# HYDE & PARTNERS

**6 Adelaide Road**
Gawler South 5118

**6 Cherry Street**
Freeling SA 5372

**P:** (08) 8522 3444 **F:** (08) 8523 1110

**Dr Michael Brown** *MBBS, DObst.*
**Dr Kendra Powell** *MB ChB*
**Dr Anthony Page**
*MBBS, FRACGP, DRACOG, FACRRM, FARGP*
**Dr Kate Haslam** *B.M.B.S, FRACGP*
**Dr Bill Lees** *MBBS,DRCOG*
**Dr Janet MacPhail** *M.B., B.Ch.*
**Dr Don Davis** *MBBS, DPH. F.A.C.O.M.*
**Dr Anna Neldner**
*MBBS, FRACGP, FACCRM, DCH, FARGP*
**Dr Emily Gibson** *MBBS*
**Dr Hemant Vanmali** *B.M., B.S., FRACGP*
**Dr Lyall Henderson**
**Dr Philippa Harris** *MBBS., FRACGP, DCH (SA)*
**Dr Joel Amos**
**Dr Tzung Siang Ding**

### GENERAL SURGEON
Dr Anurag Gupta

### ALLIED HEALTH
**Dietician** – Grace Yu
**Podiatrist** – Libby Pearson

### VISITING SPECIALISTS
Dr Michael Switajewski – ENT Surgeon
Dr Neil Tamlin, OB Gyn

### NURSE PRACTITIONER
Annette Walker

### NURSING STAFF
Jayne Tonkin R.N., Alison Woodrow R.N., Fiona Brown R.N., Janis Vanzini R.N., Danice Krop E.N.

### ADMINISTRATION STAFF
**Jo O'Reilly** Practice Manager
**Deanne Asher** Office Manager
Chris, Tania, Angela, Julie, Karen, Helen, Sandra, Samantha, Natalie, Sara, Jane, Jacinta, Cathy & David.

### APPOINTMENTS / ENQUIRIES
**6 Adelaide Road**

| | |
|---|---|
| Consulting Hours | 9.00–5.00 Mon–Fri |
| **9.00 – 12.00 Sat (Emergency appts)** | |
| Appointments | 8.00–5.30 Mon–Fri |
| Account Enquiries | 9.00–5.00 Mon–Fri |
| Result Enquiries | 9.00–5.00 Mon–Fri |

**6 Cherry Street**

| | |
|---|---|
| Consulting Hours | 9.00–12.00noon Tues–Thurs |

**Online appointments**: HotDoc.com.au or through our website: hydeandpartners.com.au – there are plenty available!

NOTE: Due to hospital and on-call requirements a roster of Doctor availability is not possible. Speak to our receptionist for details of Doctor's availability.


# YOUR DOCTOR
## DECEMBER 2019

## **White** fat or **brown** fat - what's the difference?

As the average weight of people in the Western world continues to rise, the issue of obesity-related disease is ever-present in the media and in the scientific and medical communities. One of the most exciting areas of research in the field of obesity-related medicine involves the understanding of brown fat.

Mammals have two main types of fat: white adipose tissue (WAT) or white fat, and brown adipose tissue (BAT) or brown fat.

### White fat

White fat – actually more yellow in humans – is the body's main energy store. When we consume more energy (measured in calories) than we use, the body converts this into an energy reserve in the form of white fat. When we use more energy than we consume, we use up white fat. When we talk about body fat, dieting, or about last year's jeans getting tighter, we're talking about white fat. This commonly builds up around the waist, hips and thighs, but only large amounts around the abdominal area are associated with a higher risk of metabolic disease.

"People who are slimmer have a higher relative proportion of brown fat to white fat"

### Brown fat

Brown fat (BAT) exists in the bodies of almost all mammals, and its main active function is to create heat by burning calories. We have the highest proportion of brown fat when we are new-born babies; this provides a way of heat regulation, which is so important and potentially difficult for new-borns. Brown fat accumulates most on the upper back, shoulders, neck, and around the kidneys. The brown colour comes from the fat being rich in iron and blood.

