

# Newsletter

**Spring  
2011**

**November**

Produced with the assistance of **ACT Health & the Southern Cross Club**

## News & Events

### WHAT DO YOU WANT US TO TELL COMCARE?

Join us at our **AGM** to hear our Director talk about our training sessions for Comcare staff. For more info, see page 12.

**WHEN: THURSDAY 24TH NOVEMBER**

**TIME: 12.30 PM – 1.30 PM**

**WHERE: ROOM 6, 1ST FLOOR,  
GRIFFIN CENTRE**

### WE'D LOVE TO HAVE YOUR IDEAS AND SUGGESTIONS!

Our Committee meets once a month over a free lunch at the Griffin Centre in Civic.

Would you like to join us and contribute your ideas for the Association?

Please contact Ann on (02)6262 5011 or email us to find out more!

### A SPECIAL THANK YOU TO IRENE TURPIE FOR EDITING OUR NEWSLETTER!

## In this issue

Letters to the Editor	2
Bits & Pieces	3
Too much work	4
Tips & Tools—HOLIDAYS	7
Depression	8
RSI AGM	12
What works for Neck Pain	13

**Opening Hours:** Mondays and Thursdays  
10.00 am – 2.30 pm

**Phone:** 02 6262 5011 **Fax:** 02 6249 6700

**Email:** [rsi@cyberone.com.au](mailto:rsi@cyberone.com.au)

**Mail:** RSI Association and Overuse Injury  
Association of the ACT, Inc.  
Room 2.08, Griffin Centre,  
20 Genge Street, Canberra City, 2601

[www.rsi.org.au](http://www.rsi.org.au)

Do you have an asterisk before your name on the mailing label?  
If so, your subscription has expired. To re-subscribe, see p.15

The contents of this newsletter do not necessarily represent the opinions of the Association.  
Whilst all care has been taken in the preparation of the newsletter, we do not accept responsibility for its accuracy  
and advise you to seek medical, legal or other advice before acting on any of the information within.

## LETTERS TO THE EDITOR

### GROCERIES ONLINE

Hi,

I researched some of the big supermarkets and if they had online shopping, this is what I found. Aldi, Supabarn and IGA don't have online shopping.

I used to shop online with Woolworths, but things have changed since then. The big two online supermarkets are;

- Woolworths;  
[www.homeshop.com.au](http://www.homeshop.com.au),
- Coles;  
[www.coles.com.au/Shop-Online.aspx](http://www.coles.com.au/Shop-Online.aspx)

I also found;

- [www.fooddirect.com.au](http://www.fooddirect.com.au) does home delivery in Brisbane.
- [www.bananablue.com.au/index.php](http://www.bananablue.com.au/index.php) does home delivery in Adelaide. Not Tasmania as per choice.
- [www.onlyoz.com.au/index.php](http://www.onlyoz.com.au/index.php) Delivers by Australia post. So no frozen and fresh food.
- [aussiefarmers.com.au/ACT/index.php](http://aussiefarmers.com.au/ACT/index.php) – these deliver fresh food anywhere in Australia.

I found a recent Choice article, well worth a read:

[www.choice.com.au/reviews-and-tests/food-and-health/food-and-drink/groceries/grocery-shopping-online.aspx](http://www.choice.com.au/reviews-and-tests/food-and-health/food-and-drink/groceries/grocery-shopping-online.aspx).



The survey found that;

- Woolworths' website is the easiest to navigate and has the most convenient delivery times.
- For overall satisfaction, Coles rated significantly higher than Woolworths.
- Smaller, local operations (grouped as 'Other') rated significantly higher than both Coles and Woolworths. They may not be providing a full grocery service, and our respondents use these smaller local online suppliers for part of their grocery shop such as fruit and vegetables, milk and bread and specialty items.

The report also gives a list of local and specialized on line supermarkets and they are;

**NSW/ACT:**

[lettucedeliver.com.au](http://lettucedeliver.com.au)  
[theorganicgrocer.com.au](http://theorganicgrocer.com.au)  
[flemingtondirect.com.au](http://flemingtondirect.com.au)  
[letsgetfresh.com.au](http://letsgetfresh.com.au)  
[dynamicorganics.com.au](http://dynamicorganics.com.au)  
[organicfeast.com.au](http://organicfeast.com.au)

**Victoria:**

[greenlinedelivery.com.au](http://greenlinedelivery.com.au)  
[foodgarden.com.au](http://foodgarden.com.au)  
[organicsaustraliaonline.com.au](http://organicsaustraliaonline.com.au)

Qld:

[fooddirect.com.au](http://fooddirect.com.au)  
[homefreshorganics.com.au](http://homefreshorganics.com.au)  
[organicfoods.com.au](http://organicfoods.com.au)  
[greataussiefood.com.au](http://greataussiefood.com.au)  
[sproutonline.net.au](http://sproutonline.net.au)

**Tasmania: (should be Adelaide)**  
[bananablue.com.au](http://bananablue.com.au)

Regards,  
Robert

### PINS AND NEEDLES AT NIGHT?

Hello,

Can I share a tip? I used to wake up in the night with pins and needles and a dead arm.

I have found that if I double a second pillow over (as recommended by a physio) and loosely hug it when I sleep on my side, that this has completely eliminated this problem.

Kind regards,  
Rebecca

### NEW PAIN WEBSITE

Chronic pain Australia have recently established a website at [www.chronicpinaustralia.org.au](http://www.chronicpinaustralia.org.au) It includes factsheets on a wide range of topics, personal stories, links to recent research and opportunities to network with other sufferers.

