

Health and Wellbeing

AVOID FALLING AROUND THE HOME

20 top tips can help to keep you safe in the home – and protect your family

1. Get out more and exercise.

“With many people’s increasingly sedentary lifestyles, even younger people are experiencing problems with the loss of muscle strength and balance that can lead to falls”, explains clinical specialist physiotherapist Vicki Goodwin.

2. Feeling dizzy or unsteady?

Don’t wait until you stumble downstairs to get yourself checked out. Dizziness could be due to a medicine you’re taking, or to the balance mechanism in your ears, so ask your GP for advice.

3. Do you always need to hold the banisters to go up or down stairs?

You might have reduced muscle strength, or there could be a problem with your glasses. If you wear bifocals or varifocals, try separate glasses for reading and distance. And have regular eye tests (which are free for the over-60s).

4. Improve your balance and increase muscle strength and flexibility with regular exercise, such as t’ai chi, dancing, yoga or pilates. T’ai chi (a gentle martial art) is an effective exercise for preventing falls – and it makes you feel good!

5. Clear away clutter.

It’s easy to take a tumble if things are left lying around.

6. Install a night light for the hall, landing and stairs in case you need to get up in the night.

7. Fit a banister or handrail on all steps and stairs, no matter how familiar they are.

8. Consider fitting handrails in the bathroom, shower and toilet.

9. Get an outside movement sensor light installed so that you can see where you’re walking when it’s dark.

10. If you have a heart condition or blood pressure problems, always get up slowly whenever you’ve been sitting or lying down.

11. Sew non-slip tape on the bottom of rugs to stop them sliding around on the floor.

12. Get electrical points fitted wherever you need them, so that you don't trip over trailing wires.

13. Check your footwear. Don't wear loose-fitting or open-backed slippers or shoes. Do wear shoes with an in-built heel and non-slip soles.

14. Check your diet.

A healthy, balanced diet can help protect you from arthritis and osteoporosis, as well as conditions such as diabetes and heart disease. And make sure you drink enough water (at least eight glasses a day) to prevent dehydration – it can cause lightheadedness, which makes you unsteady on your feet.

15. Eat plenty of calcium-rich foods to keep your bones strong, such as low-fat yogurt and milk, leafy green veg, nuts and dried fruit. You'll also need vitamin D to help the body absorb the calcium. It's produced by sunlight on your skin and is found in some foods, such as oily fish, eggs and soya milk. Check with your GP or pharmacist whether you need to take supplements.

16. Get a letter-box cage fitted to the back of your front door so you don't have to stoop to pick up the post.

17. Get your confidence back if you've fallen before.

One sure-fire way to do this is to take up regular exercise and/or physiotherapy. Ask your GP for advice.

18. Don't miss out on the flu jab – getting flu can make you less steady on your feet. The jab is free for over-65s and for people of any age who have certain long-term conditions, such as asthma or heart disease.

19. Are you taking four or more prescription medicines, or one medicine over a long period of time? Ask your pharmacist or GP for a Medicines Use Review to ensure you're getting the best from your medicines.

20. Follow these simple dos and don'ts with all medicines:

- ✓ **Do** finish the course, especially with antibiotics, even if you feel better
- ✓ **Do** tell your pharmacist if you're combining one medicine with another – whether they're medicines you bought over the counter, herbal remedies, vitamins or prescription drugs.
- ✓ **Do** see your GP if your symptoms don't clear up.
- ✓ **Do** read the label and follow the instructions
- ✓ **Do** keep medicines out of reach of children and away from heat, light and moisture

- ❖ **Don't** be afraid to ask questions! Your pharmacist will be able to find a quiet spot where you can talk about your worries in confidence
- ❖ **Don't** take someone else's medicine or give yours to another person

- ❖ **Don't** throw away out-of-date or unwanted medicines in the bin. Return them to your pharmacist.

When a fall means hospital

A nasty fall could result in a broken hip or leg. But with the right care, you can return to an independent, active life. And if a bad fall happens to a family member, you can work with medical staff or help him or her have a speedy recovery.

- ◆ Check that staff have your contact details in your relative's notes.
- ◆ Check with ward staff that all medication, including vitamins and over-the-counter remedies, are recorded in your relative's notes.
- ◆ Don't be too shy to ask if nurses and doctors have washed their hands! This is a vital part of beating hospital infections.
- ◆ Follow the 20 tips on these pages to make sure their house is safe for their return.

KIDNEY CANCER

Kidney cancer remains a relatively uncommon form of cancer in the UK. However, recent figures show that the incidence has increased by nearly 70 per cent in the last twenty years and the illness now affects almost 6,000 people a year.

These figures are worrying, but there are some positive steps that we can take to help prevent kidney cancer. This disease is strongly linked to smoking and to being overweight. A healthy lifestyle, therefore, may help to slow the rise in kidney cancer rates.

What is cancer?

Cancer is a broad term used to describe over 200 diseases that affect specific organs or tissues of the body. Simply speaking, it is a disease of cells, and every type of cancer starts in the same way. It begins when the genetic information in a single cell becomes damaged in some way and causes the cell to divide at an uncontrolled rate. The resulting group of cells often forms a lump or swelling – which is usually referred to as a 'tumour'. The tumour may then grow and go on to damage surrounding healthy tissues or organs, or cancer cells may break away from the original tumour and spread through the bloodstream or the lymphatic system to other parts of the body – a process known as 'metastasis'.

What causes cancer?

The development of cancer is a complex biological process which is still not well understood. Thanks to scientific research, we do, however, have an increasing understanding of the factors which are involved in the cancer process. Hormones, immune conditions and inherited alterations in the genetic material of a cell can all play a part in cancer development. But we now know that environmental factors – particularly diet and lifestyle – have a significant influence on the development of cancer. Environmental factors include exposure to 'toxins' – such as tobacco and alcohol – unhealthy food choices, infectious agents – like bacteria and viruses – chemical agents

and radiation. All of these can damaged the programming and health of cells in the body and so encourage cancer growth.

Some aspects of our daily lifestyle choices can encourage the cancer process while others help protect against it. The aspects of lifestyle most likely to increase our risk include: unhealthy food choices, not being physically active, being overweight, drinking heavily and smoking tobacco.

What do the kidneys do?

The kidneys are a pair of bean-shaped organs located at the back of the abdomen, just above the waist. They have a vital role: to filter the blood to remove toxins and excess water from the body in the form of urine. In addition, they produce several hormones that are needed to make red blood cells, to control blood pressure and to absorb calcium from the gut.

What is kidney cancer?

Like other cancers, kidney tumours develop from a single abnormal cell. There are two main types of cancer in adults:

- **Renal cell cancer (or renal adenocarcinoma)** – this is the most common, accounting for about 80 per cent of kidney cancers.
- **Transitional cell cancer** – a type of tumour that develops from the cells lining the urinary system (for example, the centre, or pelvis, of the kidney).

Wilm's tumour, a rare form of cancer, only appears in childhood. This type of cancer may be present in babies at birth, or it can develop in the first three years of life.

Who is at risk?

There are some known risk factors for developing kidney cancer:

- The condition affects twice as many men as women and, apart from Wilm's tumour, is unusual before the age of 40; middle-aged and older men are therefore more at risk.
- Kidney cancer is linked to smoking – in fact, experts believe that 20-40 per cent of kidney cancers are directly caused by smoking.
- In recent years, studies have established that people who are overweight have a greater risk of kidney cancer.
- Chemicals, for example cadmium, asbestos and lead, have been linked to cancer.
- A family history of the disease seems to be significant in only a very few instances. Some hereditary diseases (particularly Von Hippel-Lindau syndrome) are associated with a higher incidence of kidney cancer.

Helping to reduce your risk

Recent studies have confirmed that being overweight is now as important as smoking in the development of kidney cancer. If you need help, either in losing weight or quitting smoking, there are plenty of resources available. Ask your GP or practice nurse for advice or information.

Kidney cancer is just one of the serious health risks associated with being overweight. The good news is that you don't have to go on a special diet to maintain a healthy body weight. Eating a well-balanced diet, high in plant foods and low in fatty or sugary foods, should keep your weight at a healthy level and help to protect against kidney cancer. In fact, some studies have shown that vegetables may play a role in reducing the risk of kidney cancer. It is also possible that a high intake of meat and dairy products increases the risk.