Brown fat turns energy into heat efficiently, and researchers have found that people who are slimmer have a higher relative proportion of brown fat to white fat. The more brown fat a person has in proportion to their body weight, the better they are at staying warm. Exposure to cold in mammals has been found to increase the amount of brown fat in the body. Brown fat doesn't accumulate in the same way that white fat does, and doesn't have the same negative impact on metabolism. It could be thought of as a 'good' body fat, in that it helps to burn rather than store energy, but we certainly need both kinds.

The effect that different proportions of white to brown fat can have on body and health is significant, and there are implications for the management of many obesity-related diseases.

Research into the benefits of higher levels of brown fat in the body is ongoing, and the study of metabolism and obesity is an exciting area of progress. Expect to hear more about brown fat and its effects on our health in the future.

## WHAT'S INSIDE



**Take me home to complete our PUZZLE – check inside!**

# **Posture in pregnancy** – preventing back pain

Back pain and pregnancy seem to go hand-in-hand; the rapid weight gain and changes to the way that weight is distributed can put a huge strain on the back. Additionally, the hormones are preparing the body for birth by softening ligaments and loosening joints. However help is at hand, even small changes to your posture can reduce the risk of back pain.

When standing for any length of time, it's best to keep your feet a little way apart to spread your weight evenly across your pelvis. Normal changes in pregnancy can mean a lot of pressure on the joints of the pelvis, just when your body is naturally releasing hormones which loosen ligaments. Wear flat shoes with good arch support and try to change your position often.

Support your baby bump by tilting your pelvis; this involves tucking your bottom under a little so you're standing straight and tall. Tucking your chin in as well can help keep your body aligned and your weight centred. Try not to compensate for a bigger belly by hollowing your back; although this swayback position may feel natural, it just adds pressure to the spine.

Even when sitting, good posture can make a difference, especially if you have a job where you're sitting for long periods at a desk. Common-sense measures like ensuring your chair is supportive, and your workstation at an appropriate height, are extra important in pregnancy. Sitting right back in a chair so the lower back is supported, and ensuring feet are flat on the floor, can reduce the risk of discomfort.

When you're pregnant there are lots of reasons, from heartburn to bathroom trips, which can disturb your sleep, so making yourself comfortable in bed is extremely important. It can be hard to find the right position, especially as your bump gets bigger.

Lying on your back isn't recommended in late pregnancy, as the weight of the baby can press on your large abdominal blood vessels. Sleeping on the side with extra cushions supporting your abdomen and under your top leg, keeps your pelvis aligned with your spine. It can also make you more comfortable, as this kind of support and alignment can reduce back and pelvic pain. If you do prefer to sleep on your back, stacking pillows or raising your mattress so that you're in a semi-upright position can be comfortable, easing the weight of the baby, and also helping with the breathlessness some people experience in pregnancy.

Generally, just being that little bit more aware of your posture and the alignment of your spine, can go a long way toward reducing strain – practice that pelvic tilt and stand straight for reduced back pain and strain.

