

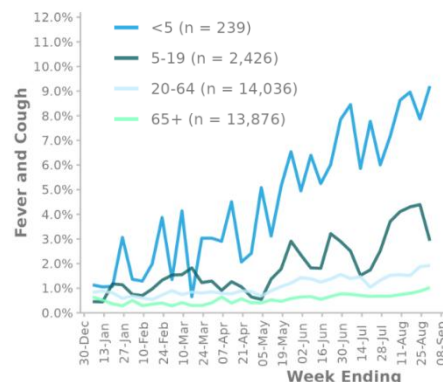


NEWSLETTER SEPTEMBER-OCTOBER 2025

Kia ora koutou - warm greetings to the Millhouse community and other readers.

Welcome to our latest patient newsletter. As winter settled in, clinics everywhere have been seeing an increase in respiratory illnesses. The usual suspects are influenza and RSV, along with ongoing cases of COVID-19; these all tend to peak during the colder months in New Zealand. Staying informed about [trends](#) helps everyone better protect themselves and their whānau. Last month, rhinovirus emerged as the most common culprit for winter coughs and colds, though influenza and COVID-19 still pose risks, especially for older adults and those with underlying health issues. The graph shows the continual rise in respiratory illness this year, especially in the under-fives, less so in teenagers and fewer in older people.

Remember to handwash frequently, and stay home if unwell. When coughs and sniffles start, I recommend generous use of a Betadine (povidone-iodine) gargle and nasal douche - dilute 1/20 with water. Supplements like Vitamin D, zinc, quercetin, and Vitamin C also help reduce respiratory infections.



FAREWELL & WELCOME Thirty-one years ago, pharmacist Wilson Lau took a leap of faith by offering to purchase the unit that became [Millhouse Pharmacy](#), on the condition a doctor or doctors would set up practice in the complex. At that same time, my family was preparing to move from Dargaville, where I had spent seventeen rewarding years as a rural doctor, as my wife had accepted a ministry role at St Andrews Presbyterian Church. Thanks to a congregation member, I was introduced to Dr Mark Denekamp, and later to Dr Serene Hu. Together, we purchased Unit 2 and founded the Millhouse Medical Centre.



Since then, our partnership with Wilson Lau has thrived, with Wilson as a steadfast presence, supporting our clinic through weekend shifts and holiday cover. Now, after decades of dedicated service, Wilson is ready for a well-deserved change, free of the growing demands of pharmacy regulations and corporate competition. We wish Wilson all the best for the future. Millhouse Pharmacy has now been handed over to Philip Kang, along with his pharmacy technician wife. We warmly welcome them and look forward to a successful partnership between Millhouse Medical and Millhouse Pharmacy.

MILLHOUSE NEWS

MEDICAL STAFF AND APPOINTMENTS A replacement for Dr Dan has not yet been found, and several doctors are about to take vacations. During this time, the Millhouse team will focus on urgent medical needs with same-day appointments where possible. Please call Reception if you have urgent concerns; your call will be triaged by a nurse. Due to limited staffing, wait times for routine appointments with Nurse Practitioner Gabriella or your family doctor may be more than the 1-2 days they are normally. We appreciate your patience and understanding as we strive to provide the highest quality service.

CONSULTATIONS We want to provide the best care during your visit. Our standard consultation lasts 15 minutes, enough to address one or two key concerns. If you have more issues, please consider booking a double appointment to allow enough time (additional charges apply). Preparing a list of your main concerns beforehand helps your clinician focus on what matters most. Booking the right length appointment helps us meet your needs and keeps the clinic on schedule, minimising delays for others. Thank you for understanding and working with us for better health.

HEALTH SUPPORT SERVICES

Health Coach Rebecca is available to support you with sleep, relaxation, weight management, diabetes control, and lifestyle changes for blood pressure management.

Health Improvement Practitioner Vani offers brief, targeted strategies to support mental health, substance use, emotional wellbeing, and coping with chronic illness. Vani works alongside your healthcare team to help you make positive behaviour changes for better overall health.

These consultations are provided at no cost.

This month's main article is about **Weight Loss Injectables** – See also <https://nutritionfacts.org/book/ozempic/>

RIISING ANXIETY AND DEPRESSION IN YOUTH LINKED TO USE OF DEVICES.

Psychologist Jonathan Haidt in his recent book ["The Anxious Generation."](#) highlights the deterioration in adolescent mental health that has been seen since the early 2010s, coinciding with the move from play-based childhoods to "phone-based" and social-media-centred lives.

Haidt's research shows this trend is worldwide, with increased rates of anxiety, depression, self-harm, and suicide in developed countries.

He says **'we have ended up overprotecting children in the real world, while under-protecting them in the virtual world.'**

He recommends:

- **Give children far more time playing with other children** -ideally outdoors in mixed age groups, with little or no adult presence.
- **Look for more ways to embed children in stable real-world communities.** Online networks are not nearly as binding or satisfying.
- **Don't give a smartphone as the first phone** - give a phone or watch that is specialised for communication, not for internet-based apps. In fact, **don't give a smartphone until high school.** This is easier to do if many of your child's friends' parents are doing the same thing.
- **Delay the opening of accounts on nearly all social media platforms until the beginning of high school** (at least). Support legislation to raise the age of "internet adulthood" from today's 13 (with no verification) to 16.



