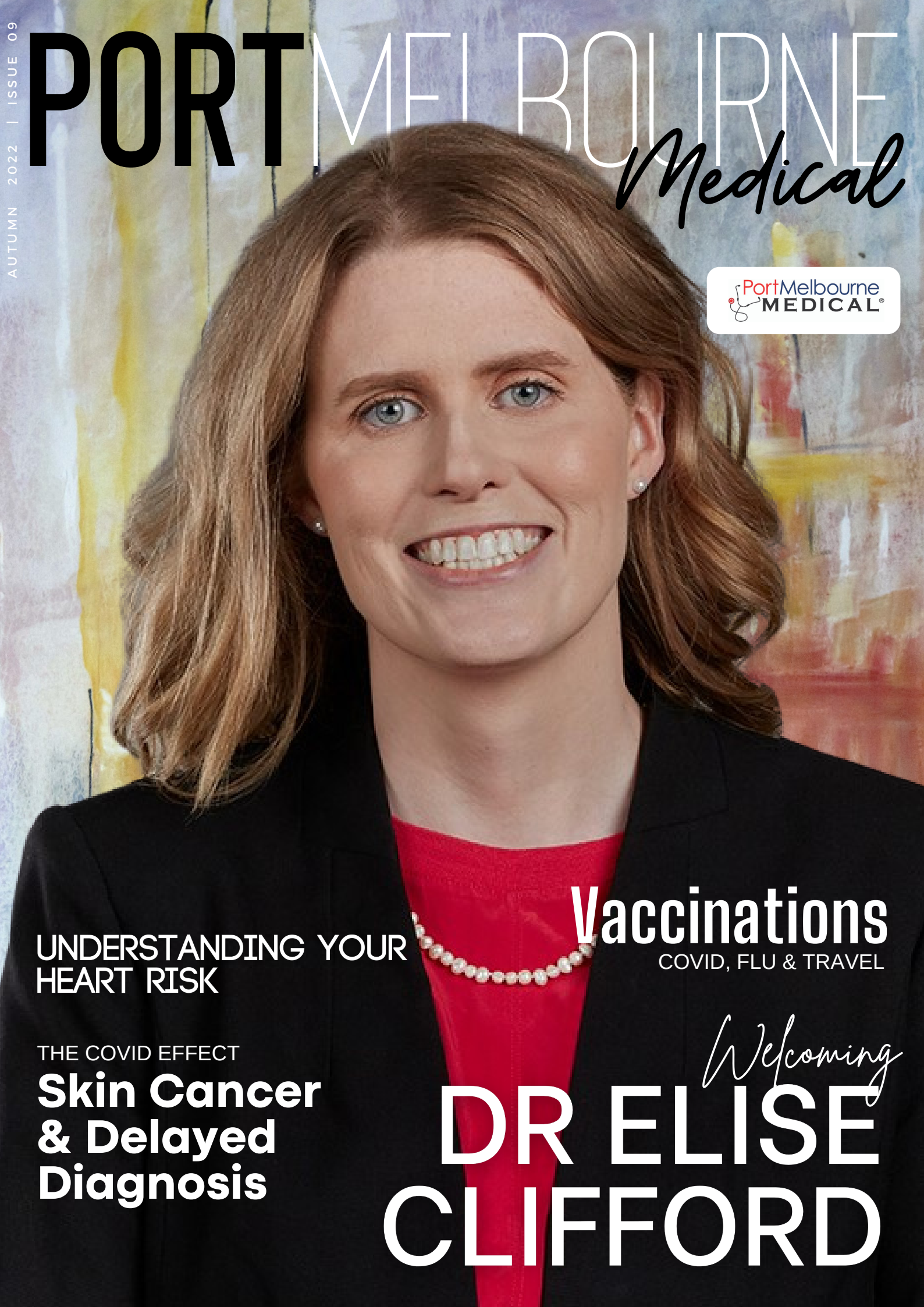


# PORT MELBOURNE *Medical*



**UNDERSTANDING YOUR  
HEART RISK**

THE COVID EFFECT  
**Skin Cancer  
& Delayed  
Diagnosis**

**Vaccinations**  
COVID, FLU & TRAVEL

*Welcoming*  
**DR ELISE  
CLIFFORD**

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## Port Melbourne Medical Magazine

