SEPTEMBER 2023 ISSUE

OMGA PULSE

An official OMGA Publication

IN THIS ISSUE

WELCOME TO OUR FIRST NEWSLETTER!

OMGA NEWS:

- The OMGA Gala 2023 is on the 9th of September! Dont miss the biggest event of the year!
- We welcome all our new members who have recently joined! its great to see our community grow.

EDITORIAL-
DR UDAY BHATT

Dear Esteemed Members of OMGA

It is with great pride and enthusiasm that we bring to you this historical first edition of our newsletter- OMGA Pulse. In this issue, we delve into a remarkable achievement that transcends borders and instils a sense of national pride in all Indians – the successful Chandrayaan-3 mission.

On August 23, 18;03 IST, India achieved a historic milestone with the soft landing of Chandrayaan-3 on the lunar surface. This mission represents India's third lunar expedition and is a testament to the remarkable progress that India, a nation almost all of us are connected to, has made in the field of space exploration.

Some critics amongst us might be asking some serious questions about the justification of such mega expenditures by the respective governments for these explorations. It must be emphasised that the space research not only fuels scientific curiosity but also yields practical benefits for humanity. As an ophthalmologist, I want to draw your attention to the direct use of space research in my field.

One such direct use space technology is in laser surgery to correct refractive errors. For space research, scientists needed a robust method to track astronauts' eyes without interfering with their normal work. The answer came in the form of a helmet feeding high-performance image-processing chips like those found in consumer cameras. The technology used for this device is now used in eye laser surgery for tracking the position of a patient's eye without interfering with the surgeon's work.

Another use of space technology in ophthalmology is via adaptive optics (AO), used in astronomical telescopes to improve the performance of optical imaging systems by reducing the effect of wavefront distortions caused by the atmosphere. OCT (optical coherence tomography), a ground-breaking ophthalmic imaging system, makes direct use of this technology.

Success of Chandrayaan-3 is a monumental achievement for India and a reminder of the potential that lies within us as individuals, as a group and as a nation. This should serve as a source of inspiration for all of us; not only in motivating us to strive for excellence in our respective fields but also to be a team player.

OMGA (Overseas Medical Graduates Association) is the product of such teamwork that we should be proud of being a part of. OMGA was founded in 1989 by a small group of Doctors in Victoria with a mission to have a collective voice against the unfair treatment of overseas trained doctors. Over the years, OMGA has grown from strength to strength, and we currently have close to 400 active members, mostly of Indian heritage! OMGA is now a rich mix of GPs, dentists, and specialists, working in both public and private sectors all over Victoria! It has become a platform for social, cultural, and intellectual interaction amongst its members. OMGA executive committee has a vision to bring further benefits (educational and organisational) to its members and are tirelessly working behind the scenes. It would be prudent to applaud all those (past and present) who have selflessly contributed to bringing this organisation where it is today.

Let us celebrate this success with a memorable Gala this weekend!!! Unfortunately, I will be away presenting my scientific work at ESCRS (European Society of Cataract and Refractive Surgeons) conference in Vienna. However, I would certainly urge you all to take time and reflect on the mammoth collaborative efforts of many within the OMGA executive committee who have worked hard for many months to bring this great social event to fruition. We must appreciate the work they do, despite their extremely busy professional and personal commitments, just for their love for this organisation!!!

Uday Bhatt
Co-editor, OMGA Pulse Newsletter

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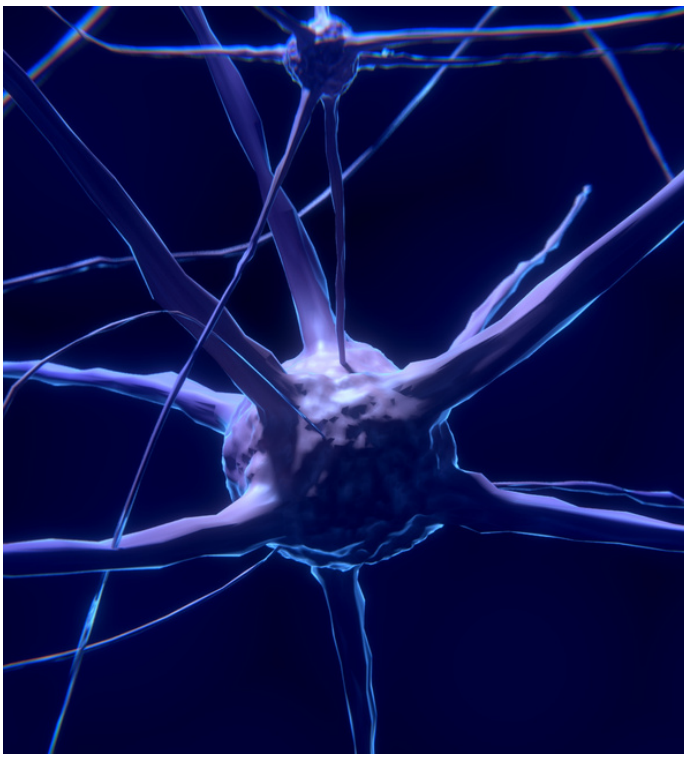