Editor

### ASTERISK \*

Have you got an asterisk \* on your address label? This is a signal to tell you your subscription is overdue. We recently wrote to all our overdue members and our thanks go to those who renewed. If you didn't, and you'd like to renew, then you can pay using a credit card via Pay Pal at our website or send us a cheque, cash or postal order (see p15).

***We do appreciate your support!***

# BITS & PIECES

## PAIN SURVEY RESULTS

Recently, Chronic Pain Australia collaborated with Pfizer to survey people with chronic pain in Australia. The results have been published on the web at <http://tinyurl.com/65yrmf5>

Among their findings;

- 29% of Australians suffer from chronic pain.
- Women and people on low incomes have higher rates of pain.
- Most people with chronic pain suffer from stigma, and 20% have thought about suicide.

## IPADS IN SCHOOLS COULD BE DANGEROUS FOR KIDS

Dr Jodi Oakland, a senior lecturer at Latrobe University's Centre for Ergonomics and Human Factors is worried about the use of the iPad in schools, particularly with younger children. "Any activity where you hold your neck forward in a flexed or bent position for a prolonged period of time is going to cause neck issues," she said, "Do we really want all this exposure to bad posture in the younger generation?" The Victorian State Government is trialling the use of iPads as a learning tool with children as young as three in schools and preschools. While cheaper, lighter and easier to carry than a laptop, the iPad creates new problems and should be used with a separate keyboard, Dr Oakman says. She warned that the damage caused could take a long time to heal,



particularly among young children.

Herald Sun, 11 August 2011

## THE RISK OF BUYING ONLINE

Karen Kaye, a CEO of the National Prescribing Service, warns that buying medicines online can be a risky strategy. She says that many websites selling medicines are not legitimate, even though they look professional and trustworthy.

"Rogue" sites operating from overseas sell medicines that may be

- contaminated or counterfeit
- past their use by date
- not approved for sale in Australia
- not manufactured to appropriate standards
- not labelled, stored or shipped correctly.

Dr Geraldine Moses from the National Prescribing Service Adverse Medicines Events Line says that there have been adverse events arising from use of these medicines. With phoney packaging that looks as real as what you'd buy in the local pharmacy, these medicines can be very hard to pick and yet they may contain no active ingredients, or worse, the wrong ingredients—even toxic or dangerous substances. The therapeutic goods administration has received 146 reports involving counterfeit medical products in the past year. They advise that you buy from Australian sites, with an Australian street address and telephone number.

## AN UPDATE ON DRAGON FROM SUE WOODWARD

If you have loaded the latest version of Adobe Reader (X), and in particular if you encounter this error message:

**'COM returned an unexpected error code: Details are HOOKERR\_NONOTIFYWINDOW'**

Adjust Adobe Reader settings as follows, to disable "Protected" mode (note this is not relevant to other versions of Adobe Reader, only version X):

1. Start Adobe Reader X.
2. Go to "Edit > Preferences > General Tab".
3. Uncheck "Enable Protected Mode at startup".
4. Close all applications including Dragon and restart computer

Note: Unchecking 'Enable Protected Mode at start-up' will affect screen reading technologies. So if you are using Dragon and screen reader technologies e.g. Jaws or Zoomtext, it is best to use an earlier version of Adobe reader e.g. version 9.

Service Pack 1 for Dragon NaturallySpeaking 11 Nuance has released Service Pack 1 (SP1) for Dragon NaturallySpeaking V11. This update is free for Dragon NaturallySpeaking V11.0 users, and will update your software to V11.5.

Our thanks for this information to Sue of Viva Voce Speech Recognition Solutions. For more information see [vivavocespeechrecognition.blogspot.com/](http://vivavocespeechrecognition.blogspot.com/)

# TOO MUCH WORK—

## HOW TO COPE WITH THE PRESSURE—COOKER WORKPLACE.

In the Netherlands, employers have been legally obliged to have policies in place to prevent psychosocial pressure since 2007. Of course, a little bit of pressure at work is not necessarily an issue, it's all a question of how much pressure is too much. It can help you deal with procrastination and even make you perform better. But too much pressure for prolonged periods of time can cause more serious issues, and occupational psychologists say this happens when people need to do more than they are capable of. Too much pressure is one of the most common causes of stress, burn-out and a range of physical complaints, and people who suffer from this are five times more likely to make mistakes or to suffer from OH&S related accidents at work.

### 10 symptoms of too much pressure at work

1. You often worry about work and can't see how you will ever complete all your work in time.
2. You have trouble sleeping.
3. You often work overtime.
4. You often have blurry vision when working on your PC.
5. You feel too tired to do anything fun after work.
6. You are less creative,



involved and alert than before.

7. Your shoulders, neck and arms hurt.
8. You are more irritable.
9. You often skip breaks at work.
10. You often don't even give yourself time for a toilet break.

### Setting priorities:

1. Important and urgent.
2. Not urgent but important.
3. Urgent but not important.
4. Not important and not urgent.

Put all your activities in one of the above four categories.

Deadlines and emergency tasks belong in category (1).

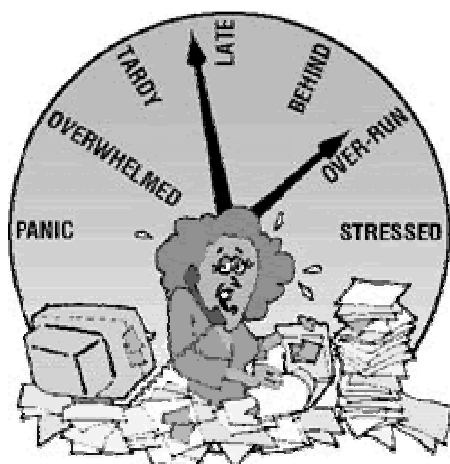
Reading work-related papers, networking and cleaning your desk should go under (2).

