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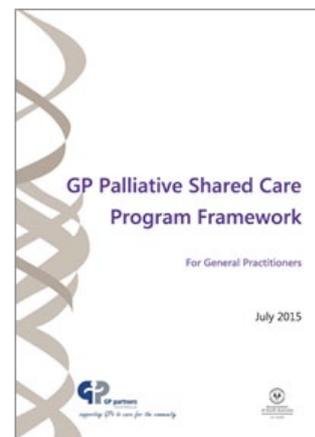
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## Supporting GPs to care for patients with a progressive, life limiting illness

The new GP Palliative Shared Care Program, administered by GP partners Australia for SA Health, supports GPs in caring for their patients with a progressive, life limiting illness and providing 'shared care' with public Specialist Palliative Care Services. Key benefits and supports provided to GPs participating in the program include:

### GP Palliative Shared Care Program Framework

Developed in collaboration with the SA Palliative Care Clinical Network and GP Palliative Shared Care Clinical Governance Committee, the Program Framework provides systems of care and planning processes to support GPs caring for adults with a progressive, life limiting illness. A complimentary hard-copy of the Therapeutic Guidelines: Palliative Care is also provided to participating GPs to accompany the Program Framework.



### Patient Held Record



The Patient Held Record is an easily recognised, bright purple vinyl wallet that is used to store important information, including a Contact List and Advance Care Directive, for patients receiving GP Palliative Shared Care. It provides clinicians with ready access to important patient information and is recognised across services, including the MRU and SA Ambulance Service, alerting providers that the patient is receiving GP Palliative Shared Care and of their care plans.

### Orientation Seminar and ongoing RACGP accredited CPD Activities

Delivered by Palliative Medicine Specialists, and supported by GP Advisors, a range of RACGP accredited CPD events are available. Participating GPs have the opportunity to attend a 40 QI&CPD point (category 1) Orientation Seminar to receive an introduction to the framework, clinical education and practical advice. Further CPD events are offered regularly on topics of specific interest to GPs. The next GP Orientation Seminar will be held on **Saturday 17th October 2015**.

**How to Register** – To participate in the GP Palliative Shared Care Program please complete the Registration Form available [here](#). For further information, or to arrange a GP Advisor to provide an information session to the GPs at your practice, please phone the GP Palliative Shared Care Information Line on 1300 303 409.



## GP partners Australia

- 120 Hutt St Adelaide SA 5000
- PO Box 7293, Hutt Street SA 5000
- Phone: 8112 1170
- Fax: 8227 2220

## Mental Health Shared Care

GP partners Australia provides the Mental Health Shared Care Program through a head contract with GPSA. SA Health funds the State-wide program with a goal of hospital avoidance for people with Tier 3 mental health problems.

A total of three Clinicians, each 0.5 FTE are employed by GP partners Australia to provide a clinical service to patients referred by their GP at our premises. GPs refer via a Mental Health Treatment Plan and sessions are not time limited.

The Service provides:

- Specialist mental health assessment for patients with a severe mental illness (tier 3)
- Regular intervention and review
- Provision of evidenced-based treatment modalities
- Education regarding managing illness and relapse prevention strategies
- Collaborative approach, consultation and advice on ongoing management
- Link to local community supports as required
- Regular feedback to GP's regarding patient progress and management

During the 2014/15 financial year, 155 clients were referred to the Program and 2,907 occasions of service were provided.

If you have any questions about the Program, please call our Clinicians on 8112 1100.

## Mental Health Week – 4 – 10 October 2015

### 'How's your mental health?'

It's the time of year where we start thinking about mental health week, a highlight of the calendar year that aims to raise awareness and reduce stigma in the community as well as promote things that we can all do to keep ourselves mentally healthy.

### About borderline personality disorder

Borderline personality disorder (BPD) is a mental illness that can make it difficult for people to feel safe in their relationships with other people, to have healthy thoughts and beliefs about themselves, and to control their emotions and impulses. People with BPD may experience distress in their work, family and social life, and may harm themselves. Having BPD is not the person's own fault – it is a condition of the brain and mind.