Scientists are not yet sure of the mechanism that links obesity and overweight to kidney cancer. One possibility is that the hormones produced by fat cells may contribute to the development of cancer.

Make sure that you get plenty of exercise; for instance, an hour of moderate activity each day, such as walking briskly, can help use up extra calories and maintain a healthy weight.

Steps to help reduce kidney cancer risk

STEP ONE:

Do not smoke or use tobacco in any form

If you smoke, try to give up immediately. Avoid smoke-filled environments.

NHS Smoking Helpline 0800 169 0169

STEP TWO:

Maintain a healthy weight

If you are over-weight, take steps to lose the extra pounds. Take advice from a dietitian or your GP if you are unsure how to start.

AND REMEMBER

Choose a diet rich in a variety of plant-based foods, eat plenty of vegetables and fruits, be physically active, drink alcohol only in moderation (if at all), select foods low in fat and salt and always prepare and store food safely.

Detecting kidney cancer

There are no routine screening procedures for kidney cancer. The majority of early stage cancers are detected coincidentally when having a scan of the abdomen for other reasons. However, it is wise to remember that blood in the urine (haematuria) is not normal. Even if the blood is there one day and not the next, it should always be reported to your GP. A tumour or cyst in the kidney can bleed intermittently, so the urine may look normal at times.

Blood in the urine does not necessarily indicate cancer, but it is important to know the cause. A simple urine dipstick test can easily be done in the doctor's surgery to confirm the presence of blood. One common cause of haematuria is an infection, so this will always be ruled out before further investigations are done.

Signs and symptoms of kidney cancer

- Blood in the urine – generally painless

- Discomfort or pain in the lower back or flank (side of the abdomen)
- Loss of appetite and weight loss
- Fever
- A swelling in the area of the kidney

Diagnosing kidney cancer

If your GP is concerned about your symptoms, you will probably be referred to a specialist (urologist) at the hospital. There are a number of tests that can be used to diagnose kidney cancer:

- **Routine blood tests** – to check general health and kidney function.
- **Imaging techniques** – there are several types of painless, efficient ‘scans’ that are used to look at the structure of the kidneys and detect any abnormalities. The initial investigation is usually an **ultrasound**, which uses sound waves to produce images of organs. Then, if an abnormality is seen, a **CT (computer tomography) scan** is often carried out. This uses computer images to create a two-dimensional picture.
- **IVU (intravenous urogram)** – dye is injected into the bloodstream through a vein in the arm, and x-rays are taken as the dye is filtered out by the kidneys and passes down the urinary system. Transitional cell cancers may be diagnosed using this technique.

Treating kidney cancer

Once kidney cancer is diagnosed, the most important step is to remove the affected kidney, an operation known as a **nephrectomy**. Most people are able to live a completely normal life with just one kidney, which is easily able to do the work of two.

Following surgery, **radiotherapy** (high-intensity x-rays used to destroy cancer cells, or to shrink a tumour), **chemotherapy** (a specialised group of ‘cancer-killing’ drugs) and **immunotherapy** (which stimulates the body’s own immune system to fight the cancer) may be necessary. Which of these is used depends on the type of kidney cancer and whether it has spread to other parts of the body (metastasised).

Smoking is an important cause of kidney cancer. But eating a variety of vegetables and fruits is the most effective dietary step we can take to help prevent this disease.

CATARACT

What is a cataract?

A cataract is a clouding of part of your eye called the lens. Your vision becomes blurred because the cataract is like a frosted glass, interfering with your sight. It is not a layer of skin that grows over your eye, despite what you may have heard.

If your doctor or optometrist/optician has told you that you have a cataract, don’t be alarmed. Many people over 60 have some cataract and the vast majority can be treated successfully.

What is the function of the lens?

The lens is a clear tissue found behind the iris, the coloured part of the eye. The lens helps to focus light on the retina at the back of the eye to form an image. To help produce a sharp image, the lens must be clear.

How does cataract affect your sight?

Blurry sight

This is very common. You may notice that your sight has become blurred or misty, or that your glasses seem dirty or appear scratched.

Dazzled by light

You may be dazzled by lights, such as car headlamps, and sunlight.

Change of colour vision

Your colour vision may become washed out or faded.

These eye problems may be a sign of other eye conditions.

Cataracts can form at any age. The most common type of cataracts is age-related cataract. These develop as people get older. In younger people cataracts can result from conditions such as diabetes, certain medications and other longstanding eye problems. Cataracts can also be present at birth. These are called congenital cataracts. (Please check the RNIB website www.rnib.org.uk for the factsheet on congenital cataracts)

Although researchers are learning more about cataracts, no one knows for sure what causes them. There may be several causes including smoking, excessive exposure to sunlight and poor diet. Sometimes cataracts are caused by other health problems such as diabetes.

What treatment is available?

The most effective treatment for cataract is an operation to remove the cloudy lens. However, a good diet may help to slow the growth of age-related cataract. (Please check the RNIB website www.rnib.org.uk for the factsheet on nutrition and the eye)

When should I have the operation?

In the past, eye specialists often waited until the cataract became “ripe” and your vision was very poor before suggesting you had the cataract removed.

Nowadays, with modern surgery the operation is usually done as soon as your eyesight interferes with your daily life. This includes having any difficulties with looking after yourself or others, cooking, driving, getting out and about, being able to read, work or do the things you enjoy.

If you are a driver you must reach the visual standard required by the Drivers and Vehicle Licensing Authority, and it may be necessary to have the cataract removed in order to keep your licence.

Before the operation

Before the operation, you and your eye will be carefully checked to decide the details of the operation. This may require a separate visit before your surgery. This is called a pre-operative assessment.

What happens in the operation?

Almost everyone has a local anaesthetic. With a local anaesthetic, you will be wide awake but feel nothing in your eye.

Usually the eye specialist will explain what is happening as the operation goes along, and someone will also be there to hold your hand if you wish and make sure you are comfortable and relaxed. You may vaguely see some movement but not details of the operation.

If, however, you do have a general anaesthetic you will be completely unconscious, and it will be like sleeping through the operation.

The eye specialist does the operation with the aid of a microscope, through a small opening in the eye. This opening is so small that stitches may not be necessary. The operation often takes about 15 to 20 minutes, although it can last longer.

During the operation the lens with the cataract is removed and replaced with a clear plastic lens, so that the eye can see clearly after the operation. This plastic lens is called an intraocular lens implant and remains permanently in your eye.

A pad or shield will probably be put over your eye to protect it from accidental rubbing and bumping after the operation.

The operation cannot be performed with laser, although laser treatment is sometimes needed afterwards if the lens casing (the capsule) becomes cloudy.

We want to reassure you that your eye is not taken out of its socket during surgery.

After the operation

Most people will notice an instant improvement in sight, although complete healing may take several months. You may still need glasses, especially for reading.

You will be given eye drops to use for up to two months after your operation. It is a good idea to have some help at home, especially if you find it difficult to put your eye drops in.

Most people will have the operation and go home on the same day, and will probably be able to carry on with normal daily activities – but do think about the following:

- avoid rubbing your eye; discuss wearing an eye shield with hospital staff If you are a restless sleeper
- don't do any very heavy lifting, and avoid strenuous exercise and swimming

- take care if it is windy, in case anything blows in your eye, although you don't need to stay indoors
- take care washing your hair; avoid getting soapy water in your eye(s)
- avoid wearing eye make-up until the hospital are happy with your recovery

The eye specialist or a nurse in the eye clinic will be able to answer any questions you may have, and advise you when you have an eye check, when you can go back to work, drive and fly again.

Possible problems

Cataract surgery is one of the most successful operations. Fewer than two per cent of patients have serious, unforeseen complications. If you have any concerns after the operation ring the eye clinic or the doctor on call in the eye unit.

One of the most common and easily correctable complications is a thickening of the lens casing – the part of the eye that holds the lens in place. As mentioned earlier, this can easily be corrected with laser treatment.

If you are worried about anything not covered in this general leaflet, please contact the staff of your eye clinic or family doctor (GP).

Who can I contact for further information?

