**saundersstreetclinic**

**37 Jackson Street, Wynyard, TASMANIA. Phone 6442 1700**

**Newsletter May 2017**

**Opening hours**

Monday - Thursday 9am-1230 pm, 2pm-5 pm ( Dr’s in teaching session until 2.30 pm Thurs)

Friday 9am-1230 pm, 2.30pm-5 pm

Saturday, Sunday, Public Holidays closed

**After hours arrangements**

Please phone the surgery number, you will be given the number for Health Direct which is a phone triage service providing advice by the Federal Government. This service will contact the doctor on call at Saunders Street if necessary, following assessment by a registered nurse and in some cases by a doctor. If your concern is about **a medical emergency** call the ambulance service on **000**-there is no charge for ambulance call-outs in Tasmania.

If the matter is urgent but not an emergency call **Health Direct 1800 022 222**. A registered nurse using triage protocols will take your call. If necessary the call will be transferred to a GP at GP Assist in Hobart and if that GP thinks a call out or house call is warranted a GP from this clinic will be contacted.

**Assumptions that doctors make**

You'd hope every diagnosis made about your health was evidence based, but there are five common assumptions doctors make that are getting in the way of good treatment.

Doctors' intuition can save lives, but it's also undermining efforts to reduce over-treatment and misdiagnosis of Australian patients, according to a review of medical bias published in the *Medical Journal of Australia*.

Doctors need to check their own biases.  Photo: File

"Doctors are humans, and like every other human, are vulnerable to being biased," said Professor Ian Scott, director of Internal Medicine and Clinical Epidemiology at Brisbane's Princess Alexandra Hospital, and one for the authors of the study.

"A lot of the time our intuition is correct. We don't get it wrong that often. But where we get it wrong, we often over-investigate and over-treat."

An epidemic of over-treatment – too many scans, tests, prescriptions and operations – is costing the nation at least $40 billion a year as well as exacting a human toll of anxiety, pain and medical complications.

Up to one third of many medical procedures [are now being done unnecessarily](http://www.theage.com.au/victoria/too-many-patients-receiving-unnecessary-medicine-doctors-say-20170109-gtofmb.html), according to an international review of common medical procedures published in *The Lancet*medical journal in January this year.

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The most common cognitive bias held by Australian doctors, according to the report in the *MJA,* is perhaps the most understandable. It's the commission bias, or the urge to do something.

Doctors have a "strong desire to avoid experiencing a sense of regret (or loss) at not administering an intervention that could have benefited at least a few recipients", the report said.

A list of questions for doctors to ask themselves includes this one: "I may suffer (medico-legally or in other ways) if I do not do this – so am I treating myself or the patient?"

But the fear of getting sued for failing to prescribe a treatment could be exaggerated, Professor Scott said.

Even when patients sue over a delayed diagnosis, doctors are not always found to be at fault, he said.

"There are legal precedents that counteract the belief that if doctors don't do something, they will have an adverse opinion given to them."

Four other common biases are outlined in the report:

Attribution bias leads to "undue confidence in [the] effectiveness" of treatments that have been seen to work for some patients sometimes, such as surgery for back pain or chemotherapy for certain cancers.

Impact bias occurs when patients and clinicians "overestimate the benefits of any intervention and underestimate the harms".

Availability bias is reinforced when a dramatic, "emotionally charged and vivid" case leads to either a good or bad outcome, and doctors are more likely to assume all related cases will have the same result.

Ambiguity bias comes into play when the doctor doesn't know the problem is, but admitting so "may threaten clinicians' sense of authority and credibility". This can lead to what's known as "the cascades of care", as doctors order more tests and treatments, even the ones for which there isn't good evidence.

"These cognitive biases are widespread across all disciplines," Professor Scott said.

"GPs work in circumstances where there is greater uncertainty, often with patients who have vague presentations, so they might have more of an ambiguity bias. Specialists may have a stronger desire towards a commission bias, there's greater pressure for them to intervene."

The best way to combat these biases is for doctors to talk with each other more often, Professor Scott said, to debate the effectiveness of treatments and challenge their own assumptions.

<http://www.smh.com.au/national/health/the-five-assumptions-your-doctor-is-making-that-could-compromise-your-treatment-20170507-gvzu0o.html>

**Wine and breast cancer risk**

Drinking just one standard glass of wine a day may increase the risk of breast cancer returning for survivors of the common disease.

New research from Cancer Council Victoria shows that the equivalent of 60 ml of wine a day, or approximately half a bottle a week, could be enough to increase the risk of breast cancer recurrence.

