RDMA
RDMA & NLMA's Joint Newsletter
Newsletter
NOVEMBER 2017

Thai Burma Railway and Hellfire Pass continued:

See Where We Work & Live on page 20.
http://anzacportal.dva.gov.au/history/conflicts/thaiburma-railway-and-hellfire-pass.pdf

President's Report Dr Kimberley Bondeson

Season's Greetings to everyone, hope you all thoroughly enjoy the wonderful festive season which will soon be upon us. Can't believe it is that time of year again with Christmas is just around the corner.

News articles are blaming Cut-Price Flu Vaccinations for this year's horror flu season. Various reports claim that the Australian government purchased cut price flu vaccinations, which did not work.

Reports also state that a vaccine, which is 4 times stronger, is available for an extra $2 per shot (claims are that the cheaper version was $6 a shot, whilst the stronger vaccine was $8 a shot, and was not available in Australia).

Whatever has happened, let us hope that this does not repeat itself in the 2018 Flu Season. I have been a General Practitioner for 20 years, and have never seen a flu season like it. And it is still ongoing.

We are living in a changing world, with virtual medical clinics now common in the USA, and the Australia public voting for Same Sex Marriage Equality. Voluntary Assisted Dying is been discussed in the lower house of parliament in Victoria. This Bill is proposed by the people, not by the medical profession, and is again an example of changing times.

Faecal microbiota transplants are being trialled in the treatment of IBS (irritable bowel syndrome), with good results, according to a small Norwegian study.

Always thought that small children eating dirt and such did not hurt them! Now it appears some of that may actually be beneficial.

The mining industry in Queensland seems to be on the increase. The Coal mine in Collinsville is again active, with its staff going from 45 to 600 over a period of 12 months, due to a new investor. Photos of Collinsville Pit miners and horses, going to work on the left. This is good news for the local community in Collinsville, and the surrounding townships which will supply the staff for the mine.

And now for more enjoyable news. This years End of Year Function is again at ''The Golden Ox", and Dr Bill Boyd, President of AMAQ is attending, and would welcome any questions and discussion on any relevant health issues and topics. We hope to see you there.

Kimberley Bondeson, RDMA President

RDMA & NLMA's Joint Newsletter

Welcome from Dr Robert (Bob) Brown

President Northside Local Medical Association

Note: Doctors in Training RDMA Membership is Free
RDMA Meeting Dates Page 2.

The Redcliffe & District Local Medical Association sincerely thanks QML Pathology for the distribution of the monthly newsletter.

RDMA Executive Contacts:

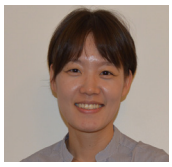
President:
Dr Kimberley Bondeson
Ph: 3284 9777

Vice President & AMAQ Councillor:
Dr Wayne Herdy
Ph: 5491 5666

Secretary:
Dr Larry Gahan
Ph: 3265 7500

Treasurer:
Dr Peter Stephenson
Ph: 3886 6889

Co-Meetings' Conveners
Ph:3049 4444
Ms Anna Wozniak
M: 0466480315
Email: qml_rdma@qml.com.au



Ph:3049 4444
Ms Amelia Hong
M: 0466480315
Email: qml_rdma@qml.com.au

Newsletter Editor Dr Wayne Herdy
Newsletter Publisher. M: 0408 714 984
Email:RDMAnews@gmail.com
Advertising information is on RDMA's website www.redcliffedoctorsmedicalassociation.org/

NLMA Executive Contacts:

President:
Dr Robert (Bob) Brown
Ph: 3265 3111
E: drbbrown@bigpond.com

Secretary:
Dr Ian Hadwin
Ph: 3359 7879
E: hadmed@powerup.com.au

Treasurer:
Dr Graham McNally
Ph: 3265 3111
E:gmcnally1@optushome.com.au

Meetings' Convener: TBC
Dr Graham McNally
Ph: 3265 3111
E:gmcnally1@optushome.com.au

RDMA 2017 MEETING DATES:

For all queries contact Anna Wozniak
Meeting Convener: Phone: (07) 3049 4444

CPD Points Attendance Certificate Available

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Wednesday	February	22th
Tuesday	March	28th
Wednesday	April	26th
Wednesday	May	24th
Tuesday	June	27th
Tuesday	July	25th
ANNUAL GENERAL MEETING - AGM		
Wednesday	August	23th
Tuesday	September	12th
Wednesday	October	25th
NETWORKING MEETING		
Friday	December	1st

RDMA NEWSLETTER DEADLINE

Advertising & Contribution 15 December 2017
Email: RDMANews@gmail.com
W: www.redcliffedoctorsmedicalassociation.org

NLMA 2017 MEETING DATES tbc:

For all queries contact Graham McNally
Meeting Convener: Phone: (07) 3121 4029
Email: gmcnally1@optushome.com.au

W:www.northsidelocalmedical.wordpress.com

CPD Points Attendance Certificate Available

Venue: Rotating Restaurants

Time: 6.45 pm for 7.15 pm

1	February	14th
2	April	11th
3	June	13th
ANNUAL GENERAL MEETING - AGM		
4	August	8th
5	October	10th
6	December	12th

Next Meeting Date 1st December 2017

RDMA Meeting for 25.10.17
Dr Kimberley Bondeson, RDMA President Introduced the Speaker for the night:

Dr Ben Dodd, Upper GI and Bariatric Surgeon, Topic "Weight Loss Surgery in 2017: Indications, Operations, Follow Up, Ensuring Lasting Success".

We are grateful for our sponsorship of the night which was Medtronic.

Below:
Photo 1. Dr Ben Dodd our speaker for the night who works at North Lakes and Wesley.
Clockwise:
Photo 2. New Member Michelle Ng works at Redcliffe Hospital with Anna Wozniak.
Photo 3. James Collins, New Member Thuy Pham and James MacDonald all from Redcliffe Hospital
Photo 4.
New Members Christina Ngo-Ngu-Yen and Progga Saha from Redcliffe.
Photo 5.
New Member David Wheatley, North Lakes GP.

Christmas Party

Redcliffe & District Medical Association Inc.

