





## ACMA Summer Newsletter

February 2021

#### President's Welcome

HAPPY

**YEAR** 

NEW



Inside this President's Edition

Presidents
Welcome

Members

Community 2

Education 2-3

What's On 3

Guest article 4

#### Hello ACMA and YACMA members!

I serve as your ACMA President for the second time, although I would admit I was not planning on the top job again, nor so soon. Certainly the position feels much busier than from what I remember in 2004.

I have been involved with ACMA since 1989. I am an Auckland Graduate and have been working in General Practice since 1995. Currently I am a practice partner at Birkenhead Medical Centre on the North Shore.



I spend my spare days at Auckland University dabbling in Chinese history and culture, Politics, Foreign Affairs, Cinema and Financial Investments. When I am not renovating a Ponsonby villa I will be out and about with my film and foodie friends.

In 2021 my goal will be to strengthen ACMA's future with a particular focus on finance, membership and sponsorship. Dr Carlos Lam along with the 2021 Executive will continue his sterling work as Conference organizer to bring you an exciting and engaging event this May.

As always the Executive welcome suggestions from general members for new CME topics and ideas for social events . Visit our website for upcoming events and our Facebook page for photos and reports from our editors. We need volunteers for our community events either in speaking roles or to run our health stalls. Contact me.

Dr Linda Lum

president@acma.org.nz

#### **Members**

It's that time of year again ACMA members.

Our treasurer will be sending out invoices for 2021 membership renewal. Your contribution allows ACMA to continue with its community, charitable and educational activities.

Don't forget if you introduce a new member you will receive a discount on the following year's subscription fees.

Visit our website to make a donation (over \$5 are eligible for tax credits) or to refer any new sponsors.

Contact membership@acma.org.nz to update your details.

Welcome to new member Dr Chas Luen!

PAGE 2





### **Community events**

Auckland Chinese Community Centre (ACCC)
Chinese New Year Fair 30th January

Happy Chinese New Year ACMA!

January marked the first public event of 2021, the annual Chinese New Year health check stall at ASB showgrounds!

It was a great experience for our YACMA medical students to give back to the community and interact with members of the public (all whilst practising their skills)!

Huge thanks to everyone who volunteered their time .We hope the Year of the Ox brings you all good fortune and great health!

#### Holy Word Church New Year Festival 13th February

"For I will restore you to health..." - Jeremiah 30:17

At the Holy Word Church of Auckland, ACMA held its first event of the Chinese New Year. Our members and medical students from YACMA carried out health checks, interacting with members of the public and giving back to the community.

What better way to put the New Year wish of "good health" (身體健康) into action!

#### **Education**

ACCC Senior Lifestyle Group

2nd February



This talk on "Memory Loss and Dementia" was an unFORGETtable experience!

Dr Linda Lum gave the presentation to the Senior Lifestyle Group at the Auckland Chinese Community Centre, which was met with an incredible turnout. The talk covered the different signs and risk factors of dementia, and we were informed of its potential preventative measures.

The Mini-ACE clinical evaluation test was demonstrated on a volunteering medical student (one of our YACMA editors). Despite getting a question wrong, there was luckily no indication of cognitive impairment (Bosco, today is a Tuesday, not a Monday).



Drs Carlos Lam and Linda Lum attended the February 10 seminar session for the North West Group GPEPI Year I registrars held at the St John Ambulance Rooms in Takapuna. This was ACMA's first invitation to present a seminar to the GPEPI group.

The topic of Dr Lam's presentation was Asian Healthcare. He covered a broad range of topics including local demographics, the Chinese language, cultural taboos, communication tips, use of interpreters and Traditional Chinese Medicine.

Brochures of local Asian health services and Hepatitis B patient leaflets were distributed.

The audience were engaged and attentive during the talk. In fact Dr Lam scored an immediate invitation from the medical educator to return and present his talk again in 2022 ( and beyond )

Well done Dr Lam!