Royal National Institute of the Blind

105 Judd Street
London WC1H 9NE
Telephone 020 7388 1266
Website www.rnib.org.uk

Royal College of Ophthalmologists

17 Cornwall Terrace
London NW1 4QW
Telephone 020 7935 0702
Website www.rcophth.ac.uk

Drivers and Vehicle Licence Agency (DVLA)

Drivers Medical Group
Swansea
SA99 1DL
Telephone 0870 600 0301
Website www.dvla.gov.uk

RNIB Helpline 0845 766 9999

Email helpline@rnib.org.uk
Website www.rnib.org.uk

BOWEL CANCER

Most of us, at some time in our lives, suffer from problems with our bowel and bottoms. Although it's sometimes embarrassing to talk about, you'd be surprised how many people

will have experienced the same symptoms as you. There are lots of common conditions that could cause changes in the workings of the bowels, pain and bleeding from the bottom. **In most cases, it won't be cancer.**

But how can you tell if you have a simple condition that might get better, or something more serious?

In this leaflet, you will find:

- Explanation of the main symptoms of bowel cancer
- Other conditions that could be causing your symptoms
- Advice on what you'll be asked in the doctor's surgery

What is bowel cancer?

Bowel cancer is cancer in any part of the colon or rectum that form most of the large intestine or bowel. If it is not treated, it will increase in size and may cause blockage or can ulcerate leading to blood loss and anaemia.

How common is bowel cancer?

Bowel cancer is the second most deadly cancer in this country. 35,600 people are diagnosed with the disease each year, and over 45% will sadly die as a result. That's 46 people dying every day – men and women, young and old.

- **Yet the comforting news is that bowel cancer is one of the most curable cancers if caught early enough.**
- Over **90%** of cases of bowel cancer could be completely cured if it is diagnosed in time and treated.
- Therefore, it is vitally important to look out for possible symptoms, and **have symptoms investigated if they persist.**

The symptoms of bowel cancer

The most common symptoms are change of bowel habit and rectal bleeding. However, these are also common in people who don't have cancer.

- **Nearly 20% of us experience bleeding from the bottom every year.**
- **Over a third of us experience constipation or diarrhoea at some point in our lives.**

Higher-risk symptoms of bowel cancer

If you have any of these higher-risk symptoms, it is safe to 'watch and wait' for up to six weeks, but if they persist, you should get advice from your GP and ask about further hospital investigation.

Change of Bowel Habit:

- Recent, persistent change of bowel habit to looser, more diarrhoea-like motions, going to the toilet more often, or trying to go.
- Change of bowel habit is especially important if you also have bleeding.

Rectal Bleeding:

- Rectal bleeding that persists with no reason. Bleeding can be due to piles; but if so you will usually have other symptoms, e.g. straining with hard stools, have a sore bottom, lumps and itching.
- Rectal bleeding in over 60's – piles in older people can be hiding more serious symptoms, so it is especially important to get this investigated.

Other higher-risk symptoms and signs include:

- Unexplained anaemia, found by your GP.
 - A lump or mass in your tummy, felt by your GP.
 - Persistent, severe abdominal pain, which has come on recently for the first time (especially in an older age group).
- **Most people with these symptoms DO NOT have bowel cancer, but it is very important to have further tests to rule it out.**

FIND OUT MORE ABOUT BOWEL CANCER
www.beatingbowelcancer.org

BACK PAIN

Almost half of the adult population are affected by back pain each year. But you can learn to live with it – or even to avoid it

What is osteoarthritis?

It's a degenerative joint disorder (i.e. wear and tear), often affecting the spine, knees and hips, and is the most common type of arthritis. It's more likely to strike after 65, particularly in women, and is unusual in under-45s.

Treatment is often with painkillers and anti-inflammatory drugs combined with a weight loss and exercise programme, as appropriate. Physiotherapy and steroid injections are also an option, with surgery as the last resort. Some people find taking glucosamine with chondroitin tablets as a dietary supplement helps (ask your GP).

When should I see a doctor about my back pain?

Serious symptoms need urgent medical attention. Don't just take painkillers and wait for them to go away. Watch out for warning signs of more severe nerve damage – these include problems controlling your bladder or bowels, feeling numb around the groin or back passage, severe weakness in your legs, or severe pain that wakes you at night.

What is rheumatoid arthritis?

It's caused by a fault in the immune system, resulting in swollen and degenerating joints. It can happen at any age but is most common after 40, and women are much more likely to get it than men.

It's treated with anti-rheumatic drugs to reduce pain and to slow down the wearing of the joints. Steroids and non-steroidal anti-inflammatories (NSAIDs) can control the inflammation. In severe cases, gold injections or a drug called methotrexate are used to suppress the response of the immune system.

- **For more information on back pain go to:**
www.backcare.org.uk
www.expertpatients.nhs.uk

THE SPINE TIMELINE

40-50: The back starts to age

What to do: Prepare for a healthy retirement by getting into good exercise habits. Stay supple, and firm up that tummy.

50-60: The menopause leads to loss of bone mineral density. Being very thin, smoking, having babies or exercising too hard in the past makes you prone to osteoporosis.

What to do: Keep active – you'll strengthen the bones and help protect against osteoporosis. Ask your GP or pharmacist about supplements – cod liver oil is good for joints and rich in vitamin D (which can protect against osteoporosis), or try a mineral supplement containing vitamin D with calcium.

60-70: You may be feeling the impact of your back deteriorating, and of osteoporosis.

What to do: If you're eating less than you used to (perhaps you're less active now) ask your GP or pharmacist about a supplement to keep you and your bones healthy.

FIVE TOP TIPS TO TACKLE SEVERE BACK PAIN

Bed Rest

This is not the answer. Only take to your bed for a maximum of two days.

Heat Pack/Hot Shower

These can relieve muscle spasms. Try to stretch your muscles gently, then relax. After the spasm begins to ease, simple yoga can help.

Pain Relief

It's OK to take simple painkillers or anti-inflammatories such as ibuprofen for three to five days. For severe muscle spasms, your doctor may prescribe a muscle relaxant for a week or two, and a stronger painkiller.

Gentle Exercise

Go swimming at your local leisure centre, or try aqua-aerobics. Many centres offer yoga and pilates classes too.

GET MOVING!

Exercise doesn't have to be a bore! Being active strengthens and protects bones from osteoporosis, and a strong tummy encourages a strong back.

Get fab abs

Sit up straight, exhale as you pull your belly button towards your spine, and press your hands firmly on to your thighs. Hold for a few seconds. Repeat three times.

Keep your spine supple

Kneel on all fours with hands shoulder-width apart, and arms and thighs vertical. Arch your back and look at the floor, then slowly look up to the ceiling and hollow your back by lowering your tummy towards the floor.

Hate the gym?

Then do yoga, pilates or aqua-aerobics, and gentle exercise such as walking or swimming. But do it regularly!

BREAST CANCER

'I've found a lump'

It can be a woman's worst fear, and sometimes we're too frightened to ask the right questions. But knowing how to spot the signs of breast cancer early can help protect you

What causes breast cancer and could I be at risk?

Anything that boosts exposure to the female hormone oestrogen increases your risk (see **Are you at risk?**, below). A very small number of women inherit faulty genes which increases their risk of developing breast cancer.

I've found a small lump but it's tiny. Should I wait to see if it gets any bigger?

No – see your doctor now. Nine out of ten lumps are benign (i.e. not cancerous) but if you do need to have treatment, the earlier it's started, the greater the chance of it being successful.

I've been told I have DCIS. What does this mean?

It stands for Ductal Carcinoma in Situ. It occurs in the milk ducts and is often called pre-cancerous or non-invasive cancer (i.e. it hasn't spread beyond the breast). Most women with DCIS have no symptoms, which is why the majority of cases are found through breast screening (mammograms).

If I had breast cancer how would it be treated?

Treatment may include surgery, chemotherapy, radiotherapy and hormone therapy, either alone or in a combination. You should see a specialist within two weeks of being referred by your GP, and be treated within four weeks after that.

Women with breast cancer report that the best results for both diagnosis and treatment are when they are seen by a team of experts working together. The team should include a surgeon, a medical oncologist (cancer drug specialist), a clinical oncologist (radiotherapist), a breast-care nurse and pathologist, who checks breast tissue for cancer in a laboratory.

Why aren't all breast cancer patients given the same drugs?

There are several types of breast cancer and they affect women differently; what's right for one woman might not be right for another. And some patients take part in drug trials, testing medicines which aren't widely available yet.

ARE YOU AT RISK?

These factors can all affect your risk of getting breast cancer – but age is the most important

1. Age

Most cases occur in women over 50. But breast screening is offered to all women aged 50 to 70 every three years, so make sure you go. If you're over 70 you can refer yourself every three years; see your doctor or your local breast cancer screening unit.