Research has not yet discovered exactly how a person develops BPD, but it probably involves a combination of biological factors (such as genetics) and experiences that happen to a person while growing up (such as trauma early in life). For most people with BPD, symptoms begin during adolescence or as a young adult, but tend to improve during adult life. Research has not yet shown how health systems can best help prevent people developing BPD.

If you would like a copy of the NHMRC Guidelines go to: <http://www.nhmrc.gov.au/guidelines-publications/mh25>



## Make Australia Dry Campaign

Continence Matters Dr Samantha Pillay and Dr Ailsa Wilson Edwards are once again giving General Practitioners the tools they need to help Make Australia Dry with their free workshop on the Assessment and Treatment of Women with Urinary Incontinence - 20 October, 2015.

Incontinence is very prevalent, affecting 25% of Australians. 55% of women and 1 in 3 who have had a baby have urinary incontinence. But it also affects 16% of nulliparous women under the age of 30 years. Over \$42 billion dollars is spent in Australia per year on incontinence. Yet this taboo topic isn't just avoided by patients. It doesn't even get the attention it deserves in medical teaching and training.

The most common types of urinary incontinence experienced by women are stress incontinence and urge incontinence.

So what is the role of the GP in managing this condition that has been shown to greatly impact on dignity and participation in; the workforce, relationships, exercise and social activities?

GP's are well placed to be able to elicit a history about this sensitive topic and perform appropriate examination. GP's can refer patients to the relevant information sources and health providers to assist with pelvic floor exercise training but they are also able to provide some simple guidance in these techniques.

GP's can provide guidance on dietary measures, bowel care and other bladder training regimes.

For overactive bladder symptoms (OAB) GP's can prescribe OAB medications.

GP's can, with training, provide ongoing care and follow up, and even fit patients with pessaries for the management of pelvic organ prolapse.

Numbers are limited for this free workshop so registration is required through [www.trybooking.com/ISVH](http://www.trybooking.com/ISVH). All other details provided in flier - <http://gplink.co/fkepe>.

## The Restless Infant by Dr Brian Symon

In the first 12 months of life a group of problems dominate presentations to health care professionals. They are questions of feeding, sleeping, tearfulness and generally restless behaviour. They are all interconnected and cause significant stress for family units and for us as care providers.

Interestingly and paradoxically while up to 45% of families are affected by these problems and the morbidity can be significant there is no formal training in their recognition, diagnosis and management. A large number of authors and authorities exist in the field but there is a lack of consistency in their teachings and some lack a robust evidence base or peer reviewed research.

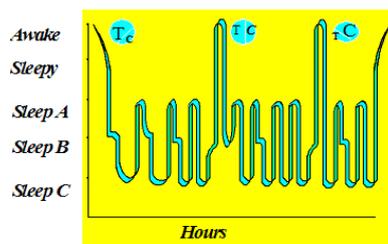
This article will be the first in a series that will deal with these issues and offer strategies which are proven to work. The strategies are suitable for GP clinics and work best in the primary care setting.

Infant sleep is dealt with first because when resolving the problems of the restless infant there is a need to tackle problems in a defined order. This is almost always as follows:

- up to four months of age - feeding i.e. weight gain, then sleep and finally behaviour
- beyond four months of age - sleep then feeding and finally behaviour.

### The Basics of Infant Sleep Cycles

A block of sleep contains **multiple sleep cycles**. These occur even in the womb during the latter weeks of pregnancy. For babies one sleep cycle is **approximately 45 minutes** and in toddlers these can lengthen to about 60 minutes. Please note that the following is a very simplified summary of complex physiology. Despite this simplicity, the recommendations which this analysis leads to works well for the vast majority of families. It is useful to assume that the process of achieving sleep, and similarly, the process of maintaining sleep after an arousal event are both driven by two factors. These are **tiredness** and **cues of sleep** or more accurately, external cues of sleep.