EDITORIAL-
DR MINOO PATEL

Dear all,

Welcome to The Pulse, our new bulletin brought to you by our editorial team of Uday and I, Minoo with our graphics and production wiz Nitin. The Pulse is the heartbeat of our Indian Australian group. We track the health of our profession and keep you informed. In short is our way of communicating with Indian doctors and the wider Indian Australian community.

Every month we shall endeavour to keep you abreast of all the important stories that matter to you. Feel free to forward your contributions – in prose, poetry, pictures or any other medium. Let you imagination run wild, within reason of course. As the grammar pedant I shall reserve the right to run a fine comb over the musings.

It's natural, so it must be good for you!

The other day a I was doing a shoulder replacement surgery and I wasn't particularly happy. The patient was a diabetic vasculopath, so I was expecting some bleeding, but this was more than usual. Much more. While we know the bone is far from dry despite the DrizaBone claim, most limb surgery is essentially bloodless with orthopods using a tourniquet.

Even shoulder arthroscopies do bleed, so a shoulder replacement can be a bit stressful. Whilst we want to get on with the bone cutting and implant fixation we must deal with those pesky bleeders. But this shoulder was different. Anything I touched would bleed. I was sure John (as we shall call him) had told me that he was not on 'blood thinners'. Following the surgery I gingerly questioned John. That's when he owned up to a laundry list of 'natural' supplements that he had been taking. Glucosamine, curcumin, 'turmeric tea', 'Chinese herbs' and my least favourite Krill Oil. Hence the bleeding.

How he came to be on these supplements is an eye opener in itself. Friends, pharmacists (sadly many are pushing the supplements and perfumes to augment their incomes from prescription drugs, science be damned), Dr Google and most surprisingly the GP.

There is almost no evidence that any of these supplements work, not level 1 evidence anyway. Yet there is enough in the literature to suggest the harms these drugs, and drugs they are, not supplements, can cause.

I Australia unfortunately, anything labelled a 'supplement' or health food escapes the regulator's oversight. One could sell Cinchona bark extract or willow bark extract for less than a tenth of the scrutiny afforded to Quinine or Aspirin.

We need to stop encouraging these supplements. They cost a lot of money, do little to no good and can cause real harm. Magic mushrooms anyone?

Minoo Patel
Co-editor, OMGA Pulse

Prof. Minoo Patel
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DOCTORS, PRIORITISE HEALTH, BUCKLE UP, AND SEE YOUR GP!

We OMGANS predominantly Asian-Indians are renowned for our dedication and commitment, we work tirelessly often for long hours to ensure the well-being of our patients. There is however, a concerning trend amongst healthcare professionals of lack of self care. Let's delve into the causes of this in Asian-Indian doctors and the consequences it can have.

1. Putting Patients First
We are trained to prioritise patients' well-being above all else which can lead to doctors neglecting their own health. They may postpone their own check-ups or ignore symptoms because they are too busy caring for their patients.

2. High Demanding Profession
Medical profession is undeniably demanding. We face heavy workloads, long shifts, and the emotional toll of dealing with patients' illnesses which leaves little time and energy for us to focus on our own health.

3. Overlooking Preventive Care
Preventive healthcare is often overlooked by us, Regular check-ups and health screenings may take a back seat to our busy schedules, neglecting preventive care can lead to the late diagnosis of conditions that could have been treated more effectively if detected earlier.

4. Stigma Surrounding Mental Health
We, like many others, may fear the professional consequences of admitting to mental health struggles. As a result, we don't seek the help we need when dealing with stress, anxiety, or burnout.

5. Lack of Work-Life Balance
Glad to see some changes in the Work-Life balance but a lot to change, we often finding it challenging to set boundaries between work and personal life.