DATE: **Friday 1st December 2017**
TIME: 7.00pm for 7.30pm start
VENUE: Renoir Room - The Ox, 330 Oxley Ave, Margate
COST: Members Free of charge, Members' partners $60
Non-members $60, Non-members' partners $100

DRESS: Smart Evening Wear
SPONSOR: Redcliffe & District Medical Association Inc.
The Golden Ox

DETAILS: Meet & Greet with Dr Bill Boyd (President – AMAQ)

7:00pm - Arrival and Registration
7:30pm - Entrée served
Welcome by Dr Kimberley Bondeson - President RDMA Inc.
8:15pm - Main Meal
8:40pm - General Business, Dessert, Tea & Coffee

RSVP: By Friday 24th November 2017
(e) RDMA@qml.com.au or 0466 480 315

INSIDE THIS ISSUE:

Competitive Advertising Rates:

Full page A4: $560.00
Half page A5: $330.00
Qtr page A6: $260.00
Business Card size (new): $70.00
Advertorials: $260.00
Inserts: $260.00

The preferred A5 size is Landscape Format. and A4 size is in Portrait Format.

Please note the following discounts:

- **10% discount for 3 or more placements**
- **20% discount for 11 placements (1 year)**
- **Payments required within 10 working days or discounts will be removed unless a payment plan is outlined at the outset.**

CLASSIFIEDS

All classifieds subject to the Editor's discretion.

- **No charge** to current RDMA members.
- **Non-members $55.00**

If you would like to advertise in the next month's newsletter please email RDMAnews@gmail.com in one of the preferred formats (either a pdf or jpeg). Advertisers' complimentary articles must be in the same size as adverts. Members Articles are limited to an A4 page with approximately 800 words.

AMAQ BRANCH COUNCILLOR REPORT
Dr Kimberley Bondeson, Greater Brisbane Area

Mandatory Reporting and My Health Record Updates

The topic that is getting ongoing interest and momentum at the present time is that of mandatory reporting.

Mandatory reporting of Health Practitioners has risen a third in just the last 12 months (Australia Doctor, November, 2017), with more than 82% of mandatory notifications targeting doctors or nurses.

The AMA is advocating for national reporting laws to be brought in line with that of Western Australia, where treating doctors are exempt from making mandatory reports about doctors under their care.

State and Federal Health Ministers have recently released a discussion paper on this topic, through the Council of Australian Governments outlining four options to reform mandatory reporting.

We are still awaiting further developments.

Mental Health of doctors is one of the biggest issues in medicine. The president of Medical Deans ANZ, Professor Richard Murray, has suggested changing the way medical students are selected as a way of combating this problem.

They are looking at ways of equipping students and doctors with the skills to respond effectively to the inherent pressures of healthcare.

Essentially, the student and doctor need to be able to cope with patients and other health workers having an absolute “go at the doctor”.

I suspect the more unusual, is a doctor not having been subjected to this type of experience, at some time, in their professional career. (Australian Doctor, November 2017).

Now, onto My Health Record.

New figures have shown that in August 2017, General Practitioners uploaded and updated approximately 70,000 shared health summaries in My Health record (according to the Australian Digital Health Agency).

The data has also shown that only about 200 summaries were read by staff working in public and private hospitals, and about 2800 were viewed by other General Practitioner practices during the same month.

The cost to date of the My Health Record is around $2 billion over five years. The Federal Government is still pushing on with the My Health Record, and from December 2018, every Australian will have a My Health Record created unless they specifically opt-out.

According to Australian Doctor (November, 2017), the only reason General Practitioners were uploading documents at the moment was for the sake of Practice Incentive Program payments. It will be interesting to see how this unfolds.

Sincerely

Kimberley Bondeson

Positron Emission Tomography

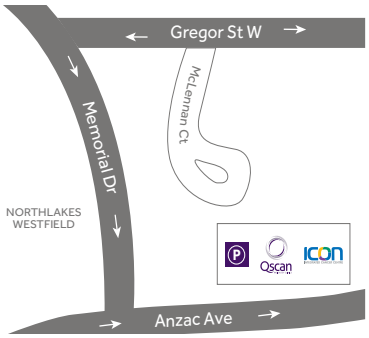
Qscan North Lakes New PET-CT Service

Qscan RADIOLOGY CLINICS

With great pride, Qscan Radiology Clinics announces the opening of a state-of-the-art PET-CT and oncology imaging service at North Lakes.

PET-CT services run by Dr Phillip Law (MBBS (UNSW), FRANZCR, FAANMS) local Qscan Oncologic Radiologist

- Latest Siemens ultra-large wide bore PET-CT
- Comprehensive range of PET-CT and oncology investigations
- Ultra HD time of flight corrected PET images
- Specialised interventional oncology procedures
- Bulk billing all Medicare eligible PET-CT scans
- Ample free on-site parking for patient convenience
- Urgent appointments available



Qscan North Lakes
9 McLennan Crt, North Lakes 4509
Mon - Fri: 8:00am - 5:00pm
P: 07 3448 8840 | **F:** 07 3880 6118
petnorthlakes@qscan.com.au

Interesting Tidbits NATTY MOMENTS:

DR. DEMENTIA HAS TEST FOR YOU (IF I DID IT--YOU CAN TOO!).
Here's another trick of Doctor Dementia's to test your skills.

Can you meet this Challenge?
We've seen this with the letters out of order, but this is the first time we've seen it with numbers. Good example of a Brain Study: If you can read this OUT LOUD you have a strong mind. And better than that: Alzheimer's is a long long, way down the road before it ever gets anywhere near you,

7H15 M3554G3

53RV35 70 IPROV3

HOW OUR M1ND5 C4N

DO 4M4Z1NG 7H1NG5!

1MPR3551V3 17H1NG5!

1N 7H3 B3G1NN1NG

17 WA5 H4RD 8U7 NOW, ON 7H15 LIN3

YOUR M1ND 1S

R34D1NG 17 4V70M471C4LLY

W17HOU7 3V3N

7H1NK1NG 4BOU7 17,

83 PROUD ONLY

C3R741N P30PL3 C4N

R3AD 7H15!

PL3453 FORW4RD If U C4N R34D 7H15.
To my 'selected' strange-minded friends: Only great minds can read this. This is weird, but interesting! If you can raed this, you have a sgtrane mnid, too. . Olny 55 people out of 100 can.

