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YOUR DOCTOR



JULY 2016

HEALTH HQ

“Quality Caring”

95 Nerang Street
Southport 4215

P: (07) 5526 4444

F: (07) 5531 3697

W: www.healthhq.com.au



Follow Health HQ on

Dr Norman Hohl
MBBS, FRACGP, FAFPHM, DTM&H, CTH

Dr Simon Thatcher
MBBS, CTH

Dr Michael Read
MBBS

Dr Donna Armstrong
MBBS

Dr Neil Chorley
MBBS, FRACGP, FACCRM, FACSM

Dr Bill Cassimatis
MBBS

Dr Danika Fietz
MBBS, FRACGP, M.Med (Skin Cancer)

Dr Nora Cadman
MB BS FRACGP Cert FPA

PRACTICE STAFF

Nicky McClelland (**Practice Manager**)
Mirja, Kim, Kris, Viv, Margie, Jenny, Kim C,
Lindsey and Emily (**RN**) Brenda (**AIN**), Ilana,
Dorothy, Rosalie, Heidi, Charlotte, Kirby and
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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
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Hospital: Pindara Emergency Centre
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www.healthinsite.gov.au

ALL THINGS IN MODERATION. BUT WHAT IS MODERATION?

In a cluttered field of complex and at times contradictory dietary advice, one simple dietary recommendation for weight maintenance is “everything in moderation”.

This piece of advice refers to the benefits of controlling portion size, and if craving something indulgent, being ok with consuming a small amount rather than depriving oneself and risking a binge later on.

The issue with this recommendation is that the word ‘moderation’ means different things to different people. The guidelines as to what constitutes moderation may be tied up in other guidelines outlining dietary intake and therefore not easily identified by people. The ambiguity around what moderation is could lead people to adopt their own definition of the word based on how much they want to eat. Researchers tested this theory, measuring the variation that exists between people’s definition of moderation.

Researchers conducted three experiments to test peoples’ view on moderation. The first study involved 89 women who were each given a plate of 24 chocolate chip cookies. They were asked how many cookies they thought a person should eat, how many they thought constituted moderate consumption and how many they considered to be an excessive amount. The second experiment involved 250 people who were shown an image of gummy lollies. They were asked to rate how much they liked the look of these lollies and what they considered to be a moderate amount to eat. Lastly, participants were asked to reflect on what they defined moderate consumption to be for a variety of different foods and beverages including soft drinks, alcoholic drinks, ice cream and fast food.

The results from the first experiment found that only 9% of participants defined moderation as being less than what a person should consume, with two-thirds of the group classifying moderation as more than what they believed to be a reasonable amount for a person to eat. In the second and third experiment, the more that a person reported liking a food, the more likely they were to report that a moderate amount was more than what they considered a reasonable amount to eat.

These experiments reiterate that moderation is a subjective term for most people and is likely to correspond with how much a person likes a food and how much of it they’d like to eat. Portion control is a cornerstone of weight loss so it’s important to be realistic about how much food one should eat, particularly when it comes to foods high in saturated fat, salt and sugar. It’s best to refer to recommended dietary guidelines to find out appropriate portion sizes for different foods and how many calories correspond to different amounts of food.

Reference: vanDellen, MR et al. How do people define moderation? *Appetite* 2016; 101: 156 – 162.



VITAMIN C AND CATARACT RISK

A cataract is characterised by the clouding of the lens in the eye.

Symptoms can include blurred vision, sensitivity to light, reduced vision at night and fading of colours. Cataracts develop as part of the ageing process however, people can also have an inherited genetic predisposition to the condition and lifestyle factors like smoking, diabetes and long term unprotected exposure to UV sunlight also increase risk. Oxidative stress, such as that caused by smoking, is linked to cataracts so researchers have proposed that foods high in antioxidants may help delay the onset of cataracts and also keep the condition from worsening. Researchers explored the association between vitamin C - an antioxidant - and cataract formation.

They investigated the association in over 1000 female British twins. Studying twins helped researchers separate genetic influences from environmental factors. Vitamin C consumption was found to be the most protective agent against the risk of cataract development out of the lifestyle factors studied. Over a 10 year period, people with the highest dietary vitamin C intake had one-third lower risk of developing a cataract. Dietary vitamin C consumption also appeared to slow the progression of the disease. The benefit was observed from food sources of vitamin C, not vitamin C supplementation.

