

# The Elms Family Medical Centre

## Quarterly Newsletter

*Keeping you in touch with developments at our Medical Centre*

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### Autumn 2021

The rollout of the Coronavirus vaccination program is expected to take much of the rest of this year to complete. Fortunately for Australia, our effective suppression and near-elimination of the virus means that we can immunise the population at a prudent pace, starting with the most vulnerable people. The vaccine will be supplied free of charge by the Government and it will eventually be offered to all adults (with some exclusions, such as pregnant women). At this stage, those under the age of 18 years will not be offered the vaccine. The course will consist of two injections separated by an interval of between 3 to 12 weeks, depending on which vaccine is received. This vaccination is voluntary and your doctor will be able to discuss in more detail about when and how the immunisation will be available.

### Doctor news

We recently farewelled Dr Kyra Manze who completed her six-month placement with us. We wish her all the best as she continues her Fellowship training program and associated examinations. In February and in March we welcomed the arrivals of Dr Andrew Pandza and Dr Edward Mulvey, respectively. Andrew and Edward are both registrars in the post-graduate specialist training program working toward the Fellowship of the Royal Australian College of General Practitioners. Prior to starting at The Elms, both have had experience working in various hospital specialty rotations. Andrew is developing his interests in aged care, paediatrics, palliative care and mental health, and Edward enjoys emergency medicine, women's health, and Indigenous health.

### Active ingredient prescribing

From the start of February, new rules about how prescriptions are printed came into effect. This change is called active ingredient prescribing. All printed scripts must now show the active ingredient(s) of a medication. By default, no brand or generic names will be included however these may be specified by the doctor if the patient requests. A 'brand name' medication usually costs the patient more due to the manufacturer charging a 'brand price premium', whereas a 'generic name' medication is one made by a competing manufacturer once a drug patent has expired. One reason for moving away from brand and generic names is to encourage patients to know the actual agent they are taking, which avoids the risk of doubling up on the same medication under different names. Another is that the Government is keen to reduce the cost of subsidising well-known brands when cheaper generic brands are available. A potential downside is that some active ingredient names are very complex, and some tablets will have multiple ingredients. These rules do not apply to hand-written prescriptions.

### Telehealth consultations and electronic prescriptions

We continue to offer telehealth consultations for patients as an alternative to face to face visits. This might be suitable for those who are unable to attend the clinic in person due to work or carer commitments, or if a patient has any respiratory symptoms which require them to remain isolated from public areas. Additional services that are available to support telehealth include electronic sending of referrals, emailing of medical certificates and electronic (SMS) prescriptions directly to the patient. Our usual billing policy applies, with bulk-billing for pensioners and healthcare card holders, as well as children under the age of 16 years.

## **Care plans and access to allied health services**

Patients may be eligible for up to five Medicare-rebated allied health services every calendar year under a GP Management Plan. To be eligible, Medicare requires that the patient has a chronic (lasting over 6 months) and complex (affecting multiple organ systems) medical diagnosis. Further, the patient must have at least two other providers (not counting their GP) involved in their care, such as a non-GP specialist or allied health practitioner. An example of an eligible condition for a care plan is diabetes, with care provided by a podiatrist, an optometrist and your GP. A GP care plan is required to be reviewed every 6 months to remain active. As a result of these Medicare criteria, not all patients will be eligible for a care plan.

## **Medications that may cause dependence**

There are many medications that have the potential to be addictive. Well known ones are the narcotic pain killers and the sedatives. When used carefully and appropriately, these medications are a valuable tool to help patients. However, it can be very difficult for patients to be told that the dose of their medication can't be increased when they are still having symptoms. The effectiveness of many medications is dose-related but often this effect plateaus with increasing amounts. Another factor is the development of tolerance, which is the loss of effectiveness due to prolonged use. This may lead to escalation (increasing doses to maintain a dwindling effect), and ultimately dependence. Patients on these types of medications require regular review with their doctor. Occasionally, a patient may need to see a doctor who has not treated them before. In that instance, there is a medical and legal obligation for the doctor to familiarise themselves with the patient before being able to prescribe. Patients may feel that their use of these medications is being questioned or scrutinised but this is a standard requirement when prescribing all medications, especially controlled and restricted treatments.

## **Eye health**

As we get older, our eyesight typically becomes worse. This may be due to a number of reasons and not all of them are corrected with glasses. The most common cause of poor vision is the decline of the eye's focussing ability. This can be due to stiffening of the lens in the eye or changes to the overall shape of the eyeball. This causes the image not to be focussed on the light sensitive retina at the back of the eye. Wearing glasses will usually address this problem. If the lens of the eye becomes cloudy or opaque, then light cannot pass properly and the image seen will become hazy or even blocked. This is called a cataract. Wearing certain tinted glasses may help improve contrast and reduce glare but cataract surgery will eventually be required. Deterioration of the retina itself can lead to a decline in vision. This may be due to a condition called macular degeneration. Macular degeneration can be accelerated by ultra-violet light exposure over a life-time, so wearing quality sunglasses is an important part of prevention. Some forms of macular degeneration can be treated with injections into the eyeball. Finally, a condition called glaucoma may affect the eyesight, with tunnel vision being the typical pattern. This is caused by an increase in internal eyeball pressure pushing on the main nerve where it connects to the retina.

Since all the causes of reduced eyesight mentioned above develop gradually, it is common for people not to notice how bad their vision is. People should have a baseline eye check around the age of forty, and perhaps repeated every 2 years. Detailed eye testing can be performed by an optometrist.

## **Groovy brain**

The surface of the brain is covered by grooves, designed to increase the surface area. The surface of the brain, known as 'grey matter', is composed of nerve cells whereas the deeper layer, called the 'white matter', is filled with nerve fibres. The number of grooves relates to increasing complexity in animal species, with the human brain being particularly groovy. Curiously, Einstein's brain was no groovier than the average human brain.

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