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A Message From Gill - July 2018



Dr Gill MacLeod

Executive Director of Primary Care

The biggest single change I have made to my personal health this year has been to take up weight training. I started in January and I have done it for two evenings a week since then, unless I am out of London.

It is not something I have ever done before. I think the evidence around muscle mass loss with age is compelling and I am keen to maintain my fitness and strength in a steady state for as long as possible.

I admit I also wanted to be able to do chin-ups. Just because.....

The most obvious personal benefit for me has been the discipline. Because I am booked with a personal trainer and I go with one of my greatest friends it is a commitment to people and it forces me to stop working in time to get to a gym near Oxford Circus for 7 PM.. That has been really fantastic for my resilience and proves to me that it is always possible to make time to look after yourself!



Bone strength starts to decline at a rate of at least 1% a year from the age of 40 and muscle mass starts to decline in your 30s with people losing as much as 5% of their muscle mass each year after that. Even very active people will have some muscle loss due to a process of muscle ageing called sarcopenia which happens much faster as you get into your 70's and can speed up as early as 65. Periods of inactivity as you get older, for example an episode of illness, can lead to the equivalent of 10 years of muscle aging in a matter of weeks.

A study showed that how long you are likely to live can be roughly estimated by your ability to get up from sitting cross-legged on the floor without using your hands. This directly relates to balance and muscle strength. It's a rough reckoner but interesting (I can do it – phew).

I have found the exercise incredibly enjoyable with a better mental boost than aerobic exercise and am seeing significant improvements in my strength. Doing exercise with a friend can be a great motivator.

Looking after your lifestyle



Type 2 Diabetes

Can this be reversed?

There is currently an obesity epidemic in the UK with one in every 4 adults classified as having obesity, nearly one in three adults being overweight and nearly one in three children aged 2-15 being classified as obese.

This has led to an explosion of Type 2 diabetes (T2DM), with prevalence of T2DM doubling over the last decade. There are currently over 5 million people with T2DM in the UK. T2DM is very costly to the NHS, with complications which include kidney and eye disease, lower limb amputation and ischaemic heart disease.

What can we do to reverse this trend?

There is a misconception that T2DM is an irreversible condition and once diagnosed it is permanent and can only be managed with medication. However, there is increasing evidence showing that weight loss can lead to remission of early diabetes.



A recent UK clinical trial (DIRECT, short for Diabetes Remission Trial) involving an intensive low calorie diet delivered in primary care has shown just this. Over 300 people with recent onset T2DM were recruited to the programme which involved an 800 calorie, nutrient-complete, liquid diet for 3 to 5 months.

Food was reintroduced and those taking part were provided with long-term support to maintain their weight loss. The results showed that this new weight management programme resulted in almost half the participants (45.6%) achieving remission of T2DM after 12 months. There was a close link between remission and weight loss, with 86% of patients losing over 15Kg achieving remission of T2DM after one year.

Although lifestyle and dietary changes should be the cornerstone of any dietary loss programme, diet alone may not be enough for some patients.

New pharmacotherapies are now available for the treatment of obesity. One of these drugs (Liraglutide) can mimic the action of the satiety hormone GLP-1 produced by the gut and works by decreasing appetite through its action on the brain. Clinical trial data shows that obese

patients administered with a once a day injection can achieve a mean weight loss of 8% in one year, although patients with an early weight-loss response can achieve more.

For patients with prediabetes, liraglutide can reduce the incidence of developing T2DM over 3 years. These gut-hormone therapies are promising and effective treatments in the fight against obesity and related complications.

There are different available treatment options to help improve diabetes and for some to achieve remission and a life without diabetes.

National Diabetes Week was recognised 11-17 June



Dr Barbara McGowan

Consultant Endocrinologist

Dr McGowan leads the obesity bariatric service at Guy's and St Thomas' Hospital and has a special interest in obesity related Type 2 Diabetes. She has a strong record in research, being acknowledged for 'outstanding contribution to research within the NHS' by NICE. Her research interests include remission of type 2 diabetes post-bariatric surgery, and gut hormones. She was awarded a PhD for her research and investigation on the role of gut hormones on appetite control.

Urgent Care in the City

The graphic features the text 'Urgent Care Centres' in large orange font, followed by a white cross icon inside an orange circle. Below this, there are two columns of information. The left column is titled 'Adult Urgent Care Centres' and lists four hospitals: London Bridge Hospital, The Lister Hospital, The Princess Grace Hospital, and The Wellington Hospital. The right column is titled 'Urgent Care Centre for Children' and lists The Portland Hospital. A small orange icon of an ambulance is positioned between the two columns.

Urgent Care Centres 

 **Adult Urgent Care Centres**
London Bridge Hospital
The Lister Hospital
The Princess Grace Hospital
The Wellington Hospital

 **Urgent Care Centre for Children**
The Portland Hospital

Earlier this month we welcomed the opening of our Urgent Care Centre for Children at the

Portland Hospital, increasing the number of urgent care centres throughout London to five.

Across London, our new network of Urgent Care Centres offer an alternative to a visit to A&E for anyone with urgent and non-life threatening medical needs as well as minor conditions.

We are able to treat wide ranging urgent medical problems quickly, with over 80% of patients being seen by a clinician within 15 minutes.

Should patients require further investigation and treatment from a specialist, onward referral is seamless – either as a self-pay or insured patient.