In the graph above **T = Tiredness** and **C = Cues of sleep**

**Sleep is cyclical** - During a block of sleep, it is normal and healthy to awaken and resettle multiple times. For a newborn baby these cycles are about **45 minutes** long. The waking events will last generally 30 – 90 seconds. The majority should be silent and parents are unaware that they occur. In very overtired babies they may waken at the 45 minute mark and have trouble getting back to sleep. Thus if the baby is calling for assistance every 45 minutes it may be a sign of fatigue.

**Cues of sleep** - It is useful to think of the sleep achievement event as being driven by a combination of tiredness and external cues of sleep ie. the things which are going on around the baby at the time. When a baby or child is first put to bed, tiredness dominates. Cues of sleep achievement are outweighed by tiredness and they are more likely to achieve sleep efficiently. As sleep progresses tiredness reduces and the cues of sleep become more important in the return to sleep event. For this reason some children may seek increased parental support after 3 – 4 am. **Cues of sleep are learned.** They can be changed and then relearned.

**Sleep achievement and sleep maintenance are usefully regarded as learned skills. Fatigue interferes with the learned skill of sleep achievement.** Therefore it is important to ensure the child does not become over tired. A newborn baby can become overtired in 10 – 15 minutes.

**Cues of sleep achievement that are parent independent are the most useful for family life** - A baby who achieves sleep with parents care is preordained to request that care again at some point in the block of sleep. Minimise sleep transitions which involve parental assistance and allow a child to achieve sleep alone. Parents need to adopt a 'Parent-lite' approach to sleep achievement. The baby needs to feel love and support but when it is time to be asleep, they need to be left alone to finalise the last steps in sleep achievement. Parents have a major and positive role to play when the baby is awake but once the baby is ready to be finally asleep these events are best managed by the baby alone. This is true from the time of birth.

## Did you know that 97% of Australian women wanted to be asked about alcohol use in pregnancy?



*Women Want to Know* has been developed in collaboration with Australia's leading health professional organisations and is the first national project to promote the Alcohol Guidelines among health professionals since they were updated in 2009.

*Women Want to Know* provides free print resources for health professionals and consumers, demonstration videos of health professionals talking to pregnant women about alcohol and free online training modules, with continuing professional development accreditation.

Most women visit a health professional when they are pregnant for advice on a range of topics, including alcohol. These visits present the ideal opportunity to discuss alcohol consumption and reinforce to women that not drinking alcohol during pregnancy is the safest option.

There is no known safe level of alcohol consumption where damage to the fetus will not occur. For these reasons, Australian health guidelines recommend that for women who are pregnant or planning pregnancy, not drinking alcohol is the safest option.

Information about how to talk to women, what advice to provide and online training is available through *Women Want to Know* at [www.alcohol.gov.au](http://www.alcohol.gov.au).

Free, online training with continuing professional development points can be accessed through RACGP via GPLearning <http://gplink.co/71gzw> [RACGP]

For further information please contact Mearon O'Brien on 02 6122 8600 or via [mearon.obrien@fare.org.au](mailto:mearon.obrien@fare.org.au)

## What is sarcopenia? Why does it matter in General Practice?

Sarcopenia is both the loss of muscle mass and muscle especially with increasing age.

### Importantly, if recognised, it can be improved. Why recognise it?

Muscle mass changes have a major impact on our both the physiology and function of our bodies and it increases the risks of many of the issues relating to older people such as chronic diseases, renal function, cognition, falls risks, frailty and general well being. Improving muscle mass has been shown to improve many markers of wellness for older people and can prevent falls.

### How is sarcopenia recognised?

There are a number of methods used to determine if a person is at risk of sarcopenia. There are also complex methods used in research, but the focus here is to provide practical information for use in General Practice.

