

Quarterly Newsletter Jun 2023



Iranian Australian Association of Health Professionals (IRAHP)

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A/Prof. Homi Zargar
MBChB, FRACS,
Uro-oncologist & robotic surgeon
IRAHP President

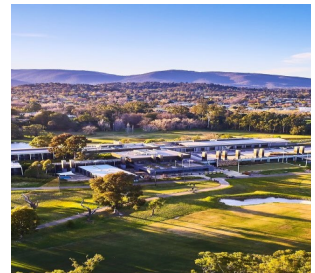


Dr. Keivan Davoodi
MD, BBiomed
The Northern Hospital
IRAHP Junior Members Rep

Inaugural IRAHP Multidisciplinary Educational Conference in November

Please save the date for our inaugural conference event: Sat 11 November at RACV Healesville Country Club and Resort. This is a RACGP CPD approved all day event followed by optional post conference drinks and dinner. Limited accommodation booking at a discounted rate available to those wishing a relaxing weekend with the family and friends.

We invite all the GPs to send through the topics they would like presented. The event is not exclusive to IRAHP members and you are welcome to extend the invitation to your colleagues in your network. We look forward to seeing you on the day. Further details including the program will be announced in July.



RACV Healesville Country Club and Resort

New IRAHP Website Directory Now Live

We are pleased to announce the introduction of the Directory feature on the IRAHP website. IRAHP's directory is a first of its kind as it facilitates the connection of Iranian health professionals across Australia via a user-friendly platform. The Directory serves as a distinctive resource, allowing Iranian medical specialists, surgical specialists, general practitioners, and allied health practitioners to register their professional information online.

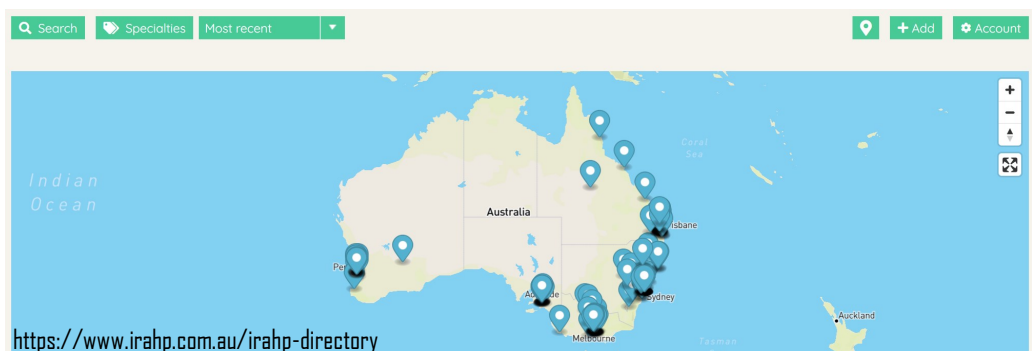
At present, the directory boasts a membership of 522 registered pro-

fessionals. To sign up, simply visit our website at <https://www.ira hp.com.au/ira hp-directory> and click on the "Add" button located at the top right corner of the page. Upon doing so, you will be prompted to enter your email address and select a secure password for your account. Following successful registration, you will be able to enter your professional details. It is important to note that the email address and password provided during sign-up will grant you full control over your directory entry, including the ability

to edit various fields at your convenience.

We are thrilled to present this Directory as a means to enhance collaboration and foster connections within the Iranian healthcare community. We encourage all eligible professionals to take advantage of this platform, which promises to be an invaluable resource for referral and professional development.

Should you have any questions or require further assistance, please do not hesitate to contact [us](mailto:us@ira hp.com.au).



IRAHP is a nation-wide, not-for-profit organization founded in 2012. IRAHP works to create professional and social relationships for its members and the broader Iranian community through networking, education, and community events.

Meet IRAHP Council (November 2022-24)



President: A/Prof. Homi Zargar.



