

Hope Island and Homeworld Helensvale Medical Centres have been awarded funding to offer our patients the My Health For Life Program.

My health for life is a **FREE** healthy lifestyle program designed to help people who are at high risk of chronic disease get their health back on track.

Chronic disease, such as type 2 diabetes, heart disease and stroke, is often influenced by lifestyle factors. *My health for life* is about knowing your health risks and taking small steps towards a healthier life so that your health stays on track and your risk of future illness is minimised.

It is important to note that this program has a prevention focus, so it is not open to people who already have diabetes but could be ideal for a family member or friend.

You may be eligible if you are:

Aged 45 years and over and have been identified by a health professional as being at high risk of chronic disease (which includes type 2 diabetes, heart disease and stroke)

Aged 18 years and over and are of Aboriginal or Torres Strait Islander descent and are at high risk of chronic disease

Age 18 years and over with pre-existing conditions (E.g. previous history of gestational diabetes or have been diagnosed with high blood pressure or high cholesterol).

Talk to your doctor or our practice nurses today.

The first thing to know about **My health for life** is that it's different to traditional weight loss or gym-style programs.

We've taken a fresh approach to helping people make healthy choices. Maybe yours is finding the motivation and support to get going, while for someone else it's weight loss or finding a physical activity they enjoy. Sometimes it is just about finding the right headspace to keep on track when life gets in the way.

We work with you to identify your barriers to healthy change and help you take manageable steps to get past them. We show you how to set realistic goals and an action plan for success – and we support you throughout your journey to get your health on track. The program is delivered in your general practice by qualified health professionals.

The great thing about **My health for life** is that it is personalised to suit your needs – **and it's free!**

March/April 2019

Issue 79

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a reminder that Hope Island and Homeworld Helensvale Medical Centres are closed for the following holidays

Easter - Friday 19 April to Monday 22 April 2019

Anzac Day - Thursday 25 April 2019

For Emergencies Telephone Chevron After Hours on

55328666

125 Nerang St Southport Qld 4212



Are you looking after your kidneys?

Chronic kidney disease

Often the development of kidney disease is gradual and kidney function worsens over a number of years. If you permanently lose more than one-third of your kidney function, it is called 'chronic kidney disease'. Chronic kidney disease can lead to kidney failure. You are more at risk of chronic kidney disease if you:

- Have diabetes
- Have high blood pressure
- Are obese
- Are over 50 years of age
- Have a family history of kidney disease
- Smoke
- **men** who smoke are three times more likely to have reduced kidney function
- Are of Aboriginal or Torres Strait Islander descent.



If kidney disease is found early, medication combined with diet and lifestyle changes can help protect the health of your kidneys. If you have kidney disease, it does not mean that you will develop kidney failure. In fact, seven Australian adults aged over 25 years have at least one sign of chronic kidney disease. However, only 10 per cent of people with kidney or urinary problems have long-lasting kidney damage and even fewer have kidney failure. Kidney failure occurs when the kidneys are no longer able to remove waste from your blood and control the level of fluid in the body. Kidney failure can happen suddenly or gradually. People with kidney failure need dialysis or a transplant to stay alive.

About 52,000 Australians aged 12 to 74 years have severely damaged kidneys. In many cases, the signs of disease aren't noticed until the kidneys are close to failure. You can lose up to 90 per cent of kidney function before you even feel sick.

The body constantly absorbs and replaces bone tissue. With osteoporosis, new bone creation doesn't keep up with old bone removal.



Osteoporosis

Many people have no symptoms until they have a bone fracture. The body constantly absorbs and replaces bone tissue. New bone creation doesn't keep up with old bone removal. Why diet and weight-bearing exercise to help prevent bone loss.



Many people have no symptoms until they have a bone fracture.

Treatment includes medication, a healthy diet and weight-bearing exercise to help prevent bone loss or strengthen already weak bones.

National Close the Gap Day will take place on 21 March, 2019



Aboriginal people experience a burden of disease two-and-a-half times that of other Australians. This is due to chronic diseases such as cardiovascular disease, diabetes, and chronic kidney disease. This can be reduced by earlier identification of risk factors and the disease itself.

There are continuing problems with the under-identification of Aboriginal and Torres Strait Islander health-related data collections. A more systematic approach is needed. A more status question is asked correctly and consistently of all clients, and the burden of disease which currently impacts on Health and Social Outcomes.

Identification of risk factors like smoking, low physical activity, poor nutrition, and alcohol consumption are key to reducing the burden of disease which currently impacts on Health and Social Outcomes.

Hope Island Medical Centre is proud to be participating in the Closing the Gap Program and can offer patients all aspects of the PIP Indigenous Health Program including Wellness Checks. For more information, please speak to our Practice Nurses.

Glaucoma Facts

Glaucoma is the leading cause of irreversible blindness worldwide. One in eight Australians over 80 will develop glaucoma. First degree relatives of glaucoma patients have a ten-fold increased risk of developing the disease. 50% of people with glaucoma in Australia are undiagnosed. Australian health care cost of glaucoma in 2005 was \$342 million. The total annual cost of glaucoma in 2005 was \$1.9 billion. The total cost is expected to increase to \$4.3 billion by 2025.