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For and on behalf of



Editor in Chief | Chris Rabba

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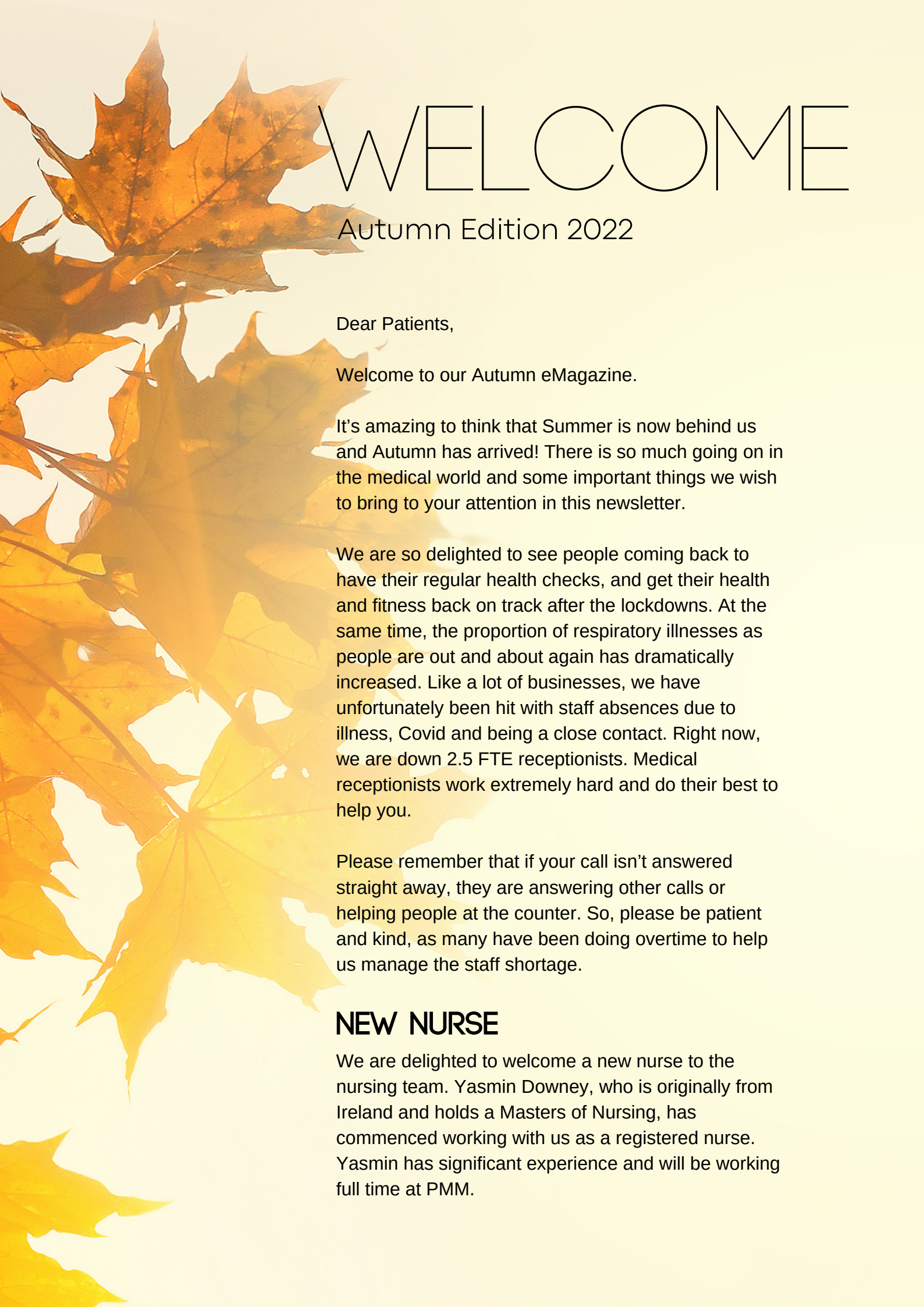
# THE COVID YEAR THAT WAS.

(Astra Zeneca COVID-19 Vaccines)  
Your delivery of Astra Zeneca COVID-19 Vaccines are on their way  
Please contact our DHL Control Tower if you have any concerns on

DHL Control Tower

A big thank you to all our staff, patients and the Port Melbourne community at large for supporting our COVID Vaccination Centre





# WELCOME

Autumn Edition 2022

Dear Patients,

Welcome to our Autumn eMagazine.

It's amazing to think that Summer is now behind us and Autumn has arrived! There is so much going on in the medical world and some important things we wish to bring to your attention in this newsletter.

We are so delighted to see people coming back to have their regular health checks, and get their health and fitness back on track after the lockdowns. At the same time, the proportion of respiratory illnesses as people are out and about again has dramatically increased. Like a lot of businesses, we have unfortunately been hit with staff absences due to illness, Covid and being a close contact. Right now, we are down 2.5 FTE receptionists. Medical receptionists work extremely hard and do their best to help you.

Please remember that if your call isn't answered straight away, they are answering other calls or helping people at the counter. So, please be patient and kind, as many have been doing overtime to help us manage the staff shortage.

## **NEW NURSE**

We are delighted to welcome a new nurse to the nursing team. Yasmin Downey, who is originally from Ireland and holds a Masters of Nursing, has commenced working with us as a registered nurse. Yasmin has significant experience and will be working full time at PMM.

## COVID-19 UPDATE

As we move into the phase of learning to live with Covid, we have all had to make some adjustments. It is difficult to find the balance of living with Covid and avoiding infections....and for those of us with children at school, we know just how hard the avoidance is.

As you are aware, masks are no longer required to be worn in the majority of indoor settings however this change **does not apply** to healthcare settings.

**Face masks will continue to be required in General Practices to assist in keeping vulnerable people as well as communities and practice team members safe. Please remember to bring your mask for your appointment at PMM.**

Although Omicron seems to be milder than Delta, it is unclear whether this is due to Melbourne having a much more vaccinated population compared to when Delta hit. Vaccination certainly reduces the risk of many of the symptoms of long Covid. We have seen some unvaccinated people quite sick with their Covid illness.

