week at a time.

Researchers found that the children were most active during winter and spring and slightly less so during autumn. The lowest physical activity levels were reported during summer. In a week with peak temperatures

of 28 degrees Celsius the children were less active by nearly 13 minutes each day.

Exercise is very important for children to maintain a healthy lifestyle and develop good habits from an early age. Parents and schools should be conscious of the seasonal effects of weather on children's activity levels and have ways of increasing their activity in the hotter months, which could include indoor sports and swimming.



For reference: Ridgers, N D et al. Too hot to move? Objectively assessed seasonal changes in Australian children's physical activity. *International Journal of Behavioural Nutrition* 2015; 12:77. doi: 10.1186/s12696 6-015-0245-x.

== DID YOU KNOW? ==

TALKING TO CURB YOUR



Caffeine is widely consumed often for its perceived ability to keep people alert and awake. While it's thought to be relatively harmless and maybe in some cases have health benefits, some people consume it in large quantities.

Like any substance, caffeine overconsumption can have side effects like increased anxiety and tension, sleep problems and jitteriness. Researchers looked into ways that caffeine overconsumption can be managed.

The study involved 33 coffee 'addicts' having a one hour cognitive behavioural therapy session. These people drank between four to six strong cups of coffee per day prior to therapy. The therapy was designed to change their thoughts and behaviours by alerting them to the habit and developing strategies for managing it. Participants completed daily diaries detailing caffeine consumption for five weeks after the therapy session.

The results showed a reduction of up to 75% in self reported caffeine use. Furthermore, measurement of salivary caffeine levels also showed a reduction. The reduction in caffeine consumption persisted for up to one year later.

If you have a coffee dependence and your consumption is creeping up to high levels and it bothers you, it may be worth talking to a healthcare professional about ways to manage your consumption to bring it down to healthy levels.

For reference: Evatt, DP et al. A brief manualized treatment for problematic caffeine use: a randomized control trial. *Journal of Consulting and Clinical Psychology* Epub online Oct 26, 2015. doi: 10.1037/ccp0000064.s



Dr Norman Swan

A MATTER OF **HFAITH**

DOES BRAIN TRAINING WORK?

Computer-based brain training is all the rage at the moment with a big emphasis on staving off dementia.

But the best studied brain training programs are aimed at what's called working memory in both children and adults. The question is though, do they work?

Working memory difficulties are often observed in lack of attention. People who have problems with working memory might notice that they are forgetting things in their daily life; that when people are talking to them they can't keep track of the conversation if it's complex.

Working memory is the ability to hold information in your mind and then work with that information over a short period of time. It's stuff that's coming fresh into your brain from the environment, which you then hold in a network of nerves in your brain and retrieve when you require it to solve a problem. In other words it's all in a Mixmaster there in your brain while you solve the problem. Some people, however, just cant - there's a leakage, which doesn't allow them to hold it long enough to solve the problem or get on with the task.

With computerised working memory training programs, the person trains on tasks that are presented on a computer or on an iPad repeatedly over many days or weeks.

It's about training the nerves in your brain to network and make connections that otherwise would not have been made.

An Australian researcher at Monash University has reviewed the evidence in studies reporting on benefits in daily life, such as sticking to tasks, achieving tasks, and remembering things better. The evidence for benefit was quite good for programs that adapted to the person's progress, that were quite demanding, and that went on for quite a long time - on average five weeks.

MYTH VS FACT: HOW REAL IS THE 'FEAR **FACTOR'?**

We've all heard the word 'bloodcurdling' being used in reference to something terrifying.

The term is based on the concept that the feeling of extreme fright or horror might make the blood clot or curdle. Researchers have looked at the effects of physical stress like adrenalin and anxiety on the body's clotting system. Most results indicate that increased physical stress correlates with increased clotting activity. Researchers have now investigated whether the same effect on the body's clotting system is brought about by stress that's unrelated to physical situations; that is, the stress that's brought about by watching scary movies.

Twenty-four healthy volunteers watched a horror movie and a documentary. Researchers took participants' blood samples before and after watching each film to measure coagulation (clotting). The markers they looked at were blood coagulant factor VIII, D-dimer (a small protein fragment present in the blood after a blood clot is degraded), thrombin-antithrombin complexes (used for the diagnosis of disturbances in blood coagulation) and prothrombin factors. The volunteers also completed a questionnaire after each movie that measured how scared they were.

The questionnaire showed that participants found the horror movie more frightening than



the documentary. Furthermore, coagulant factor VIII was higher in most people during the horror movie, with levels increasing in 12 participants during the horror movie and only three in the documentary. Increases in coagulation factor VIII can correspond to increased risk of developing a blood clot.

The results of this study suggest that the intense fear that some people experience whilst watching a horror movie might actually affect our blood so there might actually be some reality to the term 'bloodcurdling'.

For reference: Nemeth, B et al. Bloodcurdling movies and measures of coagulation: Fear Factor crossover trial. BMJ 2015; 351: h6367 doi: 1136/bmj.h6367 (Published 16 December 2015)

PRACTICE UPDATE

SERVICE
Our mission is to provide the highest quality care and service using evidence based medicine to ensure the health of our patients. "Quality caring" means we excel in our work, products, and environment and show concern for and interest in our patients' needs. Further information about our practice policies can be obtained by asking one of our friendly receptionists.

PRIVACY

Your medical record is a confidential document. It is the policy of this practice to maintain security of personal health information at all times and to ensure that this information is only available to authorised staff members. You can make a request in writing for a copy of your records to be transferred to another GP.

COMMUNICATION

Information regarding appointments, investigations, results, scripts, referrals may be shared with your consent as required for your care. Patient requests requiring action are attended to promptly, based on level of urgency. You will be notified if there is any charge for the service.

FOLLOW-UP OF RESULTS

Your doctor will decide with you how to inform you of test results (e.g., phone call, follow-up appointment, etc.). All results are reviewed by the ordering doctor. For any results requiring urgent action, you will be phoned. If you have not been contacted regarding your results, call and ask.

FEEDBACK

Our goal is to provide a quality, caring service. If you have any concerns or suggestions, please let us know. We genuinely wish to hear from you. If we have not satisfied your concerns, please contact the Health Quality and Complaints Commission on 1800 077 308 or info@hqcc.qld.gov.au.

FEES

Consults \$60 gap. Welfare \$45 gap. Extra for Travel vaccines and medication. Skin Check for HCC/Pension card Holder's \$10 gap, New HCC/Pension patients one of \$20 gap. DVA bulk-billed. Scripts and referral letters \$20 (bulk-billed if collected by patient). Saturday: No concessions. 3% surcharge for American Express and Diners Club payments.

SKIN HQ

: (07) 5591 4844 • www.skinhq.com.au Remember to book your next skin check with Skin HQ. Ask about our laser, IPL and PDT treatments. Anti-wrinkle and volume enhancement treatments are also available.

VASECTOMY VENUE

Gold Coast Circumcisions
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Dr Michael Read provides "no scalpel" vasectomies as permanent contraception for men. He also performs circumcisions for boys and men, as well as babies.

TRAVEL HEALTH DOCTORS

P: (07) 5526 4444 • www.healthhq.com.au A member of the Travel Medicine Alliance, The Travel Health Doctors at Health HQ receive daily updates from worldwide sources to give you accurate, personalised advice based on your itinerary. We carry almost all vaccines and other travel requirements. We work with your GP in caring for you in a specific area.

NO JAB NO PAY

From Jan 2016, childcare & family payments will be denied to parents who DO NOT vaccinate their children.