Donated by Dr Philip Dupre

CEO UPDATE:

AMA Queensland
LMA NEWSLETTER COLUMN

AMA Queensland partners with RSL Queensland to bridge the gap between GPs and veterans

AMA Queensland has joined forces with RSL Queensland to improve veterans' access to quality health care across the state.

Our affiliation will enable GPs who have served in the Australian Defence Forces (ADF) or who have experience in veteran-related health issues to be referred to veterans, current serving ADF personnel and their families through a database being developed by RSL Queensland.

There are more than 190,000 current and former servicemen and women in Queensland and, including their families, the state's veteran community is estimated to comprise more than 496,000 people.

Many of those in the veteran community are reluctant to open up to practitioners who have not experienced service life themselves, or who do not appreciate the unique health challenge and issues that can result from deployment to a war zone or transitioning back to civilian life.

AMA Queensland is committed to collaborating with RSL Queensland to improve access to healthcare for this sector of our community and is calling on all members with personal experience in the ADF or in treating veterans to identify themselves for inclusion in the database.

If you have experience in treating veterans or you've served in the Australian Defence Force and wish to be listed on the AMA Queensland and the RSL Queensland websites, please email membership@amaq.com.au.

Have your say on the Queensland Health ieMR system

We have recently had discussions with Queensland Health regarding the implementation and effectiveness of the Integrated Electronic Medical Record (ieMR) system.

We are currently surveying doctors to ensure we understand the benefits of the new system and ensure any emerging issues are addressed as the system continues to be rolled out across Queensland. I encourage all doctors who work in the public system to complete the survey.

Click here to access the survey from our website.

Jane Schmitt
CEO, AMA Queensland

AMAZING INDIA
By Dr Peter Stephenson

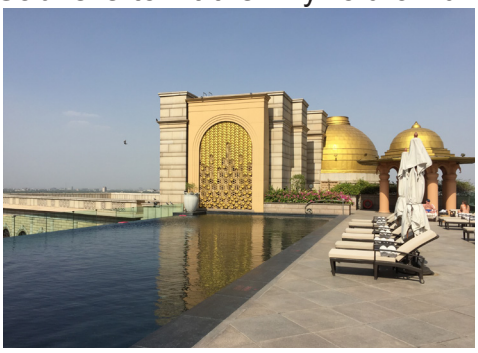
We flew into New Delhi via Singapore, arriving late at night. We had a bit of a delay trying to find our driver who was expecting us amongst the crowd outside. He was not allowed into the terminal; only passengers with tickets were allowed.

After a 30 minute ride in the late night traffic with the turbaned Fitipaldi at the wheel, we arrived at the best hotel in New Delhi: The Leela Palace. Our room was spacious and the bathroom gold plated and the service and food excellent.

Our guide Arther (sic) arrived at 8:30am, an educated gentleman who we put in charge of our three day sight seeing trip of New Delhi. Our driver was Fitipaldi again and he expertly drove us around in the traffic, grabbing every chance he could to get above 50 kph! Roundabouts were :"he who dares, wins!" If your nose is in front, you ease forward and hoot! Scooters and motorcyclists played by the same rules, the drivers wearing helmets to keep themselves legal. Beautiful girls were seated side saddle in their saris, their lovely heads covered from the sun. Evidently, there was no need for helmets for motorcycle passengers in India!

Our first stop was a large mosque the Jama Masjid. We had to get dressed in local dress to enter such as wrapping my waist in a skirt and Gabrielle in a sari. We also had to take our shoes off. We then had our lunch in a local café after a short ride in a tuk-tuk and a visit to a spice market. While eating, my mind was thinking about Delhi belly, but the food was good and Delhi belly did not appear then, and or at any time during our stay in India. My $500.00 worth of medicines were brought back home!

Next stop was an Indian "Arc de Triomphe" or Marble Arch, where one of the Indian tourists asked my wife Gabrielle to lift their 4yr old child up and have photos taken of them. She was like a celebrity!



Then we visited briefly an area of big government buildings built during the time of the British Empire and as the outside temperature was becoming oppressive, we retired to our hotel and to sit beside the pool. The pool was on the roof, 11 storeys above the street, and did not have much shade. The sign said air temp 43, pool temperature 29! I think the 43 was on the street as it did not feel that hot.

That evening we went to a posh restaurant that was recommended on Trip Advisor. On the way out after a tasty meal, our attentive waiter gave us a card with his name and the Trip Advisor logo on it for us to give him and the restaurant a good plug. No wonder it was top of Trip Advisor!

The next day started with a visit to the tallest old structure in New Delhi which was the Qutb Minar, a 73 metre brick minaret tower that spiralled upwards decreasing in size. Public access to the inside of the tower has been stopped because of a stampede of visitors and many people were killed.

This was followed by a visit to the Ba Hai Temple which is an amazing modern building in the shape of a lotus flower in a pond. A service was going on and we were allowed to enter and leave during breaks in the service.

Arther then took us to the Sikh Golden Temple which lived up to its name as it was covered in the gold leaf. There was a service going on as well which was a bit disconcerting, as we wandered around the temple, worshippers were dropping to their knees and praying. Arther showed us the huge kitchen that was cooking a mid day meal for the poor. The diners were seated ready to move in the eating area but did not look poor. Arther said that the meal was free but the diners were expected to give a donation and having a meal in the Golden Temple was a life experience. I have since found out that all cities in India have Golden Temples that do the same service to the poor.

We were now quite happy to return to our luxurious hotel and have some room service lunch beside the roof top glorious pool.

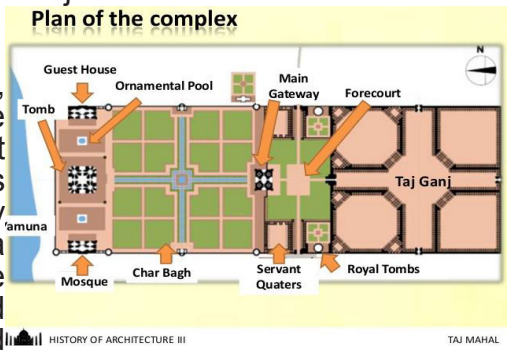
Continued on Page 10

AMAZING INDIA By Dr Peter Stephenson continued from page 9

The following day, Arther took us to the bustling railway station to catch the train to Agra where the Taj Majal is situated, south east of New Delhi. His help was invaluable, negotiating for one porter to carry our huge two bags for a small fee. We were in "first class" and he had a ticket in second class. We then found out that he had come down from Agra to New Delhi, especially for us and he lived in Agra. First class was really basic seating and the carriage had two toilets. One European style and the other the hole in the floor with two foot pedestals.

