

## Health & Well-being

RoodlaneMedical  
part of HCA Healthcare UK

### Dr Gill's Blog



[GetBritainStanding.org](http://getbritainstanding.org) are running a campaign on 28 April 2017 to encourage people to get up and move around during the working day.

Take part at:  
<http://onyourfeetday.com/signup>

The organisation says that the average amount of time people sit in the UK is 8.9 hours each day. I think most people sit when they go home and it is probably a lot more. Sitting too much can increase your risk of heart disease, diabetes, obesity, cancer, backache, dementia, depression and muscle degeneration.

We were never "designed" to sit – we (homo sapiens) evolved to stand, walk and run and that evolution took a very long time indeed, we have not evolved to sit or to stand still!

It can lead to poor posture and poor core stability, rapidly followed by back pain which affects 20% of modern day people at any point in time. I had back pain for years and cured it by taking up running and yoga which is fantastic for core stability.

I have to say I think this initiative is great. My only reservation is that I would prefer to get people walking rather than standing which can have its own problems. At work I often ask people to do a walking meeting with me, going between clinic sites or just to go out and get a coffee and walk back together.

I walk around the building regularly, it's so much quicker and more productive to speak to people than to email them, and usually stand if I am waiting for meetings. I would love it if people were happy to stand during those meetings. I am lucky to have a big enough office and a hands-free headset so that I can walk around whilst I am doing telephone calls.

Looking at the website I was also curious to think about what people are doing when they are not at work.

We sit on trains (well, not always) and buses. We sit in cinemas, in waiting rooms and in front of the television. We watch Netflix, YouTube, and videos of our friend's lives on hand-held devices and do most of this sitting down. A Google search indicates that the typical British adult spends 24 hours a week watching TV.

So let's start small. Let's get on our feet!



Do I believe all these numbers? Not entirely, but what is certainly true is that we sit too much, at work, at home, out for the evening.....

It is a great way to communicate, especially if the conversation is difficult, it is non-confrontational body language because you are side by side and silences are easier because of activity so the conversation can flow really well.

## Looking after your Lifestyle

### Ready to take flight?

Whether you fly for business or pleasure you will know that flying can be tiring and uncomfortable. The seating restrictions, lighting, air quality and noise can be somewhat of an annoyance for a novice or seasoned flyer alike.



One health risk which is more than just an annoyance is Deep Vein Thrombosis (DVT).

This potentially serious condition happens when blood pools during inactivity and thickens into a clot in the deep veins of the legs or occasionally in the pelvis. The condition can be life threatening if the clot dislodges and travels to the lungs, a condition called a Pulmonary Embolism.

Flight travel in particular can pose an increased risk of an individual developing DVT, with studies showing 4-10% of those flying over four hours developing an asymptomatic DVT – where you don't recognise the symptoms. Frequent flying increases the risk too; two flights within an eight-week period (e.g. a return business flight to New York) quadruples risk. In addition, certain people have a higher risk of developing a DVT:

- Aged over 35
- Being obese with a BMI of 30 or more
- Smoking
- Genetic family history of thrombosis
- Dehydration
- Recent surgery or cancer treatment
- Fertility treatment
- Contraceptive pill taker
- Pregnancy or just given birth

You can reduce your risk of DVT by adopting simple common sense measures such as ensuring you are well hydrated, taking regular walks down the aircraft aisle and doing leg exercises such as circular foot movements, foot pumps (raising toes towards you for a few moments, lower and then raise onto balls of feet) and leg raises. It is useful to be aware of the symptoms which can present themselves such as: swelling, tenderness, pain or redness (in particular at back of leg below the knee).

Most employers offer advice and support for their business flyers. Compression socks are an

important part of preventing DVT but can be uncomfortable and form ridges which either discourages the traveller from wearing them or creates ridges which actually restrict blood flow. We now have the option to encourage the use of compression socks by providing custom fit compression socks from Isobar Compression. Isobar take a 3D scan of a patient's leg, then the compression socks are knitted to fit exactly and provide comfort, precise pressure giving you peace of mind while travelling. The custom fit socks last 100 wash-wear cycles, making them cost effective.