This was an observational study so cannot confirm a causal link between vitamin C

and cataracts. However, researchers highlighted a plausible mechanism to explain the association. The fluid inside the eye contains vitamin C, which can help prevent the oxidation that leads to the clouding characteristic of cataracts. Vitamin C rich foods include citrus fruits, broccoli and strawberries and may be a worthwhile addition to a healthy diet, keeping the eye in good supply of antioxidants.

Reference: Yonova-Doing, E et al. Genetic and dietary factors influencing the progression of nuclear cataract. *Ophthalmology* Epub online March 23, 2016. Doi: 10.1016/j.ophtha.2016.01.036.



SALT: MOORISHLY BAD FOR OUR HEALTH

Salt overconsumption is bad for health.

The National Health and Medical Research Council recommends that Australian adults get no more than one teaspoon of salt each day to reduce the risk of chronic disease. It's thought, however, that the average daily intake in Australian adults is much higher.

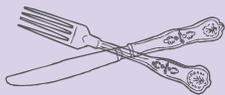
Too much salt in the diet has been linked to high blood pressure and increased risk of other health conditions like heart failure, kidney problems, stroke and osteoporosis. The majority of salt consumed comes from that added to food in manufacturing, often to make it more palatable and to preserve it, in the case of many processed foods. Consuming salt with fat is thought to promote overconsumption of foods and having a greater liking of salty and fatty foods has been associated with eating more kilojoules, binge eating and increased risk of being overweight, particularly in children.

Researchers looked further into how salt might influence consumption of fatty foods. Forty-eight healthy adults were recruited to take part in the study. They participated in four lunchtime sessions where they were given a meal of macaroni and cheese with varying levels of fat and salt content. They were advised to eat as much as they wanted until they were full. The amount of food they ate, how much they enjoyed it and their ratings of hunger and fullness were recorded for each combination.

The results showed that 11% more kilojoules were eaten when the meals were high in salt content, regardless of how much fat was in the meal. People who were sensitive to the taste of fat ate less of the high fat meal but only if it was low in salt. Ratings of hunger and fullness didn't differ significantly between meal types.

The results of this study suggest that high salt content in a high fat meal may affect how much food is consumed. This adds further weight to the benefits of reducing salt intake, particularly in reducing the amount of salt added to food when cooking and avoiding high salt processed foods. Being overweight or obese contributes to increased risk of a number of chronic health conditions, so it's important to consume healthy foods and control portions to recommended sizes.

Reference: Bolhuis, D et al. Salt promotes passive overconsumption of dietary fats in humans. *Journal of Nutrition* Epub online March 2, 2016. Doi: 10.2945/jn.115.226365.



Good Health on the Menu

ORANGE AND CARROT SOUP

A winter soup packed with Vitamin C goodness.

Ingredients:

- 2 brown onions, chopped
- 1kg carrots, peeled and chopped
- 4 cups chicken or vegetable stock
- 1 orange
- Salt and pepper to taste

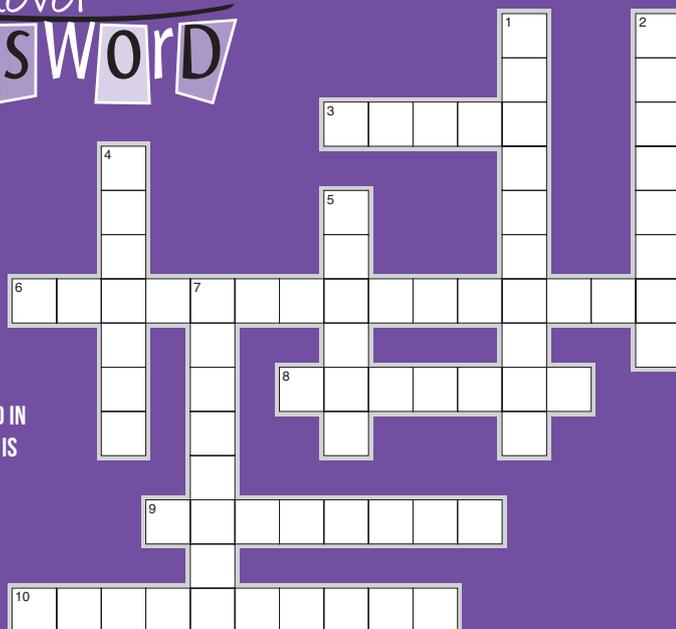
Method

1. Peel 3 strips of orange rind and set aside. Juice orange and set aside.
2. Put small amount of olive oil in a large saucepan and heat over medium heat.