Phone calls and emails from people requesting something from you can be urgent but not necessarily important (3), or they can be not urgent and not important (4). You should try to avoid spending too much time and energy on this last category especially.

Make sure you leave yourself enough time to spend on category (2): not urgent but important. This category also includes activities you undertake in your spare time, such as playing sports or studying. Women often tend to neglect this category, as they spend more time caring about others than tending to their own needs.

### Five useful tips for employees:

1. Don't let yourself get annoyed with colleagues who appear to manage to get through enormous workloads without any problems. Everyone is different and no two employees are the same. Listen to what your body tells you is a manageable workload for you.
2. Women are often under the impression that working fewer hours can be a solution to high work pressure. Research, however, shows that 40% of employees that make the switch from fulltime to part-time work will still have the same amount of work to complete, but in less time. When working part-time you will also have much more 'overhead' time. This means you will, relatively speaking, lose more time attending meetings, which leaves you less time to get the 'core business' done.
3. It takes, on average, eight minutes before you are fully focused on a task, for example when writing a report or a tender. Are you often interrupted at work? Set pre-planned appointment times instead of drop-in sessions.
4. Many people think the best way to relax after a busy day at work is to come home, park themselves on the sofa and watch TV all night. The contrary is true, however, and you will relax much more by doing something



fun after work, like playing sport, attending evening classes or joining a choir. Watching a horror movie after a busy day at work isn't a good idea, as your adrenalin levels will stay high. Spend much time thinking and planning in front of a PC at work? Physically tiring manual work will be a good way for you to relax after hours.

5. Big project at work you really don't want to think about? Divide the job into more manageable sections and set realistic targets.

### **Crisis – I'm too busy!**

Many companies have chosen to freeze employment as a way to deal with the economic crisis. The amount of work that needs to be done hasn't changed, and often employees have to deal with a higher workload and higher work pressure. This has resulted in a rise in cases of burnout and RSI.

Good management can help people deal with their workload in a number of ways.

Smart employers ensure that the atmosphere at work is pleasant. Research shows that employees who feel valued by their managers and who feel supported by their colleagues

are better equipped to deal with high work pressure, and only take half the amount of sick leave. Employees call a high work pressure "nice and busy" rather than "overload" in companies with a friendly atmosphere.

Judith Kunen of SBI Training & Advice and the author of a book about managing stress at work, says: "A good atmosphere at work can be promoted by managers by, for example, asking employees about their private lives, giving positive feedback, working just as hard as lower level employees and having transparent policies in the workplace."

Kunen herself had worked before with a very different culture: no complaining, only work, work, work: "It was even not done to ask colleagues about their weekend. I was constantly tiptoeing around, and eventually got so ill I had to leave."

Apart from improving the atmosphere at work, it's also a good idea for employers to give as much autonomy to their employees as they possibly can. Employees who are not allowed to organise their own time and agenda complain more often about insufficient time to get the work done.

Hester Konijnenberg, OH&S adviser from the FNV Union, (Federation Dutch Labour Movement) a federation of trade unions, has another piece of advice for employers: "Make sure employees are responsible for a range of tasks; employees who always have to do repetitive work or who always have to do very complicated tasks are more prone to suffer from work pressure."

Employers often see time management as a remedy for high work pressure. Konijnenberg says: "Time management presumes that you have full autonomy over managing your time, but in many jobs this is not the case. It also means that the employee, not the employer, is fully responsible for solving the issue of high work pressure."

Time management can, however, be useful as well. "Three years ago my employer offered me a more flexible time management arrangement at work which has helped in getting things organised better." Kunen says: "Time management does help, but it is not a miracle solution."

### **THE HEALTH EFFECTS OF OVERWORK**

Even an unborn child will suffer if the mother had to work under too much pressure during the pregnancy. These children will generally have lower birth weights than children of mothers who experienced less pressure.

Recently a large Danish research project showed that women who find their workload pressure 'much too high' are twice as likely to develop a heart condition.

A recent study done by the Arbo Union in the Netherlands involving 17,000 companies concluded that increased work pressure has far-reaching consequences. Last year employees took 10% more sick leave than in 2007 due to complaints of arm, neck and shoulder pain. The Dutch Centre of Occupational Health and Safety announced this year that the number of patients with burnout has increased by almost 25% compared with 2008.

Executing good time management is also not as easy as it sounds."

Kath Lockett, author of *Work/Life Balance For Dummies* (Wiley), says that the following strategies are useful for overworked employees:

1. say no more often
2. use your diary and work plan to negotiate tasks that can be dropped
3. use your diary to book in your own tasks and stick to them
4. delegate
5. leave on time; you might be the first to do it, but you won't be the last
6. turn off your mobile at home

### How to manage that interview – "I've got too much work!"

Firstly, keep in mind that it's good for employers if employees raise concerns about work related pressure. Kunen says: "If you have a burnout, it will last on average around 40 weeks, and will result in not unsubstantial extra costs for the company. A situation like that will pose more problems for both you and your boss, compared to just reducing your workload."

When meeting your supervisor, do not just randomly complain and rant about the situation, Kunen advises, but instead offer some practical solutions. Jim Bright, Professor of Career Education and Development at ACU, suggests that you should **not** be reasonable and accommodating in this situation.

