



Health &  
Wellbeing

HCAHealthcare uk  
GP Services

Dr Gill's Blog

February 2018



**Gill MacLeod**

Chief Executive Officer

---

**Silicon Valley has been fascinated by the idea of preventing or reversing aging for quite a while.**

Perhaps it is a feature of modern culture that we don't want to accept a limited lifespan.

It is certainly ironic to reflect on research to prevent aging when we think about the way that modern life destroys our health through poor diet and inactivity!

The thing that caught my eye recently was around rejuvenation through blood and the way this links into ancient myths about the healing power of blood which go back to the dawn of human culture.

**" Stories of vampires, bathing in human blood and blood sacrifice have existed throughout the history of human culture. "**

Did we know something real without realising what it was? Is there some truth in it?

The experiments hitting the news started in a rather macabre way in the 1950s with the stitching together of the circulatory systems of young and old mice with the result that the old mice became healthier, faster, fitter- in effect, younger.

In further experiments, mice given plasma (blood without the cells) from human teenagers showed visible benefits in physical and cognitive performance.

Readers may recall that I mentioned a woman who lived to be 115 in a previous blog. She had only two blood stem cell lines left at the end of her life. These are the cells that are the source of all the other cells in the blood and in effect when we run out of stem cells we “run out of road”.



Hartmut Geiger at the University of Ulm in Germany studied the bone marrow of mice and found older mice had less of a protein called osteopontin. When stem cells from young mice were injected into old mice the cells aged rapidly. When old stem cells were cultured with osteopontin they began to behave like young stem cells and produce blood cell lines including lymphocytes that fight infection.

I watch with interest and perhaps there really is something here for the diseases of aging. The themes of stem cells and stem cell health recur through much of the current landscape around aging and tissue repair. Centres offering stem cell treatments are starting to spring up and gain recognition. With everything modern day life throws in our paths, what we can proactively do is ensure we are doing our best to manage our diets and increase our activity!

## Looking after your lifestyle



## Protecting your heart

### What is coronary heart disease and cardiovascular disease?

The commonest heart problem is coronary heart disease (CAD) which is due to deposition of fat (atheroma, mainly cholesterol) in the walls of the heart arteries. Fat in arteries is called cardiovascular disease (CVD). The consequences may be stroke (neck and brain), kidney failure (kidney), leg pain when walking (claudication, leg arteries), and impotence.

**" We are more likely to die from CVD than cancer or anything else. "**

**The main CV risk factors; the more a person has, the higher the risk.**

CVD is more common as we get older and in people who have risk factors: high blood pressure, smoking, diabetes, high cholesterol, overweight, inactivity, excess alcohol, a high fat diet. Controlling risk factors to target levels is the aim of prevention. CVD risk is due to multiple interacting risk factors. All risk factors have to be evaluated and treated together. The higher the risk, the more the patient has to gain from risk factor control and may need tablets.

#### **SCORE charts and estimating risk**

A person's risk for having a heart attack or stroke in the next 10 years is estimated by using a "SCORE" chart. The score helps doctors advise whether a person would benefit from drug treatments, or whether only lifestyle changes are necessary at that time.

Low socio-economic class, social isolation and depression, central obesity, sleep apnoea, and erectile dysfunction are less strong risk factors.

Current advice from Cornell University recommends that for every 30 minute block we should sit for 20 minutes, stand for 8 minutes and walk or stretch for 2 minutes to provide our bodies with enough movement and variation in posture to maintain good circulation and avoid muscular fatigue.



### **Effects of CVD prevention**

Lifestyle is very effective in protecting your heart and arteries. Not smoking, being slim, having a low cholesterol level and doing regular exercise, reduces the risk of heart attack and stroke. A healthy and active lifestyle may make tablets - statins for cholesterol, and tablets for blood pressure and diabetes unnecessary.

### **High & Low Risk?**

People who have CVD (those who have had a heart attack, stroke, bypass surgery or angioplasty), and diabetics with kidney damage or who smoke, are at very high risk, with more than a 10% risk of a serious problem in the next 10 years. They need tablets for cholesterol, aspirin and other medication, irrespective of the levels of their risk factors. Risk increases with age. The more risk factors, the greater the risk.

