

INHALANTS—DEADLY DRUGS YOU MAY NOT

RECOGNISE

Parents can generally identify a bag of pot or rolling papers if they find them in their child's room but stumbling across a stash of spray paint may strike you as odd. The following are the most popular products abused, ordinary household products are deadly in the hands of a teenager determined to get high:

- Fabric protectors
- Nail polish remover
- Whippets (small canisters of nitrous that propel whipped cream)
- Vegetable cooking sprays
- Liquid correction fluid
- Spray paint or paint thinners
- Hair spray
- WD-40 automotive spray
- Felt tip markers
- Butane (including cigarette lighters)
- Air fresheners
- VCR head cleaners

Symptoms of inhalant use can include red or runny nose all the time, sores or rash around the mouth or nose and nausea and headaches. Methods to inhale can be sniffing through the nose, "huffing" which means breathing through the mouth or "bagging" which means the person sprays fumes on a cloth or piece of material and inserts it into a bag which concentrates the fumes.



Thank you for not smoking
on the entire grounds of our
medical centre.

EYE HEALTH & DIABETES

Blurred vision:

when blood glucose levels are too high there may be changes in the shape of the lens of the eye which causes blurred vision. This usually goes away when blood glucose levels return to a normal level.

Cataracts:

this is "clouding" of the eye lens that can also cause blurred vision. Cataracts are more common in people with diabetes and can occur at a younger age; they can be repaired with surgery.

Glaucoma:

this occurs when pressure in the eye is too high. This can damage the nerves that connect the eye to the brain and cause blindness. Early treatment can stop further vision loss.

Retinopathy:

this is a condition where the tiny blood vessels at the back of the eye are damaged by elevated blood glucose levels over a period of time. These damaged blood vessels can cause loss of vision if they leak, bleed or become blocked. It is important to have an optometrist check your eyes at least every 2 years. Early detection and laser treatment can prevent further damage and loss of vision. Many people do not notice any changes in their sight until it is too late

**WHEN IS THE LAST TIME YOU HAD A FULL
EYE EXAMINATION AT AN OPTOMETRIST?**

ALICE SPRINGS FAMILY MEDICAL CENTRE

17 Stuart Highway (cnr Kekwick Ave)
PO Box 4246
Alice Springs NT 0871
Entry via Kekwick Ave

For more information about our medical centre visit

www.alicefamilymedical.com.au



ALICE SPRINGS
FAMILY MEDICAL

NEWSLETTER

EDITION 17
JANUARY 2011

DOCTORS

Dr Deb Mitchell

PRACTICE NURSE

Susie Leister RN

ADMINISTRATIVE TEAM

Practice Manager—Susie Leister

Receptionist—Jodie Foley

PRACTICE HOURS

Monday to Friday 8:15am—5:30pm

Saturday 9:00am—12:00pm

(will close earlier if demand is low)

Sunday Closed



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General Practice

Proud to be working with the community
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TEL: 08 8952 7774



RECENT EVENTS

Dr. Katrina Marshall is relocating to Cairns in February and her last working day is the 1st Feb. ASFMC Management sincerely wish her and her family all the best. She has been with us now over 2.5 years and we will miss her terribly.

ASFMC also farewell's Lettita our receptionist who has decided to move on. We thank her for her hard work. Therefore we are once again recruiting for another receptionist. If you are interested or know someone who might be suitable please ask for the job description at the front desk.

In the meantime Susie will be covering reception in the late afternoons which may mean an adjustment to our clinical hours, as Master Josh-ua is only 12 weeks old. We apologise for any inconvenience but anticipate during Febru-ary and maybe March we may have shorter clinical days until we have trained a suitable recep-tionist.

Our 3 GP capacity has been reduced back to Dr Deb Mitchell!!! Please be mindful that she will not be able to see more than 40 patients in a day even when working full time. We will continue to not book more than 2 weeks in advance to ensure capacity does not blow out.

ASFMC Management has secured a locum for 2 weeks in early February 2011 as well as nationally advertising for more GPs. If you know of any doctors who you think would be suitable either locally or interstate please get them to look at our website for more information or call Susie our practice manager at the clinic.

As of the 3rd November 2010 ASFMC has not been able to provide care to new patients unless they are a partner of, or dependent child of an existing patient. This will be reviewed when additional doctors are recruited and we hope to open our books up again. Currently we have 5500 active patients and only one GP.

FEES

Due to increasing operating costs ASFMC will be increasing consultation fees as of 31st January 2011. Please see the table below for fee comparison:

Medicare Item	Current Fee	As of 31/1/11
23	\$62	\$65
36	\$120	\$125
44	\$180	\$190

This only the second increase in fees since September 2006.

CHOLERA

—is an acute diarrhoeal infection caused by the ingestion of the enterotoxin producing, motile, Gram negative bacillus Vibrio cholera. It causes sudden onset of painless, watery, profus secretory diarrhoea with or without nausea. It does cause death in due to dehydration in more than 50% of cases. Approximately 75% of infections are asymptomatic but path-ogens are shed in faeces for 7—14 days. Food and water hy-giene and hand washing are the best precautions to avoid diar-rhoeal disease. Dukoral vaccination provides 85% protec-tion in adults for 6 months and can be considered for protec-tion against ETFC “traveler’s diarrhoea. ASFMC stocks the vac-cination for \$110 2 dose course.

WEBSITE—CURRENTLY UNDERGOING CONSTRUCTION

ASFMC Management has been updating and changing our website quite dramatically over the last few weeks. It is still a **work-in-progress** and we would value feedback from patients about both the content on the website and format. We are keen to provide more easily accessible information to patients via the web to streamline the way we provide information, both clinical and administrative.

www.alicefamilymedical.com.au

Please email Jodie jodiefoley@alicefamilymedical.com.au if you have any constructive feedback—positive or negative.



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OMEGA - 3 FATTY ACIDS

Omega 3 supplementation does not reduce the rate of major cardiovascular events among heart attack survivors already on optimal treatment, two new studies have shown. There was no difference in the rate of sudden cardiac death between patients receiving omega 3 capsules (460mg EPA and 380mg DHA) and those given placebo for one year post heart attack in a randomised controlled trial of 4000 patients. (Circulation 2010—online). A Dutch study of almost 5000 heart attack patients after 3 years follow up also showed similar conclusions (NEJM 2010—online) - authors feel this is due to effectiveness of statin medication.

SKIN CANCER CLINICS

The skin clinics are back on. 20th Jan & 3rd Feb. Patient demand was high before Christmas so these clinics have filled quickly. If you are interested in having a skin health check please call reception staff or visit our website for more information of how they are run and the fee schedule.

FLU CLINICS

Once we can source the fluvox 2011 from government suppliers through the Alice Springs Hospital as well as privately ASFMC will once again be holding specialised clinics just for administering the seasonal Fluvox. When we have stock available we will let patients know clinic dates (likely late Feb—early March). **Stay tuned.** The private fluvox will cost \$25 and if you are < 65 yrs of age, of ATSI descent or suffer with a chronic medical condition you are eligible for the government funded fluvox, so there will be no out of pocket expense.