

Message from the Tonic Media Network Editorial Committee*

Welcome to another edition of *Practice Connect* – your personal, practice and patient focussed newsletter with up-to-date news and information.

Testing for prostate cancer - new recommendations

Prostate cancer screening comes closer.

It is estimated that there were 26,368 new cases of prostate cancer diagnosed in Australia last year. According to Cancer Australia, a male has a 1 in 6 (or 18%) risk of being diagnosed with prostate cancer by the age of 85.

Many men and their partners are puzzled by the fact that while there's screening for bowel, breast and cervical cancer, there's no official screening programme for prostate cancer. That's because there hasn't been a reliable test for the prostate as blood in the poo, mammography or cervical smears. The blood test that's done for prostate cancer – the PSA or prostate specific antigen - is not actually a test for cancer. It goes up when the prostate is enlarged or inflamed and with cancer while it usually is high, that's not always the case. So, by itself it's problematic and in the past has usually led to a biopsy and sometimes surgery when they might not have been needed.

All that has changed significantly with the recognition that in expert hands, an MRI scan of the prostate for men with a raised or rising PSA test can tell you with much more accuracy what's going on. PSA testing followed by MRI when needed, has cut the need for biopsies by up to 50%, which means many men don't have to subject themselves to an invasive test. When the biopsy is needed, the surgeon knows exactly where to go and the seriousness of the cancer, if it is present can be better assessed. This has cut the need for radical surgery because men can be monitored with both PSA tests and repeat MRI's if appropriate.

The bottom line is that while costly, it means that the reliability of the process is much higher and offers peace of mind to both doctors and men.

The Prostate Cancer Foundation has recently released recommendations along these lines and is encouraging GPs to offer testing to men from the age of 40 on. There are still issues around

out of pocket costs and availability of MRI prostate scanning in regional and rural areas, although Medicare Benefits are available if the man meets certain criteria.

Use your Tonic TV to remind patients about prostate cancer screening

If your practice has a Tonic TV, we can help you promote screening and other services. You have access to 3 minutes every hour to promote your practice using either static slides or supplying us with videos of a 30 or 60 second duration.

A slide appears on screen for 15 seconds and can promote important information such as:

- Operating hours
- · Services offered such as screening
- Local health updates
- Seasonal vaccination reminders
- New staff
- Special events and clinics

We can create the slides for you. Simply contact us with the information you'd like to share on screens, and we will design slides to promote your practice.

Do dairy and chocolate really make acne worse?

If you find a food reliably brings on a symptom like a headache or a rash, or worsening acne, then for you that food is probably a trigger. In consultation with your GP, it may be worthwhile avoiding it to see if it makes a difference.

With acne though, the commonly assumed food triggers are dairy and chocolate. The question is whether the evidence supports the belief?

Acne is common and results from skin pores becoming blocked with all sorts of things but mainly fatty secretions, skin cells and bacteria which causes the well-known pimples, whiteheads, and blackheads.

The fatty secretion is called sebum and in most people with acne they carry genes that produce thick sebum which is more likely to get stuck in the pores. Conditions such as polycystic ovarian syndrome increase the chances of having acne probably due to excessive male hormones (androgens). The Western diet is also a risk factor and interestingly people who grow up in a society with low levels of refined carbohydrates have lower levels of acne but when they move to a country with an unhealthy diet, their acne risk goes up. Oral contraception may also be weakly linked to acne risk.

The strength of genes illustrated by the fact that identical twins are much more like to both have acne that fraternal twins.

For those who follow social media, you'll find plenty of people who swear their changed diet has cured them of acne. What you don't see are all the people for whom dietary change has made no difference. Nonetheless people with acne when asked, do feel that nutritional advice has been neglected by their health practitioner.

So what about dairy and chocolate?

Studies have not been high quality, but the better ones suggest that if dairy does make acne worse, it's not all dairy products. If there is a link it seems to be with milk consumption, particularly skim milk, which may have something to do with the carbohydrates rather than the dairy itself.

What has better evidence is the glycaemic index (GI) which is about the speed that your blood sugar goes up after eating the food. And when you boil down the evidence on chocolate, it looks as though the effect on acne is more about it being a high GI food.

So, a Mediterranean style diet has more chance of helping you than avoiding the occasional chocolate.

Although – if chocolate is your trigger, then what harm is there in avoiding it?

Is eight hours sleep a night a myth?

You'd think it was uncontroversial that we need eight hours sleep a night. You hear that everywhere you go, but it turns out that it may be a myth.

Canadian research has called this into question, particularly looking at the impact of shorter duration sleep on health. Some nations tend to sleep less than others. So do the countries which sleep less, have poorer health statistics than those who sleep longer?

Researchers collected data on people's health and their sleep duration from people in 20 different countries, based on the autumnal equinox, September 21, when the length of the day and night is about the same all around the world. They had four different measures of health and wellbeing including mental health, chronic diseases, overall physical health and how people in those countries perceived their own health.

What they found was that within each country, people who were sleeping shorter durations had worse health than those who were sleeping moderate sleep durations. In addition, people within those countries who were sleeping very long sleep durations also had worse health outcomes.

That wasn't because long sleep hurts people's health, but when people aren't healthy, they're often sleeping longer.

If you imagine a graph of people's sleep in each country, there was a sweet spot for maximum health and wellbeing. As sleep duration gets longer, people's health tends to get better till it reaches a peak, and then it gets worse again.

That's where the eight hours a day being a bit of a myth comes in. The sweet spot varied between countries. For example, Japan is a nation of short sleepers on average, yet Japan is one of the healthiest countries on earth with the longest-lived people. Australians sleep longer than Japanese and Australia is less healthy even though it's also a long-lived nation.

So, for some reason that's not clear, but may have something to do with culture and expectations, eight hours is not necessarily the perfect sleep duration. There's a lot else going on.

Other research suggests that what really matters is sleep quality, meaning getting off to sleep quickly and sleeping through and feeling refreshed in the morning. That's what insomnia therapy is good at delivering.

Researchers also looked at napping times in each country but that didn't seem to affect the findings.

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