Study:
Leading causes of death in Asian Indians in the United States (2005–2017), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9365163/

Results:
Foreign-born Asian Indians were 2.2 times more likely to die of heart disease and 1.6 times more likely to die of cancer. Asian Indian male AMR (age-standardised mortality rate) was 49% greater than female on average.

Conclusion.

It is imperative for us to recognise the importance of our health. We doctors are the backbone of the healthcare system, but our selflessness should not come at the cost of our own well-being. It's essential for us to prioritise our health and self-care to continue providing the best care for our patients and to ensure that we remain healthy and resilient in the face of our demanding roles. So, buckle up see your GP.

Yours sincerely
Dr Naga Indeevar Mude

General Practitioner.

POSTNATAL WELLBEING

"Motherhood is the greatest thing and the hardest thing." – Ricki Lake

I thought long and hard as to which topic under the broad heading of Women's health will be of interest to our OMGA newsletter readers. To start with I wanted to know who my audience/readers are. I was pleasantly surprised to know that around one hundred OMGA members are General Practitioners. Hence, I asked my General Practitioner (GP) friends, "what they would like to ask an obstetrician?". The overwhelming response was postnatal care and menopause (you know why). I promise, I will cover menopause in the next edition of this newsletter.

Traditionally the six-week postnatal check has been designed as a transition of care from hospital (during the antenatal and intrapartum period) to community. All women who give birth in public system will go to their GPs for postnatal check-up. Most of the private obstetricians also do not provide postnatal care. Therefore, I felt the need to look at what is the current information available for the GPs.

There are journal articles that have comprehensive list of all the physical health elements that need to be checked. And there are separate articles regarding perinatal mental health which cover postnatal depression and psychosis. However, there are no resources available to deal with more common issues such as postnatal anxiety and questions on birth experience. With the increasing media focus on birth trauma there will be more women who would be approaching their GPs regarding this.

When I say postnatal wellbeing, I mean the wholesome health of mother and baby. A worried, anxious, and distracted mother is no good for the new baby. Addressing the issues early on after the birth event is crucial. I work at a busy public hospital, and I lead a service dedicated to listening (I say listening for a specific reason) and talking to couples who had a difficult pregnancy journey. Women who had a difficult birth at our hospital are offered an appointment before discharge. Many hospitals do not have capacity to provide this service and GPs are left to deal with the aftermath. These consultations are challenging, and, on many occasions, they need referral to psychologists and/or psychiatrists and we know how hard it is to get their appointment. Imagine a GP having to sort this out during their precious 10-minute appointment.

We receive referrals for preconception counselling after traumatic birth from GPs all over Victoria. Women who experienced birth trauma and had no follow up will live with their anxiety for years and are terrified of having a subsequent pregnancy due to their previous birth experience. And for this reason, some couples can't even think of the next pregnancy. Some seek comfort in joining social media platforms which defame health care professionals. This can lead them to mistrust doctors, which has its own trail of complications. As we know, it gets harder to solve a problem if it left for too long. Hence, timely recognition and appropriate referral are crucial.

Here, I have compiled a list of resources, some commonly known and some emerging ones.

1. Local maternity hospital where the baby was born. As mentioned earlier, with increasing media focus on birth trauma most of the hospitals in metropolitan area are starting birth reflection/ birth trauma services.

2. Preconception counselling clinic in major tertiary referral hospitals. There will be long waitlist for this clinic, hence early referral is needed.

3. PANDA- Perinatal anxiety and depression Australia, is a well-established organisation which has got excellent resources for health care professionals and families struggling with perinatal anxiety and depression. They have learning resources for clinicians that are easy to follow and the referral pathway is simple. If you have special interest in perinatal mental health, you can be a clinical champion (like me) and contribute.

4. Australasian birth trauma association (ABTA) - an emerging charity organisation run primarily by families who have experienced birth trauma and supported by healthcare professionals.

5. COPE- Centre of perinatal excellence. They have a variety of resources available mainly for diagnosis and management perinatal anxiety and depression. Their digital screening program iCOPE is soon going to be introduced in most of the public maternity hospitals for mental health screening.

There are many other charity organisations working in this area. Phoenix Australia, which has a long record of doing clinical trials in the area of post-traumatic stress disorder, has recently started to develop tools to screen for birth trauma.

I hope you found this article informative. I am a part of the Birth trauma project at Women's and work with Phoenix Australia. If anyone is interested in this area and have ideas to share, please feel free to contact me.