## Clever CROSSWORD

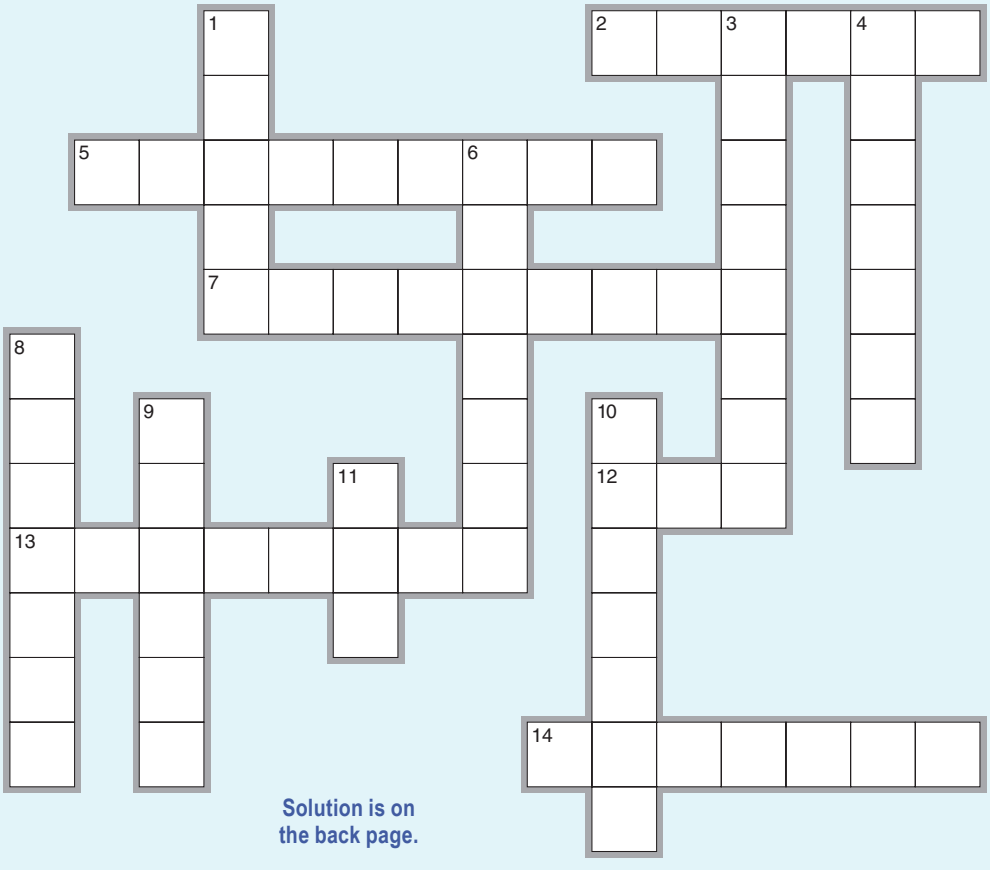
**Answers to clues can be found in this edition of Your Doctor.**

### ACROSS

2. Basin-shaped group of bones which connect the trunk and legs.
5. Loose, watery bowel movements.
7. An elemental metal which is essential for muscles and heart.
12. Brown adipose tissue or brown fat.
13. Relating to arteries which surround and supply blood to the heart.
14. The seeds of plants which includes beans, peas, lentils, and peanuts.

### DOWN

1. Involuntary, sudden muscle contraction or twitch.
3. Fibrous connective tissue that connects bones.
4. A hormone that regulates blood sugar levels.
6. A disorder involving excessive body fat.
8. A mineral that is essential for healthy bones and teeth.
9. Special language that is used by a group or profession that others may not understand.
10. Commonly called the belly, tummy or midriff.
11. White adipose tissue or white fat.




**Solution is on the back page.**

# Magnificent **magnesium!**

Magnesium is an elemental metal which is essential for life and found in every cell of our bodies.

It's constantly taking part in hundreds of the complex chemical reactions needed to run a healthy body. It helps the body use energy, transmit messages, move muscles, and much more.

Without enough magnesium we can become extremely sick, and a severe deficiency is a medical emergency. Even slightly reduced magnesium levels can affect the human body in a huge variety of ways; however magnesium deficiency is rare in healthy individuals eating a balanced diet.

## Bones

Magnesium is essential for the health of the skeleton; and around 60 percent of the magnesium in the human body is stored in the bones. It's required for the proper metabolism and use of calcium and vitamin D in the body, helping create and maintain healthy bone structures.

## Muscles

Magnesium is also essential for muscle function, and some people find that adding magnesium salts to a hot bath helps relieve muscle cramps or restless legs. However it's not just skeletal muscle that is affected by magnesium levels; the muscle cells of the heart require magnesium both for healthy movement, and for conduction of the electrical impulses that make the heart beat.

*Magnesium is involved in over 300 biochemical reactions in the human body.*

*Pumpkin seeds are a great source of magnesium.*

## Heart health

Magnesium is recommended for all-round heart health too; optimal magnesium intake is linked to lower blood pressure and healthier coronary arteries.