Vice President: Dr. Ali Kolahdooz



Secretary: Dr. Tina Zafari



Treasurer: Dr. Saam Tourani



Membership Manager:
Dr. Arash Javaheri



Junior Members Representative:
Dr. Keivan Davoodi

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Associate Editor: Dr. Tina Zafari

Editorial Board:



Dr. Nazanin Amini



Dr. Niloufar Torkamani



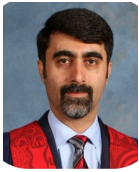
Dr. Behrooz Fateh



Dr. Vahid Masoumi

Members of IRAHP come from a range of medical and related disciplines, such as dentistry, psychology, pharmacy, social work, nursing, nutrition sciences, medical engineering, academia, veterinary medicine, medical/allied health studies and etc. If you are a health professional or a patient looking for Farsi speaking health professionals across Australia, visit our Health Professionals Directory via <https://www.ira hp.com.au/ira hp-directory>.

If you are interested in contributing to the IRAHP quarterly newsletter, or would like to post an advertisement, email us at ira hpsecretary@ira hp.com.au



Dr. Vahid Masoumi
MD, FRACGP,
RACGP Victoria faculty council
member
AMA Victoria councillor

Updates in General Practice

CPD changes

Medial Board of Australia (MBA) has changed the CPD requirements for all specialities registered under AHPRA and MBA effective from First of January 2023.

For General Practice the main changes are:

- mandatory CPD home
- annual 50 CPD hours
- three main activities to be chosen from with minimum of CPD hours for each
- mandatory Professional Development Plan (PDP) preparation

Further information for RACGP members is available at [RACGP CPD 2023 triennium](#) webpage.

Changes to RACGP membership fee

Royal Australian College of General Practitioners (RACGP) has announced its membership fee changes effective from 2023-2024 financial year.

It is estimated that under the [existing fee structure](#), only 39% of members pay the full fee, so given the RACGP's financial issues, the Board has decided to change the membership fees to a ["simpler and fairer" structure](#) according to the RACGP.

RACGP members raised lots of questions and concerns since the announcement a few weeks ago, so the College has issued a [financial performance report](#) in form of FAQs to provide further detailed information about these changes.



Two-month prescribing

Australian Federal Government has announced from 1 September, general patients will be allowed to buy two months' worth of medicine for the price of a single prescription. This was achieved by the AMA and the RACGP advocacy and efforts and will enable millions of Australians save up to \$180 a year if their medicine is able to be prescribed for 60 days, and concession card holders will save up to \$43.80 a year per medicine.

There will also be option of 12-month prescription for 325 medicines eligible for the program.



Associate Professor Homi Zargar
MBChB, FRACS,
Uro-oncologist & robotic surgeon
IRAHP President

Updates in Surgery

Prostate Cancer Screening

Prostate cancer is a significant health concern in Australia and New Zealand, where it stands as the most commonly diagnosed cancer. It ranks as the second leading cause of cancer-related deaths in Australian men and the third leading cause in New Zealand. In the year 2022, it is estimated that there will be 24,217 newly diagnosed cases of prostate cancer in Australia alone, with 3,507 deaths attributed to the disease. This means that on a daily basis, approximately 66 Australian men are diagnosed with prostate cancer, while around 10 men lose their lives to this illness. Encouragingly, there are presently 240,245 Australian men who have successfully survived prostate cancer between the years 1982 and 2017.

To address this issue, guidelines

have recommended the provision of PSA testing to well-informed men who wish to be screened for prostate cancer starting at the age of 50. However, it is worth noting that the 9th Edition RACGP Red Book does not currently align with these recommendations.

Drawing from the experience in the United States, it has been observed that discontinuing PSA screening based on the 2012 recommendations of the U.S. Preventive Services Task Force (USPSTF) resulted in higher rates of advanced and metastatic prostate cancer, negatively impacting survival rates. Consequently, in 2018, these recommendations were re-evaluated, now endorsing PSA screening as an important measure.

In-depth analysis of the European-



Randomized study of Screening for Prostate Cancer (ERSPC) trial data has revealed that appropriately conducted PSA testing programs offer a significant survival advantage to the population. This highlights the importance of implementing such programs effectively.