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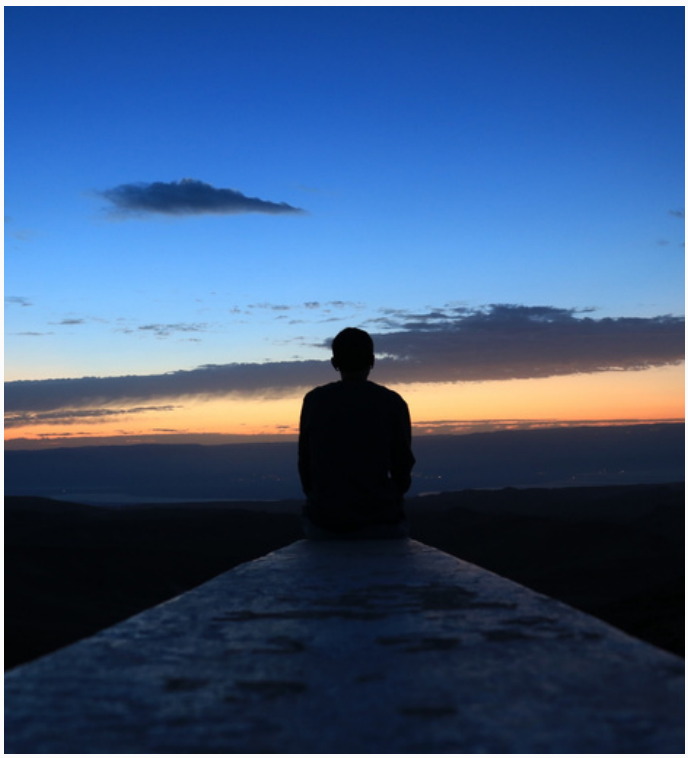
OBSCURED BY OBSESSIONS: THE UNDERDIAGNOSED REALITY OF OCD



Obsessive–compulsive disorder (OCD) is a common and chronic condition that is associated with substantial distress and disability. It has a lifetime prevalence of 2–3% and is the 4th most common mental disorder. World Health Organization (WHO) ranked OCD as one of the 10 most debilitating conditions, which often goes under diagnosed and under treated, with average duration of untreated illness being around 17 years. Age of onset is in adolescence or early adulthood with a separate peak in childhood. OCD can also be precipitated in the peripartum or postpartum period in some women.

OCD is characterized by the presence of obsessions and/or compulsions. Obsessions are repetitive and persistent thoughts, images, impulses or urges that are intrusive and unwanted, and are commonly associated with anxiety. Compulsions are repetitive behaviours or mental acts that the individual feels driven to perform in response to an obsession according to rigid rules, or to achieve a sense of 'completeness'.

Common sets of obsessions and compulsions in patients with OCD include concerns about contamination together with washing or cleaning, concerns about harm to self or others together with checking, intrusive aggressive or sexual thoughts together with mental rituals, and concerns about symmetry together with ordering or counting. High degree of comorbidity (up to 90% with other conditions like mood disorder, anxiety disorders) along with symptoms which are perceived by patients as embarrassing and induce guilt (sexual obsessions and sexual images) make OCD go under-reported, underrecognized and undertreated.

Some of the most interesting literature at the intersection of OCD and neurology is that describing obsessive–compulsive symptoms that are precipitated by streptococcal infection — so-called paediatric autoimmune neuropsychiatric disorders associated with Streptococcus (PANDAS) now subsumed under the term paediatric acute-onset neuropsychiatric syndrome. Studies indicate cortico–striato–thalamo–cortical (CSTC) circuits and the frontolimbic circuit of the brain are mostly involved in OCD.

To make a diagnosis of OCD obsessions and compulsions need to present for more than 1 hour every day and cause distress or functional impairment.

Treatment of OCD comprises several components, starting with building a therapeutic alliance with the patient and psychoeducation. Education of the patient is a big part of treatment which also helps to reduce guilt and distress and provides hope. SSRIs are the first-line pharmacological treatment for OCD and have the maximum evidence base. As a rule, higher doses of SSRIs are used for OCD than for other anxiety disorders or major depression for example Fluoxetine 20 mg is used in Major depression, however in OCD its used in 40-80 mg dose, depending on patient tolerability. Also, full response can take 8-12 weeks with medication instead of the usual 2-4 weeks in case of other psychiatric disorders.