We have also received feedback from a patient that they received a scam call, where they were asked for their Medicare Card and also their credit card details, by someone reporting they were from the Department of Health. Please note that apart from PMM receptionists calling to request a payment for normal medical appointments in our main clinic, we will not ring you asking for a credit card payment for Covid positive telehealth appointments. Covid positive care continues to be fully Government funded via the Respiratory Clinic.







# *Welcoming* **DR ELISE CLIFFORD**

**MBBS, BMediSci, DCH, FRACGP or MBBS, Bachelor Of Medical Science, Diploma of Child Health, FRACGP**

Elise has recently started consulting from Port Melbourne Medical and is looking forward to meeting you all.

**Q: Hi Elise, welcome to Port Melbourne Medical. Where did you grow up and complete your schooling and Medical Degree?**

**A:** I grew up mainly in Melbourne, however, I also lived overseas and interstate. After school, I completed my medical degree at The University of Melbourne. During my degree, I took some time off to take up opportunities abroad and travel. In particular, I enjoyed the final years of my degree at St Vincent's Hospital Clinical School. Travelling throughout my life has given me an appreciation of different cultures and a global perspective.

**Q: Like many doctors you spent time overseas as part of your Medical Degree. You worked in Boston as a part of your studies. Can you explain how this came about?**

**A:** As a part of studying undergraduate Medicine at The University of Melbourne a year is allocated for you to write a thesis in a particular area of medicine. My thesis was an analysis of the orthopaedic injuries sustained by children riding 2 wheeled motorcycles through The Royal Children's Hospital. I managed to complete the thesis early and was invited to experience how medicine works at Boston Children's Hospital on a travel scholarship.

Like many things in America, in ways it was "super-sized" in comparison to the hospitals of Australia. It functioned as a specialist hospital that provided highly specialised care for children across America. Whilst it delivered exceptional care, it was very evident that there were significant health inequalities. Many families would go broke by seeking medical care and would be left with debt.

The level of healthcare you could access was determined by your social status rather than your need. The basic fact that at the end of the day everyone is a human, no less or no more than anything else seemed to be lost.

**Q: As a recent RACGP fellow what was it that Port Melbourne Medical offered that attracted you to consult from our rooms?**

**A:** There are so many things! Initially it was the close proximity to one of my favourite bakeries and a friend's personal experience as a patient.

Port Melbourne Medical stood out as it shared my high standard of patient care and the ways it had been able to adapt to the COVID pandemic. It was important for me to join a practice that had patients across a range of ages and had a good culture.

Additionally, the luxury of having modern technology such as printers with multiple trays and two computer screens with each room being spacious is a rare find in the typical archaic medical environment.

**Q: How have you settled in and what is it about the practice/team that stands out to you?**

**A:** I feel it has been a smooth process starting at Port Melbourne Medical. I started with providing Telehealth care to Covid positive patients and I am now consulting. Of course, I am still learning every day such as where are the spare pens kept!

During this transition what has struck me the most is the collaborative nature of the entire Port Melbourne Medical team.

Everyone is approachable and goes out of their way to assist with any questions or to offer a second opinion.

**Q: What is it about General Practice that attracted you to this speciality?**

**A:** Initially, I had been headstrong in my desire to become a Paediatrician. However, things do change - at age four it is documented that when I grew up, I wanted to be a cow.

I entered General Practice looking for a satisfying long-term career without having to endure months of night shifts. I was drawn to the privilege of being able to provide continuity of care to patients and manage an array of medical conditions outside a hospital setting. I would be also able to utilise my Paediatric skills whilst also seeing patients of all ages with varying health issues. Today I am proud to be a GP who is understanding, knowledgeable and proactive (who also has not worked at night for several years).

**“During this transition what has struck me the most is the collaborative nature of the entire Port Melbourne Medical team.”**



**Q: Like most career GPs you have some fields of special interest especially Paediatrics. Can you tell us why this appeals to you as a special interest?**

**A:** Paediatrics is fantastic as both your patient and their family are constantly evolving. I feel I can goof ball around kids making their trip to the doctor a fun experience.

The communication challenge of conveying complex medical ideas in a way which a child can understand what is going on brings out my creative side. I really enjoy looking for seaweed or star fish in ears (!) and making a visit to the doctor something not to be feared.

The problem-solving aspects are welcome challenges such as when a child cannot communicate what is wrong. There is plenty of diversity within paediatrics both in ages and ailments. Children are constantly changing and growing, presenting with new and different issues.

Unfortunately, an indirect effect of COVID has been that less children have seen GPs other than to be met with a swab or needle. It is important for me to catch anything that may have been missed as well as regain children's trust of doctors.

**Q: You also have strong skills in many other areas. Can you explain to the patients what Healthy at Every Size (HAES) is and how you practice this?**

**A:** 'Health at every size' (HAES) aims to promote self-care through addressing health behaviours, acknowledging, and tackling weight stigma, and being inclusive of human diversity in terms of body size, ethnicity, sexual orientation, gender identification and social status.

I am very aware of health issues such as Eating Disorders, Inflammatory Bowel Disease and other various conditions that can lead to malnutrition that importantly affect people of all sizes. It is important to not make assumptions nor provide healthcare based on biases.

This encompasses working with patients focusing on their individual circumstance and what health means to them. Ultimately, it leads to decreasing the focus on a number, shifting the attention to a patient's well-being and providing guidance that is suited to the individual.

