



NEPEAN INC.

BY GUEST EDITOR ASSOCIATE PROFESSOR GUSTAVO DUQUE,
GERIATRIC MEDICINE AND AGEING BONE RESEARCH PROGRAM

In June 1789, Watkin Tench was the leader of an exploratory group when he came to a river that he described as “nearly as broad as the Thames at Putney.” Captain Phillip, on hearing of the river, named it the Nepean River after Evan Nepean (1752-1822) who, as Under-Secretary of State in the Home Department in Britain, oversaw the dispatch of the First Fleet and the administration of the Colony in the early years.

Probably most of us were not aware of this piece of history which explains the name of the Nepean River and therefore of our Clinical School. In fact, I could guess that very few people in Penrith know about the origin of their River’s name. The name ‘Nepean’ is used in the Penrith area to identify institutions (Nepean Hospital), associations, buildings and foundations. Visitors from overseas find the name ‘Nepean’ as catchy and easy to remember once back home.

The question is: are we doing enough to profit from the potential of the name ‘Nepean’? Are we identifying all our activities with Sydney Medical School Nepean? Although it sounds simple, this is an extremely important issue

when building up a trademark, in this case our academic trademark, which would help others to identify the strengths and particular characteristics of our Clinical School.

It is clear that Nepean is building a strong identity. To prove this, we could consult www.gopubmed.com and look at the number of articles that use the word ‘Nepean’ on it. When excluding non-Nepean Campus originated articles, the number of published papers from Nepean went from ~30 articles/year in the nineteen eighties to more than 80 in 2010. Does this mean we are using the name ‘Nepean’ more often in our publications? The answer is ‘No’. Our Clinical School is publishing many more papers than reported in www.gopubmed.com but unfortunately, some investigators forget to include the magic word, our academic trademark.

If everything we do at the Clinical School has the ‘Nepean’ label, medical students, academics, editors and funding agencies will then start asking themselves: ‘what is going on at Nepean?’ Our answer to them should be similar to Watkin Tench’s description: “Our Clinical School is nearly as broad and strong as the Thames at Putney.” ■


*May the Peace and Joy
of Christmas
be with you today and through the New Year*

Sydney Medical School Nepean

MEDICAL STUDENTS TRAIN IN VIRTUAL HOSPITAL

Sydney Medical School Nepean student Nicholas Spooner has created the first virtual version of Nepean Hospital where medical students can practice their skills in the 3D online world called Second Life.

To assess the suitability of virtual learning for medical training, Nicholas spent the past two years developing a virtual interactive hospital in the popular cyberworld Second Life, where users exist through avatars (virtual representations of themselves) and interact with other avatars. "I saw a gap in teaching that couldn't be filled by conventional methods and, coming from a technology and engineering background, I'm a firm believer in using technology to the fullest," he said. "Online training is becoming more mainstream in the workplace and university settings. Instead of being limited to classroom time, students will be able to access the virtual hospital 24 hours a day, perform practice assessments, and discuss cases with colleagues."

The project consisted of two phases; creating the virtual

hospital and then programming learning scenarios into the virtual setting, which were tested and evaluated by medical students.

"We bought space in Second Life and then consulted with Second Life designers to build a simulated teaching hospital which is fully equipped with a trauma bay, emergency room, surgical operating theatre and an outpatient clinic."

When construction was finished they programmed actual teaching scenarios used within the Sydney Medical School curriculum to enable students and instructors to interact with student assessments of patient avatars.

"Virtual world learning will provide students with opportunities to learn and hone new skills through interacting with surgical diseases in a safe, confidential and engaging medical environment," Nicholas said.

"As an example, students can assess patients who require surgery, which can be difficult in real life for students to get as much practice in this area as they



Nepean Hospital medical student Nicholas Spooner shows a screenshot of the virtual hospital he created in the cyberworld of Second Life.

might like, before receiving virtual, online feedback from instructors."

Mr Spooner said virtual training enhanced patient safety and care during the learning process and there was the possibility of allowing patients due for surgery to visit the virtual hospital.

"Patients could get a better feel for what they can expect in real life by rehearsing the journey in a virtual environment, safely and anonymously, before embarking on the real thing."

Nicholas said feedback about the virtual classroom was very enthusiastic. "The students who tested the virtual classroom felt their retentive clinical knowledge in the virtual learning environment was equal to, if not better than, traditional teaching methods such as attending a lecture." ■



A team from Nepean Hospital is headed to Bangladesh to repair cleft lips and palates and perform other surgery.

Courtesy Penrith Press, October 26, 2010

Team has good reason to smile

A TEAM of 12 from Nepean Hospital will head to Bangladesh on Thursday for a fortnight to make children smile.

Surgeons, an anesthesiologist and nurses will make the trip through AussiBangla Smile.

The main focus of the team is to repair cleft lips, palates and perform other reconstructive surgery.

Unfortunately, with a lack of medical care and poverty in de-

veloping countries, children born with clefts often become ostracised from their communities.

In Bangladesh, about 200,000 cleft lips and palates remain untreated in adults and children.

The team will perform more than 100 surgeries – costing \$200 each, but at no expense to the families – in two hospitals.

A group of local doctors and nurses will join the team in their travels from Dhaka to the Impact

hospital and the Jibon Tari Floating Hospital.

"I've heard we already have people signed up for surgeries at both locations," team member Nicholas Spooner said.

"This will be my first experience outside an Australian hospital, I'm really looking forward to meeting these families and helping where I can."

Team co-ordinator Barbara Mitchell has run the organisation

for the past three years. "We work hard all year to raise enough money, through different fundraisers and events, in order to cover all these surgeries," she said.

"It's a great feeling knowing that you've given someone the ability to smile."

The Rotary Club of Nepean is also involved with the project.

For more details go to aussibangla.org.au.

ANNUAL NEPEAN HOSPITAL SCIENTIFIC DAY

Friday, 22 October 2010



Leon Wescombe's family.

The Annual Scientific Day was held on 22nd October 2010. The format of the day was changed this year to allow for a community forum to showcase the excellent research program at Nepean Hospital and the Sydney Medical School Nepean. Local high schools, Penrith businesses and philanthropists who support the Nepean Medical Research Foundation were invited.

Associate Professor Gustavo Duque talked about the dangers of falls in the elderly. He presented some startling figures of the high mortality rate following falls and then showed the novel and world - first measures being trialed and developed at Nepean to intervene in this situation. He showed how these measures save lives.

Early detection of ectopic pregnancy has also been shown to prevent deaths. Associate Professor George Condous talked about the extensive research in this domain.

Professor Tony McLean's talk about the role of the Intensive Care in the modern hospital certainly touched on a number of issues including the role of research, ethics and care of the severely ill patient.

Associate Professor Guy Eslick showed a video on oesophageal cancer and Dr. Ian Seppelt talked about the role of the Ethics Committee in the modern hospital and about keeping patients safe while still allowing medical research to continue.

It is fair to say that those who attended found the morning useful and informative.

The day continued with a number of medical students showcasing their Honours and Master of Philosophy research program.

Our guest speaker was Professor Jonathan Stone, Director of the Bosch Institute at the University of Sydney. Professor Stone, a Fellow of the Australian Academy of Science and winner of a Centenary Medal began his research career in the field of visual neurophysiology in the Department of Physiology at the University of Sydney. His keynote address was an inspiration to all who engage in medical research..

The afternoon was filled with state-of-the-art reports from the scientists and clinicians of Nepean Clinical School

The day was supported and sponsored by the Nepean Medical Research Foundation, The Penrith Business Alliance and the Nepean Hospital Medical Staff Council.