2. Weight

Keep it at the right level, especially after the menopause, and eat a healthy diet rich in fruit and vegetables and low in fat.

3. Alcohol

Heavy drinking is linked to breast cancer, so drink in moderation.

4. Hormone Replacement Therapy (HRT) or the Pill

Taking either for 10 years slightly ups your risk, but it returns to normal if you stop.

5. Periods

You're at greater risk if you started your periods early and finished them late.

6. Children

If you haven't had any kids or had them when you were over 30, it increases your risk.

7. Family history

Most women with one or two relatives who've had breast cancer are not at greater risk. If you're worried, talk to your GP.

- **For more information, go to www.breastcancercare.org.uk or call the Breast Cancer Care Helpline on 0808 800 6000**

HEALTHY EATING – EAT LESS SALT

The problem

Eating too much salt can increase your risk of developing high blood pressure. High blood pressure is linked to heart disease and strokes. By reducing your salt intake it is also possible to help reduce your blood pressure and with it the risk of developing heart problems, so it's well worth doing.

A lot of foods are not obviously salty, but do contain high amounts of 'hidden salt'. It's easier to make healthier food choices if you are able to quickly check the salt content on food labels.

How much?

The average salt intake is currently 9.5g a day (about two teaspoons). We should be having much less than this – the recommended intake is just 6g a day.

Salt in our diet comes from salt used in cooking, salt added at the table and salt added to processed foods. Surprisingly, about 75% of the salt we eat is already added to the food we buy.

Reducing your intake of salty, processed foods is an important part of a healthy diet.

Salt sums

Salt is sodium chloride, and as food labels often list both salt and sodium content, it can be confusing.

To convert salt to sodium – divide by 2.5
To convert sodium to salt – multiply by 2.5

For example:

1g salt = 0.4g sodium
0.8g sodium – 2g salt

So what can you eat?

- Fresh meat, fish, eggs, beans and lentils
- Fruit and vegetables – including fresh, frozen, juiced, canned without salt
- Cereals including rice, pasta, potatoes, bread, breakfast cereals and unsalted crackers
- Milk, yoghurt, soft white cheese (and small amounts of 'hard' cheese)
- Fresh herbs, spices, pepper, vinegar, mustard, tomato puree

Let's be practical

Being realistic, we all eat some processed or convenience foods most days. Choose lower-salt options using the following guidelines:

- For ready meals and sandwiches – choose meals with under 0.5g sodium per meal, that's 1.25g salt
- For individual foods – soups, sauces, vegetables – choose foods with under 0.3g sodium per serving, that's 0.75g salt.

The main salty processed foods are:

- Salty meats such as ham, bacon, sausages, pâté
- Canned, packed and instant soups
- Soy sauces, stock cubes, gravy powder and salted flavourings
- Many canned foods containing salt
- Smoked meat and fish
- Meat and yeast extracts
- Hard cheese – (allowed 100g/4oz per week)
- Salted snacks like crisps, salted biscuits, popcorn
- High-salt ready meals, sauces and take-away meals

Try to limit your intake of these salty foods to one serving a day, and check and compare similar products to find lower salt versions.

Be salt aware

- Use only a little (or no) salt in cooking
- Try not to add extra salt at the table
- Cut right down on salty, processed foods and ready meals
- Check out food labels for salt and go for lower-salt choices

Being active, keeping a healthy weight and not drinking too much alcohol are also very important for both reducing your risk of high blood pressure and (along with regular medical check-ups) managing it if it's already high.

This Food Fact sheet is a public service of The British Dietetic Association intended for information only. It is not a substitute for proper medical diagnoses or dietary advice given by a registered dietitian (RD). To check that your dietitian is registered check www.hpc-uk.org. Other Food Fact sheets are available from www.bda.uk.com.

EAT HEALTHY – SUPPORT YOUR HEART

There are many simple changes you can make to your diet to help keep your heart healthy. A heart-healthy diet works in a number of ways. For example, it may help reduce cholesterol levels and lower blood pressure. Here are some easy tips that can help reduce your risk of heart disease.

Enjoy a variety of fruit and vegetables

Fruit and vegetables are packed with vitamins, minerals and other substances that help protect your heart. They also pack in fibre and most are virtually fat-free.

Aim to fit in at least five portions of these foods each day. If you find this difficult, try including a glass of pure juice each morning and eating fruit or chopped vegetables for snacks.

Focus on fats

While all types of fat are high in calories, some fats can also raise cholesterol levels. The main culprit is saturated fat, and it's found in fatty meat, dairy foods, cakes, pastries and coconut oil. Easy ways to reduce your intake of this unhealthy fat include:

- Make the change to reduced-fat dairy products, e.g. semi-skimmed milk
- Use soft spreads made from vegetable oil, such as rapeseed or olive oil, rather than choosing butter, and use sparingly
- Trim the fat from meat and the skin from chicken
- Limit your intake of fried fast food, meat products such as sausages, pies and streaky bacon
- Go for snacks such as fresh or dried fruit, low fat yogurt, a handful of nuts or seeds, crunchy vegetables or fruit bread

Feast on fish

The healthy oil found in fish reduces your risk of a heart attack in several different ways. Eating more fish isn't difficult; it can be as easy as having a salmon sandwich or sardines on toast. Try to include the following types of oil-rich fish in your diet once a week (and don't forget the canned versions):

- Salmon
- Herring
- Sardines
- Mackerel
- Pilchards
- Trout
- Kippers
- Tuna (fresh tuna only)

General tips for a healthy heart

- Go for a Mediterranean-style diet, with lots of vegetables and fruits along with fish and small amounts of lean meat
- Include some wholegrain foods in your daily diet, for example, wholegrain cereals, bread, rice and pasta
- Watch out for trans-fats which can also raise your cholesterol level, found in processed foods, e.g. hard margarine, pastry, cakes and biscuits
- Skip the salt
- Keep your alcohol intake within sensible limits
- Stay Weight Wise
(visit www.bdaweightwise.co.uk)
- Aim to be active every day
- Avoid smoking

If you decide to make changes, begin slowly and try a few suggestions first. You could start by snacking on a piece of fruit at work instead of biscuits or trying semi-skimmed milk in your drinks. By gradually including more changes, your diet will help to keep your heart healthy.

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GLAUCOMA

What is glaucoma?

Glaucoma is the name for a group of eye conditions in which the optic nerve is damaged at the point where it leaves the eye. The nerve carries information from the light sensitive layer in your eye, the retina, to the brain where it is perceived as a picture.

Your eye needs a certain amount of pressure to keep the eyeball in shape so that it can work properly. In some people, the damage is caused by raised eye pressure. Others may have an eye pressure within normal limits but damage occurs because there is a weakness in the optic nerve. In most cases both factors are involved but to a varying extent.

Eye pressure is largely independent of blood pressure.

What controls pressure in the eye?

A layer of cells behind the iris (the coloured part of the eye) produces a watery fluid, called aqueous. The fluid passes through a hole in the centre of the iris (called the pupil) to leave the eye through tiny drainage channels. These are in the angle between the front of the eye (the cornea) and the iris and return the fluid to the blood stream. Normally the fluid produced is balanced by the fluid draining out, but if it cannot escape, or too much is produced, then your eye pressure will rise. (The aqueous fluid has nothing to do with tears.)

Why can increased eye pressure be serious?

If the optic nerve comes under too much pressure then it can be injured. How much damage there is will depend on how much pressure there is and how long it has lasted, and whether there is a poor blood supply or other weakness of the optic nerve. A really high pressure will damage the optic nerve immediately. A lower level of pressure can cause damage more slowly, and then you would gradually lose your sight if it is not treated.

Are there different types of glaucoma?

Yes. There are four main types.

Chronic glaucoma

The most common is chronic glaucoma (chronic = slow) in which the aqueous fluid can get to the drainage channels (open angle) but they slowly become blocked over many years (see Figure 1). The eye pressure rises very slowly and there is no pain to show there is a problem, but the field of vision gradually becomes impaired.

Acute glaucoma

Acute glaucoma (acute = sudden) is much less common in western countries. This happens when there is a sudden and more complete blockage to the flow of aqueous fluid to the eye. This is because a narrow 'angle' closes to prevent fluid ever getting to the drainage channels (see Figure 2). This can be quite painful and will cause permanent damage to your sight if not treated promptly.