**Q: What does your ideal weekend consist of?**

**A:** A decent sleep. Discovering a new place and wandering around without purpose. Spending time with friends at a lengthy brunch. Surprise flowers. Walking a happy Cavoodle outside. Listening to music. Finding out day light savings is starting or ending on that weekend – good for different reasons. Attending an event or exhibition. Some time for myself. Reading the paper versions of the newspaper and doing the puzzles. The housework magically being done.

**Q: Medicine is an all-consuming career. How do you switch off and manage a healthy work/life balance?**

**A:** I think in any career it is important to establish what in life is important to you. Once you have figured this out it can help serve to guide to you in work/life balance.

I have become flexible and try to make the most of opportunities such as going for dinner on a “school” night or heading to a cinema to watch the next movie. Honestly, it is a bit of an ongoing process, constantly re-evaluating. For one, I do not work nights! Switching off for me is not a natural process so I confess I do not meditate or do yoga. I find the motion of swimming through water peaceful and can get absorbed in painting for hours. Also having a holiday planned or an event to look forward to, helps during busier times.



**Dr Elise will be available to provide care to patients at Port Melbourne Medical on:**

Monday (8:30am-5:30pm)  
Tuesday (8:30am-5:30pm)  
Wednesday (11:00am-7:00pm)  
Friday (8:30am-5:30pm)  
Occasional Weekends

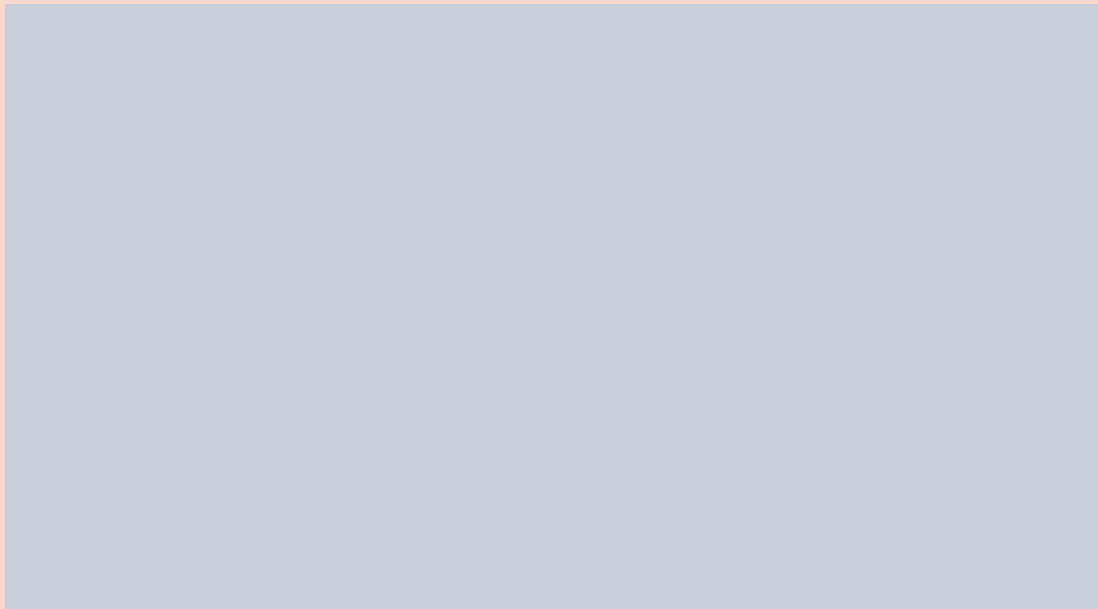
**BOOK AN APPOINTMENT**



# WORLD HEALTH DAY

**7th April**

Are we able to reimagine a world where clean air, water and food are available to all? Where economies are focused on health and well-being? Where cities are livable, and people have control over their health and the health of the planet?



PLAY ME



#WORLDHEALTHDAY2022 #OURPLANETOURHEALTH



# the COVID effect

## Skin Checks & Delayed Diagnosis of Skin Cancer



**Dr Jeet Garud**

MBBS, FRACGP, MMed Skin Cancer

The past 2 years have been challenging for us all in many ways. In the medical space, the reduction in people attending for their regular screening checks has not been insignificant. As a doctor whose main proportion of work is in skin cancer, I have certainly seen a change in the cancers I am detecting.

Of course, during the pandemic, there was fear about spending too long face-to-face. People were nervous to attend the doctor, and perhaps some doctors too were nervous to see people face-to-face themselves. However, following sensible advice at the time, many non-urgent presentations were deferred.

Melanomas diagnosed by clinicians during regular skin checks are likely to be in-situ (meaning not spread beyond their place where they first formed) and thinner (these are earlier stage, often stage 1A/B) as these are picked up early.

The prognosis of these in-situ and thin melanomas is excellent if a surgical removal is performed – in fact, the 5 year survival (a common cancer term to assess prognosis) is 98-99%. As the thickness of the melanoma increases it can get access to the lymphatic tract and blood vessels increasing the risk of metastasis (spread throughout the body).

***The Victorian cancer registry recorded a 31% decrease in Melanoma notifications during the lockdown.***

As a result melanomas have had more time to grow, and can therefore be thicker melanomas with a poorer prognosis by the time they are detected.

