These days, children seem to be far more sensitive to foods, soaps and the environment, but are allergies really on the rise or are parents today just too overprotective? An international study on childhood asthma and other common allergies looked at rates of hospital admissions of children with allergies, and confirmed there has indeed been an increase in the severity, or at least the prevalence, of common allergies since the 1960s.

A series of surveys looked at six and seven year olds as well as 13-14 year olds starting in the late 1960s and again more recently, showed a rise in allergies globally, particularly in children living in industrialised cities and children who have moved from developing to developed nations. There was also an increase in children with a wheezing illness (not necessarily asthma) across Britain, Australasia, Scandinavia, Israel and Taiwan. There are clear geographical variations, particularly between urban and rural children – suggesting those in urban environments are more likely to suffer from wheezing than children in rural areas.

For those with fully fledged asthma, although it is partly inherited, there is an increased risk in children from industrialised societies. Not all that wheezes is asthma. Babies in particular can wheeze when they have a viral infection and that’s more of a sign of bronchitis. People with asthma have highly sensitive airways which react to certain triggers which vary from person to person. Their airways become inflamed, swell up and produce mucus, causing them to have trouble ‘breathing out’. Triggers can include colds, allergens such as pollens, some animal fur, dust mites, aspirin, pollution and tobacco smoke. That’s why the proper treatment for people with asthma are preventer inhalers to fix the inflammation rather than relying on blue puffers which can hide serious symptoms.

Eczema was also looked at in the surveys and while not as much is known about this inflammatory skin condition, the same environmental factors applied – with children living in cities more likely to suffer than those from small towns or rural areas. Eczema is also more common among newer generations of children.

Allergic rhinitis, where the nose is blocked or runny or the person sneezes frequently but doesn’t have a cold or flu, is prevalent in Australian cities. When compared to other nations, Australian cities had as many as a quarter of 13-14 year olds claiming to suffer from some form of rhinitis, suggesting environment does indeed make a difference. The increased number of children with common allergies in cities is likely due to by-products of urbanisation such as air pollution as well as an increase in how clean our homes, hands and children are. The theory is that while hygiene has been a great boon – it may affect a baby’s immune system from developing properly, causing an increased allergic tendency.

So maybe let the kids get a little dirty from time to time – it’s better for them than you think.
Wholegrains a whole lot better for you

Is the shade of the bread in your sandwich making a difference to your waistline and your health? There are plenty of different breads on offer at the supermarket: white, wholemeal, multigrain and rye to name a few. The trouble is that bread is a highly processed food product, often containing too much salt and little nutritional value.

Bread is made from various ingredients but a key component is flour, which is made by taking grains and putting them through a refined milling process during which the bran and germ are often removed. This extends the shelf life of the flour, but strips it of most of its fibre, folate and other nutrients. Grains are complex carbohydrates and an important part of a balanced diet. However, too many of the wrong kind can cause a spike in your sugar levels and subsequent ‘crash’ in energy, making you think you’re hungry again soon after eating which can cause over eating.

Hence the argument for wholegrains. They have three components: bran, germ and endosperm. Most nutrients are in the bran and germ, with the endosperm consisting of starch and energy. Grains retain their selenium, potassium, magnesium and fibre when milled into wholegrain flour, as the germ and bran aren’t removed. They can also be found in whole foods such as brown rice. Wholegrains provide many benefits.

They are heart-healthy, can lower cholesterol and have a low glycaemic index, which is kind to blood sugar levels. Eating wholegrains is also good for digestive health.

The most confusing part of buying wholegrain is knowing what is really good for you and what is simply marketing. ‘Multigrain’ is likely the most misleading, as it simply means there are two or more grains in the ingredients – meaning you may just be eating white bread scattered lightly with seeds.

‘Enriched’ grains and ‘high in fibre’ white bread can also be misleading, as some nutrients such as B vitamins, folic acid or iron can be reintroduced, but lost fibre is not as easily returned. Even if fibre and vitamins have been returned to the bread, these loaves are often high in sugar and salt. For those trying to watch their weight, wholegrains take longer to digest which gives a feeling of fullness for longer than refined white flour products.

So next time you’re at the supermarket, do your body a favour and look out for products with wholegrains as the first ingredient, and keep your eye on the sodium content too – less than half of bread products in supermarkets have acceptable levels of salt (labels usually refer to the sodium content since salt is sodium chloride). Australian guidelines recommend no more than four grams of salt per day, equivalent to 1,600mg of sodium.