The journey was quite smooth, reaching speeds of 120kph and about 3.5 hours later, we arrived in Agra and entered the Taj Mahal precinct. . Wikipedia: The Taj Mahal is a white tomb built in the 17th century by the Mughal emperor, Shah Jahan, in memory of his wife, Mumtaz Mahal. She was his third wife. Eventually, Shah Jahan was entombed in the Taj Mahal with his wife.. We were the only caucasian tourists amongst a throng of Indian tourists and again, Gabrielle was requested to pose with them.

Pictures of the Taj only show the white marble building, but it is only a centre piece of a large complex. It is situated beside a wide river (Yamuna) and evidently the ruler wanted to build a black marble Taj on the other side but he ran out of money.



After the Taj, we visited the Red Fort which was close by which was a formidable building and made with red stone.Wikipedia: It was the main residence of the emperors of the Mughal Dynasty till 1638, when the capital was shifted from Agra to Delhi. The Agra fort is a UNESCO World Heritage site. Then Arther took us to the nearby station called Agra Fort. It was not the same station that we arrived on (Agra Cantt) and a totally separate train system. We said a sad good bye to Arther who kindly waited with us on the platform till the train arrived and till we were safely on the train to Jaipur.

Leaving Agra, I photographed the rubbish tip that was the area beside the railway line. Very sad as it was the only dirty area that we had seen so far on our trip. After leaving the tip, we had neat open fields each with its own small thatched hut that I was keen to find out what was in them. The internet says that cow pats are stored in them, but I did not see any cows at that time of day.

Arriving in Jaipur late that night after 5hrs, we were met at the station by our guide who took us to our quaint hotel. It had a tiny old fashioned lift and a tiny swimming pool in the basement beside the restaurant. The next day, our guide took us for a tour of Jaipur known as the "Pink City". It really was not painted pink but a pinkish terracotta colour. We passed the Hotel in the Lake on the way to the magnificent Amer Fort. Wikipedia: Amer Fort is a fort located in Amer, Rajasthan, India. Amer is a town with an area of 4 square kilometres (1.5 sq mi) located 11 kilometres (6.8 mi) from Jaipur. Just before going up to the fort and inside the complex, we stopped to admire the immensity of the huge structure.

A pair of snake charmers quickly approached us and extracted 200 rupees about $4.00 Aus. The fort is ringed by a small "Wall of China", a wall that is built along the top of the surrounding ridges and includes the town of Amer. Inside the fort is the magnificent Amber palace. The highlight in the palace is a building with thousands of small convex mirrors on the walls and ceilings. We were told that at night, candlelight would reflect like stars.

The Multi Mirrored Pavilion

The Amber Palace

We were driven up into the palace by our tour guide but we could have had an elephant ride like other tourists. On the way down, he also took us to other temples with interesting carvings, dedicated to many dignitaries, too numerous to remember.

We returned to Jaipur for lunch in a local café at the choice of our guide. He then dropped us off at the astronomical observatory. Thinking it was inside like our Brisbane observatory, we left our hats in the car, only to **Continued on Page 11**

AMAZING INDIA By Dr Peter Stephenson continued from page 10

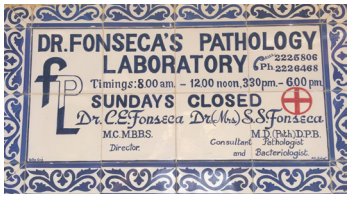
find it was outdoor in the blistering sun, and so we had to call our driver back for our hats!

The 18th. century atronomical observatory was an amazing collection of antique sundials including the largest sundial in the world and full size instruments for mainly tracking the sun, but it also had instruments to track the stars! Wikipedia: The Jantar Mantar is an equinoctial sundial, consisting a gigantic triangular gnomon with the hypotenuse parallel to the Earth's axis. On either side of the gnomon is a quadrant of a circle, parallel to the plane of the equator. It was well worth at least an hour's browsing.

We flew back to New Delhi for a night and went on to Kathmandu the next day, also by air. Kathmandu looked like a suburb of Delhi to me; just as busy and crowded with the same driving manners. We could not see the surrounding mountains because of the smog. After a bit of rain, we managed to see them. Kathmandu was devastated by a severe earthquake in 2015 and sadly renovations were being continued in 2017, including our elderly hotel The Shankar. Our guide took us to many temples, the highlight being the Monkey Temple. Monkeys were playing in a swimming pool like a bunch of kids and were fun to watch. All was peaceful till a fellow tourist walked in with some human food in her bag and she was set upon and robbed. Dogs were also plentiful in this temple too, and I would have liked to pat them but rabies was on my mind.

A pagoda at Bhaktapur; note the props on the left of the picture. They were everywhere. Another memorable site was the crematorium, sited beside a river that led to the Ganges. Cremations were happening 24/7 and we saw two. The body was placed on top of a pile of wood after being carried around the pyre three times by children of the deceased who had their heads shaved. The eldest then lit the fire. Once the fire had burnt to cinders, the ashes were pushed into the river that was just a trickle. I noticed that charred wood in the river was being recycled. At one end of the crematorium was where the royalty and dignitaries were cremated. A body lay in this area, unattended, watched over by a huge bull standing motionless on a bridge. I could see the irony of this scene. Nepalese are mainly Hindu like in India and vegetarians. Many a cow and bull were wandering the streets of India and Kathmandu! The top end of the crematorium. There is a body on the stretcher, lying in the sun. The bull pictured was overlooking this scene waiting for a human cremation .