Prizes were sponsored by The Nepean Medical Research Foundation, Bateman-Battersby Lawyers

8.30am MEET A MEDICAL RESEARCHER

Poster Presentation – Foyer of South Block, Nepean Hospital

9.00am COMMUNITY FORUM

Opening Ceremony

'Medical Research – The life blood of clinical practice'
– Professor Mohamed Khadra

'The Pit-falls of old age' – Associate Professor Gustavo Duque

'Maternal fetal monitoring – Associate Professor George Condous

'The heart of critical care' – Professor Tony McLean

10:30 MORNING TEA – FOYER

'Practical epidemiology: Tea and oesophageal cancer'
– Associate Professor Guy Eslick

'Keeping patients safe while doing good research' – Dr Ian Seppelt

'Second Life' – Nicholas Spooner (Student presentation)

'ASU as a novel model of care' – Lester Pepingco (Student presentation)

'Categorisation of intra-operative laparoscopic movements' – Esra Kilavuz (Student presentation)

'Spontaneous Spondylodiscitis in the non-immunocompromised patient'
– Nathan Pavey (Student presentation)

Closing remarks – Professor Mohamed Khadra

1.30pm SCIENTIFIC FORUM

KEYNOTE ADDRESS – 'A life in Medical Research'
– Professor Jonathan Stone

'Intrapatum risk factors for levator trauma' – Dr Clara Shek

'Identification of single nucleotide polymorphisms (SNPs) in the CASQ1 gene of possible significance to the development of ophthalmopathy in patients with Graves' disease?' – Daniele Cultrone

'Smaller fetal thymuses in preeclampsia: a prospective cross-sectional study' – David Eviston

'P2X₇ receptor-mediated killing of an intracellular parasite, Toxoplasma gondii by human and murine macrophages' – Dr Stephen Fuller

'The use of Ambulatory Blood Pressure Monitoring in the assessment of pregnant women in the day stay setting' – Heather Gleba

'Mismatch between decidual DC-Sign+ dendritic cells & FoxP3+T regulatory cells in preeclampsia' – Peter Hsu

'Anterior cervical surgery using a novel retractor system and a conventional retractor system' – Dr Ananthababu Pattavilakom

3:40pm AFTERNOON TEA – FOYER

'Changes in body composition on stimulant medication: could this be advantageous for treating obesity?' – Dr Sally Poulton

'Endothelial function is different in women with pre-eclampsia compared to women with gestational hypertension' – Ann Quinton

'The effects of tranexamic acid on death, vascular occlusive events and blood transfusion in trauma patients with significant haemorrhage (crash-2): A randomised, placebo-controlled trial' – Dr Ian Seppelt

'Breast Ultrasound in Infants, Children & Adolescents' – Dr Colin Chong

'Critical illness due to influenza A(H1N1) 2009 in pregnant and postpartum women - A population based cohort study' – Dr Ian Seppelt

5.00pm SCIENTIFIC DAY SOCIAL EVENING WITH PRESENTATIONS OF PRIZE WINNERS

NEPEAN MEDICAL RESEARCH FOUNDATION GENEROUSLY GIVES \$116,250 TOWARDS RESEARCH AND EQUIPMENT AT NEPEAN SCIENTIFIC DAY TO THEIR 2010 GRANT RECIPIENT WINNERS

PROJECT TITLE	DEPARTMENT/DISCIPLINE	AMOUNT OF GRANT FUNDED
Tissue processing system for Sydney Medical School Nepean Ms W Li and Associate Professor G Duque	Medicine	\$20,000
Surgical Repair of levator trauma Professor HP Dietz	Obstetrics & Gynaecology	\$12,500
Epidemiology, Risk Factors and Outcomes of Acute Pancreatitis in Western Sydney Professor MR Cox and Associate Professor GD Eslick	Surgery	\$12,500
The P2X7 receptor in the control of human T cell cytokine production Dr L Stokes	Haematology	\$20,000
Nicotine induced foetal growth restriction: is it related to changes in endocrine pancreatic function? Dr A Poulton	Paediatrics	\$12,500
What factors are important in the learning and teaching of professional values, related to open disclosure communication following medication error? Dr AS Lane and Professor AS McLean	Intensive Care Medicine	\$6,250
Genomic and Proteomic Study of Interferon-inducible Protein in Human Leukocytes Dr B Tang	Intensive Care Medicine	\$20,000
The Role of Osteocalcin in Lipid and Glucose Metabolism Associate Professor MH Herrman and Associate Professor G Duque	Geriatric Medicine	\$12,500



Best poster presentation winners Cristian Girgis and Ben Scalley, sponsored by the NMRF and presented by Gwen McMaster-Fay.



Best Student presentation winner David Eviston presented by Prof. Khadra and Jan Mondy.



Best Emerging Researcher winner Dr Peter Hsu, sponsored by Bateman & Battersby Solicitors and presented by John Bateman.



NMRF grant recipient Assoc/Prof. Gustavo Duque with Gwen McMaster-Fay.



NMRF grant recipient Dr Leanne Stokes with Gwen McMaster-Fay.



NMRF grant recipient Dr Ben Tang with Gwen McMaster-Fay.



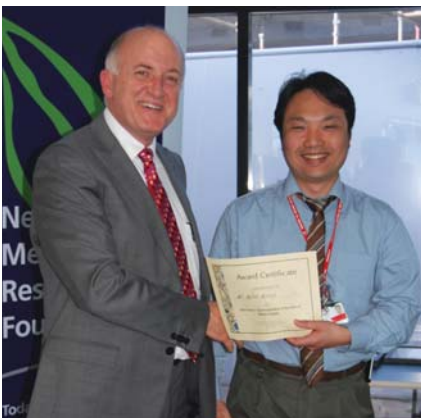
NMRF grant recipient Dr Sally Poulton with Gwen McMaster-Fay.



NMRF grant recipient Prof. Tony McLean with Gwen McMaster-Fay.



Guest Speaker Prof. Jonathon Stone



Best poster oral presentation in the field of imaging Sydney Medical School Nepean winner Dr Colin Chong with Prof. Khadra.



Prof. Khadra with 3 ladies from the Nepean Hospital Ladies Auxiliary who attended the morning session.



Nepean medal for Best Oral Presentation from the Medical Staff Council to Dr Stephen Fuller.

Not pictured is Best Poster or Oral Presentation by a Registrar or Resident winner Dr Pattavilakom sponsored by the Medical Staff Council.

THE PENRITH HEALTH AND EDUCATION PRECINCT

A Vision of the Future

In May 2010 the NSW Premier Kristina Keneally, announced a range of initiatives to boost jobs growth in Western Sydney. One of these included the development of an integrated health, education and research precinct located around the Hospital and local tertiary education facilities, such as UWS and TAFE.

In the announcement, local business organisation the Penrith Business Alliance (PBA) was requested to develop a report back to the Government on the vision to establish:

“one of Australia’s premier destinations for health, education, medical research and related industry over the next 10 years”

The report will be in the form of a Strategic Vision for the Precinct that is currently being prepared. The Vision will describe all opportunities and requirement to transform the precinct into a place that meets the future needs of the region in terms of:

- Health services
- Education facilities
- Research and Innovation
- Health Industry

The Vision will also focus on necessary precinct support services, including a wider range of living and accommodation options for trainee doctors, nurses and health professionals.

To prepare the Vision the PBA convened an expert advisory task force including all precinct stakeholders such as; the University of Sydney, the University of Western Sydney, WSI TAFE, the Hospitals, a range of NSW Government agencies and the private sector.

Representatives from the Sydney Medical School Nepean, including Professor Michael Peek and Professor Ralph Nanan have contributed extensively to the preparation of the Vision.

Paul Brennan, PBA Chairman and Chair of the Task Force commented, “one of the central aims of the Vision is to identify the precise Medical Research infrastructure we require at Nepean, and then how as a community we go about bringing together the resources to establish these facilities. We know that with the best research infrastructure, we will continue to attract the World’s best to Nepean, and in doing so create significant economic benefits for the region”.

Brennan added “we believe the precinct could accommodate an additional 5,000 new health and education works by 2031, along with significant new residents living close by”.