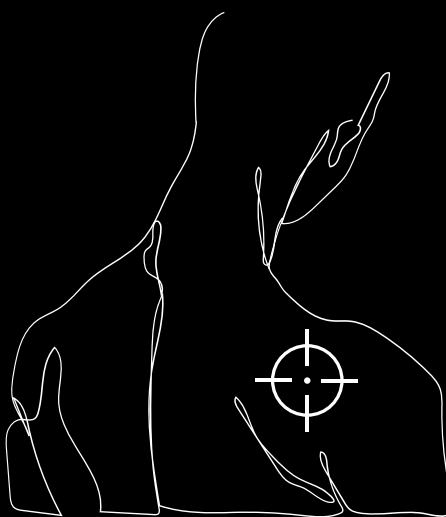


***I have seen a large increase in melanoma diagnoses in the last 4 months.***

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At Port Melbourne Medical, in my skin cancer work, I have seen a large increase in melanoma diagnoses in the last 4 months. Most of these melanomas were picked up on routine skin checks with the patients being unaware of a suspicious spot. Some were spots that patients had noted as lesions of concern. In line with general trends across the state, the proportion of thicker melanomas has unfortunately increased during the Covid pandemic. The number of non-melanoma skin cancers like SCCs and BCCs have also had a sharp increase.

If you have missed your skin check, or have a mole that you're concerned about, we recommend you book in to see your skin cancer doctor or dermatologist as soon as possible. Checking your own skin every 2-3 months is also recommended. We want to find these melanomas early, as it gives the best chance of cure.



**BOOK A SKIN CHECK APPOINTMENT**

**BOOK NOW**





# VACCINATIONS

## COVID Vaccinations

Over and Out!

We are delighted to report that through the dedicated vaccination clinic run out of the Port Melbourne Football Club, we administered in excess of 32,000 vaccines. This has been a massive undertaking by our team and something we took great pride in delivering for the Port Melbourne community.

Pictured is our very last vaccine recipient Rizwana along with super jabber nurse Cheree Conley on 14/02/22.



Sadly, only 60% of people have received their 3rd/booster dose, and Port Phillip is one of the lowest LGAs for vaccinations, with only 80.8% of people having had their 1st dose, and 79.6% of people having had their 2nd dose, in the 15+ age group (24/3/22 source: covidlive.com.au, Vic Vax LGA).

As at 23/3/22, 55.75% of Victorian children aged 5-11 have had dose 1, and 21.01% have had dose 2 (source – health.gov.au website, covid19 vaccine rollout update, jurisdictional breakdown, 23rd March 2022).

4th doses (2nd booster doses) are also now being discussed. This week in the media, Federal Health Minister Greg Hunt has confirmed that those aged over 65 and those who are immunocompromised will be eligible for their 2nd booster vaccine. This program will start early April and people must have had 4 months since their last booster dose.



If you are immunocompromised, don't forget you may need a 4th dose now – as the first 3 are part of your primary course, and the 4th dose is your booster, given at least 3 months after your last dose. We recommend you speak to your doctor to see if you are eligible. If you have had your 4th dose, you will likely be eligible for your 5th dose (which will be your 2nd booster), at least 4 months after your 4th dose.

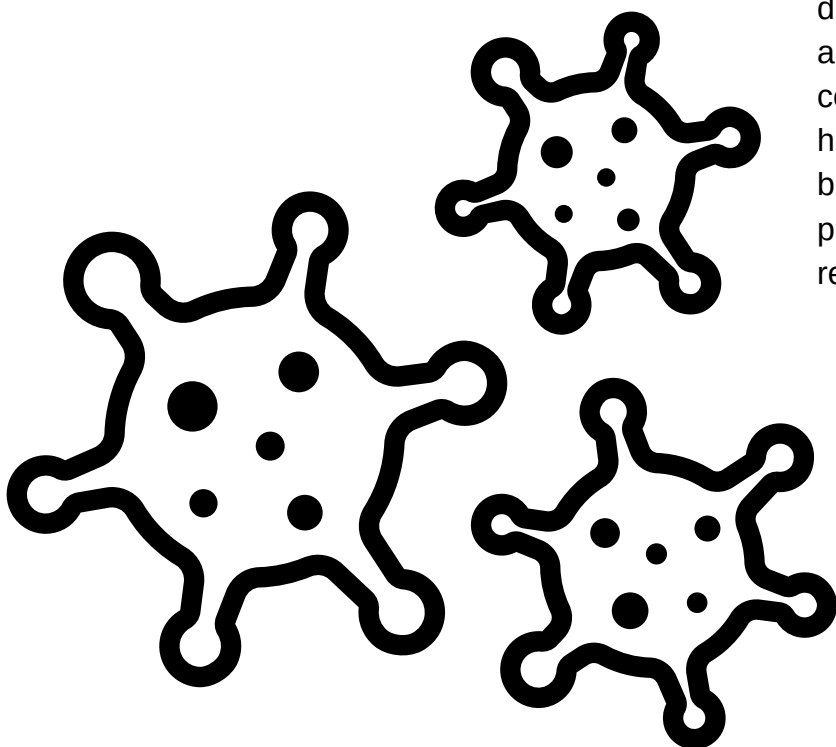
We will arrange booster vaccine clinics to be run from Port Melbourne Medical's rooms. We will communicate via email when bookings are opened. Please do not call reception, as we are unable to take names for wait lists due to the huge volume of calls we receive.