Based on clinical research, the garment demonstrates the optimal level of compression for travel, improving blood return back to the heart. Isobar compression garments have been endorsed by athletes, business professionals, professors and physiologists and we are absolutely delighted to announce Roodlane will be launching the service at our New Broad Street site in May 2017, priced at £160 per pair. The service can be booked with a nurse who will arrange a 3D scan for you. But don't just take our word for it, here's an endorsement from Alistair and Jonny Brownlee, Olympic Triathlon medallists:

"We train and race all over the world, which involves a massive amount of flying. Coming from a medical family, we know a DVT isn't worth the risk and could end our careers. Isobar socks fit perfectly and are comfortable enough to wear all day. The precise compression level is based on clinical research, so we know they work really well."



For further information on the service please contact our [Client Relations Team](#)

Should you have any concerns about symptoms relating to DVT, please contact us to arrange an appointment with a Doctor.

## Doctors Corner

Dear Doctor,

I had my annual health screen recently and the doctor told me I have a first degree heart block on my ECG. What does this mean and do I need to be worried?

Thank you for your question. Health screening is a wonderful way of becoming aware of your own body and importantly making sure there is nothing to worry about. First degree heart block is a very long and fancy name for something that is actually quite minor. First degree heart block can occur in young adults especially athletes, or as the heart matures so can the nerves supplying the electricity to allow it to pump. Some medications or infection of the heart can also lead to these types of blocks but this is not a common cause if you are well and without symptoms.

The mechanism behind first degree block is that the message (or electrical impulse) between the top chambers and the bottom chambers of the heart are slightly delayed (a split second in fact) but the important thing to know is the message will always get there and should not lead to anything more serious. It remains unnoticed and you should have no symptoms of it

therefore these types are mostly picked up on routine checks such as a health screen. First degree heart block usually does not need further investigation and does not need to be treated.

As part of your health screen you may have had some blood tests so the doctor would have been able to assess your electrolyte balance and made you aware of any concerns here in relation to the ECG findings. First degree block on its own does not increase your risk for heart disease, future illness or more serious conditions. It will not increase your risk for a heart attack or a stroke and is not a genetic condition. You just need to know you have this and that it will be present on your ECG in future tests.

Some similar ECG findings that can arise on routine health checks include an incomplete right bundle branch block, sinus arrhythmia and sinus bradycardia.

An incomplete right bundle branch block has a very similar cause as the above mentioned first degree block but occurs a little lower down in the electrical circuit. The electrical circuit splits at the junction of the top and bottom chambers of the heart, into a left and right bundle which then branch out and supply the muscles of the bottom chambers. Incomplete right bundle branch block means there is a partial block in some of the fibers of the right branch supplying the bottom right chamber of the heart so the message is slightly delayed on this side compared to the left. This is common in children, young adults and fit individuals.

Sinus arrhythmia means there is a split second delay in the entire rhythm with breathing. For example when the individual takes a deep breath in, this delays the start of the next impulse by a split second. This is common in young and fit individuals.

Sinus bradycardia means a normal but slow heart rate, below 60 beats per minute. Again this is common in young and especially in athletic individuals but may also be a factor of the maturing heart. However sinus bradycardia in the older individual may need investigation if this is something new or changing and the doctor may suggest more tests.

In young and especially athletic individuals there are some ECG findings which may suggest regular and intense aerobic activity. These include peaked T waves, benign ST segment elevation (also known as high take off) and large complexes representing bigger lower chambers. In some cases the doctor may suggest a quick ultrasound of the heart and some electrolyte blood tests to be sure there are no other causes for these findings but mostly these represent fitness. An inverted T wave in some of the leads can often be a normal variant in young individuals but may warrant some further investigations to be sure.

All of the above mentioned findings are considered benign incidental findings and in most cases are a normal variant. However the doctor will use their discretion in each individual case and suggest further investigation if there are concerns about possible other causes for these findings. Overall they are nothing to be worried about and you just need to know you have them. It will be very handy if you could make any future doctors you see aware of the ECG findings that you have.

This month's Doctor's Corner was provided by Roodlane GP Dr Mandy Preston





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

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