Some of the projects already identified by the Task Force for the Vision include:

- Development of Penrith’s first Medical Research Institute
- Establishing a National Centre for E-Health
- Funding of a research & teaching Chair in Active Living & Preventative Health



- Expansion of teaching and research facilities, and associated funding
- Development of a precinct master plan
- Land development for health and medical uses
- A local health innovation hub/ and or network

On Monday the 13th of December 2010 (maybe even earlier) the PBA will publish the endorsed Vision for the Penrith Health and Education Precinct on its website:

www.penrithbusinessalliance.com.au

For any other comments regarding this precinct, or to find out more please contact the PBA on 02 4731 5711. ■



Artist's impression of the future precinct: courtesy of Cox Richardson

VISIT TO CHINA

PROFESSOR MICHAEL PEEK

As part of a delegation from Penrith City Council and Penrith Business Alliance, Professor Ralph Nanan and I recently visited China. We met with members of three Universities in China; Peking University (Beijing), Shanghai Jiao Tong University and the Affiliated Kunshan Hospital of Jiangsu University. These meetings were very productive and informative. One of the aims of the trip was to begin to establish collaborations for Nepean for the future, both in research and education. The University of Sydney has already established links with Shanghai Jiao Tong University including a collaboration that brings PhD students to Australia.

China is a very interesting and exciting country to visit. Living in cities with so many people gives a new meaning to "love thy neighbour". It was fascinating to see the high rise apartments in Beijing and the bustling streets. We did see some tourist sites, the Great Wall of China, Tiananmen Square and in Shanghai the World's 3rd highest tower. The Chinese hospitality was wonderful, we did enjoy many exotic dinners!

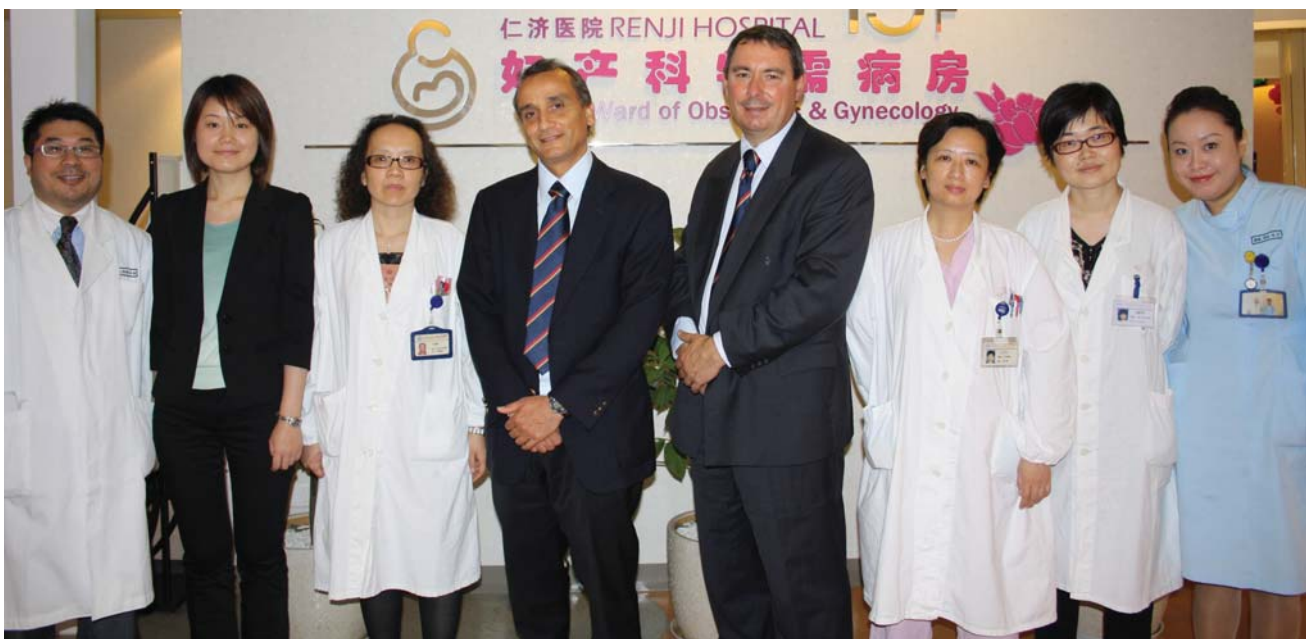
We are looking forward to taking our meetings forward to establish firmer collaborations with the universities and hospitals in China and Nepean. ■



The Great Wall of China.



Tiananmen Square.



Delegation meeting with Mr Wang Caiyou, Vice Director Centre for Health Statistics & Information, Ministry Of Health, People's Republic of China.

SUMMER VACATION SURGICAL PROGRAM

The Discipline of Surgery at Sydney Medical School Nepean is once again hosting the Summer Vacation Surgical Program (SVSP), during December and January. The program, now in its third year, continues to grow exponentially in reputation and popularity since its inception. In the first year, 28 Nepean medical students spent at least one week each working as junior members of the surgical sub-specialties, attending theatre sessions and participating in the day-to-day running of a surgical unit.

To date this year we have 54 applications for placement in the program, including 20 students from Clinical Schools as far afield as RPA, Concord, RNSH and Westmead.

The SVSP is now accredited as an Independent Learning Activity (ILA) making it even more popular with 1st and 2nd year students who have a curiosity or interest in surgery.

This year also sees the inclusion of an Emergency Medicine option. The Emergency Department is running a separate



Ms Jan Mondy

program, "An Insight into Emergency Medicine" as an ILA, which is managed concurrently with the SVSP through the Discipline of Surgery.

Jan Mondy co-ordinates the program for both ILA's and says the reputation of the program continues to grow through the enthusiasm of previous participants and the interest of 1st and 2nd year students in surgery, to which they otherwise have very limited exposure until their 3rd or 4th year. ■

THE INAUGURAL AUSTRALIAN EMERGENCY SURGERY CONFERENCE

BY JAN MONDY

A very successful Inaugural Australian Emergency Surgery Conference was held at Nepean Hospital on 22nd and 23rd July 2010. The conference was chaired by Professor Michael Cox and Dr Patrick Cregan, with the keynote speaker, Professor Luke Connelly from the University of Queensland, speaking at the hospital Grand Rounds on the Thursday.

Ninety delegates from around Australia and New Zealand attended the conference over two days to discuss models of emergency surgical care. The innovative Nepean Hospital Acute Surgery Unit, under the leadership of Professor Cox, was highlighted as an extremely effective and efficient model with benefits for both patient care and surgeons' lifestyles.



Prof. Michael Cox, Prof. Stephen Deane, Prof. Luke Connelly, Dr Phil Truskett and guests.

The consensus by delegates at the end of the conference was that it was a successful and enjoyable meeting which should be run at Nepean again. Next year's conference is planned for 28th and 29th July 2011. ■



Dr Phil Truskett



Daralyn Hodgson, Pam Craig and Natalia Sullivan.

THE IMPORTANCE OF STARTING UP GRANTS

BY DR LEANNE STOKES, RESEARCH FELLOW, UNIVERSITY OF SYDNEY

I am going to talk about where your money goes and about how being a recipient of funding from the Nepean Medical Research Foundation has helped my research projects and my development as a researcher at Nepean Hospital.

I came to Australia in January 2007 to work for Professor Wiley, one of the haematologists at Nepean hospital and Sub-Dean of Research at that time. Professor Wiley was also one of the initiators behind the Nepean Medical Research Foundation (NMRF). From 2003-2006 I was working at the University of Sheffield in the UK performing research in a similar area to Professor Wiley's research group. After I arrived here Professor Wiley was very interested in purchasing and setting up some new equipment in the lab for some experiments using a method I had learnt in the UK. However, we needed to raise around \$100,000 to do this. I applied for a Foundation equipment grant of \$20,000 to get us started and was successful. I was really excited to get my very first grant! To raise the rest of the money we applied for a Faculty of Medicine Major Equipment grant from the University of Sydney. For this we needed to have a minimum of 25% of the total cost and Professor Wiley contributed \$15,000 from one of his research funds. We were successful in getting this major equipment grant and we were awarded \$57,000 in October 2007.