Young people (less than 40 years), are usually at low risk unless they have important risk factors. They have less to gain from drug treatment and so are usually not treated with tablets but advised to change their diet, exercise and if relevant lose weight.

# Preventing CVD and protecting your heart



## No smoking

Even one cigarette a day is dangerous and increases risk. Nicotine patches or bupropion can be used for brief interventions. The safety of electronic cigarettes is not clear. Passive smoking is a significant risk factor.

## Physical activity

Exercise is recommended as the mainstay of CV prevention. It reduces mortality, increases fitness, reduces stress and depression, helps smoking cessation, and helps weight loss. At least 150 minutes a week of moderate aerobic cardiovascular exercise, or 30 minutes for 5 days/week.

## Body weight

BMI (weight in kgs /height in m<sup>2</sup>) 20-25 kg/m<sup>2</sup>. Waist circumference <94 cms for men and <80 cms for women.

## Blood pressure

<140/90 mm Hg. The blood pressure only needs to be high enough to supply the brain and the kidneys and the other important parts of the body. A BP higher than this is unnecessary increasing the risk of arterial wall damage, aneurysms, stroke and kidney damage. The average BP in a fit young person is <120/80. BP increases with age.

## Lipids

LDL(“bad”) cholesterol is the most important target; the lower the LDL the better. The higher the person’s risk (estimated from SCORE charts), the lower the LDL should be.

## LDL targets according to a person's risk:

**Very high risk:** (>10%): LDL <1.8mmol/L. There is evidence that an even lower LDL may reduce CV substantially  
**High risk (5-10%):** LDL < 2.6

**Low to medium risk:** LDL <3.0 mmol/L HDL ("good", protective cholesterol) >20% of the total

**Diabetes:** HbA1c <7% (<53 mmol/mol)

*Content kindly provided by Dr Clive Handler*



### Dr Clive Handler

*BSc, MD, MRCP, FACC, FESC*

---

*Consultant Cardiologist, Royal Free Hospital Honorary  
Consultant Cardiologist, Guy's and St Thomas' Hospitals  
Honorary Senior Lecturer in Medicine, UCL*

## Doctors Corner

Dear Doctor,

### Should I be worried about warts or verrucas?

Warts are small lumps that often develop on the skin of the hands and feet. They can vary in appearance and may develop singly or in clusters. Some are more likely to affect particular areas of the body. For example, verrucae are warts that usually develop on the soles of the feet.

Most people will have warts at some point in their life but they tend to affect children and teenagers more than adults. They do not cause you any harm but some people find them itchy, painful or embarrassing. Verrucae are more likely to be painful, especially if they press on a sensitive part of the foot.

### **Where do they come from?**

Warts are caused by an infection with human papilloma virus (HPV) which causes an excess amount of keratin, a hard protein, to develop in the top skin layer. This extra keratin produces the rough, hard texture that is characteristic of a wart.

### **Are they contagious?**

Yes. However, the risk of passing them on to others is low. It can be passed on by touching but you need close skin-to-skin contact to pass the virus on directly. The infection can also be transmitted indirectly from contaminated objects or surfaces, such as the area surrounding a swimming pool or communal washing areas.

**" You are more likely to get infected if your skin is wet or damaged and after you become infected, it can take weeks or even months for a wart or verruca to appear. "**

**How do I reduce the chance of passing on warts to others or spreading them to other areas of my body?**

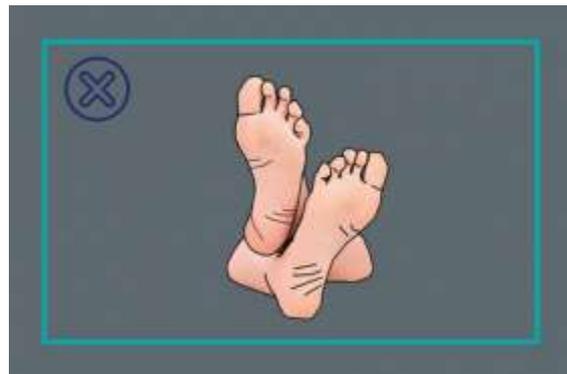
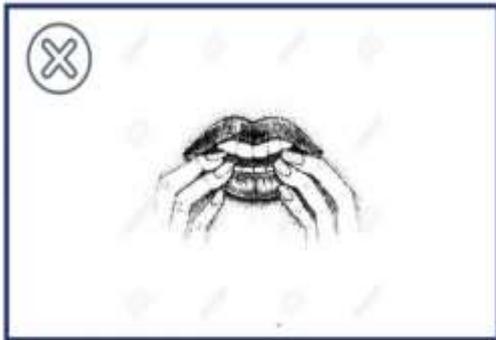
### **Do**