After a few days in Kathmandu, we returned to India by flying down to a resort in southern Goa via Mumbai for six days. From the airport, we were taken by taxi by yet another racing driver. Goa was totally different countryside to what we had experienced on our train trips, and had no smog. Trees were everywhere, belying the high rainfall. It only started raining at the end of the week that we were there. The high light was a visit to three huge cathedrals that were within walking distance of each other. One had been converted to a museum which cost a few dollars to enter but well worth it. In old Goa, we wandered around suburb that was very Portuguese in character as it used to be a colony like Hong Kong. We found a sign for a small pathology lab (photo above). On one day, we had lunch in a spice farm after we had a guided tour of all the spice trees and shrubs. Our resort was near a long sandy beach, complete with lifesavers wearing the distinctive red and yellow!



We ate in restaurants overlooking it a few times and watched the sun go down, and buying jewellery from the locals. We also had rides in Tuk-tuks. On one trip in a tuk-tuk which I was videoing, we nearly hit some women walking on the street! Indian drivers!

Goa was the end of our Indian trip as we flew out of India via New Delhi to the UK. Our time there certainly lived up to the television adverts titled: "Amazing India!"

Dear RDMA Colleague

SCREENING FOR HYDROXYCHLOROQUINE TOXIC RETINOPATHY: CHANGES IN INTERNATIONAL GUIDELINES

Summary

New guidelines for the ophthalmic screening of patients who are taking Hydroxycholoquine have been published. They confirm the use of Ocular Coherence Tomography (OCT) and blue auto-fluorescence (BAF) to detect the earliest signs of toxicity and recommend annual screening. I have summarised these below.

Introduction

Hydroxychloroquine is a well-established and frequently prescribed pharmaceutical, and there have been significant changes in the use of it for SLE in particular following the LUMINA trial[i]. There have been technological advances in ophthalmology and new epidemiological evidence that suggests the rate of retinal toxicity is higher than previously thought[ii]. This has led to the revision of guidelines in the UK[iii] and the USA[iv] for hydroxychloquinine retinal toxicity screening. As yet there are no Australia specific guidelines from the Royal Australian and New Zealand College of Ophthalmology.

New technology

In the past ophthalmologists could not detect toxicity reliably before a decline in vision which could be simply detected on a visual acuity chart. However new technology allows ophthalmologists to detect toxicity before visual loss in many cases and so the case for screening with new technology is now robust.

New screening best practice

In the light of current evidence I believe a regime of initial review followed by annual screening after 5 years of treatment is now best practice for all patients taking less than 5mg/Kg for actual weight (as opposed to 6.5mg/kg ideal weight as previously). More regular screening is required for patients:

- taking higher doses
- with renal impairment
- taking tamoxifen
- with other visual problems or maculopathies

The latest guidelines

As I read through the guidelines[v] and some relevant ophthalmological papers[vi] and started to work out what the Moreton Eye Group's practice should be, I produced a summary table that you might find helpful.

Continued on Page 13

Continued From Page 12

SCREENING FOR HYDROXYCHLOROQUINE TOXIC RETINOPATHY: CHANGES IN INTERNATIONAL GUIDELINES

Dr Graham Hay Smith, Moreton Eye Group

SUMMARY OF CURRENT GUIDELINES	RCOphth (In draft 2017)	AAO (2016)	Sanofi (Australian guidelines 2017)
Screening advised	YES: 1. Initial baseline tests and fundal exam within 6/12 of starting HCQ 2. Annual screening tests and review after 5 yrs of Tx	YES: 1. Fundus exam within 1 yr of starting HCQ. Screening tests if indicated. 2. Annual screening tests and review after 5 yrs of Tx 3. sooner if "major risk factors"	YES: 6/12 from commencement of HCQ if < 6mg/kg Ideal Body Weight or 3-4/12 if > 6mg/Kg IBW, renal impairment, hepatic impairment, elderly, visual disturbances, duration > 8yrs
Dosage:	< 5mg/kg Actual Body Weight	< 5mg/kg Actual Body Weight	< 6mg/kg Ideal Body Weight
Systemic disease		Renal disease	
Ocular disease		maculopathy retinal disease	
Drugs	Tamoxifen	Tamoxifen	Tamoxifen
Screening tests	1. 10-2 computerised perimetry (CP) (all patients) 2. SD-OCT 3. Widefield AF (if abnormal then 30-2 CP) 4. If above inconsistent/uncertainty then multifocal electroretinopathy (mfERG)	1. Ocular exam *European/black/hispanic* 2. 10-2 computerised perimetry (CP) 3. SD-OCT *Asian* 4. 24-2 or 30-2 CP 5. Widefiedl SD-OCT	Slit lamp bimicroscopy Visual Fields
Further tests		Widefield SD-OCT mfERG	

Yours sincerely

Dr Graham Hay-Smith
FRCOphth, FRANZCO
Consultant Ophthalmologist with a special interest in Medical Retina, Inflammatory Eye Disease and Glaucoma
CEO Moreton Eye Group

Continued Page 14

SCREENING FOR HYDROXYCHLOROQUINE TOXIC RETINOPATHY:*from Page 13*

APPENDIX

1. New technology:
   - Spectral domain OCT (SD-OCT)
   - Blue Autoflorecensce (BAF)
   - Multifocal Electoretinoretinography (mfERG)

2. Availability of tests:

We have currently high resolution Heidelberg Spectral domain OCT (SD-OCT) and Blue Autofluorescence at our 2 centres with research capability (Redcliffe and Caboolture) and plan to have an even newer wide field Heidelberg SD-OCT at our new clinic and day hospital in North Lakes when the new hospital opens later this year. This could be helpful for Asian patients.

3. Medicare rebates:

There is a rebate from Medicare for Computerised Perimetry, however the other tests do not have a rebate code. Medicare Item 11219 which allows for a single annual OCT is only available to confirm the eligibility for PBS funded intravitreal injections and so cannot be used. In my opinion RANZCO may find it difficult to provide local guidance for rheumatologists, other physicians and ophthalmologists while the necessary tests mentioned above do not attract a Medicare Item.

REFERENCES

Alarcón GS1, McGwin G, Bertoli AM, Fessler BJ, Calvo-Alén J, Bastian HM, Vilá LM, Reveille JD; LUMINA Study Group. Effect of hydroxychloroquine on the survival of patients with systemic lupus erythematosus: data from LUMINA, a multiethnic US cohort (LUMINA L). Ann Rheum Dis. 2007 Sep;66(9):1168-72. Epub 2007 Mar 27.

