



Dr Gill's Blog - March 2018



Gill MacLeod

Chief Executive Officer

I am writing this from a skiing holiday in Norway. I have never been here before but in the last few months I have found myself in the Netherlands and now here. In both countries I have been struck by the attitude to food and by its quality.

In the Netherlands there is one area, Zeeland, which has 7 Michelin star restaurants. Worth a trip!

In Norway food is expensive and taken very seriously. A sign on the wall in an airport hotel restaurant read: "You don't need to count calories if you don't eat food with labels" and in the hotel bar they served the best chicken salad I have ever had!

Perhaps in a country which is so cold and limited in naturally grown food all year round, it is deeply ingrained in the culture to treat food with respect. Looking at the data on obesity it does seem that the Norwegians fare better than the UK with 26.9% of the UK adult population obese (not just overweight) vs 12% in Norway.

" The UK is now the fattest nation in Europe having overtaken Malta. "

We seem to be sleepwalking into a truly terrible health epidemic which urgently requires government and legislative intervention to control the food industry.

In the Times today there were a series of health articles that are inter-related:

A new tax is proposed for everyone over 40 to provide for healthcare in old age. A so called "dementia tax". Similar to the Japanese model. We are living longer but not in good health and rates of dementia are rising.

Dementia is a cruel illness and many cases cannot currently be prevented. But the second commonest cause at 20% is vascular dementia in which lifestyle factors play a major role. This includes all the obesity related illnesses and also alcohol. A new study published in the Lancet shows that heavy drinkers are 3 times more likely to develop dementia. Other studies have shown that even moderate drinking can be a risk.



In the same paper, another article reports that UK Millennials are the fattest generation in history of whom 70% are overweight or obese by the time they reach 35-44. This weight will cause hypertension, diabetes and high cholesterol which in turn will contribute to vascular dementia. The same article covers a link I have raised many times in this blog between obesity and cancers including breast, bowel and kidney but only 15% of people are aware of this.

Funding for health and social care make calls on the same funds so perhaps it is time to “join up the dots” and do more to address diet and lifestyle in the UK so that we can care for an aging population without adding to the tax burden whilst doing nothing to change a chronically unhealthy cultural approach to food. We have much to learn from the Norwegians!

There is so much more we can now do about early diagnosis and prevention. As a lifelong fan of health screening I can only say you wouldn't drive a car or travel in a plane that didn't reach safety standards and our bodies deserve the same respect. Many of these illnesses can be detected and treated early and I have always followed a personal screening regime. Fat or not!

[You can learn more about our health screen range here.](#)

As for skiing in Norway – it is colder, much quieter, extremely beautiful and has fantastic food. Exercise and good diet have been shown to improve the intellectual performance of school children so expect an extremely intelligent next blog!!!

Looking after your lifestyle



Sleep - Are you getting enough?

It is surprising how many patients suffer from excessive tiredness related to poor quality of sleep.

Obstructive Sleep Apnea Syndrome (OSAS) is four times more common than asthma, but still remains mainly undiagnosed. Patients get used to their poor quality of sleep with frequent awakenings, snoring, nocturia, night sweats and nightmares and due to this, they wake up in the morning not feeling refreshed. Their partners also frequently witness apnea episodes at night. Due to this, patients tend to suffer from poor concentration and impaired memory which in turn impacts negatively on their performance at work.

Patients overall seem unaware that there are treatments available to alleviate the above mentioned symptoms related to sleep disordered breathing. Hypertension and cardiac arrhythmia are common cardiovascular complications of OSAS among glucose intolerance syndrome, diabetes, CVA and MI. 30% of hypertensive patients have OSAS independent of BMI estimated 50% of AF cases are related to OSAS.

" A quarter of untreated OSAS patients die within 10 years, mainly due to cardiovascular complications. "

This figure is also in-part due road traffic fatalities caused by poor concentration, tiredness and excessive daytime somnolence

OSAS and other sleep disorder breathing conditions are diagnosed with a gold standard diagnostic tool - respiratory polysomnography.

OSAS is treatable with different appliances depending on the severity of the condition. Many patients benefit from CPAP therapy; the latter is tolerated well, particularly when using fully automated CPAP machines.