What can this piece of lab equipment do that is so special and costs so much? Well, it is 9 pieces of equipment and allows you to perform an experimental technique known as patch clamp electrophysiology. I hope I can briefly tell you what it does..... The cells in our bodies, especially nerve cells in the brain and muscle cells in the heart, generate electrical signals. They are very small, measured in millivolts, so 1000-times weaker than 1Volt. To

make these electrical signals tiny holes or channels in the cell membrane open and close allowing charged ions to move in or out. The patch clamp equipment allows me to measure these tiny electrical signals in single cells.

I started purchasing the equipment in early 2008 and was performing the first experiments in September 2008. Since then my experiments have contributed to three publications in top scientific journals. The award of these two equipment grants from the NMRF and the Faculty of Medicine has undoubtedly contributed to my success in being awarded an NHMRC New Investigator project grant last year worth half a million dollars. Over the next 3 years this project will investigate a potential link between inflammation and susceptibility to mood disorders such as depression and bipolar disorder. I hope what this demonstrates is how important the foundation grant scheme is. I don't think I would be where I am today if it wasn't for that initial \$20,000 award from the Foundation.

In addition to the Research Project & Equipment grants, the NMRF also supports travel costs to conferences through the Isobel Corin Travel Award scheme. Researchers apply for funding to attend national or international conferences and typically there are 5 awards of around \$1000. This may seem insignificant in comparison to the research grants but attendance at conferences is a very important part of the development of a good researcher. Conferences give us an opportunity to gain new knowledge over a few days with many lectures and presentations crammed in. They allow us to meet



Dr Leanne Stokes.

other researchers, set up collaborative projects and formally present our work in posters and talks. They also raise the profile of the University, the Hospital, the Foundation and Penrith nationally and internationally.

Over the last three years I have been successful in receiving two Isobel Corin awards, one to attend an international meeting in Denmark, and the other to attend a national meeting in Canberra. Both of these were extremely important. I was selected to give a talk in Canberra and was able to meet many physiology researchers from all over Australia. In Denmark I had the opportunity to present two posters about my work and Professor Wiley and I held meetings with two sets of international collaborators.

If it wasn't for my attendance at conferences I would probably not be in Australia today. I first met Professor Wiley at an international conference in America in 2004 where he gave a seminar. Two years later in 2006, we met at the same conference in Italy where he interviewed me and offered me a job. In addition to learning new knowledge and presenting our work, attendance at conferences could play a role in recruiting the next generation of researchers to Nepean.

I hope this gives you all some insight into how the grants and awards from the Foundation can help the researchers at Nepean Hospital and how grateful we are to have your support. I think it adds a real sense of community to our research which only increases our motivation to do the best science that we can do. ■

Movement Disorder Clinic opens its doors

Cambridge Park resident Samuel Hines was diagnosed with Parkinson's disease at age 35.

Now 64 years old, Mr Hines said most people associate Parkinson's disease as something you get later in life, but this is often not the case.

For many years the former Nepean Hospital employee travelled every three months to St Vincent's Hospital in Darlinghurst to manage the symptoms of the disease: tremors (shaking), muscle stiffness, slow movement, problems with balance and frequent falls.

In 1997, Mr Hines had a deep brain stimulator implantation. Deep brain stimulation (DBS) is the pacemaker of the brain. DBS is a treatment that tries to normalise certain brain pathways by blocking overactive neurons within the brain.

Whilst this treatment has helped improve Mr Hines' mobility and control his tremor, it is only performed in a few centres in Australia.

With the newly opened Movement Disorder Clinic in Nepean Hospital, all patients with movement disorders like Parkinson's disease can be treated in Nepean Hospital. Even the DBS devices can be controlled and adjusted.

Mr Hines said, "Having the Movement Disorder clinic at Nepean is fantastic. It used to take all day to get to and from my appointments in the city. The Nepean Clinic offers the latest available treatment and is so much easier to get to."

On the rare occasion he is admitted to hospital Mr Hines states, "It's great to have local doctors that know you and your medication and will continue to follow-on with

your care once you go home."

"Parkinson's disease does affect your lifestyle, but you learn to manage



Prof Krause injecting Botox into Mr Hine's eye (above) and leg (left).

it. When people ask how I am, I often just say I'm shaking on regardless."

"My family has been very supportive and it's important for people to not isolate themselves and to ask for help. There is a Parkinson's Disease support group in the Nepean area."

The official launch of the Movement Disorder Clinic was timed to coincide with Parkinson's Disease Awareness Week (29 Aug to 6 Sept 2010).

Parkinson's disease is one of the most common degenerative brain disorders affecting more than 54,000 Australians.

About 1% of people over 65 years of age suffers from Parkinson's disease. But 10-20% of people are diagnosed under the age of 50.

Professor Martin Krause, Neurologist at Nepean Hospital said, "Unfortunately, Parkinson's disease is a progressive disorder. Symptoms will become slowly worse over time. The majority of patients with the disease have a shake - a Parkinson typical

tremor - but about one third have no tremor at all. They are the most difficult to identify.

"Most people think that they are getting slower or have more difficulties walking because of age. But many of them in fact suffer from Parkinson's disease.

"There is unfortunately no cure, but medication, exercise and surgery can improve the symptoms of Parkinson's disease. Early treatment improves symptoms, people's quality of life and might slow down the disease progression.

"Mr Hines is an encouraging example of someone who has fought this severe and disabling disease most of his life and never gives up. He still manages to live a reasonably normal life thanks to his family's support," Professor Krause said.

He said the new Nepean Movement Disorder Clinic offers a comprehensive and holistic approach to managing Parkinson's disease and other movement disorders.

"A team of neurologists, psychiatrists, allied health specialists, and specialist nurses offer patients a broad range of investigations and treatment options," he said.

All patients can be referred to the clinic by their general practitioner.

For any enquiries please contact Nepean Hospital's Neurology Department on ph 4734-1812.

THE FIRST NEPEAN MOVEMENT DISORDERS SYMPOSIUM – UPDATE ON PARKINSON’S DISEASE

Held on Wednesday the 8th of September 2010, the symposium marked the opening of the Nepean Movement Disorder Outpatient Clinic and was timed to coincide with Parkinsons Awareness Week. It focused on diagnosing PD and provided a broad overview on the current treatment options by highlighting the naturally progression of PD and long-term management issues of patients with PD along with case presentations. The presentations were given by the renowned experts in field including Clinical Associate Professor Victor Fung, who is the President of the Movement Disorder Society of Australia.

The talks were:

Diagnosing Parkinson’s Disease

Dr Mohamed Shaffi
Nepean Hospital

Medical Treatment of Motor Symptoms

Associate Professor Victor Fung
Westmead Hospital

Cognitive and Psychiatric Comorbidity

Dr Simon Lewis
Royal Prince Alfred Hospital

The natural history of Parkinson’s Disease

Dr Mariese Hely
Westmead Hospital

Treatment of advanced Parkinson’s Disease

Dr Neil Mahant & Associate Professor Martin Krause

The Nepean Movement Disorder Outpatient Clinic offers a holistic approach to Parkinson’s Disease (PD) and other movement disorders which is provided by a multidisciplinary team comprised of neurologists, physiotherapists, psychiatrists, and specialist nurses.

All patients can be referred to the clinic by their general practitioner.

For enquiries contact 4734 1812. ■



Dr Mariese Hely



A/Professor Martin Krause



Dr Mohamed Shaffi



Dr Simon Lewis



A/Professor Victor Fung



Dr Neil Mahant



Leigh, Susan and Amy



Lithgow girls

Anxiety Conference Program

Thursday

11 November 2010

8:15 - 8:45
8:55 - 9:00

Registration

Welcome and opening

Professor Abd Malak - Executive Director Workforce

Associate Professor Vladan Starcevic – Head of Department of Psychiatry, Nepean Hospital

GENERAL PERSPECTIVES ON THE ANXIETY DISORDERS

9:00 - 9:30
9:30 - 10:00
10:00 - 10:30
10:30-11:00

Sean Hood: Anxiety disorders and cardiovascular health

Vladan Starcevic: DSM-V and anxiety disorders

Andrew Baillie: Anxiety and substance use co morbidity - Why worry?