He suggests you should become "constructively unreasonable". If you are asked to do too much,

start keeping meticulous and detailed records of your duties over the course of a week, looking at what you have to do

### HOW TO SAY NO

1. Just say no – the word has power. Don't be afraid to use it. Be careful about using wimpy substitute phrases, such as "I'm not sure" or "I don't think I can"; these can be interpreted to mean that you might say yes later.
2. Be brief. State your reason for refusing a request but don't go on about it. Avoid elaborate justifications or explanations.
3. Be honest. Don't fabricate reasons to get out of obligation. The truth is always the best way to turn down a friend, family member or co-worker.
4. Be ready to repeat. You may find it necessary to refuse a request several times before the other person accepts your response. When that happens, just hit the replay button. Calmly repeat your no, with or without your original rationale as needed.

(Mayo Clinic.com)

every hour. When your boss asks you to take on extra tasks, refer to your record and ask them what task you should drop in order to take on the extra one. Explain how long each of your current tasks is likely to take. Get them to be specific about which tasks you no longer need to do in order to take on what they're asking of you. Obviously, you need to be clear about not being aggressive and staying focused on your job, not on what you think the intentions of your boss might be.

He suggests that if the manager responds with something like "do your best" or "well, make it

work!", just politely draw attention again to the problem, perhaps saying, "so let's go through these tasks so you can tell me which ones to abandon to make room for this new one." Follow up these discussions with an e-mail detailing what was discussed and agreed to.

How about if they say "everyone's doing it tough, including me"? Then Professor Bright says that you would be doing your workplace a favour by agreeing to deliver on what can be delivered and highlighting the way the organisation may be risking reputational damage – or worse – by under-resourcing critical areas.

(My Career, Sydney Morning Herald, August 29/30th 2009)

Employees working on a temporary contract are sometimes even more afraid to ring the alarm bell. Konijnenberg advises them to join forces: "You will have a much stronger case if several employees at the same time raise concerns about work related pressure, for example with an HR representative or staff adviser at your workplace."

Kunen says: "If this is impossible, you will need to ring the alarm bell on your own, even if you are working on a temporary contract. Not saying anything when you feel the pressure is too high is really only a short term solution. Too much stress can cause permanent damage in the long run, both physical and emotional."

**Thanks to Ellen Poels for her translation.**

This article is an expanded version of an item by Anke Manschot in the Dutch RSI Association's newsletter with added material from other sources (see text).

## Tips & Tools—MAKING HOLIDAYING EASIER

*"When preparing to travel, lay out all your clothes and all your money. Then take half the clothes and twice the money."*

Susan Heller

### Travelling light—some suggestions from members.

"Over the years I have perfected the art of travelling really light. I'm a great fan of layering and take clothes I can wear either by themselves or layered, for example, a light cardigan that looks good buttoned up by itself or worn over a light sweater or shirt. I don't take pyjama tops, just some singlet tops or fitted T-shirts that can be outerwear, nightwear, or underwear. To protect against thieves, I have a zippered pocket for my passport and bank card sewn into the inside of a vest or jacket I wear most days. You can also buy special travel vests with lots of pockets that are really useful and secure."

"I stick up a checklist on the fridge weeks before I go, tape it to the inside of my suitcase so that I don't leave anything behind, then when I get back I cross off anything I didn't use."

"I often go to conferences and at first I came back with masses of hand-outs I ended up not using; now I'm really careful about what I keep and I take a couple of big envelopes to post stuff home."

"I don't bother taking things I can easily buy at my destination, for example, shampoo, but I do make sure to take things that are important for my disability, like a pen that is really easy to write with."

"I plan out excursions before I go and photocopy pages from my guide book to carry with me in my day pack."

"My CAT wheeled backpack has been a great success for short trips around Australia. It's very tough and well made,



light, and because the wheels are relatively thick and large, it rolls very easily over different terrains. It's a little bit of a squash to get in everything I need, but I manage. It's comfortable to carry on the back as well, because there's a special zippered cover for the wheels."



"Roll, don't fold, your clothes and they won't need ironing; if you're really serious about crease-free packing, try "bundling"—see [www.onebag.com](http://www.onebag.com) for an explanation and diagrams on how to do this. This website also has an excellent packing checklist."

### Where to go and where to stay.

"Over the years I've found some destinations are much more disability-friendly than others; for example, in London, the underground is full of stairs and cheap hotels often don't have lifts, while Vienna is a fantastic disability-friendly destination, with lifts or escalators even at suburban stations, luggage lockers and good disabled access everywhere (ramps and lifts) which makes hauling my wheeled luggage around much easier."

"I prefer to stay in apartments rather than hotels. For one thing, you can save money by making your own meals and you've always got somewhere to go back to for a break and a cup of tea (very important for me!). My mantra is to save on the unimportant things and spend on things that really make a difference—the money I save on breakfasts goes to a taxi to the airport, saving lots of hassle and dragging around luggage. I also prefer to stay at one destination for longer, rather than trying to cover lots of places in one trip, as the difficult part of travelling for me is getting my luggage to and from the airport and settling into a new place."

In 'Tips & Tools' in a forthcoming newsletter we'll be covering ways to make **cycling** easier. Let us know if you have any ideas on this topic that you'd like to pass on to other readers. Leave a message on our answering machine by phoning (02) 6262 5011 or drop us a quick e-mail at [rsi@cyberone.com.au](mailto:rsi@cyberone.com.au)

# DEPRESSION—WHAT WORKS AND WHAT DOESN'T



Dr Kathy Griffiths is an Associate Professor at the Centre for Mental Health at the ANU and Director of the Depression & Anxiety Consumer Research Unit. In March this year, she gave a talk to the Chronic Conditions Alliance about

depression and how to deal with it. Here's an edited version of what she said.

A recent survey has shown that about 20% of Australians in any one year suffer from a mental disorder which is really very striking. You might think that is one in five people totally but it is actually that number every year.

