

## ASTHMA—SOME BASIC FACTS

Why do people get asthma in the first place? - The causes are not fully understood but there is often a family history of asthma, eczema or hayfever. Asthma seems more prevalent in developed countries. Some researchers believe our 'clean' lifestyle contributes to the development of asthma and it can begin at any age and can change over time.

People with asthma have sensitive airways in their lungs. When exposed to certain triggers their airways narrow, making it hard for them to breathe.

3 main factors cause airways to get narrow:

- The inside lining of the airways becomes red and swollen (inflammation)
- Extra mucous (sticky fluid) may be produced
- The muscle around the airways tightens (bronchoconstriction)

How do you recognise asthma? You might have wheeze, chest tightness, shortness of breath or a dry, irritating cough, particularly at night, early morning, with exercise or activity.

What triggers Asthma Symptoms?

- Colds and flus
- Cigarette smoke
- Exercise/activity
- Inhaled allergens eg. Mould, animal dander, dust mites
- Environmental factors eg. Dust, pollution, wood smoke
- Change in temperature or the weather
- Certain medications eg. Aspirin
- Chemicals or strong smells—eg. Perfumes, cleaners
- Emotional factors—laughter or stress
- Some foods and food preservatives



dander, dust mites, pollution,

Every person's asthma is different. Not all people have the same triggers, nor will they react to every trigger listed above. It is helpful to identify personal triggers in order to avoid them—however this is not always possible. Speak to your GP if you are unsure if you could be suffering with asthma if some of these symptoms seem familiar, especially leading into our winter months.

**Call 1800 645 130 (office hours)**  
**www.asthmaaustralia.org.au**

## AGPAL REACCREDITATION

ASFMC will be under going a new 3 year accreditation update with AGPAL later in 2010. AGPAL is the market leader providing quality accreditation for general practices, medical deputising services and Aboriginal medical services. AGPAL guides practices through accreditation against professional standards developed by the RACGP. Continuous quality improvement acknowledges the need for primary health care providers to continually improve, upgrade and monitor services the practice provides including education, practice management, the rights and needs of patients and the physical facilities of the practice. The aim of continuous quality improvement is to make substantial and sustained improvements in the quality of care to ultimately produce better health outcomes for patients.

ASFMC Management values all feedback—positive, negative but always preferably constructive. Please feel free to fill in the structured questionnaire at reception and either drop it into the box there or post back at your convenience.

## INFLUENZA SEASON

ASFMC stocks the seasonal fluvax which retails for \$22. It covers 3 influenza strains which this year includes the "swine flu". It is estimated over the winter months that Central Australia will once again be hit with high numbers of cases. It is not too late to vaccinate. Current we are unable to offer the fluvax for children under the age of 5 years of age due to government restrictions—however would like to remind all parents of the swine flu vaccination which is fully funded and safe. If a child under the age of 10 years has never had any fluvax before it is recommended that they have a second dose 4 weeks apart. If the government lifts it ban on children under the age of 5 years of age for the usual fluvax we will let parents know.

## ALICE SPRINGS FAMILY MEDICAL CENTRE

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## ALICE SPRINGS FAMILY MEDICAL CENTRE

## NEWSLETTER 14/10

Please welcome Letitia as our new receptionist to join Jodie so that Susie can be less "fill-in" receptionist and more practice nurse and practice manager.

We currently have close to 5000 active patients with many new patients either moving to Alice Springs or joining our clinic. ASFMC continues to strive to provide holistic health care although lately the number of patients with totally unrealistic expectations is stretching all staff members tolerance.

ASFMC makes no apologies in protecting the integrity of our business and the clinic policies are in place for a reason. We will NOT tolerate rudeness (on the phone or in person) to anyone and have no qualms in choosing not to provide health care to certain individuals if they cannot respect the team members at ASFMC.

**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**

## PREGNANCY PLANNING

Common-sense and science tells us a healthy body is the best environment to achieve implantation of a foetus and carry it to term. Most heterosexual couples achieve a pregnancy within 12 months of trying. Any woman can benefit from the simple pre-conceptual advice to better her chance of falling pregnant.

- Stop smoking
- Stop alcohol and other social drugs
- Reduce or stop caffeine intake—if struggling consider changing to decaf or preferably decaf tea
- Review all current medications—some are not ideal in early pregnancy, both prescribed and over the counter
- Follow a healthy diet rich in iron and calcium—aim for the 2 serves of fruit and 5 serves of vegies every day
- Take folic acid and iodine preferably 3– 12 months prior to conception (this reduces the risk of spina bifida and is great for baby brain development)
- Have a good exercise programme and optimise weight
- Ensure you are immune to rubella, varicella (chickenpox) and consider hepatitis B as well
- Have a breast check and get your pap smear if due
- Eat freshly cooked and prepared food—listeria and toxoplasmosis are infections which are potentially fatal to the developing foetus, and they are present in contaminated food, either uncooked or undercooked.
- Consider genetic and family history
- Consider updating health insurance form single, or couple to family cover—some companies have a 12 month exclusion period—most pregnancies are only 9 months!!