Secondary and developmental glaucoma

There are two other main types of glaucoma. When a rise in eye pressure is caused by another eye condition this is called secondary glaucoma. There is also a rare but potentially serious condition in babies called developmental or congenital glaucoma which is caused by malformation in the eye. This leaflet is about chronic and acute glaucoma.

How common is glaucoma?

In the UK some form of glaucoma affects about two in 100 people over the age of 40.

CHRONIC GLAUCOMA

Are some people more at risk of chronic glaucoma?

Yes. There are several factors which increase the risk.

Age

Chronic glaucoma becomes much more common with increasing age. It is uncommon below the age of 40 but affects one per cent of people over this age and five per cent over 65.

Race

If you are of African origin you are more at risk of chronic glaucoma and it may come on somewhat earlier and be more severe. So make sure that you have regular tests.

Family

If you have a close relative who has chronic glaucoma then you should have eye tests at intervals. You should advise other members of your family to do the same. This is especially important if you are aged over 40 when tests should be done every two years.

Short sight

People with a high degree of short sight are more prone to chronic glaucoma.

Diabetes is believed to increase the risk of developing this condition.

Please note: People over the age of 40 years and with a family history of glaucoma – such as parents, children or siblings of people diagnosed with glaucoma – are entitled to a free sight test every two years under the NHS.

Why can chronic glaucoma be a risk to sight?

The danger with chronic glaucoma is that your eye may seem perfectly normal. There is no pain and your eyesight will seem to be unchanged, but your vision is being damaged. Some people do seek advice because they notice that their sight is less good in one eye than the other.

The early loss in the field of vision is usually in the shape of an arc a little above and/or below the centre when looking 'straight ahead'. This blank area, if the glaucoma is untreated, spreads both outwards and inwards. The centre of the field is last affected so that eventually it becomes like looking through a long tube, so-called 'tunnel vision'. In time even this sight would be lost.

How is chronic glaucoma detected?

As glaucoma becomes much more common over the age of 40 you should have eye tests at least every two years and ask for all three glaucoma tests. This has been shown to be much more effective in detecting glaucoma than just having one or two of the tests. These tests are:

- Viewing your optic nerve by shining a light from a special electric torch into your eye
- Measuring the pressure in the eye using a special instrument
- Being shown a sequence of spots of light on a screen and asked to say which ones you can see

All these tests are very straightforward, don't hurt and can be done by most high street optometrists (opticians).

How is chronic glaucoma treated?

The main treatment for chronic glaucoma aims to reduce the pressure in your eye. Some treatments also aim to improve the blood supply to the optic nerve. You will need to go to hospital for treatment and have regular check-ups afterwards.

Treatment to lower the pressure is usually started with eye drops. These act by reducing the amount of fluid produced in the eye or by opening up the drainage channels so that excess liquid can drain away. If this does not help, your specialist may suggest either laser treatment or an operation called a trabeculectomy to improve the drainage of fluids from your eye.

Your specialist will discuss with you which is the best method in your particular case.

Can chronic glaucoma be cured?

Although damage already done cannot be repaired, with early diagnosis and careful regular observation and treatment, damage can usually be kept to a minimum and good vision can be enjoyed indefinitely.

ACTUE GLAUCOMA

What is acute glaucoma?

In acute glaucoma the pressure in the eye rises rapidly. This is because the periphery of the iris and the front of the eye (cornea) come into contact so that aqueous fluid is not able to reach the tiny drainage channels in the angle between them. This is sometimes called closed angle glaucoma (see Figure 2).

What are the symptoms of acute glaucoma?

The sudden increase in eye pressure can be very painful. The affected eye becomes red, the sight deteriorates and may even black out. There may also be nausea and vomiting. In the early stages you may see misty rainbow coloured rings around white lights.

Is acute glaucoma always severe?

Sometimes people have a series of mild attacks, often in the evening. Vision may seem 'misty' with coloured rings seen around white lights and there may be some discomfort in the eye. If you think that you are having mild attacks you should contact your doctor without delay. In routine examinations the structure of the eye may make the examiner suspect a risk of acute glaucoma and advise further tests.

What is the treatment?

If you have an acute attack you will need to go into hospital immediately so that the pain and the pressure in the eye can be relieved. Drugs will be given which both reduce the production of aqueous liquid in the eye and improve its drainage.

An acute attack, if treated early, can usually be brought under control in a few hours. Your eye will become more comfortable and sight starts to return. When the pain and inflammation have gone down, your surgeon will advise making a small hole in the other border of the iris to relieve the obstruction, allowing the fluid to drain away. This is usually done by laser treatment or by a small operation.

Usually the surgeon will also advise you to have the same treatment on the other eye, because there is a high risk that it will develop the same problem.

This treatment is not painful. Depending on circumstances and the response to treatment, it may not require admission to hospital. Sometimes a short stay in hospital may be advised.

Can acute glaucoma be cured?

If diagnosed without delay and treated promptly and effectively there may be almost complete and permanent recovery of vision. Delay may cause loss of sight in the affected

eye. Occasionally the eye pressure may remain a little raised and treatment is required as for chronic glaucoma.

Will I still be able to drive?

Most people can still drive if the loss of visual field is not advanced. To assess possible damage to your peripheral vision you will need a special test to see whether your sight meets the standards of the Driver and Vehicle Licensing Authority. Ask your specialist about this. The International Glaucoma Association (IGA) leaflet about driving may also be helpful.

What if my sight cannot be fully restored?

Early detection and treatment will usually prevent or retard further damage by glaucoma. Much can be done to help you use your remaining vision as fully as possible. You should ask your optician or optometrist about low vision aids and whether you are eligible to register as partially sighted or blind. Registration opens the door to expert help and sometimes to financial benefits.

Who can I contact for further information?

Royal National Institute of the Blind

105 Judd Street, London WC1H 9NE

Telephone 020 7388 1266

Website www.rnib.org.uk

RNIB Helpline 0845 766 9999

Email helpline@rnib.org.uk

Website www.rnib.org.uk

Royal College of Ophthalmologists

17 Cornwall Terrace, London NW1 4QW

Website www.rcophth.ac.uk

The International Glaucoma Association (IGA)

108c Warner Road, London SE5 9HQ

Telephone 020 7737 3265

Website www.iga.org.uk

The IGA supports patients by providing information, so that they can cooperate fully in their treatment and prevent sight loss. It also promotes awareness and early detection of glaucoma, and supports and carries out research.

Driver and Vehicle Licensing Agency (DVLA)

Drivers Medical Group

Longview Road, Moriston, Swansea SA6 7UL

Website www.dvla.gov.uk

The Partially Sighted Society

Queen's Road, Doncaster DN1 2NX

Telephone 01302 32 31 32

HEATWAVE

Most of us enjoy sunny weather, but extreme heat can seriously damage your health. During a heatwave, when temperatures stay really high day after day, it can sometimes be fatal.

What are the risks?

In a severe heatwave you may get dehydrated and your body may overheat, leading to heat exhaustion or heatstroke. Both need urgent treatment.

The symptoms of heat exhaustion include headaches, dizziness, nausea and vomiting, muscle weakness or cramps, pale skin, and a high temperature. You should move somewhere cool and drink plenty of water or fruit juice. If you can, take a lukewarm shower, or sponge yourself down with cold water.

Heatstroke can develop if heat exhaustion is left untreated, but it can also occur suddenly and without warning. Symptoms include headaches, nausea, an intense thirst, sleepiness, hot, red and dry skin, a sudden rise in temperature, confusion, aggression, convulsions and loss of consciousness. Heatstroke can result in irreversible damage to your body, including the brain, or death.

Who is at risk?

The heat can affect anyone, but some people run a greater risk of serious harm. These include:

- Older people
- Babies and young children
- People with mental health problems
- People on certain medication
- People with a serious chronic condition, particularly breathing or heart problems
- People who already have a high temperature from an infection
- People who use alcohol or illicit drugs
- People with mobility problems
- People who are physically active, like manual workers and sportsmen and women

What should you do?

Mostly it's a matter of common sense. Listen to your local weather forecast so you know if a heatwave is on the way. Plan ahead to reduce the risk of getting heat exhaustion or heatstroke.

Keep out of the heat?

- If a heatwave is forecast, try and plan your day in a way that allows you to stay out of the heat.
- If you can, avoid going out in the hottest part of the day (11am-3pm).
- If you can't avoid strenuous outdoor activity, like sport, DIY, or gardening, keep it for cooler parts of the day, like early morning.