3. Cook onion in pan until soft.
4. Add chopped carrot to pan and cook until soft.
5. Add stock to pan and bring to a boil.
6. Add the 3 strips of orange rind to pan and allow to simmer on low heat for 20 minutes.
7. Remove orange rind from pan.
8. Blend the contents of the pan in a blender or by using a stick blender, until smooth.
9. Add orange juice to blended soup and mix well.
10. Place back in pan and heat to taste.
11. Add salt and pepper to taste.

Clever CROSSWORD



ANSWERS CAN BE FOUND IN THIS EDITION. SOLUTION IS ON THE BACK PAGE.

Down:

1. Everything in _____.
2. Advanced glycation end products (AGEs) arise in food when heated to the point of browning or what?
4. One in ten babies is said to develop a food what?
5. Cataract symptoms can include blurred what?
7. The clouding of the lens of the eye is known as a what?

Across:

3. Too much salt in our diet has been linked to higher _____ pressure.
6. Salt _____ is bad for our health.
8. Recommended dietary guidelines can help you find appropriate _____ sizes.
9. The ability to convert oxygen into performance is known as aerobic what?
10. Fruits and what are important to childhood development?

A YOUNG START TO FRUITS AND VEGETABLES



Fruits and vegetables are the cornerstone to a healthy diet at any age.

Fruit and vegetable intake is very important in childhood to promote healthy development and also to encourage good dietary habits from an early age. Babies and toddlers however, can be difficult when it comes to food and may be averse to consuming fruits and vegetables. Yet research is showing that fruit and vegetable consumption in early childhood may be related to a healthier diet later in childhood.

A study investigated the association between early and later childhood consumption of fruits and vegetables, tracking the health and wellbeing of a group of children from age 30 months through to seven years. Toddlers at age 30 months were found to eat much more fruits and vegetables, consuming up to seven different types each day. By seven years of age, however, this amount decreased to an

average of just two serves of both fruits and vegetables. The children who had a higher intake of fruits and vegetables at age 30 months had an average two extra serves per day at age seven compared to those who consumed fewer fruits and vegetables at age 30 months. Having more than four serves of fruits or vegetables at age seven was associated with lower body weight and less body fat.

It's important for children to learn healthy habits from an early age so that they are more likely to carry these into adulthood. Fruit and vegetable consumption helps lower the risk of a number of health conditions and therefore plays an important role in the diet. There are various strategies that can be used to try to get toddlers and young children to consume more fruits and vegetables including varying the shape and texture of the food and having the child assist in its preparation. It pays to be persistent when it comes to young children eating their fruits and veggies.

Reference: Fletcher, S et al. Tracking of toddler fruit and vegetable preferences to intake and adiposity later in childhood. *Maternal and Child Nutrition* Epub online April 4, 2016. Doi: 10.1111/mcn.12290.

MYTH VS. FACT ARE SPORTS IN OUR GENES?



We often observe gifted athletic ability across a number of generations in a family.

This is sometimes seen in a parent excelling at an elite level in a sport and their children going on to perform exceptionally well in the same field. This has led to the question of whether sporting prowess is inherited or shaped by environment, or a combination of both.

Researchers have tried to locate a gene or genes that may predispose someone to gifted athletic performance however have found that there are a variety of factors that determine sporting success, not all of which can be predicted by a genetic test. Some of these factors include technique, commitment and strategy. Researchers have identified a factor that is common to most elite athletes and that is the ability to convert oxygen into performance.

The ability to use oxygen in this way is called aerobic capacity and involves the combined capacity of the lungs and circulatory system and the ability of the blood to deliver oxygen to the working muscles. In athletes this is measured as the maximum amount of oxygen that can be used in one minute. This can be tested via a voluntary maximal oxygen uptake test, known as the VO₂max test, which measures the amount of oxygen consumed in each breath. Endurance athletes share the common trait of having high VO₂max scores. An international program looked at whether there were any genes that predict high VO₂max scores and found one small genetic region that might have an association with VO₂max.

