

Osteoarthritis of the Hip & Knee

Promoting conservative management

Conservative management is indicated in a large number of patients referred to orthopaedic outpatients for their osteoarthritis.

Some useful strategies (prior to referral) include:

Arthritis Groups:

- Waves program: (<http://www.arthritisvic.org.au/pages.asp?d=5A4C5A717251477C7008060A070404>)

This program is run by Arthritis Vic (<http://www.arthritisvic.org.au>) and requires clearance by the GP and is essentially a hydrotherapy program.

GPs can also advise patients to take pain relief medication 25-30 minutes prior to exercising.

Patients BMI is critical and if weight loss is indicated should also be addressed in order to improve their symptoms.

Where patients require referral into the service, a weight bearing X-Ray is required to accompany the referral.

Standard imaging for patients attending the osteoarthritis hip and knee service:

HIP:

- AP Pelvis
- Lateral
- Proximal 2/3 femoral shaft

KNEE:

- Weight bearing AP
- Lateral
- Skyline
- Notch
- Rosenberg

GPs can use the EPC program to refer patients for allied health services that can provide appropriate conservative management. Some Physiotherapists offer specialised programs for osteoarthritis sufferers.

For more information on conservative management strategies please contact: Stuart Cavill - Musculoskeletal Coordinator OAHKS Clinic on 9928 8186.

New Clinic at Monash Children's

A new Paediatric Infectious Diseases Clinic will be held at Monash Children's at Southern Health. The fortnightly Monday morning clinic will provide consultative services and is staffed by four consultants and one registrar.

The clinic will provide a focus for a range of issues including the long term follow-up of children with complicated infections including HIV and TB, infectious diseases in immigrant children, acute travel related infections and during the convalescent phase of the illness following discharge from the wards.

In addition, the clinic can also assess infants at risk of acquiring infections at birth, such as Hepatitis B and C

The paediatric infectious disease clinic will maintain close links with the Dandenong Refugee Clinic and the Adult Infectious Diseases service, particularly the TB clinic.

At this stage, the clinic will not operate as a travel advisory service

Faxed referrals to: 9594 2273

Maternity Referral Audit

To ensure your maternity booking forms are processed efficiently please ensure you complete all relevant information on the booking form.

The tick box options make the process as simple as possible whilst collecting essential information relevant to the care requirements of the patient.

A recent audit undertaken by GPLU found that 40% of referrals were considered to contain inadequate information to enable triaging, requiring further phone calls to the GP and/or patient to enable appropriate processing.

The Maternity Booking referral form is being further revised by the GP Maternity Shared Care Sub Committee in order to make this form as efficient as possible for you to complete.

Any feedback regarding the form, please contact Dr Bec Fradkin, Maternity GPLU Proj. Officer via email: rebecca.fradkin@southernhealth.org.au

Reminder about Statins

At the most recent Southern Health ADR meeting held in April, it was mentioned that a number of patients that have come through Southern Health EDs recently have been found to have had serious liver reactions to their Statin medication.

OUTPATIENT REFERRAL AND ENQUIRIES

Ph 1300 342 273

Fax 9594 2273

*Maternity Bookings excluded



It would be a good time then to remind us all that Statins, even though a remarkably effective and relatively safe group of drugs need some degree of monitoring. General recommendations/guidelines for commencing and monitoring patients on lipid lowering medication are taken from the Australian Medicines Handbook.

Patient's commencing on Statin's should have baseline LFTs/CK done and these ideally should be repeated between one to three months after commencing the medication. Consider stopping medication if Transaminases are 3 x ULN, if CK x10 ULN, or if the patient complains of persistent muscle pain despite normal CK.

Repeat CK or LFTs should be done if doses of the Statins are increased at any stage, given that the reactions of the liver and muscle seem to be very much dose related. Also be aware that with impaired renal function there is increased risk of these adverse reactions occurring in patients over the age of 80 who have a much higher incidence of Myopathy.

Other situations to be aware of when stopping the medication are:

- Significant trauma
- Severe infection dehydration before surgery (because of possible reduction in renal function)

For mild Myopathy symptoms and for CK enzymes that have returned to normal after discontinuing the Statin medication, an attempt to restart medication can be done after 4 weeks possibly at a lower dose or different Statin.

Consider if the episode may have been triggered by a precipitant (e.g. trauma) or a drug interaction (e.g. Clarithromycin and ArtorvaStatin).

If the CK rises again on re-introduction then stop the Statins permanently. For patients who have raised cholesterol and triglycerides it is suggested rather than increasing the Statin to a higher dose to add in fish oil capsules of Gemfibrozil. For patients with

cholesterol levels (LDL levels) which are difficult to reduce, consider adding a sterol based margarine or Ezetimibe, or a bile acid binding resin rather than increasing the dose of the Statin.

Note: Do not suddenly stop Statins in the setting of recent acute coronary syndrome as there is an increased likelihood of a cardiac event. Statins is listed as a category D drug and is contra-indicated in pregnancy and breast feeding. Avoid prescribing to women of child bearing age who do not have adequate contraception.

Dr Duncan Syme, GP Consultant

Reference: AM handbook 2009 -2010

Abbreviations:

- ULN - upper limit of normal
- ADR - adverse drug reaction
- ED - Emergency Department
- CK - Creatinine Kinase
- LDL - low density lipoprotein

Accreditation for Maternity Shared Care Affiliates and GP Obstetricians

A reminder that in order to re-accredit with Southern Health for the next tri-ennium (2011-13), maternity affiliated GPs need to have obtained DRANZCOG re-certification OR earned at least 10 Category 2 'pregnancy related care' points by 31 st December 2010.

Our evening GP Education sessions will continue throughout 2010. The next event is on Tuesday 31st August at Dandenong Hospital, covering 'Smoking and Nicotine Replacement in Pregnancy'. For further details of Maternity CPD events, please see our GP Access website: www.southernhealth.org.au/GPs.

Please contact Dr Rebecca Fradkin on Ph:9554 9376 (Mondays) or email: rebecca.fradkin@southernhealth.org.au if you require assistance in meeting Southern Health's re-accreditation requirements.

Gp Liaison Unit - Contacts

Please note staff work part time and across sites, as such the office may not always be attended. Email is often the best way to reach staff.

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