- If you must go out, stay in the shade. Wear a hat and light, loose-fitting clothes, preferably cotton. If you will be outside for some time, take plenty of water with you.

Stay cool

- Stay inside, in the coolest rooms in your home, as much as possible.
- Close the curtains in rooms that get a lot of sun.
- Keep windows closed while the room is cooler than it is outside. Open them when the temperature inside rises, and at night for ventilation. If you are worried about security, at least open windows on the first floor and above.
- Take cool showers or baths, and splash yourself several times a day with cold water, particularly your face and the back of your neck.

Drink regularly

- Drink regularly even if you do not feel thirsty – water or fruit juice are best.
- Try to avoid alcohol, tea and coffee. They make dehydration worse.
- Eat as you normally would. Try to eat more cold food, particularly salads and fruit, which contain water.

Seek advice if you have any concerns

- Contact your doctor, a pharmacist or NHS Direct if you are worried about your health during a heatwave, especially if you are taking medication, or have any unusual symptoms.
- Watch for cramp in your arms, legs or stomach, feelings of mild confusion, weakness or problems sleeping.
- If you have these symptoms, rest for several hours, keep cool and drink water or fruit juice. Seek medical advice if they get worse or don't go away.

Helping others

- If anyone you know is likely to be at risk during a heatwave (see **Who is at risk?** above), help them get the advice and support they need. Older people living on their own should be visited daily to check they are OK.

Remember, heatstroke can kill. It can develop very suddenly, and rapidly lead to unconsciousness. If you suspect someone has heatstroke, call 999 immediately.

While waiting for the ambulance

- If possible, move the person somewhere cooler.
- Increase ventilation by opening windows or using a fan.
- Cool them down as quickly as possible by loosening their clothes, sprinkling them with cold water or wrapping them in a damp sheet.
- If they are conscious, give them water or fruit juice to drink.
- Do not give them aspirin or paracetamol.

Further information

- Check the weather forecast and any high temperature health warnings at www.metoffice.gov.uk.
- Contact NHS Direct on **0845 4647** or NHS Direct Online at www.nhsdirect.nhs.uk for advice about heat exhaustion and heatstroke.
- You can get advice on protecting your skin during hot weather from the Cancer Research UK SunSmart campaign website at www.cancerresearchuk.org/sunsmart/

HAVE A GOOD HEART

Keep your ticker ticking over with our help. Here's all you need to know about looking after your heart.

What exactly is coronary heart disease (CHD)?

CHD is a preventable disease that kills more than 110,000 people in England every year.

In order to work properly, your heart needs a constant supply of oxygen. Oxygen is carried in the blood, which flows through the heart's blood vessels (coronary arteries) to the heart muscle. CHD is what happens when this supply is blocked or interrupted.

Every year, 275,000 people have heart attacks, and 1.4 million people suffer from angina – a common symptom of CHD.

What's the difference between a heart attack and angina?

A heart attack is when a blood vessel taking blood to the heart becomes blocked, and part of the heart muscle dies. Angina is when these blood vessels narrow, reducing the blood supply to the heart, and usually causing chest pains.

Does drinking affect my heart?

Drinking even slightly more than the recommended sensible levels of alcohol can cause high blood pressure, which causes heart disease. To help avoid this, drink no more than three to four units a day on a regular basis (one unit is half a pint of normal-strength beer, one small glass of wine or a measure of spirits).

I love a big fry-up for breakfast. Surely the odd one is OK?

Fried foods contain way too much saturated fat, which raises the level of cholesterol in your bloodstream. Cholesterol is a waxy substance which can block your arteries. A fry-up also has a lot of salt, which can raise blood pressure. Grill the food instead of frying it, and don't add salt.

Does smoking affect my heart?

Yes! Smokers suffer five times as many heart attacks as non-smokers because oxygen isn't delivered effectively around their bodies.

Why is exercise important for your heart?

The more you exercise, the stronger your heart becomes. A strong heart can pump more blood around your body with less effort. If you exercise regularly your chance of getting heart disease is slashed by a half.

My dad had a heart attack in his late 40s. Will I have one too?

You can inherit a tendency to heart disease, especially if one or both parents had it at a young age. If you think you're at risk see your GP, who can check your blood pressure and cholesterol and make sure you don't have diabetes, all of which are risk factors for heart disease.

AM I HAVING A HEART ATTACK?

If you get out of breath or have any pain in your chest you should get checked out by your GP or go straight to casualty. You may be offered an ECG (electrocardiogram), which records the heart's electrical activity. This will show if you've had a heart attack, or if your heart is under strain.

FIVE WAYS TO GET A HEART SMART

1. Lose weight

Being overweight increases your chance of heart disease. Ask the nurse at your doctor's surgery to work out your Body Mass Index (BMI), and if it's between 25 and 30 you're overweight. If it's over 30 you're obese. If you have too much weight around your middle, often called an 'apple shape', this can also be a risk factor, even if you're not generally overweight.

2. Cut out fags

No matter how old you are it's never too late to stop smoking. Five years after you give up, the risk of getting coronary heart disease is the same as for someone who's never smoked.

3. Get a check-up

Every man over 50 should have regular check-ups, particularly for blood pressure and cholesterol levels. High blood pressure is a key risk factor for heart disease (the normal range of blood pressure readings is from 120/80 to 140/90). Remember also that being overweight is an added risk for heart disease.

4. Get active

Do at least 30 minutes of activity five times a week or more. Even moderate daily exercise like digging the garden, mowing the lawn or walking up stairs rather than using the lift makes a big difference.

5. Eat healthily

Cut down on red and fatty meat and avoid fry-ups and fish and chips. Cut down on full-fat milk, cream, full-fat cheese and butter. Eat at least five portions of a variety of fruit and vegetables a day and have oily fish like tuna or mackerel once or twice a week – it contains omega-3 oils, which help protect the linings of the arteries.

- For more information call the British Heart Foundation on 08450 708070 www.bhf.org.uk

PROSTATE CANCER

Information for African Caribbean Men

African Caribbean men have higher rates of prostate cancer. They are more than three times as likely to be diagnosed with prostate cancer than white men.

What is the prostate?

The prostate is a gland found only in men. It is about the size of a walnut and is located just below the bladder and in front of the rectum (back passage). The urethra (the tube that carries urine from the bladder to the penis) runs through the prostate.

It's perfectly normal for the prostate to get bigger as you grow older. Although in some cases it may be a symptom of cancer.

Symptoms

It is important that if you have any of the following symptoms, you consult your doctor. If there is a problem, the sooner it's treated, the better your chances of a complete recovery.

- A frequent need to urinate, especially at night
- A need to rush to the toilet
- Difficulty starting to pass urine
- Straining or taking a long time to finish urinating
- Pain on passing urine
- A feeling that your bladder has not emptied fully
- Persistent pain in the pelvis, spine, hips, upper thighs, ribs or lower back
- Trouble having or keeping an erection
- Blood in the urine or semen, but this is rare

Causes and prevention

Developing prostate cancer becomes more likely as you get older. A diet high in animal fat will also increase your risk. If you have a close family member who has had prostate cancer (particularly aged under 65) your own risk may be higher.

You can help to reduce the risk of developing prostate cancer by:

- Eating more fruit, vegetables and plant-based foods
- Eating less red meat and animal fat
- Maintaining a healthy weight and being physically active

For more information you can contact:

- **Your doctor**
- **NHS Direct: 0845 4647**
www.nhsdirect.nhs.uk
- **The Prostate Cancer Charity: 0845 300 8383 (confidential helpline)**
www.prostate-cancer.org.uk

PROSTATE CANCER

About the prostate

The prostate is a gland about the size of a walnut. It is situated immediately below the bladder. The urethra, which conveys urine from the bladder to the end of the penis, passes through the centre of the prostate gland. Any swelling of the prostate may cause flow problems.

While there is a gradual growth with ageing, additional enlargement can result from infection (prostatitis) or cancer.

About prostate cancer

Prostate cancer is a close second to lung cancer as the commonest cause of cancer deaths in men – over 12,000 each year in the UK. It is a disease of older men, being uncommon in those under 50. But the numbers are rising for all ages.

Over 20,000 diagnoses are made each year. As prostate cancer often does not have obvious symptoms, about half of newly diagnosed cases will already have spread outside of the prostate gland. In these cases, radical surgery is no longer possible. Sometimes prostate cancer is not diagnosed until secondary cancers begin to cause pain.

