

GASTRO-OESOPHAGEAL REFLUX

GORD or reflux is an extremely common condition. Millions of people in the world have reflux and suffer from it's most common symptoms—heartburn. This may be described as a burning sensation in the middle of their chest, or a discomfort behind their ribs. Other times it may be described like the feeling when food gets stuck when swallowing.

People with reflux may get the following symptoms:

- Heartburn on 2 or more days a week
- Regurgitation—when food comes back up into the mouth
- Excessive burping
- Sore throat
- Difficulty swallowing
- A persistent dry cough
- Difficulty sleeping
- Chest pain (remember we take chest pain seriously - and always think of your heart first!!)

Reflux occurs when there is too much acid—or the oesophageal sphincter is not working properly and letting the acid from the stomach leak back up into the oesophagus (the tube between the mouth and stomach).

Lifestyle changes include:

- Watching your weight - increasing exercise and losing weight does take the pressure off the stomach
- Wear looser clothing
- Quit smoking
- Cut back on alcohol
- Look at your diet—avoid spicy and fatty foods, for others chocolate, citrus and tomato—there are definitely different triggers for different people
- The timing of meals—avoid eating too close before bed-time—ideally 2-3 hrs before laying flat
- Also posture—elevating your pillow may assist
- Stress management

If simple lifestyle changes, or antacids (milk, Mylanta, gastrogel or gaviscon- quickeze etc) do not help—there are medications that decrease stomach acid production—consider asking your GP for more advice.

SKIN CLINICS

Due to patient demand and recent media exposure, skin cancer checks have become increasingly popular again. Dr. Mitchell has done the "Certificate in Primary Care Skin Cancer Medicine" through the University of Queensland. She is trained in the use of dermoscopy which magnifies suspicious skin lesions to better diagnose skin cancers. We also have access to digital photography and loupe magnification to better enhance skin assessment and documentation. These specific clinics are held on every 3rd Thursday afternoon—please ask at reception if interested. It is equivalent in cost to a longer appointment—currently \$120 but there may be additional costs if liquid nitrogen, or photography is done.

TRAVEL ADVICE

ASFMC has joined "Travel Medicine Alliance" to gain better access to travel resources for our patients. We stock most routine vaccines and can dispense directly from the clinic usually at a lower cost than a private script to the chemist. ASFMC is an accredited yellow fever vaccine provider. We would recommend planning to touch base **at least one month before** any planned overseas travel. Please bring any previous vaccination records with you so we can update your file.

We stock travel first aid kits and medication kits to facilitate safer travel.

Due to increasing complexity of travel destinations and the time it takes to give correct and up-to-date advice ASFMC would strongly recommend a longer appointment.

We may trial "travel medicine" clinics every 3rd Thursday, similar to the skin clinics. This will free up Dr Mitchell and Susie our practice nurse to better utilise the time available and give complete medical care. Travel advice is more than an injection!!

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ALICE SPRINGS FAMILY MEDICAL CENTRE

NEWSLETTER 11/09

Management at ASFMC wish to congratulate Dr Katrina Marshall and her husband Matt on the birth of their healthy baby boy on the 3rd August—welcome to the world Max!!

We will be having various locums assisting during the next 1-2 months while Dr Marshall is away. Due to reception staffing pressures again we will need to adjust our hours. We apologise in advance for any inconvenience this may cause—but unfortunately this is beyond our control.

Dr. Katrina Marshall will returning to work in a part-time capacity after mid-October. Dr. Simon Wilson will be leaving us in early October 2009—we wish him and his partner Jeska all the best for the future.

Please respect the no smoking policy on the entire grounds of the clinic. I am sick of picking up butts!! The signage cannot be clearer.