Three simple tests in the surgery:

- Measure Grip strength using a simple digital dynamometer bought for \$25.00 on ebay (men <30kg and women <20kg are likely to have sarcopenia)
- 4 metre walking tests (if it takes a person more than 5 seconds, then it is highly likely they have sarcopenia) [http://www.otagoexerciseusa.com/files/2014/07/4-Meter-Walking-Trial\\_Instructions.pdf](http://www.otagoexerciseusa.com/files/2014/07/4-Meter-Walking-Trial_Instructions.pdf)
- Weighing all people over 75 at each visit to the surgery (loss of 5% of body weight in 6 months is an important clinical indicator of concern in this age group).

### What can be done about sarcopenia?

Yes, frail, older people can still increase muscle mass and muscle strength!

Resistance training 2 x week to improve muscle strength is the way to increase muscle mass + a high protein diet. Building muscle requires more protein, so protein shakes and bars should be part of an older person's diet. Unfortunately this is not often discussed and the full improvement is not always gained. Finally, daily vitamin D therapy (or weekly 100,000IU powder) is also important for people aged 75, not only for bone health, but for muscle strength.

Referral to an exercise physiologist is an option for older people using the Medicare 5 visits, or to the Centre for Physical Activity in Ageing 8222 1891 <http://www.cpa.gov.au>

[www.cpa.gov.au](http://www.cpa.gov.au)/or refer to a community aged care provider such as ACH Group, who have exercise physiologists and gyms for older people. This can be done via the myagedcare website or directly to ACH Group's new "Good Health Transitions" program –phone 83609433.

You can read more about the evidence for improving outcomes for older people in the British Geriatric Society publication "Fit for Frailty". (<http://www.bgs.org.uk/index.php/fit-for-frailty>)

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## Advertisements



The products and services presented below are not necessarily endorsed by GP partners Australia. They are presented in good faith only as an information service for members.

### GPs Needed Urgently across Australia

Whether you're on a career break, completing your residency, about to retire, or managing your own Practice, you can enjoy the flexibility and rewards that come with becoming a locum doctor.



**Australian Medical Placements** currently provides locum assistance to over 900 clients throughout Australia. We provide short to long term recruitment solutions to public, private hospitals and to General Practice Clinics from junior doctors through to specialists.

**Australian Medical Placements** is also a proud member of the Recruitment and Consulting Services Association Ltd (RCSA) among the few recruitment companies who is accredited with the RCSA Service Delivery Standard.

If you're looking for a day, week, or month, contact our friendly medical recruitment managers today!

**Briony Van Den Brink** ([brionyv@australianmedicalplacements.com.au](mailto:brionyv@australianmedicalplacements.com.au)) or **Cheryl Gilbertson** ([cherylg@australianmedicalplacements.com.au](mailto:cherylg@australianmedicalplacements.com.au)) or call **1300 666 420**.

For more information about **Australian Medical Placements**, visit [www.australianmedicalplacements.com.au](http://www.australianmedicalplacements.com.au)



### General Practitioner

We are seeking a VR GP to join our busy Eastern Suburbs Practice.

4-7 Sessions per week

Our practice is fully accredited and computerised with a friendly and supportive Medical, Nursing and Admin team.

#### HAZELWOOD CLINIC

Enquiries to: Jenny Lambert  
Phone 0419 409059 or email  
[jennylambert@hazclin.com.au](mailto:jennylambert@hazclin.com.au)

## Medical Sex Therapist available for Your Patients

Dr Marie Tudor is a sex therapist and couples counsellor with over 20 years' experience in the field.

Marie is a fellow of the RACGP, and has attained post graduate qualifications in Family Therapy (Narrative) and Hypnosis.

Please feel free to call Marie direct if you have any questions regarding your clients with couples or sexual concerns: 0400 604 104.

Marie liaises closely with patients' GP's regarding any medical and psychosocial aspects of sexual dysfunctions.

Dr Marie Tudor  
65 Edward Street,  
NORWOOD SA 5067  
Phone: (08) 8332 2271 for appointments  
[www.drmarietudor.com](http://www.drmarietudor.com)

## Industry Priority Qualifications (IPQ) Survey

The AMA(SA) encourages you to complete the IPQ survey being conducted by the Training & Skills Commission . The results will inform the South Australian Government on which qualifications it will fund in 2016. **The IPQ Survey can be completed from Wednesday 9 September - Friday 9 October 2015** at [www.tasc.sa.gov.au/survey](http://www.tasc.sa.gov.au/survey).

