

Health &
Well-being



RoodlaneMedical

Dr Gill's Blog

We have just been given new, and rather controversial, alcohol guidelines: Max 14 units - a bottle and a half on wine per week - for women. No bingeing. Looking at this in context of cancer risk which increases with alcohol intake - as well as obesity, liver disease, dementia and increasing numbers of deaths from alcohol poisoning etc. I can only agree with the recommendations. In context of what many people in the UK drink at the moment though it is a big challenge.

The morning after I read them I went upstairs for breakfast in the ski chalet I am in with my family and sat listening to a group of 8 men and women (loosely a family) aged 28-58 gleefully describing how drunk they got on the free wine at dinner through to the younger women boasting about dancing on tables later that night and being sick.

Photos on iPhones were passed around as trophies and a younger man came in to a greeting of "here is the hero of the hour" because he had drunk the most. The same group had arrived at dinner from the pub "pre lashed". A jacket and 200 euro ski pass had been lost.

They found this hilarious and were busy tweeting/Facebooking/snapchatting etc the evidence so as many people as possible could see them in that state. Those photos will be there forever...



The next night one of the older women wandered into our bedroom at 2.30 am drunk and unable to find her room.

Our casualty departments are filling with alcohol poisoned youngsters. Women are becoming the main binge drinkers, I hear people saying they can't remember what they did the night before. A student is currently on trial for assaulting and raping drunk and incapable female students. Rape and assault are never (not ever) excusable but lying unconscious in a bedroom at a party can't be a good plan.



I do drink (not right now - dry January is a good reset) but what is this really about. It is a social pressure to conform to what is a dangerous, ugly pastime. No one looks good blind drunk and being sick in the snow. I don't know how we change this, the Brits have always been drinkers, but this feels like madness and I for one support the new guidelines wholeheartedly and will be called boring for it.

Looking after your Lifestyle

Plain soap "as good as antibacterial"

Over the last 10 years many of us started to use antibacterial soap rather than plain soap at home to help stop the spread of germs and infection. Antibacterial soap contains a chemical called triclosan. Triclosan was originally used in hospital settings but research suggests about 75 percent of liquid antibacterial soaps and 30 percent of bars use this chemical as its active ingredient. Manufacturers have also begun to put triclosan in wipes, hand gels – even cutting boards as we try our best to eradicate any trace of bacteria from our environment.



Now research confirms that it is no more effective than plain soap at reducing bacterial contamination when used in real life/everyday situations according to a study published in the Journal of Antimicrobial Chemotherapy. Korean scientists examined the bactericidal effects of triclosan in two experiments. In the first laboratory experiment 20 bacterial strains were exposed to plain and antibacterial soap containing 0.3% triclosan (the maximum concentration allowed by law). They were exposed for 20 seconds, the time that the World Health Organisation recommends we spend washing our hands. The experiments were performed using an ambient water temperature of 22°C and a warm water temperature of 40°C.

The researchers found no significant difference ($P > 0.05$) in bactericidal activity between plain soap and antibacterial soap at either test temperature. Antibacterial soap did show greater bactericidal effects after nine hours' exposure ($P < 0.05$), but the effects were not apparent during the short time required for handwashing.

In the second experiment 16 adults were first taught the handwashing procedure that WHO recommends. The hands of the volunteers were then artificially inoculated with the bacteria *Serratia marcescens*. Washing with plain or antibacterial soap led to a significant reduction in bacterial populations, but no significant difference was seen between plain and antibacterial soap ($P > 0.05$).

In 2013 the US Food and Drug Administration proposed that manufacturers of antibacterial hand soaps must demonstrate that they are safer and more effective than plain soap and water at preventing illness and the spread of infection or remove them from 2016 – which now looks likely to happen as a review of the health benefits of triclosan shows no evidence that it reduces the transmission of respiratory or gastrointestinal infections. This is primarily due to the fact that antibacterial soaps specifically target bacteria, but not the viruses that cause the majority of seasonal cold and flus.

So there are a couple of options -

1/ use a non-antibiotic hand sanitizer which doesn't contain any triclosan and simply kill both bacteria and viruses with good old-fashioned alcohol. Because the effectiveness of hand-washing depends on how long you wash for, a quick squirt of sanitizer might be more effective when time is limited, and

2/ outside of hospitals, the time-tested advice you probably heard as a child: wash your hands with conventional soap and water is the best option. The alcohol from hand sanitizer kills bacteria but it doesn't actually remove dirt or anything else you may have touched. A simple hand wash will do the trick- scrubbing for about 30 seconds to get properly clean.