We can save many lives and allow patients a better quality of life by asking 3 questions and taking action:



Do you snore?



Do you wake up tired?

Are you tired/dozing off during the day?

If the answer is yes, please arrange for a referral to a Sleep clinic to confirm the diagnosis and treat the condition as early as possible.

Content kindly provided by Dr Bernadette Coker



Dr Bernadette Coker

MD, MSc, Dip Med Lead, Cert Med Ed (UCL)

Consultant Respiratory Physician, Internal Medicine and Sleep Medicine

Doctors Corner

Dear Doctor,

I know that sleep is important but I struggle to always get enough. It is particularly frustrating that sometimes I can't even get to sleep when I do manage to get to bed on time. I try to catch up a bit at weekends with a lie in if I can. How much do I really need and any suggestions to help?

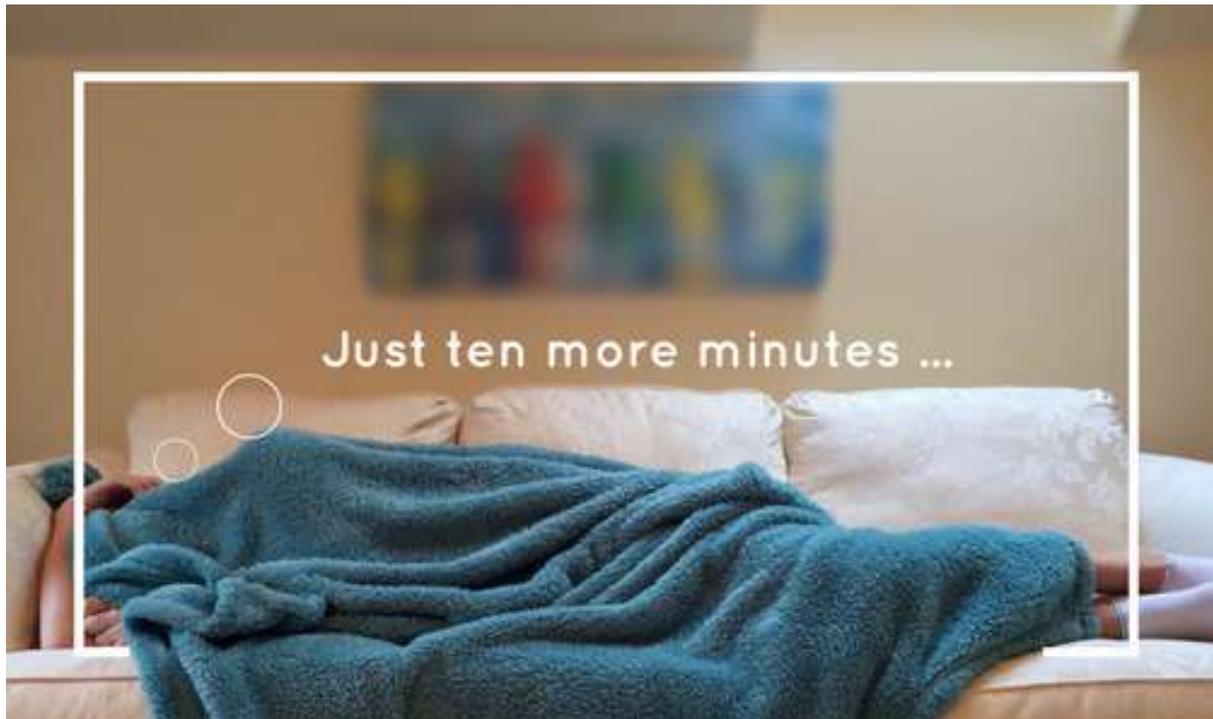
Although there is some individual variability and we can train ourselves to cope with less, most adults really do need around eight hours per night although the spread is between seven and nine. Interestingly, a century ago - before computers, TV and regular use of light bulbs – people in Britain slept around two hours longer on average each day than they do now.

You are not alone in trying to catch up at the weekend- many workers in the City seem to average much closer to six than eight during the week, however unfortunately it isn't quite that easy.