Morning Tea

OBSESSIVE-COMPULSIVE DISORDER: UPDATE, ISSUES AND CONTROVERSIES

11:00-11:30
11:30-12:00
12:00-12:30

David Castle: Obsessive-compulsive spectrum of disorders: A defensible construct?

Vlasios Brakoulias: Sub typing obsessive-compulsive disorder

Rocco Crino: Cognitive-behavioural therapy for obsessive-compulsive disorder -How good are we?

12:30-13:30

Lunch

SOCIAL ANXIETY DISORDER AND RELATED CONDITIONS

13:30-14:00
14:00-14:30
14:30-15:00
1500-1530

David Castle: When is anxious too anxious? The case of social anxiety disorder

Lisa Lampe: Cognitive factors in social anxiety, or why self-directed exposure often fails

Mark Boschen: Paruresis: Cognitive-behavioural formulation and treatment

Afternoon Tea

WORKSHOPS 15:30 - 17:30

Workshop 1
Workshop 2
Workshop 3
Workshop 4

Lisa Lampe: Cognitive model in cognitive-behaviour therapy

Rocco Crino: Behavioural experiments and exposure in anxiety disorders

Timothea Goddard: Meeting fear: Clinical mindfulness skills

Mairwen Jones: Danger ideation reduction therapy (DIRT)

Friday

12 November 2010

GENERALISED ANXIETY DISORDER: UNDERLYING MECHANISMS AND TREATMENT APPLICATIONS

9:00 - 9:30
9:30 - 10:00
10:00-10:30

Sean Hood: Novel approaches to the pharmacotherapy of generalised anxiety disorder

David Berle: How important are metacognitive beliefs in generalised anxiety disorder?

Michelle Moulds: Worry or rumination? Understanding and reducing repetitive thinking across clinical disorders



Guests enjoying refreshments at the conference.

ANXIETY CONFERENCE DISCUSSION PANEL



Prof. Sean Hood, Dr Andrew Baillie, A/Prof. Vladan Starcevic, Chair – Dr Bill Brakoulias.



A/Prof. Rocco Crino, Dr Bill Bakoulias, Prof. David Castle, Chair – A/Prof. Vladan Starcevic.



Prof. David Castle, Dr Lisa Lampe, Dr Mark Boschen, Chair – Mr David Berle.

THE “PSYCHIATRIC EVALUATION IN PRIMARY CARE” WORKSHOP

On the 4th November 2010 the first interactive workshop for the Penrith area general practitioners was successfully conducted. This is a part of the research project “Psychiatric Evaluation in Primary Care”, which has resulted from the collaboration between the University of Sydney’s Disciplines of Psychiatry and General Practice.

The objective of the study is to investigate the ways in which general practitioners diagnose patients who present

with psychiatric symptoms. Eleven general practitioners participated in the workshop which was organised and facilitated by Mani Viswasam, Dr Vlasios (Bill) Brakoulias, Vicki Riley, Associate Professor Vladan Starcevic and Professor Tim Usherwood.

It was very well received and further workshops are currently being planned. ■



Mani Viswasam, Dr Bill Brakoulias and Prof. Tim Usherwood.



Mani Viswasam, Dr Bill Brakoulias and A/Prof Vladan Starcevic.

NEPEAN STUDENT NEWS STAGES 1 AND 2

BY NARELLE BROWN

Stage 1 and Stage 2 students don't usually see much of one another at Sydney Medical School Nepean. They attend Nepean on different days of the week.



As Stage 1 coordinator here, I found many similarities between the groups in 2010, from the vigorous and active to the laid back and reserved; from those who made themselves known early to those it took me all year to get to know.

It's been my honour to note how dedicated our medical students have to be to do their course. Nepean students are special.

They are over-represented in the credits of Med Revue, at the AMSA conference and indeed now on the executive of Med Soc.

What follows are a few photos to showcase some of the fun we've had while navigating the steep learning curve from barely postgraduate towards understanding the life of a medical clinician.

I'm sure there's no competition between Stage 1 and Stage 2; they have senior students ahead of them at Nepean of high calibre to whom I'm sure they look. ■

Student Prizes



Tim, Doruk and Prof. Khadra.

We are proud to announce an award for a paper presented by our surgical registrar Dr. Tim Loke and second year medical student Doruk Seyfi. Their paper was awarded best presentation prize at the NSW meeting of the Urological Society of Australia and New Zealand (USANZ).

Both Doruk and Tim worked very hard on this and the paper. The presentation was judged by a panel of urological experts from the Society and our International Guest. ■

Dr Stuart Lane

SENIOR LECTURER IN INTENSIVE CARE
MEDICINE, SYDNEY MEDICAL SCHOOL

STAFF SPECIALIST IN INTENSIVE CARE
MEDICINE, NEPEAN HOSPITAL



I am presently doing my PhD thesis, which should be completed by the end of 2011. Its title is:

“What factors are important in the learning and teaching of professional values, related to open disclosure communication (ODC) following medication error?”

To assist with its completion, and to increase my knowledge and expertise in qualitative research, I have enrolled in the MQHR (Master of Qualitative Health Research), which I will commence at the start of 2011. I know that most people usually do their Masters before their PhD, however this course only commenced at the University of Sydney in 2010.

Qualitative research has a fairly poor reputation in medicine. It is often seen as 'fluffy' or 'soft' research, when in fact the research that has given it a bad name was just poor research. Many people in medicine and research tend to accept something better if it is expressed in numbers, and therefore prefer quantitative methods. However qualitative methods can actually be an extremely useful adjunct to quantitative research, and may even go beyond numbers to establish a deeper understanding of the truth. It is an extremely exciting field in which I am looking forward to establishing myself. ■

VISITING SCHOLARS

Cristina Alonso Bouzón

Cristina is a geriatrician who born in Galicia (Spain).She graduated in Medicine from The University of Navarra (1993-1999) and then began her training in Geriatric Medicine in The Hospital Universitario de Getafe (Madrid) with Professor Guillén Llera.

During these years, besides her training in Geriatric Medicine, she did some research after being motivated by Professor Rodriguez Mañas (an expert in Diabetes and Endothelial dysfunction), passed the Degree of Advanced Studies in Geriatric Medicine (Universidad Complutense, Madrid; 2002-2004) and received a grant to spend five months (November 2005-March 2006) in the Stroke Unit

of the Luton and Dunstable Hospital, supervised by Professor Alan Sinclair.

Since January 2007 she's been a Geriatric Medicine consultant in The Hospital Universitario de Getafe. She started by doing the evaluation of elderly patients admitted in surgical wards and the Emergency Department but soon realized that she could greatly improve the quality of this work. In May 2009 Cristina received a grant for the implementation of the Orthogeriatric Unit for improving the treatment of elderly patients with hip fracture that was launched in October 2009. In December that same year she received an award from the Foundation of Research (Hospital Universitario



de Getafe) to train in clinical research abroad which brought her here, to The Aging Bone Research and The Falls and Fractures Clinic (Nepean Hospital). Cristina is enjoying learning from Professor Gustavo Duque and is delighted to be here. ■

André Capitain

I finished my A-level exam in Biotechnology at the end of the term in summer 2010 in Germany and was looking for meaningful ways of bridging the gap between school and university.

As I plan on studying medicine, a placement for six months in patient-care would come in handy. This is one of the requirements for admission to medical faculties in Germany, and such a first-hand experience would certainly help me make up my mind as to what

field of medicine I will eventually specialize in.

But, unfortunately, in Australia I am not allowed to have contact with patients until I am a medical student.

In the meantime I'm participating in research activities with Professor Ralph Nanan.

