

Health &
Well-being

RoodlaneMedical
part of HCA Healthcare UK

Dr Gill's Blog



I think people are a bit confused about the new UK guidelines on drinking and why they have changed. The easiest explanation is the rate of alcohol related disease in men, which is quite shocking. Not that women are spared by any means. So I thought it was worth a look at the facts: Knowledge is power, at least if you know you can make informed choices:

In the UK in 2012-13, there were 1,008,850 hospital admissions related to alcohol consumption. In 2014 there were 8,697 directly alcohol-related deaths and if you include deaths where alcohol was a contributing factor (cancers, accidents and cardiovascular diseases), the figure is 21,512.

Alcohol is a carcinogen. Sites affected include mouth, throat, stomach, liver and breast cancers. It also causes high blood pressure, toxicity to heart muscle, cirrhosis of the liver and depression. Males accounted for approximately 65% of all alcohol-related deaths in the UK in 2014 but women are significantly more vulnerable to the liver effects.

Death rates from ALD (alcoholic liver disease) alone in the UK rose by from 3,236 in 2002 to 4,400 in 2008.

So how do you know if you are drinking too much? You probably don't. So we have guidelines:

USA guidelines. Males 210g per week and females 112g per week.

UK guidelines have just been revised because of the scale of the problem and the number of male deaths to males and females both 112g per week.

112g is 14 units. A unit is 8g alcohol so it depends on the strength of the drink, for example standard lager is 2 units per pint, strong is 3. So only 5 of those in a week.

A large glass of wine (250 ml) is 1/3 of a bottle and around 3 units – so only 5 of those in a week.

One old fashioned bar measure of 25ml is one unit but they are now often 35 or 50 ml so perhaps 7-10 of those in total for the week.

If you are out for work or pleasure and have one drink before dinner (perhaps a double please), and half a bottle of wine you won't feel you have had a lot to drink but you will have had at least half your weekly allowance.

Do that twice, then have one dinner at home with wine and then have a couple of glasses with a friend one evening and you are getting close to 30 units.

Do that regularly and you are at significant risk of liver damage and all the other alcohol related diseases.

Excluding non-drinkers research (2011) shows that 52% of men and 53% of women regularly exceed the limit.

What is ALD?

3 stages. Liver disease is worsened by obesity. You may have no symptoms at all and may not have abnormal liver tests so the first you know can be severe hepatitis or cirrhosis.

1. Alcoholic fatty liver. In the early stages this is reversible, two weeks of abstinence. Good prognosis with behavioral change
2. Alcoholic hepatitis. Sometimes reversible, variable prognosis. May go undetected
3. Alcohol cirrhosis. Not reversible. Guarded prognosis.

Among patients with alcoholic hepatitis, progression to liver cirrhosis occurs at a rate of 10–20% per year, and 70% will eventually develop cirrhosis. Even if you stop alcohol use, only 10% will have normalization of liver tissue.

Advice:

- Stick to the limits. Once you have done this for a while your sensitivity to alcohol goes up which makes it quite easy.
- Alternate water with alcohol
- Always have 48 hours off each week, longer if you have had a heavy night. This allows the liver to clear fatty deposits
- Don't binge
- Drink when you are eating
- Remain slim and exercise regularly to get rid of intra-abdominal/liver fat
- Abnormal liver enzymes are only a warning, getting them back to normal for a while doesn't mean the problem has gone away

A new test – fibroscan – is available which is the ultrasound equivalent of a liver biopsy and a useful way of checking if the structure of your liver is damaged.

<http://www.fibroscan.com/en/products> available through Roodlane.

Maybe 20 years from now films with someone drinking will look as odd as the old black and white films where people are smoking.



Looking after your Lifestyle

Last month we looked at how exercise can help keep our brains fit by increasing blood flow which in turn helps maintain our cognitive abilities. Now there is further research to add to the list of conditions which exercise helps- Parkinson's disease.

Researching this article became more pertinent with the news of Muhammad Ali's passing. An inspirational person on so many levels, he also suffered from Parkinson's and did much to raise awareness of the disease as well as help to raise funds for research, education and helping those who care for the sufferers of the disease. He famously held the Olympic flame aloft at the opening ceremony in 1996 despite badly shaking arms.

Parkinson's disease is a neurological condition that affects the brain and nerves. It's most visible symptoms are indeed physical and movement based, including tremors, shaking in the limbs, muscle rigidity and loss of automatic movements like blinking and smiling. There are also less visible symptoms including depression and respiratory illness. Scientists don't know for sure what causes Parkinson's disease, more men than women are diagnosed and it spans from



the 40's to the 80's with the average age of diagnosis being 60.