" All the evidence points to the importance of trying to keep to a consistent sleep and wake time throughout the whole seven days of the week. "

Our sleep cycle is governed by our natural body clock; a number of factors feed into how that is set but it is easier to push it forward than pull it back.

Our sleep cycle is governed by our natural body clock; a number of factors feed into how that is set but it is easier to push it forward than pull it back. This is easily demonstrated by the common experience that we tend to suffer more jet-lag coming back from New York than we do flying there. Having a lie in of anything much more than an hour or so both days of the weekend will reset your body clock so that even if you go to bed at a good time on Sunday night, on Monday your body is set to wake later.



Coping with Monday and 'jet lag' ? Not the best start to the week!

Dependant on how many hours out it is it may take several days into the week before your body clock is fully 'reset.' If you have to catch up, it is better to keep your waking time close to normal but perhaps have a little 'siesta' a bit later in the day (although some find this can be disruptive). Alternatively lie in for a short period say an hour and also go to bed a little earlier.

Keeping regular hours over the weekend will help your sleep quality during the week but there other factors you should also consider. Caffeine and nicotine both negatively impact not only our ability to sleep but also the quality of sleep. And given the surprising durability of caffeine in the blood stream (over 12 hours) it is best to confine coffee drinking to the morning or at latest early afternoon.

Alcohol may help us get to sleep but results in lightening of sleep or even waking during the night.

" On the positive side a diet high in tryptophan containing ingredients such as poultry, sesame seeds, eggs, tofu and fish, seems to help. "

Another often quoted sleep-inducing food is the kiwifruit. Room temperature is also important and –yes – there genuinely does seem to be a gender difference in preference, so consider two single duvets of different tog value if you and a partner are in dispute over what is comfortable!

Even after a long day, sometimes we just don't feel tired and ready for bed. Switching off once our brain is fired up and running is a challenge. Most of us do need a wind down period: watching TV, reading, and listening to music all have their place, as do more formal relaxation techniques and meditation. Avoidance of bright 'blue' light sources late in the evening is important; late working on the computer or even reading a novel on a tablet or an e-reader at bedtime can disrupt our body time clock which uses light as a key trigger. Insufficient physical activity during the day doesn't help and so keeping our exercise levels going is important. But beware exercising too close to bedtime which can leave us energised and unable to sleep.



Sometimes we have so much on our minds that either we can't get to sleep or, worse, wake and can't get back to sleep. We all experience this occasionally. But the frequency and duration can escalate at times of pressure. And once you start tossing and turning, the anxiety that you will be

'wrecked tomorrow' becomes one of the thoughts keeping you awake. A simple but effective technique is to keep a notepad and pen by your bed, and jot thoughts/worries and or a 'to do' list down.

These different types of lists have different advantages. In the middle of the night the tendency is to trust that you will remember 'to do' things on paper more than you trust your brain and so it is easier to relax once you have put them in writing. When it comes to the worry list however it is really useful to go back through it and cross out anything you can't immediately do anything about. This helps by acknowledging what is troubling you but then compartmentalising it for another time.

It's preferable to avoid using your iPhone or Blackberry for list writing. Not only is the bright screen likely to add to your wakefulness but you may be tempted to start checking messages or re think the last emails of the day. Research shows that if you really can't sleep, getting up and doing something else in a different room will get you there faster even though this seems counterintuitive. If you are still struggling it may be worth popping in to speak with one of our GPs or considering the new Sleepio app as described in Dr Gill's January blog.

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



Dr Karen Lindall
Roodlane GP

What else has been happening?



Chiswick Outpatients Centre Now Open!

On 21st February the new Outpatients and Diagnostics Centre in Chiswick was officially launched by local resident and celebrity Matt Dawson.

Designed with the local community in mind, the outpatient centre enables residents to access state-of-the-art diagnostic equipment and expert advice, all under one roof and on their doorstep.

Catering for the healthcare needs of the whole family, the centre hosts consultants from a range of disciplines, including orthopaedics, cardiology, gastroenterology, ENT and neurology, and also provides dedicated, specialist paediatric services.

Appointments are available outside of working hours, including early mornings, evenings and weekends so local residents can make an appointment that fits their lifestyle.

For more information, [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

HCAHealthcare uk
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