Did You Know?

You can die from a broken heart

The old saying that people die from a broken heart has some truth to it. Scientists found that the stress of bereavement can lower a body’s immunity, which puts older people at greater risk of serious infections and may explain why older widows often die shortly after their partners.

The emotional stress of mourning can cause a drop in white blood cells, which are known to fight infections such as pneumonia, a frequent cause of death in the elderly.

A psychological study showed that older people who had lost their partners also suffered from greater depressive and anxiety symptoms than their non-bereaved counterparts. So it seems dying of a broken heart may have more truth to it than many people realise.

READER COMPETITION

Be in the running to WIN a $50 shopping voucher

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Must be received by latest post marked 30/06/2012 to be in the running.

The winner of the competition in Your Doctor’s May edition was Mrs M. L. Nott of NSW.

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GOOD LUCK!
Ingrown toenails are where the edge of the nail grows into the flesh of the toe and the punctured skin becomes inflamed and infected. They're common and incredibly painful. Poor nail cutting, tearing of nails and wearing constrictive shoes are common causes of ingrown nails; however diabetes, obesity, and cardiac, renal and thyroid disorders also increase the risk. People with the second toe longer than the big toe also seem to be more prone to ingrown toenails, although it is unclear why.

While the symptoms of many ingrown toenails can be quite mild, they can quickly become severe with infection and the condition can become chronic if it's not dealt with properly. Of course, the best way to treat them is to prevent them in the first place. Trimming straight across the nail rather than rounding off the corners and allowing the nail to grow to the edge of the toe are the best ways to avoid ingrown nails. Rounding off the corners can result in a nail 'barb' anchoring itself into the surrounding skin.

If you are unfortunate enough to suffer an ingrown nail, finding a way to treat them as well as prevent reoccurrence after healing is crucial. There are both surgical and non-surgical interventions available. Non-surgical treatments are favoured when the ingrown nail is only mild or moderate, and include something called ‘gutter treatment’ where a small guard is inserted between the flesh of the toe and the offending part of the toenail; and orthonyxia, which involves wearing a brace on top of the nail to hold the nail in place while it grows into a better position.

Soaking the toe in warm water and placing a cotton wisp under the nail's edge can also help an ingrown nail. Severe cases may need surgery to correct, where they remove the part of the nail that has embedded itself and stop the nail's regrowth to prevent recurrence. A review of treatments available found surgery is better at preventing recurrence than non-surgical treatment; however orthonyxia is the best of the non-surgical options – resulting in the fewest cases of recurrence.

Antibiotics don't decrease the risk of recurrence, infection or bring about a shorter healing time, suggesting that prescribing antibiotics after ingrown nail surgery is a waste of time.

Warts are a common skin complaint with children and some adults, and are caused by the human papillomavirus (HPV). They are usually harmless, not accompanied by pain, quite rough in appearance and often appear on the hands and feet. Plantar warts (one of the reasons your mother always told you to wear thongs in a public shower) are often caught in moist environments such as communal change rooms at public swimming pools. They usually appear on the soles of feet and are rough in appearance, with a small black dot in the centre of the wart.

Around 65% of cases of warts heal themselves, however most people are usually keen to treat them as quickly as possible. There are a few treatment options available, including cryotherapy (freezing them with liquid nitrogen), salicylates (applied directly to the wart) and leaving it alone in the hope it heals itself. Dutch researchers realised there was no solid evidence on which was the best option and so organised a study to compare treatments. 250 patients were randomly allocated a treatment option for their warts: cryotherapy every two weeks, topical salicylic acid or to wait it out and let the wart heal in its own time.

After 13 weeks the study found that 39% of patients using cryotherapy, 24% of patients using salicylic acid and 16% of those who were told to do nothing were wart-free. Cryotherapy was clearly the most successful of the treatments, however it also has the most side effects including pain and blistering. However, in plantar warts – which are more difficult to treat than common warts – there wasn't a significant difference between the effectiveness of treatments as the rate of cure was only about 5%.

Chances are common warts will heal themselves – but see your doctor for advice if you're concerned.
Aprin – a wonder drug?