[ii] Melles RB, Marmor MF
The risk of toxic retinopathy in patients on long-term hydroxychloroquine therapy.
JAMA Ophthalmol. 2014 Dec;132(12):1453-60. doi: 10.1001/jamaophthalmol.2014.3459.

[iii] RCOphth Draft guidance for consultation 12 July 2017.
https://www.rcophth.ac.uk/2017/07/hydroxychloroquine-and-chloroquine-retinopathy-recommendations-on-screening-membership-consultation/

[iv] AAO Quality of Care Secretariat, Hoskins Center for Quality Eye Care
Recommendations on Screening for Chloroquine and Hydroxychloroquine Retinopathy - 2016 MAR 2016 ; REVISED MAR 2016
https://www.aao.org/clinical-statement/revised-recommendations-on-screening-chloroquine-h

[v] Sanofi Product Information. http://www.guildlink.com.au/gc/ws/sw/pi.cfm?product=swpplaqu10217

[vi] Yusuf IH, Sharma S, Luqmani R, Downes SM. Hydroxychloroquine retinopathy. Eye 31, 828-845 (June 2017) | doi:10.1038/eye.2016.298

Myasthenia Gravis: An emerging toxicity of immune checkpoint inhibitors **A/Prof Jim Coward, Icon Cancer Care Chermside/South Brisbane**

Over the past five years, targeted immunotherapy has created a major paradigm shift within the therapeutic landscape of numerous solid tumours. Manipulation of pathways which mediate blunting of anti-tumour immunity has predominantly focused on the development of inhibitors directed against immune checkpoint modulators such as cytotoxic T-lymphocyte associated protein 4 (CTLA-4), programmed cell death protein 1 (PD-1) and its' ligand, PD-L1. The introduction of these novel agents has not only witnessed unprecedented extensions in survival outcomes for patients with malignant melanoma, lung, renal and head/neck cancers, but reveals a plethora of immune related toxicities for which early recognition and appropriate clinical management are paramount. Autoimmune events including hepatitis, colitis, pneumonitis, dermatitis, nephritis, endocrinopathies and hypophysitis are well recognised phenomena which represent a manifestation of dysregulated inflammation induced by immune checkpoint inhibition. As the utilisation of these targeted agents expand, further toxicity issues have emerged. Recently, this has been exemplified by both de novo presentations and exacerbations of pre-existing myasthenia gravis (MG) which, to date, has been reported in 23 cases in the literature, with one such case described herein:

An 85-year-old woman with metastatic melanoma with left axillary lymphadenopathy commenced single agent pembrolizumab (2mg/kg; q3 weeks) and tolerated the first cycle without any significant toxicity. Shortly after the second cycle, she presented with diplopia that was subsequently followed by asymmetrical bilateral ptosis (L>R). The remaining neurological examination was unremarkable and there was no evidence oesophageal dysmotility or respiratory compromise. Brain magnetic resonance imaging (MRI) confirmed no evidence of metastatic dissemination and both acetylcholine receptor antibodies (AChR-Abs) and anti-muscle-specific kinase antibodies (anti-MuSK-Abs) were normal. In view of the high clinical suspicion of ocular myasthenia gravis (oMG), she commenced systemic treatment with intravenous immunoglobulin (IVIG) (30g/300mL daily for five days), prednisone (100mg o.d. for seven days) and pyridostigmine (90mg daily). This regimen elicited a swift clinical response with complete resolution of bilateral ptosis and diplopia. She continued a maintenance schedule of monthly IVIG and daily oral pyridostigmine without any further symptomatic recurrence. In view of the de novo presentation of oMG, pembrolizumab was discontinued and the patient passed away shortly afterwards from unrelated cardiac issues.

In my recent publication (Makarious et al. Eur J Cancer. 2017 Sep;82:128-136), among the 23 reported cases of immune checkpoint inhibitor associated MG, 72.7 % were de novo presentations, 18.2% were exacerbations of pre-existing MG and 9.1% were exacerbations of subclinical MG. The average onset of symptoms was within 6 weeks (range 2-12 weeks) of treatment initiation. In addition, there was no consistent association with elevated acetylcholine antibody titres and the development of immune checkpoint inhibitor related MG. Significantly, there was a 30.4 % MG specific related mortality. In summary, although neurological sequelae of immune checkpoint inhibitors are relatively rare, MG in particular is becoming an increasingly recognised phenomenon with potentially fatal outcomes witnessed in just under a third of the cases reported in the literature. In light of this growing evidence, it is recommended that physicians are cognisant of this toxicity and have a low threshold for aggressive intervention.

SAME SEX MARRIAGE VOTE
Article by Dr Mal Mohanlal

The recent vote on the same sex marriage proves the point that one cannot depend on the masses to bring about sanity into this world.

It also proves the point that politicians will do anything to buy votes and one cannot depend on the politicians to lead us to improve the mental health of society.

Yes whoever said that "The voice of the people is the voice of God" in my mind must have been a politician.

You see I have nothing against same sex marriage. Yes, as far as I am concerned, same sex couples should be entitled to the same privileges as the heterosexual couples. But they should use a different label for their union. Why?

Because the way we use words in our mind has a direct effect on our mental health and the way we feel.

The word 'marriage' implies a union of a male and female. If we include same sex couples in this definition we are redefining marriage and creating a contradiction.

Now contradiction is always bad for our mental health. It distorts our perceptions. It is like a bug in the computer program which leads the program to crash.

Please let me explain how words affect our perceptions.

Now everyone knows what the word 'accident' means. It is an unhappy event that can occur to anyone at any time and any place, no matter how much care and precaution one might take.

It is in fact never a preventable event when it occurs. All accidents are therefore unpreventable.

Yet in hindsight all accidents are preventable.

So when we use the term 'preventable accident' the words instantly distort our perceptions. And we may respond with 'You should not have done that'.

However, the person who was involved in the accident knows he should not have done that and is left with the consequences. It was truly an accident.

Hence may I appeal to all my learned friends and politicians that if you care about improving the mental health of society, please do not create more contradictions?

Why not use a different label for same sex marriage and I am sure the majority will have no objection to what is being proposed?

To discover the truth in what I have written please try to disprove what is written. " Read the "The Enchanted Time Traveller – A Book of Self-knowledge and the Subconscious Mind" and learn how words have a hypnotic effect on the individual and how words influence our subconscious mind.

