



Newsletter

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PRACTICE STAFF

General Practitioner

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Practice Nurse

Marie Spencer RN

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Dietitian

Janelle Price

Psychologist

Caroline Zavolokin

Podiatrist

Stephen Farrell

Exercise Physiologist

Louis O'Neil

PRACTICE HOURS

Mon-Fri 9am -6pm Pathology 9am -1pm

Saturday 10am-3pm

Sunday /public holiday close

After hours triage nurse 0478355566 In case of a medical emergency dial 000 and ask for an ambulance.

The nearest Emergency department is Gosford Hospital.

Poison information line -----131 126

Billing arrangements

Bulk billing for all Medicare items. Private billing for cosmetic injection and pre-employment medical. Work related injury will be billed to insurance company.

SPECIAL PRACTICE NOTES

Patients with a suspected contagious disease will be isolated from other waiting patients. Please kindly inform reception staff on arrival.

Repeat prescriptions. In the interest of your health, we strongly recommend for you to attend a doctor to regularly check and review the medical condition for which the prescriptions are written. A brief consultation between scheduled appointments can be provided for repeat prescription.

Reminder system. Our practice is committed to preventive care and will seek your permission to be included on our reminder system.



APPOINTMENT

Appointments can be made by calling 02 4385 9009 or via our website online booking system.

If more than one family member wishes to see the doctor, please ensure a separate appointment is made for each member.

Please notify reception if you are unable to attend an appointment as the reserved time can be allocated to another patient.

Walk in is available, however longer waiting time is expected. Please notify the reception in case of breathing difficulty, chest pain or other significant medical symptoms.

Contact Us

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Health Update

National Cervical Screening Program Changes

Cervical screening has changed in Australia. The Pap test has been replaced with a new Cervical Screening Test every five years. Cervical cancer is one of the most preventable cancers. The new Cervical Screening Test is expected to protect up to 30% more women. The test is a simple procedure to check the health of your cervix. It feels the same as the Pap test, but tests for the human papillomavirus (known as HPV). Your first Cervical Screening Test is due two years after your last Pap test. After that, you will only need to have the test every five years if your results are normal. Regular cervical screening is your best protection against cervical cancer. If you are due for testing, contact your healthcare provider to book an appointment. For more information about the National Cervical Screening Program call 13 15 56.

The two yearly Pap test for people aged 18 to 69 will change to a five yearly human papillomavirus (HPV) test for people aged 25 to 74. People will be due for the first Cervical Screening Test two years after their last Pap test.

The changes include:

the Pap test will be replaced with the more accurate Cervical Screening Test

the time between tests will change from two to five years

the age at which screening starts will increase from 18 years to 25 years

people aged 70 to 74 years will be invited to have an exit test.

Health update

From 1 February 2018, all codeine preparations currently listed under Schedules 2 and 3 will be upgraded to Schedule 4. This means that anyone wanting access to any of these medications will now need to see a doctor for a prescription.

Why the change?

Right now, you are probably thinking, “Why does the Government want to restrict access to products that many people use for relieving pain or cold and flu symptoms?” It’s a simple question with a not-so-simple answer.

Codeine can be addictive

Codeine comes from the opiate family of drugs and has a high incidence of addiction, even in lower doses. Misuse of codeine products that contain other analgesic substances (including paracetamol and ibuprofen) has been proven to contribute to many severe adverse outcomes following an overdose of these substances.

A study by Roxburgh et al (2015)³ and referenced by the TGA, showed that codeine toxicity contributed to 1437 deaths in Australia between 2000 and 2013. It also showed that:

- 343 deaths (around 24%) were related to a prescription codeine product.
- 229 deaths (16%) included an OTC codeine product.
- In around 60% of cases, it was not known if the codeine used was bought OTC or prescribed.
- The rate of accidental deaths linked to codeine increased by 9.3% each year.

Codeine can lead to accidental overdose

Around half of these deaths noted in the above study were due to accidental overdose. This can happen when people misunderstand or don’t read the packet directions. However, it can also occur even when the directions have been followed correctly by people aiming to use the analgesic responsibly.

We all metabolise the substances we consume at different rates. Children and those adults with fast metabolisms absorb substances very quickly. When potentially harmful substances are rapidly absorbed, they can quickly create extremely toxic levels in the body and lead to respiratory failure, loss of consciousness or sometimes death.

The problem is that most people don't know exactly how fast their metabolism works. Some drug information sources (including the Panadeine product information sheet) suggest that people should know their metaboliser status before taking any codeine products. The TGA argues that this makes it dangerous for *any* codeine products to be available without prescription.

Other factors

The TGA's *Scheduling delegate's final decision: codeine, 2016* document on the rescheduling of codeine substances includes a number of other detailed arguments in favour of the change, including:

- There is little evidence to prove that codeine doses of 30 mg or less in combined analgesic tablets are any more effective than the accompanying ingredient. The TGA also noted that new combination products containing both paracetamol and ibuprofen are more effective than low-dose codeine combination products.
- The lack of efficacy of these low-dose products along with the high risks they carry make them unsuitable for listing under Schedules 2 or 3.
- Codeine products listed under Schedules 2 and 3 are only intended for acute, short-term pain. However, evidence shows that many Australians use these products for long-term pain relief.
- Previous up-scheduling of these products to Schedules 2 and 3 (in 2010) did not result in a reduction of rates of codeine abuse or accidental overdose.
- Australia currently does not have a complete real-time monitoring system in use across the country and is unlikely to have one available in the foreseeable future.
- The widespread availability of codeine-based medications in the past has created a (false) public perception that they are safe.
- There are many, more effective and less dangerous treatment options to manage both acute and chronic pain. These options are best discussed with doctors and assessed on an individual basis.