Over a lifetime, 45% of Australians will suffer a mental disorder so that is a very high prevalence we are talking about. Looking at clinical depression specifically, 6.2% of people in any one year will suffer from it. That amounts to a hundred thousand adolescents and children, and a million adults.

It is a stark problem. If you look at the number of years with a disability then you'll find that depression and anxiety are actually the leading causes of burden and years lost to disability after heart disease. Again, it is a huge problem in our community.

Do these problems affect some people more than others? You might think that older people suffer from depression more than, say, people in their middle years, but in fact the level of mental disorder decreases with age. People who are older actually have fewer problems which is something to look forward to. The same sort of pattern applies with depression and anxiety disorders.

Another thing we know is that mental disorders, including anxiety and depression, are more common in women than men, except for substance

abuse and alcohol problems.

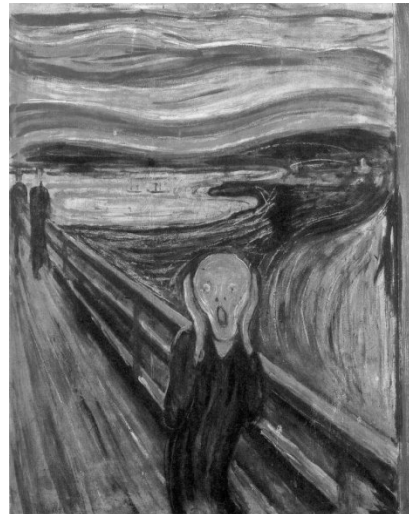
Particularly interesting is the fact that depression and anxiety are higher among people with a disability and in fact if I could just give the figures:

- 43% of people with a severe activity limitation had a mental disorder in the last 12 months in Australia compared to 17% of those without a disability.
- People with a severe activity limitation have five times the rate of depression and three times the rate of anxiety.

## What is depression and how does it feel?

William Styron is a brilliant writer who suffered from depression. If you want to know about depression I really recommend his book because he knows how to articulate what it feels like. He says it is a

*"despairing, unchanging paralysis of the spirit beyond anything I have ever known or imagined could exist. The pain is unrelenting; one does not abandon even briefly one's bed of nails but is attached to it wherever one goes."*



*The scream – Edvard Munch*

We run a bulletin board, an on-line support group for people with depression and one of the members says:

*"I am sliding down the corridor as hard as I can and trying to snag on every rock on the slope."*

Other people have written:

*"A slow crawl through hell and seeing the world through a plate of dark glass."*

"Everything is dark, cloudy and grey."

That's how it feels.

### How is it diagnosed?

The key symptoms are:

1. That you have an unusually sad mood. This is not transient but goes on for at least two weeks.
2. You just cannot feel pleasure. Sometimes people do not realise they are depressed because they do not have this sadness, but they have this lack of pleasure and cannot imagine anything ever being pleasurable. You have to have one of these two symptoms to get a diagnosis.

The other symptoms are things like:

- a considerable weight loss or gain
- problems with concentration and difficulties making decisions
- difficulty sleeping, usually waking up in the middle of the night and not being able to get back to sleep
- being slowed down or agitated
- lacking in energy and feeling tired
- feeling guilty or really worthless
- having thoughts of suicide and feeling that life is not worth living

**"despairing, unchanging paralysis of the spirit beyond anything I have ever known or imagined could exist. The pain is unrelenting; one does not abandon even briefly one's bed of nails but is attached to it wherever one goes."**

**William Styron**

factors is having had depression previously and having a family history of depression. So, if your parents had depression, then you are at a greater risk of developing depression as well.

- Being a woman is a risk factor, as I said before.
- Being subjected to stressful events – any kind of stressful event.
- Suffering from a long term physical illness, pain, chronic insomnia or being unemployed. Obviously, many of these risk factors go together.

There are other risk factors for depression which we probably all know about:

- Postnatal depression.
- Some medications can cause depression. You might have a grandchild or child that is on acne medication and some acne medications

can cause depression, and really serious depression. In one case, I can think of an adolescent who suicided and it was specifically because of acne medication.

- Illegal drugs can also lead to developing depression. Certain personality factors put you at greater risk as well.

But those are the risk factors; what are your chances? You really want to know what you can do about it. What treatments are there for it? The thing to hang on to is that depression can be treated; it is not something you have to live with forever.

To get a diagnosis you need to have one of the first two, which are key, plus a total of five symptoms altogether. You must also have problems functioning in some aspect of everyday life, like relating to other people. People often withdraw from relating to other people or cannot work properly or work as well as they normally work.

### What are the risk factors?

Now these risk factors don't mean that people will develop depression but they do increase a person's risk. They are not causes, they are just a likely indicator.

- One of the most common or strongest risk

### What treatments are there?

As academics, we always look at what things can be shown to work and whether there is evidence around them working. There are three types of treatment that you can look at in terms of what works.

1. In terms of conventional medical treatments, anti-depressants do work, but there are a few caveats. You cannot expect them to work in two days. You need to hang in there for them to actually work, which usually takes a month or so. Some work faster than that, but you usually have to wait four to six weeks before you can consider them as not working and

change to another one. There are a whole series of things you need to do if they do not work, but for 70% of people they do work with the first one they try. Sometimes people think they are addictive but they are not. They are not like Valium. You should not take Valium for anxiety for long periods of time because that is a problem.