### **What will the vaccine program look like in the future?**

It is likely we will need an annual Covid vaccine, to keep up with the different variants. Some vaccine manufacturers are also working on a combined influenza and Covid (and some other respiratory viruses) vaccines.

Boosters for children aged 12-16 are being offered in some countries overseas and are expected to be brought in in Australia in the coming months.

Boosters for children aged 5-11 are not yet being given overseas, nor are they being offered in Australia. The initial thought was that they wouldn't be required due to children demonstrating a robust immune response. However, there is some evidence of waning protection in these children in the months after immunisation. This may be due to the vaccine being given 3 weeks apart in this age group in certain countries, vs being given 8 weeks apart here. It is thought a longer interval between doses may provide a longer period of protection. Further studies are required and this is being monitored.



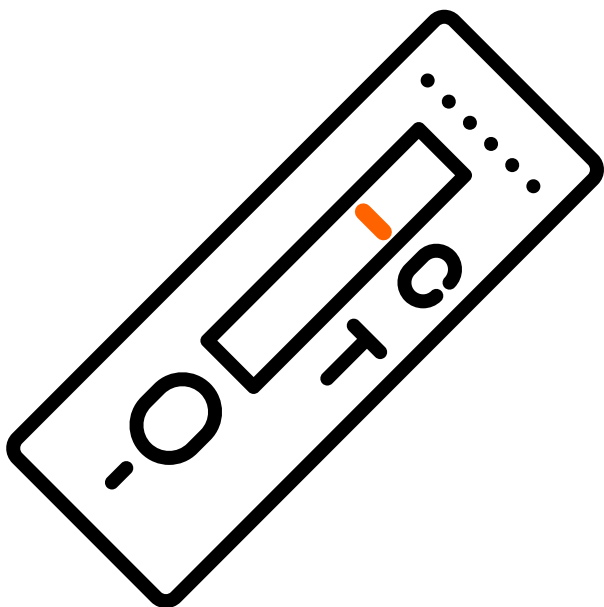
Since February, RATs have become widely used. Whilst they have an important role, and can be very handy, there are some important things to consider.

RATs can only detect a high viral load. This means that while it may help identify the most contagious people, they will often report a false negative result early on in the course of the infection. It takes 3-5 days of infection on average for a RAT to give a positive result.

We have seen more people than we can count, including family members of our team, who have tested negative on a RAT only to have a positive PCR result through the Respiratory Clinic.

### **What does this mean for you?**

If you have symptoms but have a negative RAT, you should have a PCR. PCR uses a different technology that amplifies the virus and thus only a tiny amount of virus is required for detection. PCR is still the gold standard test. PCR turnaround time is currently only 24 hours.



### **What does this mean for your appointment at the main clinic?**

A negative RAT does not mean you don't have COVID. Therefore, please declare that you've been sick, including the negative RAT, before you enter the clinic. If you are symptomatic and need assessment, you are able to attend the Respiratory Clinic, even if you think you don't have Covid. Just last week we had one person attending Port Melbourne Medical who advised of their negative RAT and runny nose. A PCR at the Respiratory Clinic confirmed Covid. We continue to carefully screen to avoid passing Covid on to our elderly and immunosuppressed patients who require face-to-face medical care. With the new variant that is more transmissible, this is particularly important.

If you are sick and have an appointment booked, please either change it to Telehealth (you must have been seen face-to-face in the clinic in the last 12 months to be eligible for a Medicare rebate), or reschedule. If you think you need to be seen face-to-face, please start off as a telephone consult, waiting in your car out the front, so your doctor can work out what is the best way to see you without putting themselves, or our vulnerable/elderly population at risk.



### **Everyone can be seen face-to-face**

We just have to make sure we don't make other people sick (whether it is Covid or not). People working in the medical sector are unable to attend work when they are sick, even if they don't have Covid. So please, let reception and your doctor know and DO NOT hide any symptoms as you could severely impact our team's health and the operation of the clinic.

**PLEASE** ensure you cancel your appointment if you no longer plan to attend. We have many people, including a lot of children, who are desperate to see a doctor to review them. These are the people who miss out when non-attendances aren't cancelled.

## Travel Vaccines

If you are travelling – YAY – don't forget your travel vaccines! With next to no travel over the last 2 years, it can be easy to forget to seek travel advice. Ideally, travel vaccines are administered at least 1 month prior to travel. Your doctor can also discuss other general travel advice for your trip. Please bring your itinerary and travel dates when you attend your appointment. Simply select the Travel Consultation appointment type which allows a 30-minute appointment, or let reception know that it is a travel consult when booking over the phone.

We regularly stock the commonly used travel vaccines at PMM, including:

- Influenza vaccine (expected in April)
- Hepatitis A
- Typhoid
- Hepatitis B
- Tetanus/diphtheria/whooping cough
- Polio
- Measles, mumps, rubella
- Chicken pox
- Yellow Fever
- Rabies
- Meningitis B & ACWY

There may be other recommendations discussed, such as malaria tablets, or other local outbreaks to consider. If you're lucky enough to be going somewhere really exotic and need another vaccine we don't carry, your doctor can write a script for you and it can be given here. Please be aware you do need to see a doctor to authorise or prescribe any travel vaccines.