Visit Website: http://theenchanted-timetraveller.com.au/

Dr Mal Mohalal

Galapagos:

by Cheryl Ryan

Home to some of the rarest and fearless animal species on earth,

Galapagos is a bucket-list destination for wildlife enthusiasts. It is a land of cactus forests, rich green highlands, stark lava formations, spectacular tropical beaches and enchanting turquoise bays.

The wildlife in this island paradise is exotic and rare.

This fabulous holiday retreat is located in the Pacific Ocean nearly 600 miles away from the coast of Ecuador.

The geological formation of Galapagos Islands is unique and each island has its own ecology.

Being a pristine natural laboratory in the world, this vacation destination offers an amazing array of endemic species such as sea iguanas, sea lions, giant tortoises, fur seals and a wide range of birds.

An array of activities

There are many other outdoor activities to take up in addition to exploring the wildlife of Galapagos. A trek through the crescent-shaped volcanic landscapes, taking a peek of the exciting sea wildlife during snorkeling or kayak on the tranquil bays of the crystal clear waters certainly will add a dash of more fun and excitement to your holiday experience.

What we have planned for you?

The detailed itinerary covers all the popular and untouched point of interests in the Galapagos Islands. It takes you to the Baltra Island, Santa Cruz Island, Floreana Island, Espanola Island, San Cristobal and Santa Fe.

- Watch some of the rarest and fearless wildlife of Galapagos.
- Visit the largest colony of amazing frigate birds in the Galapagos Islands.
- Take glimpses of the Marine Iguana, the only marine lizard in the world.
- Snorkel with white-tipped sharks and sea lions.
- Visit Quito, an old town in Galapagos Island, which is also a UNESCO World Heritage Site.

Get ready for a trip to Galapagos to explore its exotic wildlife and much more with us!

www.123Travelconferences.com.au

Planning for Aged Care is more than moving into an Aged Care Facility

Our chances of living longer are increasing as life expectancies continue to increase. At age 65 a person's chance of needing aged care during their remaining lifetime is 68% for females and 48% for males. Old age can be associated with declining cognitive abilities, resulting in problems when managing personal finances. However, it is at this time in life many financial decisions are required to ensure adequate income is available to fund, not only retirement years, but changing care needs.

Financial planning for aged care does not simply involve structuring finances to fund a move into an Aged Care Facility. Planning for aged care includes educating clients about what choices are available as their care needs change during their retirement years. Early planning and good advice can take the stress out of aged care decisions and improve lifestyle quality by providing guidance and peace of mind by:

- Helping to create a clear plan for aged care
- Facilitate family discussions to minimise family disputes
- Understand all available choices for aged care living, the decision/actions needed to secure appropriate levels of care and the costs involved eg, Independent Living, Retirement Villages, Assisted Living, Commonwealth Home Support Programs, Home Care Packages, Residential Aged Care Living.
- Review of financial situation to help evaluate affordability of available options
- Develop strategies to optimize financial position
- Review estate plans to avoid unintended consequences

Most people prefer to stay in their home for as long as their health and physical ability allows. Many people choose to downsize to a home that requires less upkeep and gardening as they get older. If you are lucky enough to have good friends and family living nearby they may be able to help where needed to enable you to stay in your home. Additional help is also available through more formal channels. The Government encourages and supports a range of community supports and services run by private and charitable organization to help older people to live well and remain independent in their homes.

As you can see there are many different choices available when planning for aged care. The Government acknowledges the growing demand for aged care services and has/is introducing many changes - including a greater focus on user pays. This has resulted in an ever changing system which causes confusion for the end user, normally an elderly person that may be suffering from declining cognitive abilities, trying to access services. In addition, the costs associated with aged care are complex and difficult at the best of times.

Navigating available options, the costs and deciding upon the best way to structure finances to pay for care needs can be challenging. Getting the right information and advice can help elderly patients make the best choices for their future care, security and happiness. If you have aging patients whom may benefit from our services please encourage them to contact us. This will enable them to make informed decisions and understand the actions needed to plan for their future needs.

With an aging population we are focusing on simplying the aged care process for our clients to ensure a stress free journey. We have staff trained in Aged Care if you have any questions please feel free to call us here at Poole Group 54379900.

Yours in Aged Care

Kirk Jarrott

Australian Medical Association Limited
42 Macquarie Street, Barton ACT 2600:
PO Box 6090, Kingston ACT 2604
ABN 37 008 426 793
T: (02) 6270 5400 F (02) 6270 5499
Website : http://www.ama.com.au/

AUSTRALIA DELIVERS HEALTHY VOTE FOR MARRIAGE EQUALITY – TIME TO LEGISLATE AGAINST DISCRIMINATION

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

The AMA welcomes today's strong 'YES' vote (61.6 per cent) from the same sex marriage national postal survey.

AMA President, Dr Michael Gannon, said that the Federal Parliament must now heed the overwhelming message from the Australian people and legislate for marriage equality.

"It is time to end the discrimination and lift the health burden from our LGBTIQ population," Dr Gannon said.

"The AMA clearly expressed its support for same sex marriage with our Position Statement on Marriage Equality earlier this year.

"Along with the majority of Australians, as shown by today's survey result, the AMA believes that two loving adults should be able to have their relationship formally recognised.

"This is not a debate about same sex parenting or religious freedom or the school curriculum - it is about ending a form of discrimination.

"There are evidence-based health implications arising from discrimination.

"Discrimination has a severe, damaging impact on mental and physiological health outcomes.

"People who identify as LGBTIQ experience substantially poorer mental and physiological health outcomes than the broader population.

"They are more likely to engage in high-risk behaviours such as illicit drug use or alcohol abuse, and have the highest rates of suicidality of any population group in Australia.

"LGBTIQ Australians are our doctors, nurses, teachers, politicians, police officers, mothers, fathers, brothers and sisters and they deserve the same rights as every other person.

"The AMA wants to see an end to all forms of discrimination against LGBTIQ Australians.

"It is now up to our Parliament to act.

"We hope to see this matter resolved before the end of the year and we urge all Australians to respect the rights of LBGTIQ people, their families, and friends.

"More than 25 other countries have already passed same sex legislation. Australia should join them."