2. In some cases the dreaded "one flew over the cuckoo's nest" ECT can be helpful where someone would otherwise commit suicide. Where you have really serious depression and the person is in great danger and other things have not worked, ECT is useful, but, typically, you do not get to that point at all; other things work before then.
3. Some people say they prefer to have psychological treatments rather than anti-depressants. There are two types of talk therapies that have been found to be effective:
  - Cognitive behaviour therapy. We try to change the way you're thinking about the way you feel which can sound a bit counter-intuitive. But we'll go back to that.
  - Interpersonal therapy, which is about changing the way you interact with other people. And that can have an effect on depression and has been found to be effective in scientific trials.

Some people don't like either of those options, and there are other options. The main one is physical activity, which has been shown to be effective but does not work for everyone and some people may need more than this. There is some evidence that St John's Wort is helpful as well.

A lot of people use pain-killers for depression. You can understand why – depression is very painful – but unfortunately pain-killers do not work. People need to see that they do not actually work.

Light therapy works for a condition called "winter depression", which you might have heard of, where people develop depression when it is dark and there is no sunlight. It is particularly bad in the Northern hemisphere and in the Antarctic where there can be very little light during winter, but we also find it in Australia.

**"So what if it is not you but someone else? Do not be judgmental, be reasonable. It's a common problem and do not tell them to cheer up or to snap out of it, you are lazy or anything like that. Try to get them help. You might need to be proactive about that. You cannot take them to a doctor or a psychologist if they do not want to go, but you can certainly encourage them. They might need you to ring up and make an appointment. They might need you to go with them. Provide them with information about where to get help. If the person is indicating suicidal tendencies do not assume they would not do it or they are attention-seeking because it really is a medical emergency and you need to get help. Stay with them until help arrives."**

Then there are

- self-help groups
- face to face discussions
- groups on line
- self-help books
- articles on the Internet

Only a minority of people get help for these conditions. Across the world there is a treatment gap of 56% of people with depression who are not getting help for it. And when they do get help, they do not get the evidence-based treatments, the ones we know that work. And the reason that they do not go for help is that they are afraid of being stigmatised. But there is another reason, people want to help themselves. Whether it is connected to stigma we are not sure.

The other thing is that treatments are not always successful. If you do not have the money to pay for the psychologist then it can be a problem. Back in the late 1990s we thought maybe the Internet was the answer. People told us that no one would come to the Internet to get help with or prevent mental disorders but many people actually do. We have five online self-help programs.

Our five on-line programs are:

Blue Pages; [www.bluepages.anu.edu.au](http://www.bluepages.anu.edu.au), a comprehensive, evidence-based information site

about different aspects of depression.

Mood Gym; [www.moodgym.anu.edu.au](http://www.moodgym.anu.edu.au), a fully automated website; you log on and answer questions. The site demonstrates the ideas behind cognitive behaviour therapy and how the way you are thinking affects the way you feel.

E-couch; [www.ecouch.anu.edu.au](http://www.ecouch.anu.edu.au), an interactive web-based program providing self-help for depression, general anxiety and social anxiety.

Blue Board; [www.blueboard.anu.edu.au](http://www.blueboard.anu.edu.au), an online support community for people with experience of depressive or anxiety disorders.

Beacon; [www.beacon.anu.edu.au](http://www.beacon.anu.edu.au), a portal to the latest online e-health applications for mental and physical disorders.

They are free, they are confidential and you do not say who you are. We do not share anything you put into the programs. And they are evidence-based. In other words, we have done trials to show that they work.

There are people for whom the Internet is not going to be the answer because of their RSI or some other physical condition. Helen and I have written a book, so you can use self-help books as well. Books are not a substitute; it is always a good idea to seek help for your condition.

*What works (& what doesn't)* By Kathy Griffiths and Helen Christensen. Available at PANDANAS BOOKS, ph: 02 6125 3269.

The main thing we want you to know is that you are not alone.

## Q & A

**Question** – Can you use St John's Wort with other regular medications for depression?

**Answer** – No, you should not use them together. If you are taking them, you should tell your doctor because you could be on other medications that interact with it and cause a problem.

## WHAT WORKS FOR DEPRESSION FROM BLUEPAGES

### Therapies rated very useful which have strong scientific evidence

- Antidepressants
- Electroconvulsive therapy
- Cognitive behaviour therapy

### Therapies rated useful which are supported by scientific evidence

- Light therapy
- Exercise
- St John's Wort
- Interpersonal psychotherapy
- Psychodynamic psychotherapy
- Bibliotherapy

### Therapies that are promising and may be useful and are supported by some scientific evidence

- Oestrogen
- Acupuncture
- Alcohol avoidance
- Aromatherapy
- Massage therapy
- Reminiscence therapy
- Relaxation therapy
- SAMe (known formally as Sadenosylmethionine)
- Vitamins
- Yoga

### Treatments that are proven not to be effective

- Painkillers
- Transcranial magnetic stimulation
- Tranquillisers
- Ginkgo biloba
- Music
- Supportive counselling
- Tyrosine

**Question** – What are the side effects of anti-depressants?

**Answer** – There are side effects – some long term ones – but typically they occur in the short term. You might get headaches, dizziness and things like that. A lot of that resolves, but I have to tell you that sometimes they don't. I have done surveys on 700 people on anti-depressants on what causes the most issues, and indeed there are long-term problems but people still choose to stay on anti-depressants because the alternatives don't work.

If you have serious side effects, you need to talk to your GP and sometimes anti-depressants don't agree with people and they need to switch early.