Magnesium-rich foods include nuts and seeds, green leafy vegetables, and legumes such as beans. Some prepared foods like breakfast cereals or plant milks also come fortified with magnesium. Adding a sprinkle of delicious roasted nuts or seeds to a meal is a great way to get more magnesium into your diet.

Many supplements are available, but it is more beneficial to your health to obtain vitamins and minerals through food. Also, excess intake from supplements can cause stomach pain or diarrhoea, and a highly excessive magnesium intake can cause serious illness. In addition, magnesium supplements can interact with some prescription medications.

If you have any concerns about your magnesium levels, symptoms or medications, see your doctor.

# Eyelid **twitching**

It's very common for people to occasionally experience twitching or muscle spasm around the eyes.

The eye areas are very sensitive; a tiny twitch can feel like a huge movement and be incredibly irritating, but it's rarely noticeable to the people around you.

Eye twitching, or more accurately, eyelid twitching, usually affects the muscles below the eye, but the upper eyelid can also twitch. It's usually associated with tiredness, stress, or drinking alcohol or caffeine; however eye strain from looking at brightly lit screens for long periods can also trigger a twitch.

Usually the twitching doesn't last long; identifying and addressing the cause with simple measures such as reducing caffeine or alcohol intake, and reducing stress, nearly always resolves the problem.

Some people with conditions like hay fever, or sensitivity to animals or dust, may experience twitching eyes when they have allergy symptoms. Managing the allergy with medication designed for hay fever may stop the twitch.

Sometimes eyelid spasms can be a side effect of some medications; if you think a persistently twitching eye may be related to your medicine, consult your doctor.

Very occasionally, eye twitching can last longer and become a real annoyance. Very rarely, an eye twitch that doesn't go away can be a symptom of an underlying condition, and may need investigation by neurologists or eye specialists.

Nearly everyone is affected at some time by the occasional eyelid spasm or twitch, but if it becomes persistent, problematic, or comes with other symptoms, consult your doctor.

# *Roast pumpkin & chickpea salad*

*Toasted nuts and seeds, and a lemony dressing add crunch and flavour to this tasty salad.*

**INGREDIENTS**

700g butternut pumpkin, peeled, chopped into 2-3cm chunks

400g can chickpeas, drained and rinsed

2 tsp olive oil

2 tsp grated lemon rind

¼ cup pistachios

2 Tbsp pumpkin seeds

1 small red onion, sliced thinly

150g baby spinach leaves

100g goat feta, crumbled

2 Tbsp chopped parsley

**Lemon and honey dressing**

1 Tbsp olive oil

3 Tbsp lemon juice

1 tsp honey

Combine dressing ingredients in a jar with a pinch of salt and shake well.

**METHOD**

Preheat oven to 220°C.

Combine pumpkin and chickpeas with oil and lemon rind, season. Arrange on a lined baking tray.

Roast about 20 minutes until golden and tender, add nuts and pumpkin seeds for the last two minutes.

In a large bowl combine pumpkin, chickpeas, nuts and seeds, toss gently with onion, spinach leaves and dressing.

Serve salad sprinkled with feta and parsley.

# **Heart** disease, **cardiovascular** disease, or **coronary** disease… what's the difference?

Medical terms are often very specific, and can be difficult to understand or remember. If a doctor or other healthcare provider uses terms which you aren't sure about, it's always okay to stop them and ask for clarification. It's important for you to understand your condition, and medical jargon and abbreviations can make it harder.

Cardiovascular disease, heart disease and coronary disease are terms which sometimes seem to be used interchangeably, but they do refer to specific conditions.

**Heart disease:** This is a term used for a range of problems affecting the heart. Some of these conditions, such as heart attacks and angina, are caused by blood flow problems - where blood flow to the heart muscle is reduced. The term 'heart disease' can also be used when talking about other kinds of heart problems, such as heart failure, conduction disorders or structural problems. These are not always related to disease of the blood vessels, and are managed in different ways.

**Coronary disease:** A term for the specific types of heart disease where there is narrowing of, or blockages to the coronary arteries; the blood vessels feeding the heart muscle. These can cause problems ranging from mild angina (heart pain) through to very severe heart attacks. Coronary heart disease is sometimes known as heart vessel disease or coronary artery disease. The term 'ischaemic (iss-keem-ik) heart disease' may also be used, meaning that reduced blood supply to the heart muscle has caused areas of damage.