15 November 2017

CONTACT:

John Flannery, 02 6270 5477 / 0419 494 761

Maria Hawthorne, 02 6270 5478 / 0427 209 753

Follow the AMA on Twitter, @ama_media, @amapresident, @amaausmed, @AMAGenPractice

Like the AMA on Facebook

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION INC
MEMBERSHIP SUBSCRIPTION BENEFITS

ABN: 88 637 858 491

Notice to New and Past Members

Don't waste time! Join now!

CPD Points Certificate Available

Get Your Membership Benefits! Socialise! Broaden your Knowledge!

Dear Doctors

The Redcliffe and District Medical Association Inc. have had another successful year of interesting and educative meetings on a wide variety of medical topics. Show your support for your Local Medical Association to continue the only local convocation for general practitioners and specialists to socialise and to discuss local and national medico-political issues.

This subscription entitles you to ten (10) dinner meetings, a monthly magazine, an informal end of the year Networking Meeting to reconnect with colleagues. Suggestions on topics and speakers are most welcome. Annual subscription is $120.00. Doctors-in-training and retired doctors are invited to join at no cost.

RDMA SUBSCRIPTION FORM - INTERNET PAYMENT PREFERRED

Treasurer Dr Peter Stephenson Email; GJS2@Narangba-Medical.com.au

ABN 88 637 858 491

1. One Member (July to June: $120.00; Oct to June: $90.00; Jan to June; $60.00; April - June: $30.00)
2. Two Family Members ($20.00 Discount each) ($200 pro rata) (Please include each person's details)
3. Doctors in Training and Retired Doctors: FREE

1. Dr _____

(First Name) *(Surname)*

Email Address: _____

2. Dr _____

(First Name) *(Surname)*

Email Address: _____

Practice Address: *Postcode:* _____

Phone: *Fax:* _____

CBA BANK DETAILS: Redcliffe & District Medical Assoc Inc: BSB 064 122 AC: 0090 2422

1. PREFERRED PAYMENT METHOD: INTERNET BANKING

2. PAYMENT BY DEPOSIT SLIP: INCLUDE your name: ie: Dr F Bloggs, RDMA A/C and Date

3. ENCLOSED PAYMENT: (Subscription Form on website, type directly into it and email)

i) Complete Form and Return: C/- QML or RDMA at PO Box 23 Redcliffe 4020

2) Or Emailing to GJS2@Narangba-Medical.com.au

The Burma Railway and Hellfire Pass cont:

http://anzacportal.dva.gov.au/history/conflicts/thaiburma-railway-and-hellfire-pass.pdf

The Thai–Burma Railway continued:

The Building of Hellfire Pass

The Thai–Burma railway was built in 1942–43 to supply the Japanese forces in Burma, bypassing the sea routes that were made vulnerable when Japanese naval strength was reduced in the Battles of the Coral Sea and Midway in May and June 1942.

Journeys

For most Allied prisoners of war the journey to the Thai–Burma railway was the first taste of the gruelling life that awaited them as workers for the Japanese.

Surviving

Illness and death were constants on the Thai–Burma railway. Approximately 12 800 of more than 60 000 Allied prisoners of war, and up to 90 000 rŏmusha, died between 1942 and 1945.

Thai and Burmese Involvement

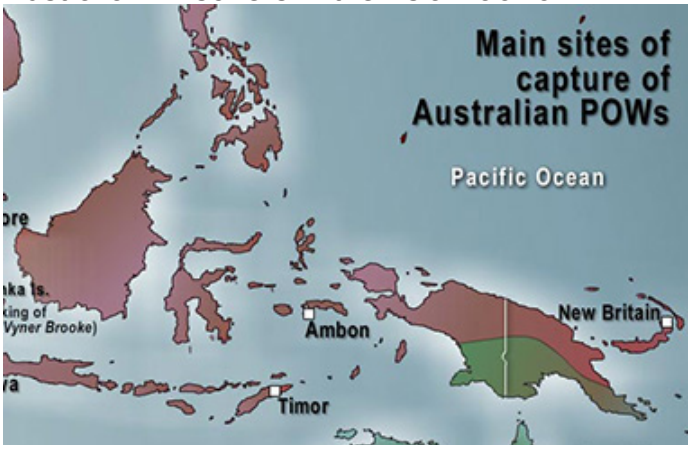
The history of the Thai–Burma railway is often told with little reference to the people on whose territory much of it was built: the Thais.

After the war

For Australian prisoners of war the Japanese surrender on 15 August 1945 was the first step towards their coming home.

Locations

Australian Prisoners in the Asia-Pacific



Locations in South East Asia where Australians were captured and the main sites of capture of Australian POWs including maps and descriptions.

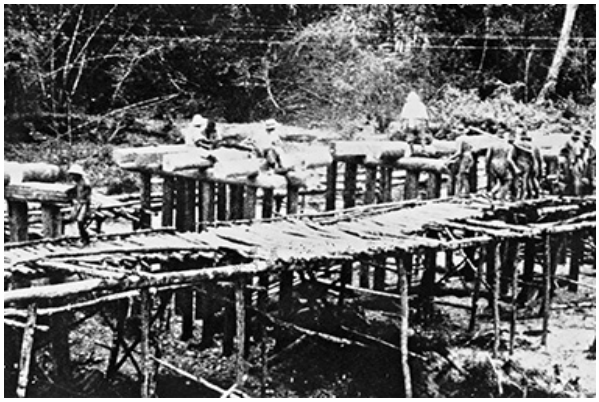
Camps near Hellfire Pass

In early to mid-1943 many thousands of Allied prisoners of war and Asian rōmusha were brought by the Japanese to work on the construction of the Thai–Burma railway in the Konyu–Hintok region. To accommodate them a network of primitive camps sprang up at various points along the Kwae Noi and the road heading north to Burma (now Myanmar).

After the War

Camps of F Force

The story of F Force is one of the most terrible of the Thai–Burma railway. One of the last labour forces to leave Changi, Singapore, in mid-April 1943, F Force consisted of 3662 Australians and 3400 British.



Camps of F Force

Remembering the Railway

In the decades since 1945 prisoners of war and the Thai–Burma railway have come to occupy a central place in Australia's national memory of war.

Remembering the Railway

Continued next month.