For more info see also <http://www.ehub.anu.edu.au/assist/about/history2.php>

History of e-hub programs

Dr. Helen Christensen. *Mood Gym: Overcoming Depression with CBT and Other Effective Therapies*

[http://www.boomerangbooks.com.au/Mood-Gym/Dr-Helen-Christensen/book\\_9780091929169.htm](http://www.boomerangbooks.com.au/Mood-Gym/Dr-Helen-Christensen/book_9780091929169.htm)

# RSI and Overuse Injury Association of the ACT

## ANNUAL GENERAL MEETING

**THURSDAY 24 NOVEMBER**

**12.30 PM – 1.30 PM**

**ROOM 6, 1ST FLOOR**

**GRIFFIN CENTRE**

**We've been talking to Comcare staff – would you like to hear what we said?**

Earlier this year, we were invited to deliver training sessions to Comcare client service officers.

Our Director gave three workshops, two in Canberra and one in Melbourne, to about ninety Comcare staff. We thought you might be interested in having a look at the PowerPoint presentation we put together for these sessions and giving us your comments for possible future training.

So this year, at our AGM on November 24, our director, Ann Thomson, will run through the presentation and take your suggestions.

**Bring your lunch; we'll provide tea and coffee!**

# WHAT WORKS FOR NECK PAIN?

Neck pain is a condition that is very common in the Australian workforce, one that is costly and can be very disabling. There are many ways to treat it – acupuncture, laser therapy, traction, massage, injections, magnets – but which of these actually works?

We had a look at the Cochrane Collaboration's database and a recent article in the *Lancet* in order to find out whether any of these treatments had good evidence to support its effectiveness.

## Acupuncture

The Collaboration looked at ten trials of acupuncture for chronic neck pain (that is, neck pain lasting more than three months). Although there was no high quality evidence, there was moderate quality evidence that acupuncture was more effective than sham treatments both immediately after treatment and at short-term follow-up. There was also some evidence that acupuncture was more effective than massage. Acupuncture treatments appeared to be safe and only very minor and short-term side-effects were reported.



## The rack, anyone?

Traction is a modern and supposedly therapeutic version of the mediaeval torture instrument, in which the patient lies on their back and a halter is fastened around the back of the head, then attached to a machine. This then starts a pulling action, which can be either steady or intermittent. The idea is to stretch the neck, thereby expanding the space between the vertebra and increasing the movement of the joints and stretching the muscles and ligaments. Side effects can include "headache, nausea, fainting and injury to tissue".

The Collaboration looked at seven randomised controlled trials, with a total of 958 participants, on the effects of traction for people with chronic neck pain.

They concluded that there was no significant difference between continuous traction and a placebo in reducing pain or improving function. In summary, they say, "our review found no evidence from randomised controlled trials that clearly supports or refutes the use of either continuous or intermittent traction to individuals with chronic neck disorders." As usual, of the selected trials, only one was sufficiently well-designed to have a low risk of bias. When the Association carried out its treatment survey, traction was mentioned by a number of members as a treatment that had done them harm.

## Electrotherapy

Eighteen small trials with a total of 1043 participants were

examined to see whether there was any good evidence of the effectiveness of a range of electrotherapy treatments, including;

- pulsed electromagnetic field therapy (PEMF)
- repetitive magnetic stimulation
- transcutaneous electrical nerve stimulation (TENS)
- permanent magnets in a necklace
- electric muscle stimulation (EMS)
- modulated galvanic current

Most of these treatments are delivered by physiotherapists.

Because the trials looked at different populations, types and doses of electrotherapy and measured different outcomes, it was not possible for the researchers to find good evidence for any of the above treatments. However, they did say that there was very low quality evidence that PEMF, repetitive magnetic stimulation and TENS are more effective than a placebo.

## Botulinum toxin

This is a drug that can temporarily stop muscles from contracting and is injected with the intention of reducing muscle tightness or spasm. It's exactly the same substance that is used to reduce facial wrinkles, and it's frequently used to treat neck pain. Nine trials with 500 participants were selected and reviewed; there was high quality evidence to suggest that there was little or no difference in pain outcomes between this treatment and saline injections four weeks after treatment; there was also

Article continued on p. 14

*Article continued from p. 13*

evidence, though of poor quality, that it was no better than a placebo in reducing pain after six months of treatment, and did not lessen disability. Side effects included muscle tenderness, weakness and a general sense of being unwell.

### **Low-level laser therapy (LLLT)**

This is a non-invasive, painless treatment that can be easily administered by a GP or physiotherapist. It is very safe, with few reports of adverse outcomes and no serious side-effects.

A recent paper in the Lancet reported on 16 randomised controlled trials including 820 patients, of laser therapy for neck pain, concluding that "it reduces pain immediately after treatment in acute neck pain and up to 22 weeks after completion of treatment in patients with chronic neck pain."

In these studies, a laser device delivered radiation to points in the neck while control groups were given sham laser treatment or a different treatment, such as exercise.

Patients were asked to rate their pain before and after treatment; laser therapy was shown to reduce pain quite markedly and this clinically important change was maintained for up to 22 weeks after the end of treatment.

### **Why does this treatment work?**

The authors write that "mechanisms for low-level laser-mediated pain relief are not fully understood", but they suggest a number of mechanisms, including anti-inflammatory effects, "a newly discovered ability to reduce oxidative stress skeletal muscle fatigue" and selective inhibition of nerve conduction.

They conclude "the results of LLLT in this review compare

favourably with other widely-used therapies, and especially with pharmacological interventions, for which evidence is sparse and side-effects are common."

So it seems from these studies that there are many treatments out there with very little evidence of effectiveness and just a couple that are well worth a try: low-level laser therapy and acupuncture. Both of these had long-lasting beneficial effects on neck pain and disability, with few, if any, side effects.