I am planning to do my patient-care traineeship next year in Afrika (Sierra Leone). ■



Triona Adi Suroso

I am a gynecologist with the Ultrasound Division, Department of Obstetrics and Gynecology, Putera Bahagia Hospital in Cirebon, West Java, Indonesia.

I was initially exposed to some fascinating lectures delivered by Professor Hans Peter Dietz and became keenly interested in pelvic floor imaging. It led me to pursuing a visiting scholarship at Nepean Hospital through the Sydney Medical School Nepean.

I was attracted to the course by its appealing content and my passion to learn more about the quantification of abnormalities of levator ani using tomographic pelvic floor ultrasound and performing 3D/4D ultrasound examination in the urogynaecological field.

Thank you to Professor Dietz and Dr Clara Shek for their amazing teaching. ■



NEW ADMINISTRATION OFFICER TO ASSIST RESEARCHERS

Merrilee Kessler

I am very pleased to be employed by Sydney Medical School in the newly created position of Administration Officer Research and Ethics, which was generously funded by the Nepean Medical Research Foundation.

In a wonderful display of lateral thinking, Professor Ralph Nanan and the Foundation have recognized the value of creating a position that can assist all researchers with the often daunting procedural requirements of funding applications. It is envisaged that by utilizing my knowledge of grant processes, the researchers will have more time to devote to the research content requirements of applications.

The position sits within the larger 'vision' for the School. This vision includes further extending, at the national and

international level, the leadership role Sydney Medical School Nepean plays in many areas of medical research; building further Centres of Excellence at Nepean; and helping individual researchers build their research profile.

The position is a central co-ordination point, delivering better administrative support to academics, in relation to the processes and procedures concerning ethics and grant applications, so that they can even more effectively identify and apply for funding.

By training and work history I am an artist and arts administrator, from an industry that likewise relies heavily on government and philanthropic support to make the exciting things happen. So, as a past Curator of a major Commonwealth art collection, and



someone who is now looking forward to working creatively with everyone at the School and learning about the world of medical research, perhaps we can also have lunch time discussions about your own personal art collection!

FAREWELL DR ROXBURGH

Sydney Medical School Nepean is saying farewell to one of its favourite tutors at the end of this year. Dr David Roxburgh has taught medical students since the 1990's. David joined the staff of Nepean Hospital in 1976 as an Honorary Medical Officer in Obstetrics and Gynaecology and became a lecturer in the Clinical School at Nepean at the instigation of Associate Professor Brian Spurrett. David's main tutorials were in the Perinatal & Women's Health Block, on Diabetes in Pregnancy and The Menopause. Over the last couple of years, David has been one of the consultants who has taken students into their private rooms so that the students can see what a "day in the life" of a consultant is all about.

David believes that teaching is part of the medical ethos. Before teaching medical students, Dr Harley Roberts, Dr Walter Findlay,



Dr Roxburgh with stage 3 students.

Associate Professor Brian Spurrett and David lectured to Nurses and Midwives when their teaching used to be hospital based. David has said "I have always enjoyed interaction with students and find that it is a 'two way street'. They stimulate and educate the teacher."

On behalf of all the students and the University of Sydney I would like to wish David all the best in his retirement and thank him for his time and commitment teaching students.

COMINGS AND GOINGS

Griselda Loza-Diaz

I recently had a baby girl called Mariel Lourdes Buckland and have begun working in Associate Professor Gustavo Duque's Aging Bone Unit.

My job is to coordinate the new Fracture Care and Prevention Program at Nepean Hospital. The goal of this program is to identify and manage patients with osteoporotic fractures. As the Fracture Care Coordinator I will be educating patients and ensuring that they have access to the necessary resources to prevent falls and fractures. ■



Beatriz Belmar

ENDOCRINE NURSE COORDINATOR

I started as an Endocrine Nurse in late August this year to assist Professor Wall and also work with the Endocrinology team with his research.

I have been a registered nurse since 2005 and have worked in the area of general medicine, neonatal intensive care, paediatric emergency.

Currently I am coordinating a Clinical Trial and Epidemiological study on epilepsy.

It is a privilege to be part of the exciting research and clinical trial the Endocrinology department is conducting. ■



Dr Andrew Martin

NEW STATISTICIAN

The Sydney West Area Health Service funds a part-time statistical support facility that is available one day per week to researchers seeking statistical advice and collaboration on study design, data analysis, and interpretation of results. The facility is staffed by Dr Andrew Martin, Senior Lecturer in Biostatistics at the NHMRC Clinical Trials Centre University of Sydney. Andrew has many years experience in clinical research, and has provided statistical leadership to projects across a broad range of therapeutic areas. A recent focus has been on promoting investigator initiated research activities in underfunded areas. Andrew is also involved in teaching units in Decision Analysis and Controlled Clinical Trials offered through the School of Public Health at the University of Sydney. Appointments to meet with Andrew may be made via email to: nepeanstats@ctc.usyd.edu.au ■



Maryam Shojaei

I recently joined the Intensive Care Unit at Nepean Hospital as a Research Officer. I came from a Science background with a Masters degree in Biotechnology and a PhD degree in Biochemistry from the University of Sydney. My most recent positions were with The University of Sydney and The University of Western Sydney as an Academic staff member. Prior to that as a post doctorate researcher I spent 3 years in Iran working on the detection of different types of metabolic disease using biosensors where I gained experience in Nanotechnology, Molecular Biology, Microbiology and Protein Chemistry. In my new position I am involved in research aimed at understanding the clinical and scientific aspects of Sepsis as well as preparation of manuscripts for publication and Ethics Committee applications. I am happy to be joining Professor Anthony McLean's great research team. ■



Faieseaa (Sea) Iakopo

In 1998 I moved to Australia from New Zealand with my husband and five beautiful children whom I love very much. I began working for Sydney West Area Health Service in 2008 with the SWAHS Casual Pool and worked in various roles within SWAHS including: ITS Department, Child and Adolescents at Borec House and Medical Imaging. Now I have a permanent position in the Department of Neurosurgery. The main focus of my role is to provide a high level of secretarial support to my Department.

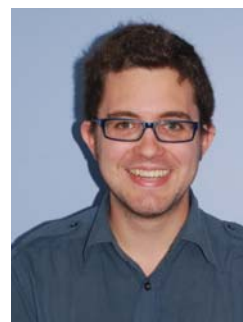
My hobbies and interests are cooking and spending quality time with my family.

I look forward to working with you all. ■



Thomas McCorquodale

I have been working for Professor Jack Wall for the last two years while completing my undergraduate medical science degree. Since graduating earlier this year I am excited to have joined Associate Professor Gustavo Duque's bone research team on a part-time basis performing various assays to quantify biochemical markers in mice serum. I continue to work for Professor Wall, but am also enjoying the new opportunities and techniques presented by Associate Professor Duque and his team. ■



VISIT BY INTERNATIONAL SPEAKER: DR YURI NIKOLSKY

PhD, CEO of GeneGo (USA)

Tuesday 7 September

Title of Presentation:

**“Functional analysis reveals the biological underpinnings of predictive genomic signatures”
– Making Sense of Microarray Data**

Over the last 18 months, we have noted that genome-wide expression analysis has been increasingly adopted by researchers within the Nepean Clinical School. This is an exciting development because genome wide analysis, when used appropriately, can significantly broaden a researcher’s capability to address a scientific question.

However, the use of this technology has also brought several challenges.

For example:

- How do we make sense of the huge amount of data generated by microarray experiments?
- What is the underlying biological theme of our signature genes?



Grant Parnell, Prof. Tony McLean, Dr Marek Nalos, Dr Stephen Huang, Dr Yuri Nikolsky and Dr Ben Tang.

- And how does our gene signature interact with the other signaling networks?

Dr Yuri Nikolsky (PhD) from GeneGo (USA) came to discuss ways to address the above challenges with us. Importantly, Dr Nikolsky provided us with exciting updates in the area of functional analysis using gene signatures. This was a great educational opportunity for researchers who are currently using genome-wide expression analysis, or who plan to use this technology as part of their overall research programme in the future.