Screening for prostate cancer

In the UK there is, at present, no national screening programme for prostate cancer. However, if he is concerned, any man can request a PSA blood test from his doctor. Some argue that the introduction of screening would increase the number of men diagnosed at a stage when there are more treatment options and reduce the number of men dying of this disease. But there are differences of opinion amongst health professionals about how effective screening would be. At present, about 75% of men with early cancer survive for more than ten years.

Symptoms

If a man often experiences any of the following symptoms, it is very important that he should tell his doctor without delay. They may well be due to a condition other than cancer. Early diagnosis gives the widest choice of treatment and the best chance of a successful outcome.

- Passing water often, especially at night

- Poor or stop-start flow or dribbling
- Sudden, urgent need to go
- Pain when passing water
- Blood in urine or semen
- Pain in the groin
- Inability to get or maintain an erection
- Pain in the lower back, spine or hip

Tests

DRE

The Digital Rectal Examination involves the doctor putting a gloved finger into the back passage to feel if the prostate is enlarged or lumpy. This can be embarrassing, but it is very important not to let such feelings delay a visit to the doctor.

PSA test

Prostate cells produce a substance called Prostate Specific Antigen, some of which gets into the blood. A higher than normal blood PSA level may be due to infection, Benign Prostatic Hyperplasia (BPH) or cancer.

Biopsy

Your GP may refer you to hospital to see a consultant urologist, who will probably arrange for a biopsy. This involves removing some small samples of cells from the prostate for examination under a microscope to see if they are cancerous.

Scans

If there is a tumour, the consultant usually arranges for one or more scans to find out exactly where and how large it is and if there has been any spread beyond the prostate gland.

Treatment

1. **Surgery** to remove the whole gland. This is usually only appropriate when the tumour is small and contained entirely within the prostate.
2. **Irradiation** of the gland by:
 - (a) External X-ray Beam (radical radiotherapy). Newer machines use conformal radiation, which is shaped and does less damage.
 - (b) IMRT (Intensity Modulated Radiation Therapy), now being introduced, moulds the beam closely around the tumour, minimising damage to surrounding organs.
 - (c) Placing radioactive 'seeds' inside the gland (Brachytherapy). This treatment is also new but is becoming more widely available in the UK.

These therapies are used for small, contained tumours and slightly larger ones, where there may have been some local spread.

3. Hormone Therapy

This treatment stops the cancer growing by suppressing the effects of the male sex hormone (testosterone) which the cancer cells need to develop. It is the only treatment for cancer which has spread widely, causing secondary tumours in other organs. Hormone therapy usually works for some considerable time, often several years. Unfortunately, it may eventually cease to work and the cancer begin to grow again.

4. Palliative Care

When active treatment is no longer effective, it is still possible to tackle the problems and pain advanced cancer may cause. Palliative care is about preserving quality of life for as long as possible.

Because prostate cancer usually grows slowly, except in its later stages, there is often no need to rush into making the very difficult choice between treatments. Some men put quality of life before quantity and defer treatment until symptoms are troublesome and the PSA level is high.

Unwanted results of treatment

Surgery may damage the nerves to the penis and cause permanent loss of erection (impotence). Where possible, nerve-sparing surgery is used. There is usually some degree of incontinence for a few weeks, occasionally for longer, but it normally clears up quite quickly.

Radiotherapy may cause tiredness and diarrhoea during treatment. Sometimes permanent damage may be done to the back passage or anus which can cause incontinence problems. They can, however, be controlled by drugs. Blood vessels, which supply the nerves to the penis, may suffer damage. In the four or five years following treatment, these nerves may die causing permanent impotence. More recent treatments like IMRT can reduce these side effects.

Brachytherapy is much more localised and usually causes far less damage to nearby organs.

Hormone Therapy by suppressing the effects of testosterone, may lead to the development of the breasts and hot flushes.

The adverse effects of treatment can vary from mild to severe, but are usually moderate.

So most men living with prostate cancer continue to enjoy life after treatment.

PSA is a national association of regional and local groups offering fellowship, information and support to men living with prostate cancer and those who love and care for them. Our Helpline makes it possible for you to talk, in complete confidence, to a man who is living with prostate cancer. He will listen while you tell him about your needs and feelings. He can tell you how to find out more about the benefits and drawbacks of different treatments, how to join **PSA** and receive our newsletter, how to contact other men and discuss their experiences of different treatments, whether there is a local group near you and how to join it.

PSA campaigns for more government money for properly co-ordinated research, screening for older men, earlier treatment and better information for patients. If you share these aims and would like to join us in working for a better future for us all, you can telephone us on our Helpline or write to our Membership Secretary at B.M. Box 9434 London WC1N 3XX.

HELPLINE 0845 601 0766
(9.00am-7.00pm local call rate)

RETINAL DETACHMENT

What is the retina?

Imagine that your eye is like a camera, and the retina is the film. The retina is a fine sheet of nerve tissue lining the inside of the eye. Rays of light enter the eye and are focused onto the retina by the lens. The retina produces a picture which is sent along the optic nerve for the brain to interpret. It is rather like the film in the camera being developed so that pictures can be produced.

Retinal detachments often develop in eyes with retinas weakened by a hole or tear. This allows fluid to seep underneath, weakening the attachment so that the retina becomes detached – rather like wallpaper peeling off a damp wall.

When detached, the retina cannot compose a clear picture from the incoming rays and vision becomes blurred and dim.

Who is at risk

Retinal detachment is more frequent in middle aged, shortsighted people. However, it is quite uncommon and only about one person in ten thousand is affected. It is rare in young adults.

What are the symptoms?

The most common symptom is a shadow spreading across the vision of one eye. You may also experience bright flashes of light and/or showers of dark spots called floaters. These symptoms are never painful.

Many people experience flashes or floaters and these are not necessarily a cause for alarm. However, if they are severe and seem to be getting worse and you are losing vision, then you should seek medical advice. Prompt treatment can often minimise the damage to your eye.

If you get help early, it may only be necessary to have laser or freezing treatment. This is usually performed under a local anaesthetic.

Frequently, however, an operation will be needed to repair a hole or put the retina back in place. This is usually done under a general anaesthetic. In 90 per cent of cases the retina can be repaired with a single operation. The operation does not usually cause much pain, but your eye will be sore and swollen for a few days afterwards. Typically,

you will be in hospital for a few hours or an overnight stay, depending on your particular condition.

We want to reassure you that the surgeon does not take your eye out of its socket to operate on it.

How much vision can I expect after a successful operation?

This depends on how much the retina has detached and for how long.

The shadow caused by the detachment will usually disappear when the retina has been put back in place. If your ability to see fine detail has been damaged before the operation, this may not fully recover afterwards.

What happens after the operation?

You will be encouraged to get up and carry on as usual on the day after the operation, although sometimes you will be asked to keep your head in a particular position to help the healing process. Your eye specialist will prescribe eye drops and you will need to use these for a few weeks.

You can resume normal activities, including sex, as soon as you feel able.

What happens if the detached retina is not put back in place?

Most people will lose all useful vision if no operation is carried out, or if the treatment is unsuccessful.

However, further treatment is usually possible if it does not succeed the first time. Occasionally, if the detachment involves the lower portion of the retina, some vision may recover by itself.

Can retinal detachment be prevented?

If your family has a history of retinal detachment, or your doctor finds a weakness in your retina, then preventive laser or freezing treatment may be needed. However, in most cases it is not possible to take preventive action.

Retinal detachment does not happen as a result of straining your eyes, bending or heavy lifting.

What about my other eye?

If you have had a retinal detachment in one eye, you are at an increased risk of developing one in the other eye. But there is only about a one in ten chance of this happening.

What if my sight is not as good as before?

You can be helped to see many of the things you used to by making use of remaining sight. Low vision services can help. They can help you find the best magnifiers for you,

and can give advice and training about the many often simple ways that you can make the most of your sight. Ask your eye specialist, optometrist (ophthalmic optician), GP, social worker or local voluntary organisation about low vision services near you. RNIB can also advise on the help that is available.

Who can I contact for further information?