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FIGHTING OBESITY with SEMAGLUTIDE

Weight control is often difficult. In our last newsletter, we discussed the “survival switch” triggered by fructose - whether ingested or produced in the body - which stimulates cravings, impulsivity and hunger, while overriding normal satiety signals. I outlined the Switch Diet and its practical strategies for lowering body weight. In NZ in June 2025, **Wegovy & Ozempic**, both based on active ingredient semaglutide, were [approved by Pharmac](#) for certain conditions. Semaglutide is a GLP-1 receptor agonist and has been widely hailed as a self-injectable obesity treatment. The discussion below highlights key information about these medications.

WHAT ARE GLP-1 & GLP-1 AGONIST DRUGS?

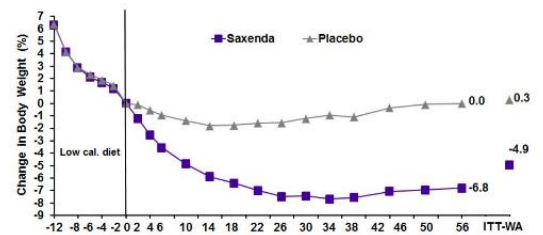
GLP-1 is a hormone - Glucagon-like-peptide-1. The gastrointestinal tract is the body's largest hormone-producing gland, releasing over 20 peptide hormones - amino acids linked together to form proteins. About 1 in 100 of the cells lining the digestive tract can identify and respond to nutrients by secreting hormones, including GLP-1. When we eat meals rich in fats and carbohydrates, GLP-1 is released from the lower small intestine and colon into the gut lumen and absorbed into the bloodstream. The hormone signals fullness, slows stomach-emptying, and reduces appetite, but is very quickly broken down.



In the 1990s, researchers discovered a compound in the [saliva of the Gila Monster](#) - a lizard from the southern deserts of USA and Mexico. This - that mimics GLP-1, but not its rapid breakdown. This compound was imitated in injectable medications (GLP-1 agonists) which “trick” the body's hunger signals and last for several hours. Recently, longer-acting injectables liraglutide and semaglutide were developed; oral versions are available in some countries.

HOW EFFECTIVE ARE GLP-1's?

GLP-1 receptor agonists like semaglutide are highly effective and lead to most participants in [clinical trials](#) losing weight - on average 10% for up to four years. One-third were classified as super-responders losing more than 20% of their body weight, but one in six participants had no significant weight loss; a few even gained weight. Weight loss with GLP-1's plateau after about a year, even when injections are continued. This is because the body's feedback mechanisms gradually increase appetite, counteracting the initial appetite suppression that drives weight loss. As hunger returns and caloric intake increases, sometimes sharply, the combined effect of reduced energy expenditure and increased appetite counteracts the continued calorie restriction, causing weight loss to plateau. After stopping the medication, appetite typically returns to previous levels and weight is often regained.



A HEALTHY MICROBIOME IMPROVES TEENAGE HEALTH

In the last newsletter, I reported how transplanting healthy donor gut bacteria improved fibromyalgia.

I was also fascinated to read in the NZ Listener September 6-12 about research at the University of Auckland's Liggins Institute, where they trialed “crapsules” -28 capsules taken over 2 days - made from healthy donor gut bacteria and given to 87 obese teens.

Four years after this single course of [faecal microbiota transplantation](#), recipients showed dramatic reductions in metabolic syndrome - a cluster of conditions including high blood pressure, excess abdominal fat, raised blood glucose, triglycerides, uric acid, and low “good” HDL cholesterol - as well as reduced risks of diabetes, heart disease, and stroke. Weight loss was limited, but teens who combined the therapy with lifestyle changes experienced substantial, sustained weight reduction.

The study demonstrated that even a brief, concentrated course of microbiome capsules can have lasting health impacts for obese teenagers.

Consuming a high diversity of plant-based foods, regular intake of fibre and fermented foods, and minimising ultra-processed foods are the best ways to maintain a healthy gut microbiome.

SIDE EFFECTS & COST

There are other downsides. More than half of those prescribed GLP-1 drugs stopped taking them within a few months, primarily due to [side effects](#). The most common are gastrointestinal issues - nausea, constipation and diarrhea - although these can be managed by starting with low doses, eating smaller meals, and staying well hydrated. However it is concerning that about 40% of the weight lost on these medications comes from muscle, though this can be minimized with resistance weight exercises. Serious side effects that occur in approximately 1% of users include acute pancreatitis, bowel obstruction, and thyroid cancer. When considering treatment options, it is important to weigh these risks against the significant health dangers posed by severe obesity. Cost is NZ\$400-\$500 per month.

BOOSTING GLP-1 WITH DIET AND LIFESTYLE

GLP-1 meds can increase blood levels of GLP-1 up to 1000 times normal, but since most of it binds to blood proteins, only a small amount is “free” and active. This is similar to natural levels in the gut. Gut-produced GLP-1, although quickly removed from the body, is believed to activate the vagus nerve. This sends appetite-reducing signals from your digestive system to the brain, so you feel fuller.

It's not just what you eat but [how you eat that matters](#). Chewing food longer and eating more slowly boosts GLP-1 as does a high-fibre plant-based diet which also feeds healthy gut bacteria and slows digestion. Bitter foods—like dark leafy greens, bitter melon, grapefruit, hops, and certain herbs—activate special taste receptors in your gut that signal GLP-1 release and help you feel full. Vinegar, especially apple cider vinegar, contains acetic acid which can also help boost GLP-1 in the gut.

GLP-1 drugs have their place, but for best effect, combine them with a highly diverse, plant-based diet and thoughtful eating habits.