THE ANNUAL PETER DUNLOP MEMORIAL OHS AWARD

Susan Dowd, Research support Officer and OHS representative for Nepean Clinical School was among six nominees from throughout the University of Sydney for this year’s annual Peter Dunlop Memorial OHS Award.

The winner was Faculty of Health Sciences Facilities and Assets Manager Greg Gaal whose award was presented by Vice-Chancellor Dr Michael Spence and accepted by Dr Martin Mackey, lecturer in physiotherapy, on behalf of Greg who was on leave during the special presentation ceremony. Greg Gaal has been a representative on his Zone’s OHS Committee since 1992 and has served as chairperson of the committee for seven of those years. Greg has also made a sustained contribution to improving OHS awareness and processes for the Cumberland Campus, including coordinating chief wardens, first aid officers, Safe Work Australia Week events and First Attack Fire Fighting Training.



Others nominated this year were: George Bibicos, Sydney Law School; Stephen Chan, Health Sciences Library; Susan Dowd, Sydney Medical School; Susan Manners, Faculty of Pharmacy; Kaya Zmijewski, Faculty of Education and Social Work.

2010 ECP GROUP





Australian Women & Children's Research Foundation

www.ozwac.com.au

Ozwac has received tremendous support from businesses in the local community who have come up with some very creative fundraising ideas. DirectoryCentral Penrith Valley ran a promotion that every advertiser who signed up to promote their business in June, DirectoryCentral would donate \$10 to Ozwac, raising a total of \$660. The Log Cabin relaunched the Waterside Restaurant on Friday 3rd September and generously donated half the proceeds of the evening, raising \$4,500. Jones Lang LaSalle raised over \$1,600 for Ozwac at their recent staff conference where staff members were fined for various minor offences on the day.



OZWAC FUNDED RESEARCH

Investigating the mechanisms of synchronisation of maternal and fetal T regulatory cells

PROFESSOR RALPH NANAN

Nobody can doubt that mothers influence their children throughout life. This influence however might take place from a very early point, actually before the baby is born. We are investigating how the mother's immune system influences the baby's immunity during the course of pregnancy. We have now discovered that a subset of immune cells are highly synchronised between the mother and the baby. The immune cells which are involved play a key regulatory role and might influence the development of many medical conditions including cancer, auto immune disorders like diabetes and allergies. If we better understand how this synchronisation between the mother and the baby functions we might be able to influence this process in a positive way to prevent some of these conditions.

Pregnancy and thyroid and orbital autoimmunity – do they run parallel courses during and after pregnancy?

PROFESSOR JACK WALL

We have made good progress in our study of the relationship between ophthalmopathy and thyroid autoimmunity in pregnant women with Graves' disease or Hashimoto's thyroiditis. So far we have recruited 15 patients at the Pregnancy/thyroid and Thyroid clinics of Nepean Hospital. Some patients have been studied for as long as 9 months and many from before pregnancy, through pregnancy and in the post partum period.

Preliminary results suggest that the thyroid and orbital autoimmune reactions and corresponding clinical symptoms and signs do not always run parallel courses suggesting that the two components of "Graves' disease" may have separate aetiologies (thus explaining why not all patients with Graves' disease have eye abnormalities). In the case of Hashimoto's thyroiditis, eye signs are mainly mild and usually manifest as upper eyelid retraction and these changes tend to improve during pregnancy and relapse in the post partum period. This

study will be long term as we add to our cohort and follow them during pregnancy and in the post partum period (where traditionally the thyroid component tends to relapse or worsen).

The results are key to our understanding of the pathogenesis of ophthalmopathy and preliminary results give confidence that the study will lead to the development of a genetic test to identify at risk patients.

HLA-G modulation of antigen presenting cells & T Helper cells subsets, with specific reference to pregnancy

DR PETER HSU

Pregnancy requires the mother's immune system to tolerate the fetus. One of the important mechanisms of this tolerance is thought to be HLA-G, a molecule which suppresses the immune system. My project will focus on how this molecule might suppress the immune system in pregnancy, focusing especially on antigen presenting cells and certain T lymphocytes. In particular, comparisons will be made to preeclampsia, a common disorder in pregnancy thought to be due to immune tolerance breakdown.

The Epi-No Study

PROFESSOR HP DIETZ

Pelvic floor trauma in childbirth is very common, affecting over 50% of all women giving birth. In some instances there are long-term consequences such as incontinence, sexual dysfunction and pelvic organ prolapse. We are running a randomized controlled trial to test whether the EpiNo device can prevent such damage. We are publishing the results of the pilot phase (the first 200 women) and are continuing with recruitment at Nepean and RPA Hospitals. So far, about 370 women have been recruited.

OZWAC is funding the 2 year follow-up of study patients in 2010 and 2011, and these follow-up appointments are in progress. We expect to learn whether there are any ongoing changes between 3 months and 2 years, and it will also be interesting to see whether a second pregnancy or birth has any further effect on the pelvic floor.

ANNUAL COCKTAIL FUNCTION

It was with pleasure that the Nepean Medical Research Foundation held its Annual Philanthropists Cocktail Function on October 15th 2010 in the beautiful surrounds of the Glenmore Heritage Golf Club. It was a wonderful relaxing evening with over 75% of our "Nepean Philanthropists" in attendance, together with invited guests. They mingled with local dignitaries and researchers whilst listening to a melodic jazz performance by "Plum".

Gwen McMaster-Fay, President of Nepean Medical Research Foundation warmly welcomed the Nepean Philanthropists and guests and thanked them for their continuing support which enables research and equipment to be funded through their generous annual contributions.

Guest speakers for the night included Professor Mohamed Kahdra, Professor Jack Wall and Dr Leanne Stokes. Dr Stokes brought insightful, humorous and touching meaning to those in attendance about what it means to be a researcher at the Sydney Medical School Nepean, The University of Sydney (see page 9). She described how an initial funding by the Nepean Medical Research Foundation towards research or a travel scholarship can generate additional interest and further grants and also allows them to see and hear from fellow local and international researchers in their fields. This shows how the money raised through the efforts of the NMRF and its members contributes towards research and equipment at Nepean Hospital and the local community.

The night was a another great success for the Foundation, proving that despite the global economic crisis, the people of the Nepean community still have huge hearts and are prepared to support our local charities as much as they can.

Since its inception in 2000 the Nepean Medical Research Foundation has given over 1.6 million dollars specifically for essential research laboratory equipment and clinical research

grants to the Sydney Medical School Nepean at Nepean Hospital.

Please contact us if you would like any information about how you could become involved in the work of the Foundation or becoming a Nepean Philanthropist. This is an opportunity to be part of a significant group of people in Penrith, who believe in celebrating the success that Penrith had given them by making a commitment to give to a very important local organization; whose work would be of great benefit to others in the local community, including those who are close to us.

For more information, visit the Foundations' website on www.nepeanmrf.com.au or contact the Manager Deanna Melbin on 0410 435 890. Email: nmrf@westnet.com.au ■



Professor David Burke, Chris & Pat Holden with Dr Sally Poulton.



Gwen McMaster-Fay and Deanna Melbin with the new NMRF banner.



Yuli Krause, Professor Mohamed Khadra & Associate Professor Martin Krause.



Professor Jack Wall.



Denis & Judy Hardy, Brad & Sandra Turnbull, Ken & Diane Roberts.



Brad Turnbull – NMRF Treasurer with Councilor Ross Fowler, Emma Thembani & Yuli Krause.



Gary Quinton, Ross Sinclair, Dr Hooshang Lahooti, Johanne & Professor Jack Wall, Ann Quinton.



Sharon Raams, Arlene Mead, Rob Raams, Paul Mead, Deanna Melbin, Neville Snowdon, Craig & Colleen Hill.



Nepean Clinical School Research – Amy Phu, Emma Thembani, Cristina Bouzon (Spanish visiting scholar), Ian and Leanne Stokes.