The introduction of "risk-stratified" PSA testing strategies has been instrumental in addressing previous concerns regarding the potential harm associated with PSA testing. By tailoring the approach based on individual risk factors, unnecessary prostate biopsies and the detection of clinically insignificant prostate cancers have been greatly reduced.

As of the present time, the integration of multi-parametric Prostate Magnetic Resonance Imaging

(mpMRI) has been pivotal in mitigating the need for unnecessary biopsies and detecting inconsequential instances of prostate cancer. Furthermore, advancements in biopsy techniques, such as transperineal biopsies and MRI fusion, have improved the detection of clinically significant prostate cancer while minimizing associated complications. Active surveillance programs have become the standard of care for low-risk prostate cancer, reducing unnecessary treatment. Enhanced staging methods, including PSMA Positron Emission Tomography (PET) scans and MRI, have contributed to more precise treatment planning. Improved surgical and radiation techniques have also led to reduced treatment-related complications. The establishment of the binational Pros-

tate Cancer Outcomes Registry (PCOR) database has ensured the implementation of diagnostic and treatment quality control measures. In order to combat prostate cancer effectively, it is essential to promote awareness of the disease as a key public health initiative. Additionally, providing appropriate counseling on the potential risks and benefits of PSA testing is crucial. Offering a personalized, risk-based approach to early detection is recommended for well-informed men aged 50 or older with a life expectancy of at least 10 years. Furthermore, early



September is Prostate Cancer Awareness Month

PSA testing should be offered to men at higher risk of prostate cancer, including those with a family history of the disease aged over 45, men of high-risk ethnicities (including Indigenous men) aged over 45, and men with BRCA2 mutations aged over 40. On the other hand, early prostate cancer diagnosis should be avoided for individuals with limited life expectancy and poor performance status, as they are unlikely to benefit. Risk stratification, considering factors such as age, family history, digital rectal examination, and PSA density, can guide the necessity for further testing, such as MRI and biopsy, for men with an initial PSA test result higher than 3 ng/ml.

Updates in Allied Health Care

MANAGEMENT OF SUDDEN SENSORINEURAL HEARING LOSS (SSNHL)

Sudden sensorineural hearing loss (SSNHL) is a rapid onset hearing loss of 30dBHL or more over three adjacent frequencies on a pure tone audiogram, within a 72-hour window. It is most common in those aged 30-60, affects males and females equally and almost all reported cases are unilateral. SSNHL is often misdiagnosed as Eustachian tube dysfunction, middle ear effusion, or wax occlusion. Greater than 90% of SSNHL cases are deemed idiopathic. Specific causes of SSNHL include viral and bacterial infections, restricted blood flow to the cochlea, autoimmune diseases, head trauma/temporal bone fracture, neurological disorders, and inner ear structural abnormalities. Systemic corticosteroid therapy is the first-line treatment for SSNHL, recommended unless there are contraindications to systemic steroid use. Prednisone is recommended for at least seven

days, and CT is most beneficial the sooner it is started, ideally within 72 hours of SSNHL onset, and has mini-

mal benefit if given later than four to six weeks. Trans-tympanic CT injection is recommended as primary



Dr. Nazanin Amini
BSc(Hons), PhD, MCAud, MAAd,
Founder of True Hearing Melbourne

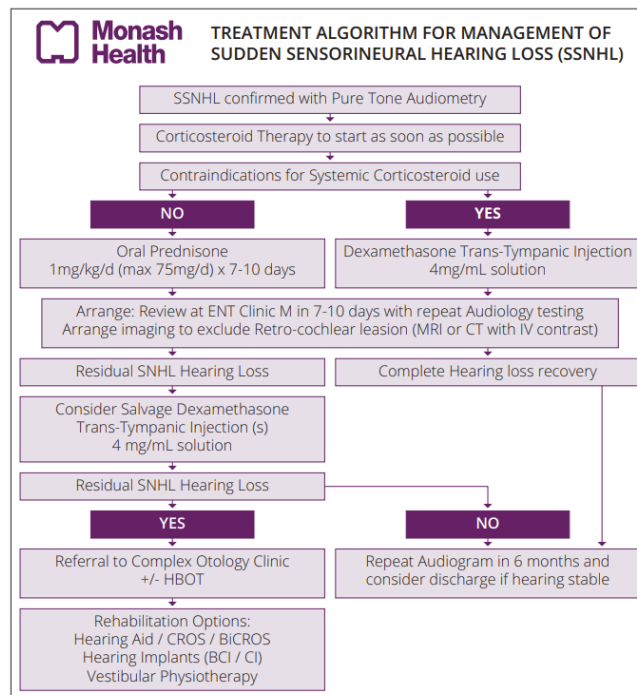


Figure 1/ Monash Health management of sudden sensorineural hearing loss procedure, Hurtado & Safdar (2022).