Dr Norman Swan
A matter of health

Aspirin is a bit of a wonder drug. Its blood thinning (anti platelet) effects, significantly reduce the risk of second heart attacks and strokes in people who have already had one. And while there’s still debate over whether taking daily low dose aspirin prevents heart disease in otherwise healthy people, the benefits against cancer may be much stronger.

UK researchers at the University of Oxford have analysed all the available studies and evidence for and against aspirin being good for cancer. The doses in the trials varied but were mostly around 75 to 100 milligrams per day.

They found that within five years of taking daily aspirin, there were reduced rates of death from malignancy and a reduced incidence of cancer as well.

When they looked into the longer term, they made the remarkable discovery that aspirin actually prevented the distant spread of cancer to other organs like the liver and lungs. No-one’s too sure why this might occur but it’s possible that cancer cells need platelets to spread successfully and if they’re disabled by aspirin then the malignant cells can’t find their new home. This suggests that cancer specialists should think about using aspirin in cancer treatment.

The evidence is strongest for people up to around 65. There’s no evidence for the over 70s although there is an Australian trial currently underway.

There is a risk of bleeding from aspirin but these studies found that risk was in the first few years but then settled down.

So the message is that daily low dose aspirin might be worth discussing with your doctor so you can jointly assess the risks and benefits for you as an individual.

Myth or Fact?

Myth
Cracking your knuckles causes arthritis

Fact
When you crack your knuckles you put pressure on the capsule between your joints, stretching it and creating a vacuum filled with gas that produces a bubble. The bubble then bursts, giving the classic joint-cracking sound.

Several studies have been performed and at this stage there is no evidence to suggest cracking your knuckles will result in arthritis in the joint. That isn’t to say you should crack away, as you can cause injury to the ligaments or dislocate a tendon if you aren’t careful, and it may lead to reduced strength in the fingers over time.

So while you’re not at risk of arthritis, you can damage your knuckles in other ways, and it won’t help you make any friends with all that cracking, so try and leave those knuckles alone if you can.

Correction

In June’s Your Doctor article “Tick Tock - when does fertility begin to decline” we wrote:

“For mothers over 45, the likelihood of a stillbirth is a whopping 90%...”

The correct information is as follows:

“For mothers over 45, the likelihood of a miscarriage is a whopping 90%...”

We apologise for any confusion this may have caused.

Answers to crossword:


East Adelaide Healthcare General Practice, established in February 2001, is dedicated to providing the best care and service, thereby ensuring the best health and wellbeing of our patients.

We believe your health is best managed by continuous care from the same source, however, we will refer you for specialist opinions, investigations and treatment when necessary.

To provide the best possible service and facilities for your needs it is necessary to charge realistic fees for treating you. Prompt payment of our account will help us keep fees down. Pensioners and Healthcare Card holders are treated at a discounted gap payment.

Credit card and EFTPOS facilities are available for your convenience. Our fees appear on the noticeboard and are available on request at reception. Additional services performed at the time of consultation may attract further charges. Services away from the surgery or provided after hours attract a surcharge fee for all patients, including Concession Card Holders. Please be aware that if you are referred to an outside service, these providers may charge fees.

If you have any problems or queries with your account do not hesitate to discuss the matter with your doctor or Practice Manager.

AFTER HOURS CARE

Our telephone is answered 24 hours a day. After hours all telephone calls to East Adelaide Healthcare are diverted to our answering service, who will organise the appropriate care for you. Doctors of the Practice are contacted by them as required. In an emergency please call Ambulance Service on 000.

APPOINTMENTS

The aim of this Practice is to keep appointments running to schedule. Priority is given to urgent cases where necessary and this may cause delays. If you require a longer appointment please advise Receptionist at time of booking.

INVESTIGATION/TEST RESULTS

All results are reviewed by the treating doctor. Please phone between 10am and 4pm for results, which will be given by the Registered Nurse at either location.

REPEAT PRESCRIPTIONS

A brief appointment is required for all repeat prescriptions.

PHONE CALLS

The doctors will take urgent phone calls where possible. If unavailable the doctor will return your call or alternatively you may speak with the Registered Nurse.

FEEDBACK

If you are unhappy with any aspect of the care you receive, please discuss this with your doctor or Practice Manager, Mrs. Gina Billibio.

We believe problems that arise are best addressed by the Practice. However, external complaints can be made to the Australia Medical Association – SA Branch ph 8361 0100.