So those of you who like nice smelly soaps can now use them knowing that they not only smell nice but they are just as effective as antibacterial soap!

It may also be good news for the environment as so many soaps now include triclosan which means a lot of triclosan gets flushed down the drain. Research has shown that small quantities of the chemical can persist after treatment at sewage plants, and as a result it has been detected in streams and other bodies of water. Once in the environment, triclosan can disrupt algae's ability to perform photosynthesis. The chemical is also fat-soluble—meaning that it builds up in fatty tissues and scientists are concerned that it may start appearing at greater levels in the tissues of animals higher up the food chain. Evidence of this possibility was found off the coast of South Carolina and Florida where bottlenose dolphins were found to have concerning levels of the chemical in their blood.

So look after the environment and yourself by washing your hands properly – with good old fashioned soap!

Doctors Corner

Dear Doctor,

I've been seeing a lot about HRT in recent press articles. What exactly is it and how safe is it really thought to be? I have symptoms but I remember reading in the past that it was dangerous.

Dear Patient,

For the average woman living in the UK the menopause happens around age 45 to 55. It occurs as the ovaries gradually stop producing oestrogen. Although some women seem to get through the menopause relatively easily, for others it is a major problem and life can be made very miserable indeed by the symptoms which include hot flushes, night sweats, low mood and loss of libido. Overall around 80% of women will experience some symptoms and these often last several years.

HRT or more fully hormone replacement therapy is replacement oestrogen. It usually needs to be given with another hormone progesterone. HRT can be given orally (tablets), transdermally (through the skin); subcutaneously (a long-lasting implant); or vaginally.

HRT first became available in the 1940's. It began to be widely used in the 1960's and this use increased up until just after the millennium. HRT was not only regularly prescribed to alleviate symptoms but even actively encouraged as although there were known to be some risks associated with its use there were also known to be other health benefits such as reduced risk of bone thinning (osteoporosis). In 2002 and 2003 two studies were published which resulted in a major loss of confidence in the safety of HRT. These related to the risk of developing breast cancer and the risk of developing cardiovascular disease. The UK regulatory authorities issued restrictions on the use of HRT and most women either stopped it or were taken off it.

However there were a number of reasons why the implications of the studies were thought to be flawed and subsequently there was also retraction of some of the findings of one of them. This received little publicity and women have remained nervous of using HRT and GPs of prescribing it for over a decade.

Over the intervening years several further large studies have been performed and there has been a growing picture of rather more reassuring evidence.

The National Institute for Health and Care Excellence (NICE) is an independent governmental body which provides evidence based national guidance and advice on health matters. NICE has spent the last two and a half years reviewing all the data available. They looked at the risks of women taking HRT compared with those of women of menopausal age in the general population and in November issued much awaited fresh guidelines based on their findings: A full break down of the results is available on the NICE website <https://www.nice.org.uk> however some of the key points found include:

- HRT tablets (but not patches or gels) were found to be associated with a higher risk of developing a blood clot. So they advised that women who were thought to be at higher risk of developing clots because of another factor such as being overweight should be offered patches or gel rather than tablets.
- If HRT is started before the age of 60 studies showed it does not increase the risk of developing cardiovascular disease.
- HRT does not affect the risk of dying from cardiovascular disease.
- HRT tablets (but not patches or gels) slightly raise the risk of stroke. However as NICE comment it is important to remember that the risk of stroke in women under 60 is very low. This means that a slight raise in percentage risk makes only a tiny difference to the overall likelihood of this happening.
- Oestrogen-only HRT causes little or no change in the risk of breast cancer.
- HRT that contains oestrogen and progestogen may increase breast cancer risk. This risk may be higher if HRT is taken for longer but falls again when HRT is stopped. However women who still have a uterus (womb) i.e. who have not had a hysterectomy do need to take progestogen as part of HRT as oestrogen alone is known to increase

the risk of uterine cancer.

- HRT reduces the risk of breaking a bone due to bone thinning. This benefit only lasts whilst a woman is taking HRT but it may last longer if she has taken HRT for a long time.
- It is currently unknown whether HRT affects the risk of developing dementia. NICE has recommended more research about this.

Overall the message is that there are some risks associated with HRT use but for the majority of women who use it for the short-term treatment of symptoms of the menopause, the benefits of treatment are considered to outweigh the risks.

However the answer has to be an individual one. You should carefully discuss the benefits and risks of treatment with your doctor to see what is right for you. There are alternatives to HRT which may help some symptoms, but they are often not as effective. Your age, medical history, risk factors and personal preferences all need to be carefully taken into account in reaching the right decision.



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