Careful assessment of SSRI adverse effects is crucial when establishing the best dose for each patient. Also, augmentation with anti-psychotics and other medications can further reduce symptoms. In treatment resistant OCD clomipramine can be trialled.

Besides medications, ERP as part of CBT is the psychological treatment of choice for OCD and can be very effective. Repetitive transcranial magnetic stimulation (rTMS) has growing evidence of efficacy for OCD. Transcranial direct current stimulation (tDCS)involves the application of a weak current to the scalp and has shown some evidence in OCD patients. In intractable cases experimental treatments like DBS and ablative neurosurgery can be trialled. Hence, given the range of treatments available, it's important to provide individualized treatment early and as precisely as possible to alleviate individual suffering and reduce disability.

Dr Amit Zutshi
Psychiatrist

Epworth Melbourne

CONTRAST ENHANCED MAMMOGRAPHY (CEM)

Contrast-enhanced mammography is an emerging breast imaging modality that helps improve diagnostic accuracy.

CEM is an emerging technique that uses iodinated contrast materials for the visualization of breast neovascularity in a fashion similar to MRI.

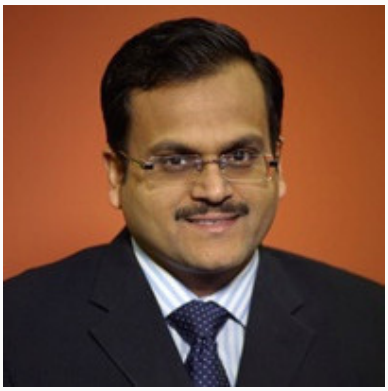
This allows a malignant tumor to be seen despite overlying dense breast tissue.

While standard mammography sensitivity decreases to 62.9% in women with extremely dense breasts, addition of CEM to mammography improved sensitivity to 92.7%.

The negative predictive value of CEM varies from 94% to 100%

CEM is well tolerated by women compared to breast MRI, as it is faster and less noisy.

Patients should be screened for any past history of iodinated contrast allergy before this test. breast MRI would be a suitable alternative in such patients.



Dr Nitin Gupta
Radiologist

Future Medical Imaging Group.

'The negative predictive value of CEM varies from 94% to 100%'

NEWER DEVELOPMENTS IN THE FIELD OF DERMATOLOGY

Dermatology is one of the younger branches of Medicine, which is ever evolving and always exciting. Over the past decade, newer medications, especially biologics have established their role in treatment of some of the recalcitrant skin conditions.

The one group of drugs making waves in this area is Janus Kinase (JAK) inhibitors. Bariticinib became the first medication to get FDA and TGA approval for treatment of Alopecia Areata. This wonder drug is fast changing the way treatment for Alopecia Areata is approached and is fast becoming the drug of choice for widespread or patchy hair loss.

Dupilumab (Dupixent) is a monoclonal antibody blocking interleukin-4 and interleukin-13, and Upadacitnib (Rinvoq) another JAK inhibitor, have been TGA approved for treatment of recalcitrant Atopic Dermatitis. Patients as young as 12 years old are now eligible to receive this treatment.

It has revolutionized the way eczema is treated for a huge number of cases, especially for those residing in Victoria, which is considered the Allergy and eczema capital of Australia and one of the top cities in the world. Approval for these treatments as a PBS subsidized medication, is very easy with failure of improvement after 1 month of treatment with topical steroids, for severe cases.

Psoriasis patients are now spoilt for choices with the variety of Biologics available for recalcitrant cases, with some such as Risankizumab(Skyrizi), a humanized monoclonal antibody, being touted to help with long term remission or potential “cure” at higher doses.

Omalizumab (Xolair), is a recombinant, DNA-derived, humanised, monoclonal IgG-1 antibody directed against IgE. This wonder drug for subcutaneous use is an injectable prescription medicine used to treat chronic spontaneous urticaria (CSU, previously referred to as chronic idiopathic urticaria (CIU), chronic hives without a known cause) in people 12 years and older who continue to have hives that are not controlled with H1 antihistamine treatment.

Finally, Adalimab (HUMIRA), is a tumour necrosis factor-α blocker used to reduce the signs and symptoms of moderate to severe hidradenitis suppurativa in people 12 years and older. This brings much needed relief in cases of chronic Hidradenitis that otherwise can lead to significant physical and mental damage.

Watch out this space for more exciting news in future editions of this newsletter.

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Dermatologist

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