## Flu Season

When the borders shut, the cases of influenza, which are generally imported from the Northern Hemisphere, dropped down to almost zero. Social distancing and mask wearing also contributed to the reduction. We are starting to see confirmed case numbers rising now. With people mingling, masks off, borders open and in the coming months more gatherings occurring indoors (less ventilation), it is expected to be a significant flu season.

The Government has also recommended bringing the vaccination program for influenza to earlier in the year. We will update everyone when vaccines arrive and put a booking link on our website/Hotdoc. We expect this to start mid- April. We will also run dedicated influenza vaccine clinics from Port Melbourne Medical.

It is recommended adults have 1 week between their Covid and Influenza vaccines where possible. There is no gap required for children aged 5-11.

### On-Site Influenza (flu) vaccines at your work

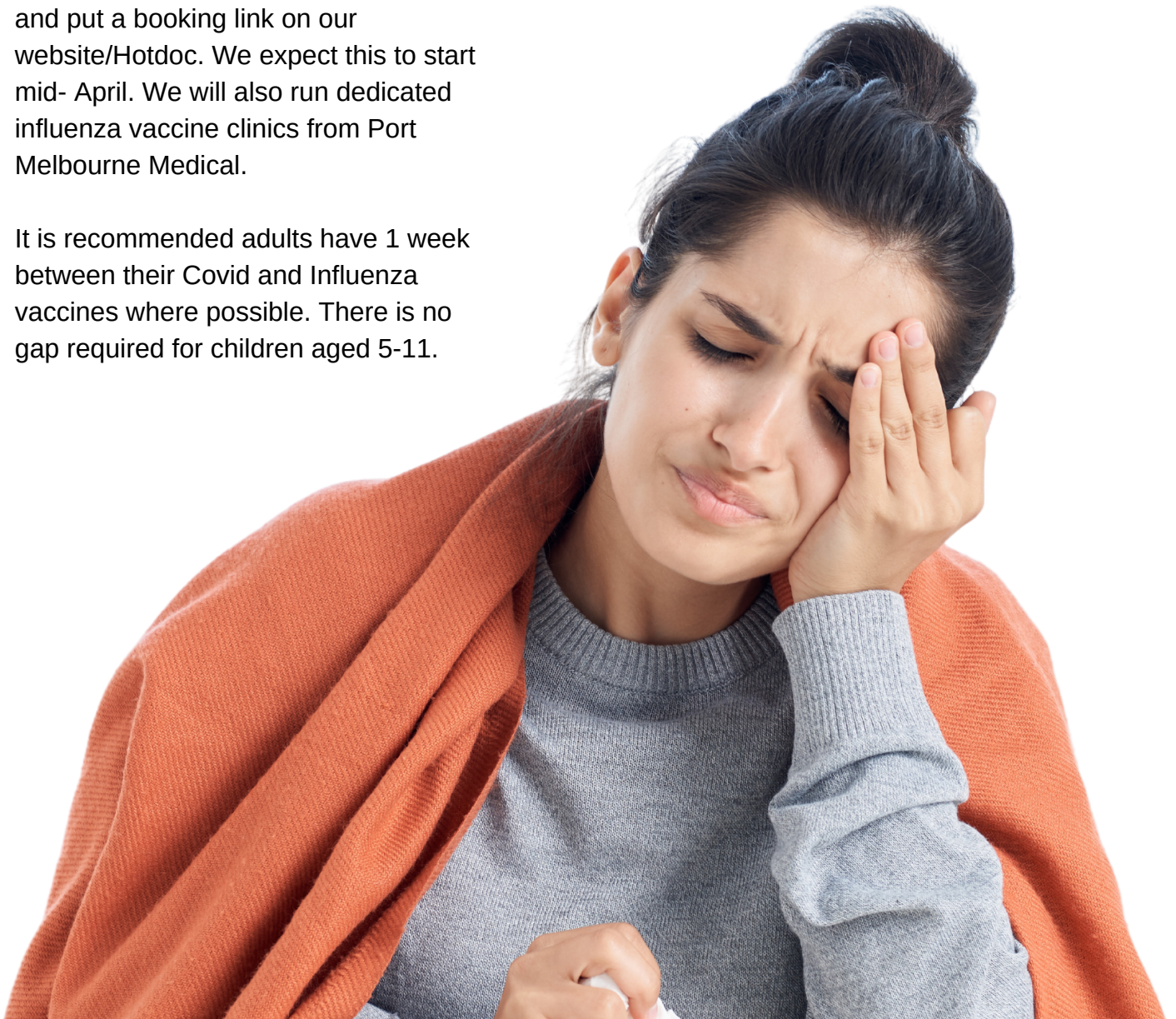
With additional nurse capacity we are delighted to again offer our patients who own/work at local businesses an onsite influenza vaccine program.

One of our nurses will attend your workplace during business hours and vaccinate your team.

To make a booking please email our vaccine manager Ella at

[vaxclinic@portmelbournemedical.com.au](mailto:vaxclinic@portmelbournemedical.com.au)

*\*Fees and charges apply.*







# UNDERSTANDING YOUR HEART RISK

The tragic losses of cricketing legends Shane Warne & Rodney Marsh and Federal Senator Kimberley Kitching have triggered an increased awareness of the significance of heart disease. Indeed, heart disease is the commonest cause of mortality in Australians, with a death occurring every 18 minutes.