Exercise is proven to help people manage their symptoms – staying as active as possible for as long as possible helps keep the condition in check. Now scientists have proven that exercise may also prevent Parkinson's disease. A group of scientists from the Karolinska Institute in Stockholm recently presented their findings: being active daily reduces the risk of developing Parkinson's disease, especially in men.

They analysed data from a group of more than 43,000 people - 65% women and 35% men with an average age of 50. This group was followed from 1997 until the end of 2010. None of the study subjects had developed Parkinson's at the beginning of the study.

The participants completed an extensive questionnaire on their physical activity.

In addition, they provided information on how active they had been at specific age periods.

The research looked at all activity from general household activity, commuting and leisure time exercise and then assessed the risk of developing Parkinson's disease dependent on physical activity. This is a good strength of the study – assessing all daily activity and not just specific activities as well as the length of the study said the researchers. The average observation period was 12.6 years. During this time 286 of the 43,368 study participants had developed Parkinson's disease - 158 of which were men.

The study results showed that people who were physically active in household and commuting activities for more than six hours per week, had a 43 per cent lower risk of Parkinson's disease than study subjects who spent less than two hours per week on these activities. In men, the risk decreased by 45 per cent. This is good news in helping to understand how to minimise the risk of developing Parkinson's disease and another reason staying active is good for us.

Doctors Corner

Dear Doctor,

How common is hayfever?

Dear Patient,

Very! You are not alone - hayfever is an extremely common allergic condition, affecting up to 1 in 4 people.



What causes hayfever to occur?

People experience symptoms of hayfever if they have an allergic reaction to pollen. Pollen is a fine powder which plants release during their reproductive cycle. It contains proteins which, on entering the eyes, nose, throat and nasal sinuses (air spaces behind the forehead and cheekbones), cause these to become swollen, inflamed and irritated.

Symptoms

- Sneezing
- Runny nose
- Itchy watery eyes
- Some people experience exacerbation of their asthma triggered by hayfever

Why do my symptoms occur at other times of the year apart from summer?

Depending on what pollen you are allergic to, you may develop hayfever symptoms at different times of year. For example, if you experience symptoms in:

- Spring, you may be allergic to tree pollen
- Summer, it may be due to allergy to grass pollen
- Autumn, weed pollen or fungal spores may be the cause
- Throughout the year, this may be perennial rhinitis rather than pure hayfever and could be caused by other allergic triggers such as dustmite and animal dander

What can I do to help my symptoms?

Antihistamine tablets:

- Over the chemist counter, you can buy antihistamine tablets such as Cetirizine or Loratadine, to take one tablet a day, which are less sedating or Piriton or Benadryl, which are more sedating. You should avoid driving and operating machinery while taking sedating antihistamines as they can make you drowsy.
- If over-the-counter antihistamines do not work for you, please see your doctor as

there are others which are available only on prescription, such as Fexofenadine.

- Remember - antihistamine tablets can take up to 2 hours to take effect fully, so start taking them as soon as you anticipate your symptoms starting.

Eye drops:

A variety of anti-allergy eye drops are available from the chemist, such as sodium cromoglicate, without prescription.

Nose sprays:

Steroid nose sprays such as Beconase, Flixonase and Nasonex can be used

Immunotherapy:

This is a treatment available from hospital specialists only. It involves exposing the body to small amounts of pollen over time, in order to build up a resistance to its allergic effects. It can be given under the tongue or in an injection as a course of treatment. The main side effect is a severe allergic reaction called anaphylaxis, which be life threatening. It works best when given before the hayfever season has started, ideally starting at the beginning of the year - so a bit late for this year, but if you have severe hayfever which is resistant to treatment, it might be worth discussing with your doctor and organising a referral to a specialist early next year.

How can I try to prevent getting hayfever symptoms?

Some basic self help advice includes the following:

- 1) Wearing wraparound sunglasses when outside to prevent pollen getting to the eyes
- 2) Stay inside when the pollen count is high (over 50 grains per cubic metre of air)
- 3) Apply Vaseline to the nostrils to prevent pollen reaching the nasal surfaces
- 4) Changing clothes and showering after being outside, to wash away the pollen

What is the outlook?

Currently there is no cure for hayfever. However, people often find their hayfever symptoms improve as they get older Around half of hayfever sufferers report improvement in their symptoms over several years, and complete disappearance occurs in up to 10-20%. So there is hope!

Enjoy the summer!



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!

Email: DoctorsQuestions@roodlane.co.uk

[Visit our website](#)
[Follow us on LinkedIn](#)

© Copyright Roodlane Medical Ltd.

Roodlane Medical Ltd
58 New Broad Street
London EC2M 1JJ

Company reg number 6395903

 Facebook

 Google+

 LinkedIn

 Twitter

* [UNSUBSCRIBE](#)
* [FORWARD TO A FRIEND](#)
* [CONTACT US](#)