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treatment if systemic CT is contraindicated or as salvage treatment if systemic CT is unsuccessful. Retrocochlear pathology must be excluded with MRI imaging as soon as possible. If left untreated, spontaneous hearing improvement can occur in 30-60% of patients with SSNHL.

Accurate and comprehensive management and treatment of SSNHL relies on the collaboration of a multidisciplinary team including the patient, general practitioners, audiologists and ENT specialists. The in-

volvement of multiple healthcare providers and the lack of awareness of SSNHL as a medical emergency in medical disciplines means that SSNHL is often overlooked or goes misdiagnosed and/or mistreated. The protocol recommends the following treatments or rehabilitation options be considered in cases of incomplete recovery:

- Amplification (hearing aids, CROS or BiCROS),
- Hearing implants (BAHA or cochlear implant) and vestibular physiotherapy.

SSNHL management should also include appropriate aural rehabilitation to manage persistent symptoms and residual hearing loss.



Dr. Niloufar Torkamani
MD, Ph.D., FRACP
Endocrinologist

Updates in Medicine

Medical Advances in Management of Obesity

Obesity is a complex disease that affects a significant proportion of the population globally. Recent advances in medical management have provided additional options for people struggling with obesity, as effective treatments for weight loss are limited and sustained weight loss can be difficult to achieve. Among these advancements, very low-energy diets (VLEDs) and medications such as Liraglutide, Semaglutide, Tirzepatide, Contrave, and Phentermine/Topiramate have shown promising results.

VLEDs are liquid meal replacements that typically provide less than 800 calories per day and have been shown to be effective in achieving significant weight loss in the short term. According to a study published in the International Journal of Obesity, VLEDs can result in an average weight loss of 1.6-2.5 kg per week, with a total weight loss of 15-20% over 12 weeks.

Liraglutide and Semaglutide are glucagon-like peptide-1 (GLP-1) receptor agonists that have been approved by the US Food and Drug Administration (FDA) for the treatment of obesity. According to randomized, controlled trials published

in the New England Journal of Medicine, Liraglutide and Semaglutide have resulted in an average weight loss of 8.4% and 15.3%, respectively, after a year of treatment. Both medications were well-tolerated, with gastrointestinal side effects such as nausea and diarrhea being the most common.



Tirzepatide, a dual glucose-dependent insulinotropic polypeptide (GIP) and GLP-1 receptor agonist currently under investigation for the treatment of obesity, has also shown promising results. According to a study published in the New England Journal of Medicine, treatment with once-weekly Tirzepatide resulted in an average weight loss of 14.9% after 72 weeks of treatment, compared with 2.4% in the placebo

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group. The most common side effects of Tirzepatide were gastrointestinal, including nausea, vomiting, and diarrhea. In addition, a recent study published in the New England Journal of Medicine found that Tirzepatide resulted in a mean percentage weight loss of 15.0% with 5-mg weekly doses, 19.5% with 10-mg

doses, and 20.9% with 15-mg doses, compared to a weight loss of 3.1% with placebo.

Contrave, a combination medication containing Naltrexone and Bupropion, has also been approved by the FDA for the treatment of obesity. According to a study published in the journal Obesity, treatment with Contrave resulted in an average weight loss of 6.1 kg after 56 weeks of treatment,

compared with 1.3 kg in the placebo group. The most common side effects of Contrave were nausea, constipation, and headache.