Martin & Lyndal Rogers, Gordon Henwood, Federal Member for Lindsay David Bradbury, Owen & Natalie Rogers & George Maroun.



Rob Wearn, Ruth & Bruce Binns.



Michael Azzopardi, Merilee Kessler and Brendan Mullins.



Gwen McMaster-Fay – President NMRF, Craig & Colleen Hill.

EPIDURAL MAY AID MUM'S HEALTH, STUDY FINDS

BY TRALEE PEARCE

Article published
Thursday, September 2, 2010

It's one of the most charged decisions a woman faces in childbirth: Whether to have a pain-relieving epidural or to try to hold off and have a drug-free birth. Many proponents of natural childbirth paint the epidural option as a choice with many negative consequences, including slowing down labour and separating a woman from the experience.

But a new study out of Australia has found that an epidural may play a positive role in women's health long after the baby is delivered by reducing damage to the pelvic floor muscles.

Australian researchers used two sets of ultrasonic imaging on a group of almost 500 women undergoing their first pregnancy and planning vaginal birth - one taken during pregnancy and one three to four months after childbirth.

Because damage to a woman's pelvic floor muscles during childbirth is known to be a risk factor for future health problems including collapse of the pelvic organs (pelvic organ prolapse) and incontinence, the researchers wanted to see whether style of birth played a role.

Of the 488 women in the study, published last week in the *British Journal of Obstetrics and Gynaecology*, about 13 per cent experienced "avulsion," or tearing, of their "levator," or pelvic floor muscles. Women who had had an epidural had a lower incidence of tearing. A forceps delivery was associated with the greatest risk of injury. (Not surprisingly, the women who had undergone a caesarian section had no pelvic floor injuries.)

Co-author Clara Shek of the Nepean Clinical School of medicine at the University of Sydney suggested the epidural may prevent premature pushing, which is known

to cause damage. Another potential explanation may be that the muscles are simply relaxed and less likely to suffer trauma.

The study results may be heartening news for those who have had or are considering an epidural, which is a local anesthetic delivered by an injection into the lower back. Canadian parenting blogger Catherine Connors is unabashedly pro-epidural after experiencing her second labour without one. "Having done it both ways, there's no reason to go through that kind of pain," she says. "If I'd known that epidurals might have such a preventative effect I wouldn't even have considered going without."

And she might have discussed the issue with her doctor before the birth of her second, a birth which resulted in muscle tearing and a nearly two-year recovery.

"Not only has recovery been a nightmare, I live in fear of incontinence or uterine prolapse," says Ms. Connors, who has used graphic humour to deal with her experience on her blog, *Her Bad Mother*.

Ottawa obstetrician Vyta Senikas says it's rare for epidurals to be discussed as having any benefits other than pain relief. Dr. Senikas, Associate Executive Vice-President of the Society of Obstetricians and Gynaecologists of Canada, says that while this study in particular will have no immediate effect on childbirth practices it could add to the various factors obstetricians weigh in giving advice to their patients.

In some cases, reducing pain allows the body to proceed with childbirth.

"There are certain women for whom the pain is so great that they tense themselves up and when they get



Dr Triveni Nanda and Dr Clara Shek.

the epidural and totally relax and go to full dilation in no time."

At the end of the day, there is a balancing act, risks to benefits, she says. And the pelvic floor is the big concern after childbirth. Women can begin to face incontinence problems quite young, in their 40s. "These can be humiliating issues to be faced with."

And, she says, obstetricians are trying to address some of the past criticisms of epidurals. The majority of studies that have shown negative effects, such as an increased likelihood of a vacuum or forceps intervention, refer to older, stronger epidural formulations.

Newer "walking epidurals" allow women to still have sensation in their lower body. Obstetricians are now cognizant that it's not a good idea to give an epidural too early because it can affect the urge to push; it's better to wait until a woman has the urge to push to both save her energy and reduce the risk of injury. The presence of an additional care provider, a partner, a doula or a coach also helps tremendously, she says.

Some observers suggest that it may not be the epidural per se that helped the women in the Australian study, but pain control in general.

"I think you could substitute 'adequate pain control' for 'epidural,'" says Mark Sloan a pediatrician and author of *Birth Day: A Pediatrician Explores the Science, the History and the Wonder of Childbirth*. "A fairer study would be epidural versus adequately managed pain other ways." ■

CELEBRATION OF THE 2ND ANNIVERSARY OF OUR FALLS & FRACTURES CLINIC

This celebration was held at Nepean Hospital on Tuesday the 28th September 2010.

Welcome remarks were given by Dr Andrew McDonald, Parliamentary Secretary for Health.

Associate Professor Gustavo Duque spoke about the "Year That Was" and summarized all the major accomplishments of the Falls and Fractures in 2010.

This year's invited international guest speaker was Professor Serge L Ferrari who spoke on "New Perspectives on the Treatment of Osteoporosis in Older Persons".

Professor Ferrari is currently a Swiss National Science Foundation granted Professor of Medicine at the Service of Bone Diseases, Geneva University Hospital, Switzerland.

His research in Geneva and with collaborators at Harvard Medical School focuses on the genetics of osteoporosis as well as on bone anabolic pathways, particularly PTH signaling. He is a member of the Board of Directors of the Swiss Bone and Mineral Society

and the Board of Directors of the International Society of Nutrigenetics and Nutrigenomics. He is also a member of the editorial board of the Journal of Bone and Mineral Research and Osteoporosis International, and chief editor for Bone Key.

Professor Ferrari serves as a genetics consultant among the Framingham Osteoporosis Study Investigators and has received numerous international awards for his work, including from the American Society for Bone and Mineral Research.

He has published more than 80 articles and book chapters on bone mass acquisition in childhood osteoporosis and bone and mineral metabolism.

After the academic presentations, the celebration continued with refreshments offered at Sydney Medical School Nepean. ■



Dr Christopher Vidal doing his tissue culture.



Microscope using bioquant software.



Wei Li cutting her bone sections.



The Ageing Bone Research Team with Professor Paul Lips an international speaker and world authority on vitamin D from Netherlands.

SYDNEY MEDICAL SCHOOL NEPEAN STAFF NEWS

New People:

Merrilee Kessler – Research Administration Officer

Dr Andrew Martin – Biostatistician

Maryam Shojaei – Research Officer, Intensive Care

Beatriz Belmar – Nurse Coordinator, Endocrinology

Grizelda Loza-Diaz – Aging Bone Unit

Faiesea (Sea) Iakopo – Admin Officer, Neurosurgery

Contact for the Sydney Medical School Nepean Newsletter:

Ms. Susan Dowd – Research Support Officer

University of Sydney, Nepean Clinical School
Level 5, South Block, Nepean Hospital
Kingswood NSW 2747

Ph: (02) 4734 2682

Fax: (02) 4734 1817

Email: susan.dowd@sydney.edu.au

Departures:

Dr Roxburgh – Clinical Lecturer

Clinical Academic Titles Awarded:

Dr Krista Monkhouse – Clinical Associate Lecturer,
Medicine

Dr Habibur Bhurawala – Clinical Lecturer,
Paediatrics

Dr Ingrid Sinnerbrink – Clinical Associate Lecturer,
Genetics

Dr William (Bill) Croker – Clinical Senior Lecturer,
Emergency Medicine

Contact for The Nepean Medical Research Foundation:

Deanna Melbin – Manager NMRF

PO Box 82

EMU PLAINS NSW 2750

Ph: (02) 4735 2407

Fax: (02) 4735 4911

Email: NMRF@westnet.com.au

Contact for OZWAC and the Nepean Centre for Perinatal Care (NCPC):

Maree Yabsley – Administration Officer

NCPC & OZWAC

L5 South Block

Nepean Hospital

Kingswood 2747

Ph: (02) 4734 3205

Email: maree.yabsley@sydney.edu.au

SYDNEY MEDICAL
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SYDNEY

Please note our new web address:

<http://sydney.edu.au/medicine/nepean/>