Ann Thomson

Roberta T Chow, Mark I Johnson et al  
*"Efficacy of low-level laser therapy in the management of neck pain: a systematic review and meta-analysis of random placebo or active-treatment controlled trials"*

The Lancet 2009; 374:1897-908

<http://www.cochrane.org>

Advertisement



## **Why Did Computer Work Cause Your RSI?**

Tired, tight, painful or tingling neck, shoulders, arms and wrists appear to be the result of hours bent over a computer screen. But had you stopped to wonder: "Why me and not Betty, Mary or John? They work in the same office and do just as much computer work as I do." The answer could be that you have a problem in your spine which they don't have. These problems cause nerves to malfunction. Once identified, these problems can often be corrected. This can then result in better nerve communication to the affected parts of your body. When that occurs it will usually reduce or eliminate any stiffness, weakness and/or pain that you are experiencing, whether it be from RSI, a sports injury, garden work or a car accident. This can be especially useful if other treatments have not worked and the condition is now chronic.

Visit [www.optimalhealthcanberra.com.au](http://www.optimalhealthcanberra.com.au) for more details about a neuroplastic treatment method that can retrain parts of the nervous system so it can achieve the above objectives. In fact, you'll be able to read about one medical school research project whose lead scientist said it can help the body to develop "a strategy of self correction".

Info Sheets	Tick:
Hydrotherapy	
Swimming for RSI	
RSI & Stress: what it is & how to cope	
Making driving easier <b>[NEW]</b>	
Medical & Medico-legal appointments	
Assistance through Medicare	
Member's story: Invalidity Retirement	
Managing your Finances with RSI	
Review: Clickless software & Short-Keys	
Preventing Voice Overuse	
Sewing & RSI	
Pillows & RSI	
Neck pain: prevalence, causes, treatment	
Review of Tennis Elbow Research	
Treatments for Carpal Tunnel Syndrome <b>[NEW]</b>	
How to win and keep a Comcare claim <b>[NEW]</b>	
Choosing a keyboard <b>[NEW]</b>	
Injections for RSI <b>[NEW]</b>	

## BOOKLETS AVAILABLE:

### The RSI Association Self-Help Guide

This booklet contains 120 pages of really useful and practical information on treatments, medico-legal matters, maintaining emotional health and managing at home and at work.

**\$20**

### Moving on with RSI

This booklet covers the stories of people who have learnt to live with serious RSI. It contains many ideas on how to survive emotionally and successfully manage the condition.

**\$10**

### Pregnancy & Parenting with RSI

This booklet contains 20 pages of information designed to help parents with an overuse injury to manage the specific challenges they face.

**\$10**

Booklets can be purchased online ([www.rsi.org.au](http://www.rsi.org.au)), requested by email, or ordered by mail using the form below.

To order an electronic copy of any of the above info sheets, please email us at [rsi@cyberone.com.au](mailto:rsi@cyberone.com.au) or for a hard copy of any of the above please tick the appropriate boxes on this form and mail it to us (see address on front page). Please include one local stamp per info sheet to cover printing costs, and a large self-addressed envelope.

## RENEWAL/APPLICATION FOR MEMBERSHIP & ORDER FORM

If your name has an asterisk on the address label, your annual subscription is due.

Please renew ASAP to maintain your membership.

PLEASE NOTE: If your details on the back of this form are correct, you don't need to rewrite your address.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I would like to receive my newsletter by email ☐

### I enclose:

Annual membership: ☐ \$10 (low income) ☐ \$20 (standard) ☐ \$40 (high income/organisation\*)

**Special Offer:** ☐ 2 years' membership \$30

Booklets available ☐ The RSI Association Self-Help Guide \$20 ☐ Moving on with RSI \$10 ☐ Pregnancy & Parenting with RSI \$10

DONATION \$\_\_\_\_\_ (all donations are tax deductible)

TOTAL \$\_\_\_\_\_

Please make cheques or money orders payable to the RSI and Overuse Injury Association of the ACT, Inc.

\*Organisational membership is open to organisations sharing our aims. Minimum rate is \$40 with additional donations gratefully received.

## Coming Soon:



When's the right time for a carpal tunnel operation



Tips & Tools—Cycling



The importance of social networks



Changes to Disability Pension



RSI & OVERUSE INJURY ASSOCIATION OF  
THE ACT, INC.

Room 2.08  
Griffin Centre  
20 Genge Street  
Canberra City  
ACT 2601

Phone: (02) 6262 5011  
Fax: (02) 6249 6700  
E-mail: [rsi@cyberone.com.au](mailto:rsi@cyberone.com.au)  
[www.rsi.org.au](http://www.rsi.org.au)

ACT RSI NEWS 2011  
Print Post Approved  
PP 229219.00118

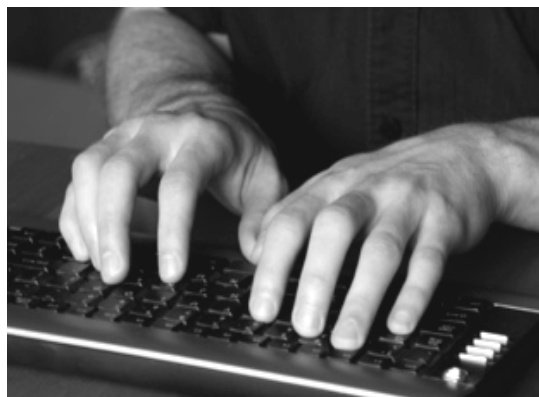
POSTAGE PAID  
AUSTRALIA

SURFACE  
MAIL

## RSI & OVERUSE INJURY ASSOCIATION OF THE ACT, INC.



*preventing overuse injury,  
reducing its impact*



[www.rsi.org.au](http://www.rsi.org.au)