As we emerge from the extraordinary challenges arising from the COVID-19 global pandemic, now is an opportune time for you to consider your own risk of heart disease. Speaking to your GP is the best first step to taking responsibility for your own cardiovascular destiny.

Whilst the term “heart disease” is a broad descriptive term, it generally refers to atherosclerosis of the coronary (heart) arteries. This process, by which cholesterol is deposited within the wall of the coronary artery, leads to progressive narrowing of the vessel. Over years, cholesterol plaque is reinforced by the deposition of calcium deposits, meaning most plaque is composed of a mixture of cholesterol and calcium.

*Dr Andris Ellims  
Cardiologist, Victoria Heart*

Importantly, coronary artery plaque does not cause any symptoms until it is blocking the artery by more than 70% of its diameter. Gradual coronary artery obstruction (ie. >70% narrowing) can cause “angina” which is typically manifest as chest pain with exertion which is relieved by rest.

This clinical phenomenon is relatively stable and benign.

Conversely, a “heart attack”, which usually triggers sudden intense chest discomfort at rest, is caused by the rapid expansion of plaque, usually following the random tearing of fragile cholesterol-laden plaque and a resultant overlying blood clot that quickly forms.

Such a dramatic obstruction to blood flow can, in turn, precipitate a cardiac arrest – essentially the heart loses its ability to efficiently pump blood around the body and multi-organ failure ensues unless blood flow to the heart muscle is rapidly restored in a tertiary hospital.

Thus, the dilemma with heart disease is that patients with precarious coronary artery plaque can be completely free of symptoms. That is why regular reviews of your heart disease risk should be undertaken by your GP.

## **So what are the risk factors that increase your risk of heart disease?**

Non-modifiable risk factors include: increasing age; male gender; and a family history of heart disease (particularly direct relatives with heart disease occurring before the age of 50). You are responsible for the key non-modifiable risk factors, such as; elevated blood pressure (>130 systolic and/or >80 diastolic); elevated LDL cholesterol; diabetes; and tobacco smoking.

Whilst the link between active COVID-19 infection and heart disease is now well established, there is preliminary data also suggesting that a heightened risk of heart issues persists well after the infection has passed (REF).



You and your GP can personalise your heart risk assessment. A variety of online calculators can be employed to estimate your own heart risk, such as the Heart Foundation of Australia's [CVD Check](#).

These calculators are a useful initial step, however they are only estimates derived from population data and fail to incorporate the significant contribution of genetic risk.

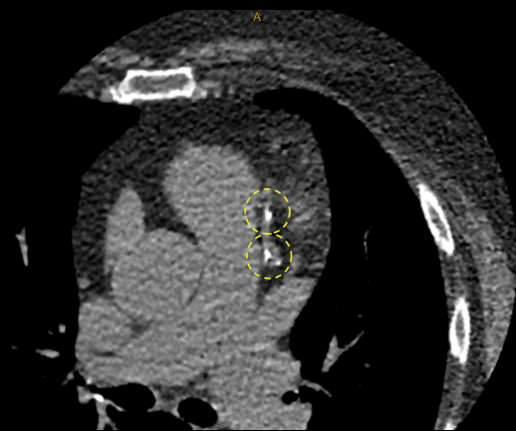
If you are graded as “moderate” or “intermediate” risk of heart disease based on these calculators, your GP may consider arranging a coronary artery calcium (CAC) score for you.

This simple CT scan, without the need for intravenous x-ray contrast, can be performed within minutes at a radiology centre and quantifies the overall burden of calcium-containing plaque in your coronary arteries. A CAC score = 0 portends an excellent cardiac prognosis for the following several years and enables a more relaxed approach to risk factor optimisation.

Any CAC score > 0 indicates a heightened risk of heart attack or heart-related death, with this risk rising as the score increases. For these patients, your GP (or cardiologist) will implement more aggressive cardiac risk factor targets, and possibly regular aspirin use.

A stress echocardiogram will also likely be recommended to evaluate whether or not your plaque is obstructing coronary blood flow. A stress echocardiogram utilises ultrasound technology to visualise the main pumping chamber of the heart (the left ventricle) before and after exercise. An abnormal stress echocardiogram, indicative of coronary artery plaque obstruction, causes parts of the muscular wall of the left ventricle to stop contracting with exertion. In this situation, there may be a role for a coronary angiogram to confirm >70% artery narrowing and then facilitate a balloon/stent to open up this narrowing.

So, as you reflect on the premature loss of someone from heart disease, whether it be a family member, a close friend or a prominent community figure, consider speaking to your GP soon about how best to ensure your own heart risk is properly managed, even if you don't have any symptoms. It could save your life.



*A coronary artery calcium (CAC) score can personalise your risk of heart disease. Circled areas indicate calcium-containing coronary artery plaque.*

**References:**

1. Australian Bureau of Statistics 2020, Causes of death 2019.
2. Pellicori P et al. COVID-19 and its cardiovascular effects: a systematic review of prevalence studies. *Cochrane Database of Systematic Reviews*. 2021(3).
3. Xie, Y., Xu, E., Bowe, B. & Al-Aly, Z. Long-term cardiovascular outcomes of COVID-19. *Nature Med.* (2022).