If you have been considering starting to try, please consider an appointment with your GP to discuss some simple pre-conceptual blood tests and other advice to get you started.

If you are pregnant—congratulations. ASFMC Management would strongly advocate a longer appointment to help discuss all the relevant details to you and your partner.

## ROSS RIVER INFECTION

Ross River virus (RRV) infection is the most common and most widespread arboviral (mosquito-borne) disease in Australia, with sometimes thousands of clinical cases occurring in epidemics. Disease notifications in Australia average about 4,800 per year. So far in 2010 in the NT we have had 148 cases and for 2009 we had a total of 480 cases. Our recent wet weather in January and February has CDC (Centre for Disease Control) predicting higher numbers of arboviral infections in 2010 than previous years.

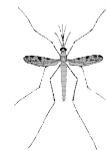
For most of Australia, peak incidence of the diseases is through the summer and autumn months, particularly from January through to March, when the mosquito vectors are most abundant.

Human infection with RR virus or BF virus, may result in the clinical condition known as polyarthritis. The effects range from a symptomless condition, through a transient rash and mild illness with fever, to polyarthritis affecting chiefly the ankles, fingers, knees, and wrists, but other joints may be affected. The disease is not fatal. For RR virus, symptoms become evident from 3-21 days (average 9 days) after infection, and mild cases may recover in less than one month but many persist for months to years. Recent studies have indicated that the rash may be more florid with BF virus infections but that the arthritic symptoms are greater with RR virus infection. People of working age are most likely to be afflicted with the diseases, whilst symptoms are rare in children.

A variety of blood tests are used to demonstrate the presence of specific antibodies to RR and BF virus. Blood samples should be taken during the acute and convalescent phases of the illness, and a fourfold rise in antibody levels will confirm the clinical diagnosis. Specific therapies do not exist to treat the disease, rather it is the symptoms that are alleviated. This includes various analgesics to reduce the pain and fevers, and anti-inflammatory agents for the arthritic symptoms.

To prevent mosquito bites:

- Avoid outdoor exposure around dusk and at night
- Use mosquito proof accommodation and camping facilities
- Use a protective repellent containing 20% DEET or picardin, in combination with long sleeved, light clothing
- Empty any receptacles that could collect or store water around the household, including tyres, plastic sheeting, pot plant trays
- Clear roof gutters



[http://www.e-mailmarketing.com.au/tma/TMA\\_May10.html](http://www.e-mailmarketing.com.au/tma/TMA_May10.html)

## CHILDHOOD EPILEPSY SYNDROMES

Epilepsy is the most common chronic neurological problem in children affecting 10–30 in every 1000 children. Although epilepsy can be diagnosed at any age, it is most often diagnosed in the first decade of life, with 4–10 % of all children and adolescents experiencing a seizure.

Seizures usually involve an obvious and sudden change in behaviour, cognitive function and movement. Epilepsy may be difficult to diagnose. A number of common events and conditions can mimic and be confused with seizures and seizure disorders. These include fainting or vasovagal syncope, sleep parasomnia, migraines, movement disorders, psedoseizures and strokes and other neurological conditions.

### How parents can help with the diagnosis

1. Record to tell your GP—doctor

- WHEN the event actually occurred eg. During sleep, time of day
- WHERE it happened, were there precipitating factors such as emotion, stress, pain, fright, exertion, suddenly standing up, coughing or sleepiness?
- WHAT happened—a precise and clear description and history of the event (s) “eyewitness account” can be crucial

2. Can you bring the event on and/or stop it?

3. Is there awareness or responsiveness during the event?

4. Are the events the same or very similar, and are there repetitive behaviours?

5. Do the events interrupt an interesting activity?

6. What do you think? Patient opinion is very critical as they are the person experiencing the event

7 Getting a medical opinion and having diagnostic tests is also important in getting to a diagnosis

Doctors always want to know what exactly took place leading up to the event, during the episode and straight after the episode. The more detail you can give the easier it is to get started working out what is happening.

**Epilepsy Action Australia**

**1300 37 45 37**

**[www.epilepsy.org.au](http://www.epilepsy.org.au)**