The health care and social assistance category accounts for 13.9% of the total employment sector in South Australia and it would be much appreciated if you could complete the survey regarding Industry Priority Qualifications. This will help AMA(SA) advocate on behalf of the health sector, to ensure that South Australia's workforce is responsive to current and emerging skills needs and to ensure our industry is strongly represented.

## Private practice - are you prepared? The AMA(SA) can help!

**31 October - 9-4pm workshop (register 8.30), 4-5pm networking with wine & cheese**

Are you considering going into or setting up in private practice? This popular AMA(SA)workshop, a staple in our calendar for many years, will give you an insight into what is involved and will lay the foundations for success. The following topics will be covered: tips and challenges case study, personal and business finance, Medicare update, practice management requirements, medical records/privacy, medical indemnity insurance, workplace considerations, and business structures. The workshop is kindly sponsored by: Hood Sweeney, Norman Waterhouse, MDA National, Commonwealth Bank, and GP Payroll. To register contact Melanie on 8361 0108 or by [melanie@amasa.org.au](mailto:melanie@amasa.org.au)

## Skin Matters SA – GP Required

General Practitioner required 2-3 Sessions per week in a quality an ethical Skin Cancer Clinic. The clinic requires a VR GP with and interest in skin cancer diagnosis and treatment.

The Clinic is run by experienced General Practitioners using the latest digital technology to assist in comprehensive skin checks and eliminating unnecessary surgical excisions.

Previous experience desirable but not necessary as we provide extensive on the job training and continuing professional development.

Enquiries to – Mrs Jenny Lambert 0419 409 059

## Upcoming Event Summary

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Oct**GP Palliative Shared Care Orientation Seminar** 8:30am - 4:00pm**Target Audience** General Practitioners**Venue** Sage Hotel Adelaide**Presenter** Palliative Medicine Specialists, Consultant Psychiatrist and others20  
Oct**Intrauterine Device Insertion Training For GPs** 6:30pm - 9:00pm**Target Audience** General Practitioners**Venue** Adelaide Health Care**Presenter** Dr Meredith Frearson24  
Oct**HLTAID001 Provide Cardiopulmonary Resuscitation (CPR)** 10:30am - 12:30pm**Target Audience** General Practitioners**Venue** GP partners Australia**Presenter** Peter Brown: Medical Trainer, 4Life Personal Medical Training24  
Oct**HLTAID001 Provide Cardiopulmonary Resuscitation (CPR)** 1:00pm - 3:00pm**Target Audience** General Practitioners and Practice Staff**Venue** GP partners Australia**Presenter** Peter Brown: Medical Trainer 4Life Personal Medical Training28  
Oct**Two Curses of Modern Obstetrics - Maternal Age and Obesity** 6:30pm - 9:00pm**Target Audience** General Practitioners**Venue** GP partners Australia**Presenter** Associate Professor Robert Bryce10  
Nov**Pregnancy Diagnosed - What Next?** 6:30pm - 9:00pm**Target Audience** General Practitioners**Venue** GP partners Australia**Presenter** Dr Jenni Goold and Dr Cate Price

Feb

**GP Palliative Shared Care Orientation Seminar** Date/Time - To be advised.**Target Audience** General Practitioners**Venue** Southern Adelaide Palliative Services**Presenter** Palliative Medicine Specialists, Consultant Psychiatrist and others05  
Mar**HLTAID001 Provide Cardiopulmonary Resuscitation (CPR)** 10:30am - 12:30pm, 1:00pm - 3:00pm**Target Audience** General Practitioners and Practice Staff**Venue** GP partners Australia**Presenter** Peter Brown: Medical Trainer 4Life Personal Medical Training

For more information go to the events page on the GPPA website or contact us on 08 8112 1100.

● Places Available ● No Places Available

Additional CPD events currently in planning stage.