- wash your hands after touching a wart or verruca
- change your socks daily if you have a verruca
- cover warts and verrucae with a plaster when swimming
- take care not to cut a wart when shaving



## Don't

- share towels, flannels, socks or shoes if you have a wart or verruca
- bite your nails or suck fingers with warts on
- walk barefoot in public places if you have a verruca
- scratch or pick a wart



## Do they require treatment?

Most warts are harmless and clear up without treatment. The length of time it can take for a wart to disappear will vary from person to person. It may take up to 2 years for the viral infection to leave your system and for the wart to disappear.

Treatment can often clear warts more quickly. However, treatments are time-consuming and some can be painful and in most cases, simply waiting for them to go is usually the best thing to do.

On balance it is usually only worth treating a wart or verruca if it is troublesome. For example, if it is painful or you find it ugly and conspicuous.

You can buy creams, plasters and sprays from pharmacies to get rid of warts and verrucae. In some cases even regularly covering with duct tape has been shown to help. These treatments can take up to 3 months to complete, may irritate your skin and don't always work so you shouldn't use them on your face. Your pharmacist can give you advice about the best treatment for you



### **Should I see my GP?**

Most types of warts are easy to identify because they have a distinctive appearance. You should always see your GP if you have a growth on your skin you are unable to identify or are worried about.

### **You should visit your GP if you have a wart that:**

- bleeds
- changes in appearance
- spreads
- causes you significant pain, distress or embarrassment

## What to expect from your GP?

Your GP will be able to tell if it's a wart simply by looking at it. Where it is on your body and how it affects surrounding skin will also be taken into consideration. Common methods of treatment include:

- **Salicylic acid creams or chemical treatments**

There are various lotions, paints and special plasters that contain acid that burns off the top layer of the wart. You can buy salicylic acid at pharmacies, or your doctor may prescribe a more potent alternative. Three months is usually expected to allow for effective treatment.

- **Cryotherapy**

Liquid nitrogen is commonly used and is sprayed or applied to the wart. This is very cold and the freezing and thawing destroys the wart tissue. To clear the wart fully you may need up to 4-6 treatment sessions, sometimes more. Each treatment session is a couple of weeks or so apart. It can be painful as sometimes a blister may develop on the nearby skin after treatment. There is also a slight risk of scarring the nearby skin or nail.

It is important to remember that treatment for warts is not always completely effective, and a wart will sometimes return following treatment. If treatment hasn't worked or you have a wart on your face, your GP might refer you to a skin specialist as other treatments can also be considered such as minor surgery and treatment with laser or light.

**This month's Doctors Corner was kindly provided by . . .**



**Dr Patrick Heath**  
**Roodlane GP**

## What else has been happening?



## The Lister Hospital Urgent Care Centre

Now Open!

February marked the opening of our third Urgent Care Centre, at The Lister Hospital, Chelsea - open from 8am until 10pm, 365 days a year.

Urgent Care Centres provide instant assessment and treatment, without the need to book an appointment. This makes treatment easily available to any adult who has an illness or injury that is not life threatening but too urgent to wait.

Patients requiring further diagnostics specialist treatment, can be referred straight to one of a regular pool of consultant Doctors.

The Lister Urgent Care Centre is the latest addition to our HCA UK group, with further Urgent Care Centres already functioning at The Princess Grace and Wellington Hospitals.

For further information on Urgent Care [click here](#).

## Do you have a health related question?



Why not try emailing us in confidence and you could see your question answered by a qualified Doctor in our next newsletter!

[DoctorsQuestions@roodlane.co.uk](mailto:DoctorsQuestions@roodlane.co.uk)

**HCA**Healthcare uk  
GP Services

