



Onewa Doctors

Caring for the community



Onewa Doctors Newsletter

August 2018

Osteoporosis

Osteoporosis is a condition that causes your bones to become thinner, weaker, and more likely to fracture. Everyone experiences some loss of bone density as they age, but there are many risk factors that can cause quicker loss of bone density in some people. Some of the risk factors are: older age, female gender, post-menopause, physical inactivity, smoking, low calcium and vitamin D intake. Osteoporosis can lead to a fracture in more than half of women and one-third of men over 60 years. There are usually no symptoms of osteoporosis until a bone breaks. Osteoporosis can be prevented by strengthening your bones with regular exercise, stopping smoking, reducing alcohol intake, and dietary supplementation and medication.

We recommend:

Bone density scan (DEXA scan)

A bone density scan is a specialized x-ray scan that checks for osteoporosis. It is simple, painless, and quick (only takes 20 minutes). Screening starts from 50 years old or from onset of menopause. Visit us and we can refer you to get one.

Aclasta

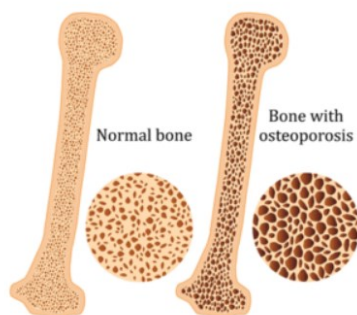
Aclasta (zoledronic acid) infusions are an effective way to improve bone health. We provide aclasta as a single intravenous infusion once a year over 3 years (charges may apply).

Calcium and Vitamin D

Calcium from diet is preferred, however if dietary intake is insufficient, calcium supplements can be prescribed. A daily dose of 1000mg of calcium is recommended. Vitamin D is important for the effective absorption of calcium into the bones. Most people get adequate amounts of vitamin D from sunlight, however those that are not frequently exposed to sunlight, vitamin D supplements are recommended. These can be given in conjunction with calcium supplements.



OSTEOPOROSIS



Normal bone

Bone with osteoporosis

BCG vaccines NOW AVAILABLE for children under 5.

The BCG programme has restarted for children under 5 years old who are at risk of Tuberculous (TB).

Eligibility criteria (need one of):

- Household member with current or past TB
- Household member lived for more than 6 months within the last 5 years in high risk countries
- Child is going to live for longer than 3 months in high risk countries

High risk countries: Asia, Africa, South America, former Soviet states, Pacific nations

To book an appointment:

- ⇒ Phone **0800 FOR BCG**
- ⇒ Visit **www.arphs.health.nz**

Staff:

Dr. Elvie Nario-Anderson, BS Bio Sci, MD, FRACGP, FRNZCGP

Dr. Hayley Roberts, MbChB, Dip. Paediatrics

Practice Nurse: Vangie Durney

Receptionists: Ana, Caroline, Sharon

Email: nurse@onewadoctors.co.nz

Phone: 094183832

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Going overseas soon?

Make sure you are adequately prepared for travel using this checklist!

- ◇ Appropriate travel vaccines. Make sure to visit the nurse or GP to check the criteria for travel vaccines. Get in quick as some vaccines require multiple doses or a minimum of 2 weeks interim before travel.
- ◇ Prevent DVTs during travel. Hydrate, stretch and exercise your legs.
- ◇ Prevent mosquito bites. Cover up, apply insect repellents, use nets
- ◇ Avoid contaminated food or water. Remember to wash your hands regularly
- ◇ Protect yourself against the sun. Apply sunscreen liberally (SPF above 50).
- ◇ Travelling to a high malaria risk country? Make sure you are protected, get anti-malaria tablets from the GP.
- ◇ Travel insurance.
- ◇ Prevent motion or altitude sickness. Check with the GP for anti-emetics.

Iron-deficiency anaemia

Anaemia occurs when you have a low level of haemoglobin, a protein that carries oxygen to your tissues, in your red blood cells. *Iron-deficiency anaemia* is the most common type of anaemia and occurs when your body does not have enough iron to make haemoglobin for your red blood cells. It can be caused by either not consuming enough food that contains iron, poor absorption of iron by the body, or loss of iron due to bleeding.

Signs and symptoms of anaemia become apparent once iron stores have depleted. Symptoms to look out for are: fatigue, weakness, paleness, difficulty concentrating, shortness of breath, dizziness.

Iron deficiency anaemia is very common among women of childbearing age. If you experience heavy blood loss during menstruation, you may have iron deficiency anaemia.

Diagnosis:

Anaemia can be tested for by a simple blood test. This blood test can look for the number of red blood cells, haemoglobin levels and iron stores in the body. Further testing may be required if blood loss from the gut is suspected, usually as a result of ulcers, certain medications, or bowel cancer.

Treatment:

Make sure to include **iron-rich food** in your diet. These are: red meat, dark green leafy vegetables such as spinach, shellfish, legumes, liver, chicken, pumpkin seeds, tofu, whole-grains, potatoes.

Iron tablets are funded and can be prescribed at our clinic.

Ferinject is an intravenous infusion of iron, available at our clinic (charges may apply). Ferinject is used for individuals that cannot tolerate oral iron tablets, or cannot absorb the iron through the digestive tract.

If blood loss through the digestive tract is suspected, further diagnostic tests may be required. Please visit us at the clinic if you see blood in the toilet after a bowel movement, or if your bowel movement appears black and tarry, as this may be an indication for further diagnostic testing.

Shingles vaccine

Shingles is a painful, itchy, blistering skin rash, caused by the same virus as chicken pox. Even though people may have no history of chickenpox or have never received the chickenpox vaccination, we are all at risk of developing shingles as we are all likely to have been exposed to chickenpox in our lifetime. The virus stays dormant in our body and emerges once we age and our immune system cannot fight the virus off easily.

Shingles can appear anywhere on the skin but usually appears on the torso or the face. Some people can experience post-herpetic neuralgia, which is pain which persists even after the rash is gone.

Zostavax is a vaccination that prevents shingles and is available at the clinic. It can be given to people who have previously had shingles. Zostavax is funded for adults aged 65 years. There is also a funded 2 year 'catch-up' programme for those aged 66 to 80 years (until 31 March, 2020). Zostavax is also available for individuals aged 50-64 years or 81 years and older to purchase at the clinic.