#### What's On

Chelsea Day Out Summer social

Takapuna Run for Coastlines Charity event

The Auckland Ripper Autumn social

Comedy Funday Sunday Winter social

Wallace Art Awards Spring Social

CME I

ACMA Conference

CME 2

CME 3

AGM

14th March (delayed)

7th March

3rd April

27th June

17th October

7th March

8th May

4th July

12th September

14th November

# ACMA Conference 8th May 2021

After the difficulties Covid-19 resulting in the late cancellation of our 9th May 2020 Conference the Conference Committee have been busily organizing this year's event to be held at the Highbrook Conference Centre in East Tamaki.

### Overcoming Barriers to Asian Health is this year's theme.

There will be Medical and Allied Health seminars, suturing workshops, slit lamp workshops and a Chinese banquet dinner to finish the day.

For further information and registration please visit our website.





#### **New Years Resolution with the Right Intention**

A new year, and a new round of resolutions – or the same for some.

So what's on the list for 2021? For many, this includes getting healthier and losing weight. My question though, is which one are they truly prioritising? Health or weight? Does one truly reflect the result of the other?

I came across a comment recently from another dietitian, who said "If it was truly about health, people would post improved lab results instead of before and after photos".

Health professionals love objective measures. In the case of BMI, it is commonly used as a measure to determine one's weight in relation to their height. But as clinicians, it is important to recognise how our implicit bias could be at play. Why is this important? Because no doubt with good intentions, a focus on weight can potentially devalue the importance of all other measures and causes. It can also then dictate the direction and focus that the patient seeks to address their health.

I have seen many patients who feel they generally eat well, enjoy home-made meals, and do not have vast quantities of foods commonly known to affect cardiovascular disease risk. They do not drink in excess or smoke. Their weight on the other hand, may have been just out of the 'healthy' BMI range. Therefore, they have been referred for weight loss to address their CVD risk. As clinicians, it is common to look for the outlier. If weight is out of range, we must have found our target. If there are elements of higher fat foods in their diet, it must be the culprit. There are always areas that could be addressed, but have we found the right steppingstone?

Many of these patients feel an internal sense of frustration. Why do those with poorer diet and lifestyle than theirs, not have the issues they have? Must they therefore give up and restrict their enjoyment of food? Is it all about willpower and self-restraint? Furthermore, failure to achieve weight loss, or failure to achieve a reduction in cardiovascular risk despite weight loss, can later compound these frustrations. What impact does this have on their mindset and intent to change? As clinicians, how should we approach this? How do we minimise these frustrations and set them on the right path to help them, help themselves?

The first part would be how we obtain our knowledge, that we then use to impart onto our patients. It can be easy to be caught up in the noise of the media, particularly when backed up with scientific evidence. Intermittent fasting, paleo, keto, low carb high/healthy fat (LCHF)... what's best? There is certainly no one diet fits all, just as the BMI does not fit or reflect all. The second part is the ability to ask the right type of questions. Our impression of our patient is based on the questions we ask and the resultant answer we receive. But if we don't ask the right type of questions, we may not have the right clinical impression, and therefore provided the right type of advice to create a significant outcome.

The third part is how we apply our knowledge and tailor the advice to our patient. Is there a need to have a dietary label? What exactly is a "balanced diet"? Intermittent fasting by cutting calories could result in weight loss, but there are still other meals and daily nutrients to consider. Going keto is a diet of 70-75% calories from fat, but how does this affect the micronutrients? LCHF – what does this mean to the patient? Have they interpreted it as a high protein diet? Like Paleo? Yet amongst all these, the Mediterranean diet continues to be hailed as the healthiest diet in the world. So, what do we advise and not advise?

Filtering through all the noise, a common theme is (or should be) to eat a diet high in a variety of vegetables, and to eat as nature intended, from the land, sea and sky. A food should be purchased with self-intent and awareness, rather than a 'diet' labelled on it. As a dietitian, I work with patients to help them understand their condition (metabolically, hormonally, genetically) and work with them to identify changes specific to their needs and lifestyle. Ultimately, the goal is empowerment – the ability to feel controlled under their terms, to change and to achieve. We all come in different shapes and sizes, and whilst weight and various diets can have its clinical uses, we must be mindful as clinicians how we apply them.

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