Phentermine/Topiramate is another combination medication that has been approved by the FDA for the treatment of obesity. According to a review article published in the Journal of Obesity, treatment with Phentermine/Topiramate resulted in an

average weight loss of 8.1-10.2% after a year of treatment. The most common side effects of Phentermine/Topiramate were dry mouth, paresthesia, and constipation.

Although all of these medications have potential side effects, they are generally well-tolerated. When choosing a medication, it is important to consider the maximum percentage weight loss achieved with

each drug, as well as the potential side effects and the individual's health background. While lifestyle modifications such as diet and exercise remain the cornerstone of obesity management, these advances in medical management provide additional options for those dealing with this chronic disease.

Community Engagements

A brief note on House of Persia Community and Cultural Centre (HOPE)

House of Persia (HOPE) is a remarkable not-for-profit organization dedicated to preserving Persian culture and providing essential social services to the Iranian community in Melbourne. To learn more about HOPE and its impactful initiatives, please visit the following link: <https://houseofpersia.org.au/>

One of IRAHP's primary goals is to foster collaboration and empower our Persian community. In line with this vision, IRAHP recently had a productive joint meeting with HOPE, AISOV (Australian Iranian Society Of Victoria), and AIRYS (Australian-Iranian Youth Society of Victoria) to brainstorm potential collaborative projects aimed at serving the Farsi-speaking community and further establishing our vibrant culture within Australia's multicultural environment.

Today, we extend a heartfelt invitation to join us in supporting the House of Persia Community and Cultural Centre (HOPE). Together, we can make a profound difference in transforming the lives of individuals within our community. By uniting our collective efforts, we have the power to establish a center that serves as a nurturing home for all, enabling us to achieve collective goals that may be challenging to accomplish individ-

ually. Let us forge a brighter future together.

Our first collective agreement is to spread the word about HOPE. We encourage you to share this message with friends and relatives who share an interest in the well-being of Iranians and the promotion of our rich culture. Through expanding our network of support, we can ensure that HOPE continues to thrive and positively impact the lives of countless individuals.

It is noteworthy that HOPE stands as the only not-for-profit Iranian organization that has successfully purchased a property, providing a physical space for gatherings and events. IRAHP, AISOV, and AIRYS are committed to assisting HOPE in further developing and maintaining their facility, as well as planning for its expansion for the years to come.

As a not-for-profit organization, HOPE heavily relies on the generous donations of individuals who share its vision and are eager to make a difference. Unfortunately, their mortgage repayment has been significantly impacted by the COVID-19 lockdowns, which have prevented them from hosting their social events. By harnessing the power of our donations, we can have a tre-



HOUSE OF PERSIA

Community and Cultural center

mendous impact. With the end of the financial year approaching, we strongly urge you to consider making a financial contribution to HOPE via the following account:

Account name:

House of Persia (Public Fund)

National Australia Bank

BSB: 083-004

Account Number: 357669786

We would like to emphasize that donations made to HOPE are tax-deductible.

Our donation will not only support the sustainability of this beloved community center but also contribute to paying off their mortgage, ensuring that future generations can benefit from the social, cultural, and welfare programs they offer. Every contribution, regardless of its size, counts toward our shared goal of empowering our community.

Together, let us make a difference that resonates within our community and beyond.



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 IRAHP President



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Job Opportunities

Daintree Health is a mixed-billing, medium-sized primary health medical clinic based in the regional area of Albury-Wodonga offering a compelling package of benefits to Followed General Practitioners. Daintree Health has an active patient base of over 10,000 with another 10,000 patients visiting the clinic periodically over the past 10 years. The clinic is 10 years old with all the modern facilities necessary to support a GP, Nursing, and Allied Health team of up to 20.

Packages on offer to suitable GP candidates include:

- Flexible Billing Arrangements
- Flexible Working Hours/ Sessions
- Re-location Assistance (Housing, Transport, Removalists)
- Investment options to pursue areas of Specialisation.
- Training/ Conference Support

Candidates must be MBBS and

FRACGP qualified (or equivalent). We are confining this search to Australia at this time as we have a number of IMGs in process.

For further details and an initial expression of interest, please contact John Weste, Director via email john.w@kimonohealth.com.au or by mobile 0417 149877



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