**Cardiovascular disease:** This refers to conditions affecting the heart or blood vessels, in particular the arteries which carry oxygen-rich blood around the body. Cardiovascular disease is an umbrella term which is most often used when talking about any problem arising from blockages or narrowing of these arteries, such as strokes or heart attacks. Narrowing of the blood vessels is most often caused by a build-up of fat or plaque, which can reduce the flow of blood. Sometimes this build-up can trigger blood clots within the vessels, causing further damage.

Cardiovascular disease can be catastrophic, causing huge numbers of deaths and serious illness worldwide. Often, though, a person's risk for cardiovascular disease can be reduced through common-sense healthy lifestyle changes. Many established cardiovascular diseases can be well managed with medical intervention.

# **Flex your muscle** knowledge…

Some of your busiest muscles are those controlling eye movements. They work constantly to help you read, watch movies, or just look around.

Your body contains more than 600 muscles.

The smallest muscles in your body are in your inner ear. They connect to your eardrum and hold your inner ear together.

The largest muscle in the body is the gluteus maximus. It helps support your trunk, maintain correct posture and walk upstairs.

The hardest working muscle in the body is the heart. Over 24 hours it beats 100,000 times and pumps about 7500 litres of blood.

## CROSSWORD SOLUTION

**ACROSS**

2. PELVIS 5. DIARRHOEA 7. MAGNESIUM 12. BAT 13. CORONARY 14. LEGUMES

**DOWN**

1. SPASM 3. LIGAMENT 4. INSULIN 6. OBESITY 8. CALCIUM 9. JARGON 10. ABDOMEN 11. WAT

**Disclaimer**: The information provided in this newsletter is for educational purposes only, and is not intended as a substitute for sound health care advice. We are not liable for any adverse effects or consequences resulting from the use of any information, suggestions, or procedures presented. Always consult a qualified health care professional in all matters pertaining to your physical, emotional and mental health.

**To try the latest RECIPE take me home...**

# PRACTICE UPDATE

## ANTIBIOTICS AND SUPERBUGS

### Why do doctors avoid prescribing antibiotics?

Our doctors can tell when you have a virus like the common cold or influenza. It won't cure the infection, it won't keep other people from catching it, it won't relieve your symptoms and it can cause dangerous side effects. Using antibiotics is bad for everybody.

If you have had a cough or a cold in the past then got better, you're bound to believe it was the antibiotics that helped you and will ask your doctor for similar treatment the next time you develop symptoms. The truth is, your previous illness was almost certainly viral and your improvement would have been because your body was already fighting off the infection.

### Can you build resistance to antibiotics?

There seems to be a misconception that if an individual has several courses of antibiotics they may become resistant to further courses of antibiotics. In fact it is the bacteria themselves that develop the resistance, not the person.

Widespread prescribing of antibiotics means that background bacteria are exposed to the antibiotics and can start to mutate and develop resistance.

The overuse of antibiotics in recent years means they are becoming less effective and has led to the emergence of Superbugs. These are strains of bacteria that have developed resistance to many different types of antibiotics. Superbugs can be very difficult to treat and some infections with a superbug can lead to severe disability and death. Some superbugs have developed multi-drug resistance and first line treatments are no longer effective for them. Superbugs are especially threatening to populations like the elderly or immunodeficient who are more susceptible to bacterial infections.

Superbugs are increasingly seen outside hospitals. One common superbug is methicillin-resistant Staphylococcus aureus (MRSA). These bacteria don't respond to methicillin and related antibiotics. MRSA can cause skin infections and, in more serious cases, pneumonia or bloodstream infections.

### What you can do to prevent superbug infections

1. Wash your hands with soap and water or use an alcohol based sanitiser.
2. Get recommended vaccines.
3. Use antibiotics properly.
4. Have healthy lifestyle habits such as eating a proper diet, proper food handling, getting enough exercise and establishing good sleeping patterns can minimise the risk of illness.