It looks as though genetic testing cannot – at least at the current state of knowledge – identify elite athletes from the general population. This suggests that athleticism is only partly inherited and the rest comes from environment, hard work and perseverance.

Reference: Cao, Y et al. No evidence of a common DNA variant profile specific to world class endurance athletes. *PLOS One* Epub online January 29, 2016. Doi: 10.1371/journal.pon.0147330.



Dr Norman Swan **A MATTER OF HEALTH**

NEW INFANT FEEDING GUIDELINES TO PREVENT FOOD ALLERGY

About one in ten babies is said to develop a food allergy in the first year of life, but according to some experts the rate of peanut allergy in particular could be halved if infant feeding practices were changed.

Recently an infant feeding summit took place in Melbourne and included leaders in child health and nutrition from Australia and overseas. The result was a new set of infant feeding guidelines giving advice to parents who want to minimise the chances of their baby developing a food allergy.

The main issue is the time of introduction of solids and foods which may cause allergies. Parents have been holding off, fearing the consequences, whereas recent allergy prevention trials have found that delaying the introduction of foods such as peanut paste is harmful and can increase the risk of getting peanut allergy.

So the recommendation for solids for infants in the first year of life is to introduce solids around the age of six months but not before four months and there is no evidence that introducing solids at this time affects the rates of breastfeeding, which is good news because breast is best.

Then when it comes to what are called allergenic solids - foods which can cause an allergy - the new recommendation is that foods such as peanut paste, cooked egg, cow's milk, fish and wheat, should be introduced in the first year of life, once iron rich solids have been established with the baby.

The final recommendation from the summit was to let parents know that so called hydrolysed or partially hydrolysed milk formulae which are advertised as reducing the risk of allergy, in fact don't do this - so if you can't breastfeed just use a normal infant milk formula.



DID YOU KNOW? COOKING STYLE AND RISK OF DIABETES



All cooking processes facilitate some degree of chemical change in the food being prepared.

Some of these changes are positive, adding flavour to the foods and making the appearance more appealing. Some chemical changes, however, are thought to be damaging to health. One such class of chemicals is Advanced Glycation End-products (AGEs), which arise when food is heated to the point of browning or charring. The reaction that causes this brown or charred look is called the Maillard reaction and is what gives roasted food its aroma and flavour and bread its brown crust. Accumulation of AGEs in the body can promote oxidative stress and inflammation. Researchers are now also investigating its potential link to type 2 diabetes. Type 2 diabetes is the most common form of diabetes and is characterised by resistance to insulin, a hormone which helps to move glucose from the blood into cells to be used as energy.

Researchers investigated the association between AGEs and insulin sensitivity in a small group of healthy, overweight volunteers. Participants followed a diet either high or low in AGEs, but with similar total energy content and nutrient make up, for two weeks. Four weeks after the first diet finished they commenced the alternative diet for two weeks. The results showed that insulin sensitivity increased on the low AGEs diet, while on the high AGEs diet it either stayed the same or declined.

This was a small study so results need to be interpreted with caution. It does however, add to the growing body of evidence advocating the health benefits of lowering the intake of browned or charred foods where possible. A low AGEs diet has other positive health effects being typically high in fruits and vegetables and low in overly processed foods - particularly fried foods. There are plenty of cooking techniques that lower the risk of AGEs occurring including cooking for shorter lengths of time and cooking at lower temperatures.

Reference: de Courten, B et al. Diet low in advanced glycation end products increases insulin sensitivity in healthy overweight individuals: a double-blind, randomized, crossover trial. *American Journal of Clinical Nutrition* Epub online March 30, 2016. Doi: 10.3945/ajcn.115.125427.

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.

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Across: 3. Blood 6. Overconsumption 8. Portion 9. Capacity 10. Vegetables
Down: 1. Moderation 2. Charring 4. Allergy 5. Vision 7. Cataract

ANSWERS TO CROSSWORD

FLU SEASON IS HERE. REMEMBER TO GET YOUR FLU VACCINE TODAY! ASK ABOUT THE NEW INFLUENZA FLU QUADRI VACCINE.