[Click here for more information on our Urgent Care Centres](#)

Dear Doctor

Dear Doctor,

I woke up with a red eye that is really uncomfortable and sticky. What should I do?

It sounds like you have conjunctivitis and I'm pleased to say that this is a common condition that generally resolves by itself.

What is conjunctivitis?

It is an inflammation of the lining that covers the white part of your eyes and the underside of your eyelids.

What are the symptoms?

Commonly you will notice that your eye feels uncomfortable and gritty however it shouldn't be painful. Your eye will look red and there may be some discharge, or your eyes may be watery. Sometimes the eyelids can get swollen and they may be stuck together with discharge. The symptoms are normally mild, and your vision shouldn't be affected. Sometimes your vision may appear blurred but is usually due to some discharge across the surface of the eye and it should clear with wiping the eye or with blinking.

What symptoms should I contact a doctor about?

You should see a GP if it is not improving after 48 hours, if symptoms change and/or become

worse or if the discharge is profuse.

Other symptoms that are not associated with conjunctivitis and which mean another more serious condition include:

- Pain
- Sensitivity to light
- Vision affected e.g flashing lights, not able to focus, distorted images
- Spots or blisters next to the eye
- Headache
- Vomiting

If you have any of these symptoms you should see a GP urgently or if out of hours attend a walk-in centre or attend A&E.

You should always see a doctor if you suspect conjunctivitis in a new-born or very young baby.

Different types of conjunctivitis:



Infective (viral or bacterial)



Allergic



Irritant

Infective:

Viral conjunctivitis is more common than bacterial and both cases are treated almost identically.

Compared to an allergic conjunctivitis usually only one eye is affected initially although it can spread to the other eye. The discharge is often more profuse with a bacterial infection.

Treatment of infective conjunctivitis:

Most of the time your symptoms will settle with these methods and you won't need to see a GP.

Bathing/cleaning the eye: using clean, cool water as this can help soothe the eye and cleaning the eyelids with cotton wool soaked in sterile saline or boiled and cooled water to remove any discharge. Lubricating drops: These can help reduce discomfort and you can get the from the pharmacy e.g. Hypromellose.

Do I need an antibiotic?

Most cases will get better in less than a week with simple measures mentioned above. Antibiotics are useful in the more severe cases of bacterial infection, with profuse discharge and when your symptoms aren't getting better on their own. Evidence has shown that antibiotic treatment can shorten the duration of the episode.

Commonly used antibiotics include Chloramphenicol and fusidic acid (prescription only). You can buy Chloramphenicol eye drops or eye ointment from your local pharmacy. The recommended dose is one drop into the affected eye every 2 hours (during waking hours) for the first 2 days and then every 4 hours for the next 3 days. With the Chloramphenicol ointment you need to apply it to the affected eye 3-4 times a day for 5 days.

**Allergic:**

People who suffer from hay fever are more likely to get this form of conjunctivitis, as well as people who suffer from other allergies such as dust mites.

The symptoms are very similar to an infective conjunctivitis however it's more likely to start with both eyes being affected and your eyes will feel itchy. Also, the eyes are more likely to be very watery rather than have discharge and your eyelids may be a bit swollen.

Again, your eyes shouldn't be painful, sensitive to light and your vision shouldn't be affected.

Treatment:

To try and avoid the cause of the allergy where possible. Bathing the eyes with a cold flannel or eye bath may help reduce symptoms. There are several eye drops that you could try that reduce the allergic response. The most commonly used eye drops are either antihistamine eye drops or mast cell stabiliser eye drops. Histamine and mast cells are part of your body's response in an allergic reaction. You may find that you respond better to one over the other therefore it may be worth switching to another if you aren't responding well to the first that you try.



Antihistamine eye drops e.g. azelastine eye drops, usually only need to be applied twice a day and you can buy them from a pharmacy. Mast cell stabiliser eye drops e.g. sodium cromoglicate drops, are very effective but they need to be applied more frequently at four times a day. Again, you can get this from a pharmacy. If you have hayfever symptoms as well, antihistamine tablets such as loratadine or cetirizine will help improve those symptoms but are not that effective in regard to treating the eye.

Irritation:

You can also get irritant conjunctivitis which may be in response to getting shampoo in your eyes or chlorine from a swimming pool.

What else should you know:

For people that wear contact lenses, take out your contact lenses as soon as you have symptoms. If you feel that your symptoms are not mild, please see a GP, as patients who wear contact lenses can sometimes have a more serious kind of infection. Do not start wearing your lenses until symptoms have completely gone and you haven't applied any eye drops for at least 24 hours. Infective conjunctivitis is contagious, and it can be passed on by touching. It is important to wash your hand frequently, especially after touching your eyes and avoid sharing towels, pillows and cosmetics.

Do I need to keep my child home from school?

Advice from Public Health England (PHE) states that children do not need to be excluded from school/childcare unless there is an outbreak of several cases. However, some nursery/daycare facilities may want you to keep your child at home to avoid other children catching it. Young children are often in closer physical contact with each other and therefore it is more likely to be spread. It is worth discussing it with your nursery/daycare facility to see what their stance is.

Do I need to stay home from work ?

No, this is not necessary but it is important to be scrupulous about hand washing if you have touched your eyes or face at work.

This month's Doctor's Corner was kindly provided by Dr Emma Woodford



Dr Emma Woodford

MBBS MRCGP DFRSH HCA UK GP

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