The eye works very much like an old-style camera. In the camera, the light comes in through the shutter, is focused by the lens, falls onto the film and then we take it to be processed. In the eye, light comes in through the cornea and pupil. It is focused by the lens, falling onto the film in the eye (the retina) and then goes, via the optic nerve (the nerve of sight), to the brain (the processor) for developing. The shape of the eye is achieved through the circulation of a clear fluid (aqueous). It bathes and nourishes the eye, keeps it firm and gives the eye a certain pressure. High pressure left uncontrolled can lead to damage of the optic nerve and result in vision loss. It must be noted that eye pressure varies from person to person. What is high pressure for one person may not be for another.

Glaucoma is the name given to a group of eye diseases in which the optic nerve at the back of the eye is slowly destroyed. In most people this damage is due to an increased pressure inside the eye - a result of blockage of the circulation of aqueous, or its drainage. In other patients the damage may be caused by poor blood supply to the vital optic nerve fibres, a weakness in the structure of the nerve, and/or a problem in the health of the nerve fibres themselves. Over 300,000 Australians have glaucoma. While it is more common as people age, it can occur at any age. As our population becomes older, the proportion of glaucoma patients is increasing.

What are the symptoms of glaucoma?

Chronic (primary open-angle) glaucoma is the most common type. It has no symptoms until eye sight is lost at a later stage. Damage progresses very slowly and destroys vision gradually, starting with the side vision. One eye covers for the other, and the person remains unaware of any problem until a majority of nerve fibres have been damaged, and a large part of vision has been destroyed. This damage is irreversible. It is progressive and usually relentless. Treatment cannot recover what has been lost. But it can arrest, or at least, slow down the damage process. That is why it is so important to detect the problem as early as possible, to be able to start treatment with as little damage to the vision as possible.

Although anyone can get glaucoma, some people have a higher risk, those with a family history of glaucoma

- diabetes
- migraine
- short sightedness (myopia)
- long sightedness (hyperopia)
- eye injuries
- blood pressure
- past or present use of cortisone drugs (steroids)

People in these groups should have their first eye check no later than the age of 35. For most people, it is recommended to have an eye check for glaucoma by the age of 40. If no glaucoma is found, the NHMRC (2010) Guidelines recommend regular eye health checks for Caucasians over the age of 50 & for those of African & Asian descent regular checks over the age of 40 years, because of the higher prevalence in the latter groups. Talk to your GP today if you have any concerns about your vision or if you want to arrange a full check up.

Red Bow Day 2019 Friday 1 March 2019



Australian health care cost of glaucoma in



World Glaucoma Week is held in March each year to increase awareness of Glaucoma. focused by the lens, falling onto the film in the eye. The light then goes via the optic nerve (the nerve of sight) to the brain (the processor) for developing. The shape of the eye is achieved through the circulation of a clear fluid (aqueous). It bathes and nourishes the eye, keeps it firm and gives the eye a certain pressure. High



Arthritis awareness week is held in March each year to increase awareness of the most common type of arthritis. Patients until eye sight is lost. Damage progresses very slowly and destroys vision gradually, starting with the side vision. One eye covers for the other



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April No Falls

Hope Island and Homeworld Helensvale Medical Centres will be participating in April No Falls Day activities. Patients are invited to discuss their risks with their GP as part of their usual consultation. From there your GP may undertake osteoporosis screening, consider bone mineral densitometry, discuss exercise, discuss your feet and footwear and discuss your eyes and glasses. Your GP may suggest you see an allied health professional.

Did you know?

- One out of three adults aged 65 and older falls each year
- Falls account for 25% of Hospital Admissions
- Most falls occurred at home (58%)
- Fractures were the most common type of fall-related injury (30%)

Falls prevention

- Physical activity (incorporate balance and strength exercises)
- Talk to your GP
- Stay active and healthy
- Have your feet and footwear assessed
- Annual eye and spectacle reviews
- Bone Mineral Densitometry

Risk Factors

Increased age

Low levels of physical activity

History of falls

Chronic conditions

Multiple Medications

Women have increased risk

Have you had a fall in the past 6 months?

Do you take many medications?

Do you take sleeping tablets or antidepressants?

Do you do less than 30 minutes physical activity a day?

Do you have foot pain when walking or swelling in your feet?

Do you have challenges with your vision?

Do you have problems with your heart, blood pressure or circulation?

Do you get dizzy or have "funny turns" ?

Do you have to rush to the toilet?

If you answer YES to one or more of the questions above you may be at risk of falling. Please discuss with your GP or our practice nurse .

You can take steps to stay active, maintain your independence and mobility and decrease your risk of falling



professional.



- Annual eye and spectacle reviews



Have you had a fall in the past 6 months?

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Do you have to rush to the toilet?



falling

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