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Seniors Health

Dyslipidaemia and Healthy Life Choices..

Dyslipidaemia is a major risk factor for processes responsible for atherosclerotic cardiovascular disease (CVD). Cholesterol and triglycerides are insoluble in water and are transported in blood bound to small lipid-protein complexes called lipoproteins. Low density lipoprotein (LDL) in high concentration may lead to a build up of cholesterol in the arterial tissue spaces, where it is subject to oxidative change and inflammatory process leading to the formation of atherosclerotic plaque which over time, may become unstable and rupture. High density lipoprotein (HDL), the good cholesterol, transports LDL from the periphery to the liver to be broken down into bile acids, may oppose this process.

The high incidence of Dyslipidaemia in society today is due to environmental and lifestyle factors and especially the modern diet high in saturated fat and cholesterol. Genetic traits and other lifestyle factors such as the imbalance between energy intake and energy output, account for a different Dyslipidaemia featuring mildly elevated triglyceride and/or reduced HDL cholesterol, which is thought to be part of the insulin resistance syndrome associated with abdominal obesity, contributing to as much as 40% of cardiovascular disease.

Visceral abdominal fat is a specific source of excess fatty acids in the body, and this fat releases inflammatory mediators which can contribute to atherosclerosis. Increased levels and increased turnover of fatty acids in the blood are found in abdominal obesity and are closely related to/cause insulin resistance. Consequently, there is an increased health risk if our waist measurement is greater than 94cm for males and 80cm for females. The waist/hip ratio is another important measurement together with body mass index (BMI) the latter by its inability to distinguish between fat and muscle, and between visceral and subcutaneous sites.

It is most important to cut down on saturated and trans-unsaturated fats which should provide less than 10% of energy requirement. Increase the intake of monounsaturated, polyunsaturated and omega 3 fatty acids. One of the easiest ways to do this is to follow a Mediterranean diet with limited quantities of red meat, processed foods, dairy products, and balanced by plentiful eating of fish, nuts, vegetables, fruit, and whole grains.

olives and olive oil with moderate alcohol intake (red wine). For people, the good fatty acids in this diet increase levels of HDL cholesterol, reduce total cholesterol and LDL cholesterol while omega 3 fatty acids reduce triglyceride levels, reduce platelet aggregation and exert anti-inflammatory activity. The Lyon heart study of 6000 patients who had suffered a previous heart attack had a 50% reduction in mortality on a Mediterranean style diet than those on the low fat diet (the benefit was independent of drug therapy and cholesterol treatment).

Regular exercise has been shown to increase HDL cholesterol and reduce LDL cholesterol by 10%

The Mediterranean style diet coupled with regular exercise is a relatively easy way for most people to achieve their optimal weight and to increase life expectancy

David Roach - McFaddens Pharmacy, Shop 43, Lower Level, St Ives Shopping Village, Phone 9144 7011.

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Keeping an Eye on Medications

Medication-related problems cause many unnecessary hospital admissions and even deaths in Australia each year. There are many potential causes for medication-related problems, including; poor patient compliance and prescribers and/or pharmacists not having full details of all the medicines a patient is taking.

Domiciliary Medications Management Review (DMMR) provides an opportunity to sit down with a pharmacist and discuss your medications. It allows you to improve your understanding of your medication regime, and gives you a better understanding of how to take your medications. Domiciliary Medications Management Review (DMMR) is also known as a Home Medicines Review and is available to patients living at home in the community. The goal of DMMR is to maximize your benefits from your medication regime and prevent medication-related problems through a team approach, involving your GP and our accredited pharmacist.

In collaboration with the GP, a pharmacist comprehensively reviews your medication regime in a home visit. After discussion of the findings and report with the pharmacist, you and your GP can discuss the findings and agree on a medication management plan. O'Loughlin's Medical Pharmacy, have an accredited pharmacist who routinely conducts DMMR's. The service is free to all eligible patients. If you are interested in getting a DMMR, please consult one of our friendly pharmacists at O'Loughlin's Medical Pharmacy and we will gladly give you more information about this service and the eligibility criteria.

O'Loughlin's is located at Shop 126, Upper Level, St Ives Shopping Village, Phone 9440 0030.

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Over 55, have you had your annual hearing check?

There is a common myth that putting off getting your hearing won't affect your hearing quality in the long term. However, unfortunately it will.

Generally, once damage to the ear is done, it cannot be reversed. If you already have some signs of noise-related hearing loss, prevent further damage and preserve the hearing that you still have. On average, from the time a person first believes they have a hearing loss it takes around seven years to finally purchase a hearing aid. Studies have shown that people who manage their hearing loss reduce half the number of visits to doctors and enjoy better social, emotional and physical well being.

People experiencing untreated hearing loss can suffer the following symptoms:

- Embarrassment
- Loss of confidence
- Irritability and anger
- Depression
- Feeling of being ignored
- Dependence on others
- Withdrawal, isolation and loneliness
- Exclusion from family and social activities

The good news is a Connect Hearing professional can assess your hearing in a simple 30 minute hearing check up.

Making an appointment is easy, call 9394 8855 to speak to Connect Hearing's St Ives centre at St Ives Shopping Village. For more information or Centre locations go to www.connecthearing.com.au.

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Step Back to School

Physiotherapy and your Child's Feet

The foot is a complex structure of 26 bones and 35 joints, held together and supported by many ligaments. The hollow in the arch of a baby's foot is filled with a fat pad that disappears by 4 or 5 years of age. Toddlers begin walking between 8 and 18 months of age. Initially barefoot walking should be encouraged. This allows for normal muscle development, helping balance, coordination and posture to develop. A child is ready to wear shoes when they have been walking independently for several weeks. It is advisable to have your first pair of shoes professionally fitted.

Common foot problems include: feet that turn in, feet that turn out, flat feet, bowlegs and knock knees.

Any of these problems could be caused by issues with the feet or hips. Due to poor muscle tone and weak foot ligaments many toddlers are flat footed or turn their feet inwards when they first begin to walk. These will correct themselves over time.

If a child complains of pain when walking, or you are aware of a limp or has stiff feet, you should seek professional help. Your physiotherapist is trained to assess foot and leg problems, guide you on management of foot issues, and administer effective treatment when necessary.

A common condition in physically active girls (8 to 10 years old) and boys (10 to 12 years old) is Sever's. It is a short term condition that is easily managed. The foot is one of the first parts of the body to grow during puberty. The bones often grow faster than the muscles and tendons. As a result, the muscles and tendons become tight and the heel area is less flexible. During weight-bearing activity this puts a lot of pressure on the back of the heel, causing injury and pain.

St Ives Physiotherapy & Sports Therapy Centre, Located in the Loft, St Ives Shopping Village Phone 9144 1118. Email: enquiry@stivesphysio.com.au Web: www.stivesphysio.com.au

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