Proud to be working with the community to improve Central Australian Health

**17 Stuart Highway
Entrance off Kekwick Ave
Parking at rear
Phone 08 8952 7774 ALL HOURS**

CANTEEN

CanTeen's mission is to support, develop and empower young people living with cancer. They do this by providing Australia-wide peer support network for 12–24 year olds including:

- Patients - young people who have been diagnosed with cancer
- Siblings and Offspring - young people who have an immediate family member (brother, sister, parent or primary carer) who have been diagnosed with cancer
- Bereaved Siblings and Offspring, young people who have had an immediate family member die from cancer

CanTeen's programs include general programs, recreation days, focused programs and the over 18s programs. They might be weekend—or weeklong camps, and CanTeen delivers > 80 camps and hundreds of programs each year to Members in every Australian state and territory.

The programs are designed to address the psychosocial needs of young people living with cancer and are facilitated by their staff that have qualifications in psychology, social work or youth work. Medical (doctors and nurses) and qualified psycho-social volunteers work alongside CanTeen staff on all programs.

All of these programs are based on a model of peer support which research has identified as one of the most salient needs of a young person living with cancer. A referral to CanTeen gives access to an amazing network of young people who are in a similar situation. To ensure access to all regional and remote young people living with cancer, CanTeen also provide FREE TRAVEL to and from the programs.

www.nowwhat.org.au

Free call 1800 226 833

South Australian & Northern Territory

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The Australian Organisation for
Young People Living with Cancer

BEING ASSERTIVE

Do you avoid asking favours or speaking your mind? Maybe you yell at people and demand to be heard regardless of others' views. If you often do these things, you are likely to be communicating either passively or aggressively.

Being assertive is about honestly communicating your thoughts, feelings and needs to others in an appropriate and clear way. Communicating assertively can give your mental health a boost. It helps with relationships, making decisions, problem solving and dealing with conflicts.

Assertiveness is the middle ground between passiveness and aggressiveness.

Tact is an important part of assertiveness. Using different tones and styles with different people is a big part of being assertive. Timing is just as important—ringing a friend at midnight to ask for the borrowed lawnmower to be returned would not be the best time.

Too many people do not say what they want to say or when they do they don't tell someone straight; they drop hints and talk in roundabout ways. It is OK to tell people exactly what you think, feel or want, although they may not agree with you. So be clear about what you want to say whether it is negative or positive. This will help stop confusion and misunderstandings about what you are talking about.

Meaning what you say is another thing that is extremely important in assertiveness. For example, if someone asks you if you mind doing some work for them and you say "No, I don't mind" but you are really thinking "what would I want to do that for?" Be honest with yourself and others.

There is more to assertiveness than getting your own way all the time and telling other people "this is how it's going to be". You need to listen to others as well because they may have something important to add to the conversation.

Assertive communication is like having a debate—both sides need to be listened and respected.

Some people are passive—aggressive who are not honest with themselves or others. They tend to act false by being "nice" on the outside but really they are angry. They may bottle the anger up and plan revenge or get even with someone when things do not go their way. They may sabotage something to get what they want.

Next time you have an argument, conversation or discussion try communicating assertively. Being assertive takes practice so here are a few things to keep in mind:

- Be clear and think what you want to say about a situation or issue before saying it
- It's OK to say how situations or issues affect you, how they make you feel
- Be clear about what you need changed or how things could be
- Listen and consider other people's points of view
- Say "Yes" or "No" when you mean it
- Learn what to do and what not to do from watching and observing other people
- Remember you can't please everybody but you can communicate what you think, feel, and need in an honest and open way
- You may not always get what you want but at least people will know you have a different point of view and you'll feel better that at least you tried.

This information is from one of the brochures from Head Room.

Check out their website
www.headroom.net.au

DVT—clots



The risk of venous thrombo-embolism (VTE) increases by 18% for each 2 hr increase in the duration of travel, including being seated in road and air transport vehicles. The largest meta-analysis to date on the link between travel and VTE (including 14 studies and > 4000 cases of clots) showed there was a 3 x greater risk associated with any travel. For air travel specifically the risk increased by 26% for every 2 hrs in a plane. However the good news is that simple interventions such as getting up and walking (an excuse to use the loo) and increased hydration (preferably water—and definitely not alcohol or coffee) works in preventing the problem. There is no need for the population to take prophylactic aspirin before flying. If you are unsure about an upcoming long air trip—remember to ask your GP.