Breast cancer survivors have been warned about their wine intake.  Photo: ljubaphoto

With the overall five-year survival rate for breast cancer at 90 per cent, the research shows there's an important need to update the current public health advice on alcohol consumption to include those diagnosed with cancer.

No more than two standard drinks per day for healthy men and women is recommended to reduce the risk of alcohol associated harms.

"These results show that as little as six grams of alcohol per day - that's just three tablespoons of wine - is associated with a modest increase in risk for women who have had breast cancer, particularly those who are post-menopausal," said lead researcher Dr Anna Boltong of the University of Melbourne.

Lowering alcohol consumption and maintaining a healthy weight is already known to reduce the risk of breast cancer - a disease that affects one in eight women in Australia.

Dr Boltong will present the findings of the study at the Behavioural Research in Cancer Control Conference in Melbourne.

<http://www.smh.com.au/national/health/half-a-bottle-of-wine-a-week-enough-to-put-breast-cancer-survivors-at-risk-20170504-gvyils.html>

**Depression in teenagers and young adults**

Being a teenager and getting older includes lots of change and challenges. Often we're studying at school or starting uni. We're getting jobs, going out with friends, playing sport, and dating. There are lots of new social situations, and we might be around drugs and alcohol. Our bodies are changing fast and there are lots of different pressures on us. Life can be really awkward and hard sometimes.

**Something's not right about the way I'm feeling**

It can be hard to tell the difference between the ups and downs of being a teenager and being depressed.

We all have those days when we just feel 'down'. We usually 'bounce back' with time. Sometimes though, young adults and teenagers with clinical depression are not able to pick themselves up from being really down.

Some people describe it as being in a really dark hole that you can't dig yourself out of. These sad or depressed feelings can start to take over our thoughts and enjoyment of life.

**My 'down' mood has been around a while and isn't getting better**

If being sad and depressed is taking over, and stopping you from being able to go out and do the things you normally enjoy, it's important to talk to someone. The sooner you get some help, the better it is for you.

**It's important you take our mental health seriously**

Lots of us have challenges with mental health at this time of our lives. In fact, one in every four young people experiences mental health problems. GPs and other health professionals help people with depression and mental illness all the time.

“I've been feeling really sad and down for more than two weeks. Could I be depressed?”

Having a couple of these symptoms may not mean you are depressed. It's a good idea to check them out with your doctor anyway.

**Signs and symptoms of depression in teenagers and young adults**

You might be feeling:

* + really sad or teary
  + worthless – low self esteem
  + hopeless
  + irritated and angry
  + confused and distracted
  + worried.

You might be thinking:

* + 'life sucks'
  + 'life's too hard'
  + 'I can't stop thinking about my problems'
  + 'I can't be bothered'
  + 'I don't want to go out'.

You might be having changes in:

* + sleep patterns – sleeping lots or waking lots
  + appetite – eating more or not wanting to eat much
  + emotions that are hard to control
  + concentration and remembering things
  + health – such as a churning tummy and headaches.

**When you're depressed, you may not show obvious signs of depression.**

You might start to behave out of character in ways like:

* + not wanting to be social and see friends
  + having falling school grades
  + not wanting to turn up to work or school
  + doing risky things – like driving fast, having inappropriate sex, abusing drugs and alcohol.

**Where can I get help for myself or for someone I know?**

Seek immediate help if you are having thoughts of suicide or are feeling that life is no longer worth living.

**See your doctor**

If you think you are depressed, or that someone you are close to might be depressed, it's important to see your GP.

Your GP will talk to you about your feelings and if required, they'll make you a treatment plan. They might refer you to a mental health worker or child and adolescent psychiatrist.

**Community health centres**

You can also check out mental health programs at your local community health centre.

**School counsellors**

School counsellors are trained to help young people and have access to many sources of help.

**Talk to a close family member or someone you can trust**

**Get more information**

Seek further information from [ReachOut.com](http://au.reachout.com/) and other youth mental health websites and phone counselling services. There are many effective ways to help depression, such as exercise, counselling, and medication.

**Remember,** depression is a common health problem and there are lots of people who can help you get better.

<https://www.blackdoginstitute.org.au/mental-health-wellbeing/depression/what-is-depression>

**Psoriasis**

Psoriasis is a chronic inflammatory skin condition characterised by clearly defined, red and scaly plaques (thickened skin). It is classified into several subtypes.

Psoriasis affects 2–4% of males and females. It can start at any age including [childhood](http://www.dermnetnz.org/topics/paediatric-psoriasis/), with peaks of onset at 15–25 years and 50–60 years. It tends to persist lifelong, fluctuating in extent and severity. It is particularly common in Caucasians, but may affect people of any race. About one third of patients with psoriasis have family members with psoriasis.

  