Royal National Institute of the Blind
105 Judd Street
London WC1H 9NE
Telephone 020 7388 1266
Website www.rnib.org.uk

RNIB Helpline 0845 766 9999
Email helpline@rnib.org.uk
Website www.rnib.org.uk

Royal College of Ophthalmologists
17 Cornwall Terrace
London NW1 4QW
Telephone 020 7935 0702
Website www.rcophth.ac.uk

HELP! I WANT TO STOP SMOKING...

No problem – there's plenty of support around. We've got the answers you really need, and reveal how quitting gives your health an instant boost.

I know smoking's bad for me – but why?

Tobacco smoke contains over 4,000 chemicals, at least 50 of which cause cancer. Smoking dramatically increases your risk of lung cancer, heart disease, and over 50 other diseases including at least eight cancers, respiratory (breathing) diseases, asthma, stomach ulcers and psoriasis (dry, scaly skin).

The carbon monoxide in smoke reduces your body's oxygen supply so your lungs work less efficiently. Nicotine speeds up your body and constricts your blood vessels, and tar contains cancer-causing substances and damages your lungs.

Is second-hand smoke really that dangerous?

Yes. It's estimated that several hundred people a year die from lung cancer caused by second-hand smoke. It almost certainly contributes to deaths from heart disease – a bigger killer than lung cancer.

Breathing other people's smoke increases the risk of mouth and throat cancers and heart disease, and makes chest problems and allergies worse. Children exposed to smoking may suffer damaging effects such as serious respiratory illness, asthma and middle-ear disease. Second-hand smoke is also linked to sudden infant death syndrome (a doubling of risk).

The Royal College of Physicians believes that up to 17,000 hospital admissions a year of children under five are due to their parents smoking. Women who smoke while pregnant are likely to reduce the birth weight, and damage the health, of their baby.

Why can't I just cut down on the fags gradually?

It sounds like a good idea, but it's difficult. You'll just take more and deeper puffs to get the nicotine hit you crave. Decide to quit, set a date, and get help. (See **How to give up**, below.) If stop-smoking aids are used with an intensive NHS service, a smoker is up to four times more likely to give up successfully.

HOW TO GIVE UP

Nicotine replacement therapy (NRT)

Skin patches, lozenges, tablets, gum or an inhaler. Gives a slow release of nicotine to fight cravings.

Zyban

Suppresses the part of the brain which gives a nicotine buzz, and doubles your chances of quitting. Ask your doctor if Zyban would be suitable for you. Available on prescription only.

Local NHS stop smoking services

These are generally local groups run by professionals trained to help you give up. If stop-smoking aids are used with an intensive NHS service you're up to four times more likely to quit successfully.

NHS Smoking Helpline

Telephone 0800 169 0169 (7.00am-11.00pm daily)

Or register for email support at www.givingupsmoking.co.uk

Quitline

Telephone 0800 00 2200 (9.00am-9.00pm daily)

Website www.quit.org.uk

Or email stopsmoking@quit.org.uk, for individual, confidential advice

SMOKING IS BAD FOR YOU

What cigarettes do to your body

You've heard the warnings about lung cancer – but that's not the only health problem you face. One in two long-term smokers is killed by their habit, which affects and damages every part of the body.

Brain

Reduces oxygen supply. Increases risk of stroke. Causes depression, headaches and mood changes.

Eyes

Doubles your risk of cataracts and macular degeneration (deterioration of eyesight).

Mouth

Increases the risk of mouth and throat cancers, gum disease and tooth loss. Reduces your sense of taste and smell.

Heart

Raises heart rate, blood pressure, constricts blood vessels, reduces oxygen supply. Causes one in four deaths from heart disease.

Circulation

Narrows and hardens the arteries, increasing the risk of heart disease and stroke.

Blood

Raises blood pressure. Increases cholesterol levels.

Lungs

Causes four out of five deaths from bronchitis, emphysema (chronic breathing difficulty) and lung cancer. Increases the risk of pneumonia and makes asthma worse.

Arms and legs

Damages blood vessels and circulation, which can cause ulcers and gangrene and lead to amputation.

Bones and joints

Weakens bones, increasing the risk of osteoporosis (brittle bones).

Skin

Delays wound healing. Causes early wrinkling and ageing of the skin. Doubles the risk of psoriasis (dry, scaly skin).

Abdominal area

Increases the risk of cancers of the stomach, pancreas, bladder, cervix, kidney and liver. Increases the risk of stomach ulcers and diabetes, and worsens their symptoms. Can bring on the menopause up to two years early.

How stopping now CAN make a difference**20 minutes**

Your blood pressure and pulse rate return to a level that's normal for you.

8 hours

The nicotine and carbon monoxide in your blood are halved. Oxygen levels return to normal.

24 hours

Carbon monoxide is eliminated and lungs start to clear of mucus and other smoking debris.

48 hours

Your body is now nicotine-free. Sense of taste and smell improve.

72 hours

Breathing is easier, the bronchial tubes relax and energy increases.

2-12 weeks

Circulation improves.

3-9 months

Lung function increases by up to 10%, and coughs, wheezing and breathing improve.

1 year

Your risk of a heart attack now falls by half.

10 years

Your lung cancer risk is now half that of a smoker.

15 years

Your risk of a heart attack is now the same as if you'd never smoked.

STROKE AND DISABILITY

Stroke is the main cause of severe disabilities in the UK – but you can slash your risk of having one.

What happens in a stroke?

A stroke occurs when the blood supply to your brain is disrupted. It can be due to a blockage caused by a blood clot in the brain or neck (called an ischaemic stroke). It can also be caused by bleeding from a burst blood vessel in the brain (called a haemorrhagic stroke). Both cut off the oxygen supply to the brain and cause cells to die. The brain is the body's control centre, so when cells die the body part controlled by those cells no longer works.

Would I know if I had a stroke?

They happen with no warning so it's important to know the symptoms. Look out for:

- A feeling of numbness or weakness in the face, arm or leg, especially on one side
- Slurred speech, or trouble understanding people's speech
- Blurred vision or other sight problems in one or both eyes
- Difficulty in walking, dizziness, loss of balance or co-ordination
- Unconsciousness or sudden vomiting
- Sudden severe headache

What is a mini-stroke?

It happens when the blood supply to the brain is interrupted for a short time but then goes back to normal. (It's known as a transient ischaemic attack.) The symptoms are like a full stroke but last for less time – from a few seconds to 24 hours.

What should I do if I think I'm having a stroke?

Call the doctor, go to A&E, or dial 999. There's a lot that can be done to prevent lasting damage, if it's treated early. So don't wait around.

Could I be at risk?

Simply being a man increases your chance of a stroke. And there are other factors that you can't control either – your age, a family history of heart disease or stroke, or being black African or African-Caribbean in origin. But you can cut your risk with some simple lifestyle changes.

SIX STROKE RISK FACTORS

1. High blood pressure
2. Smoking
3. Boozing
4. A dodgy heart (irregular heartbeat or high cholesterol)
5. A mini-stroke (transient ischaemic attack)
6. Diabetes

For more information go to:

www.stroke.org.uk

www.differentstrokes.co.uk

www.expertpatients.nhs.uk

Or call: The Stroke Association 0845 3033 100

Different Strokes 0845 130 7172 (for stroke survivors under 55)

AVOID FALLING AROUND THE HOME 20 top tips can help to keep you safe in the home – and protect your family

1. **Get out more and exercise.**

“With many people’s increasingly sedentary lifestyles, even younger people are experiencing problems with the loss of muscle strength and balance that can lead to falls”, explains clinical specialist physiotherapist Vicki Goodwin.

2. Feeling dizzy or unsteady?

Don’t wait until you stumble downstairs to get yourself checked out. Dizziness could be due to a medicine you’re taking, or to the balance mechanism in your ears, so ask your GP for advice.

3. Do you always need to hold the banisters to go up or down stairs?

You might have reduced muscle strength, or there could be a problem with your glasses. If you wear bifocals or varifocals, try separate glasses for reading and distance. And have regular eye tests (which are free for the over-60s).

4. Improve your balance and increase muscle strength and flexibility with regular exercise, such as t’ai chi, dancing, yoga or pilates. T’ai chi (a gentle martial art) is an effective exercise for preventing falls – and it makes you feel good!

5. Clear away clutter.

It’s easy to take a tumble if things are left lying around.

6. Install a night light for the hall, landing and stairs in case you need to get up in the night.

7. Fit a banister or handrail on all steps and stairs, no matter how familiar they are.

8. Consider fitting handrails in the bathroom, shower and toilet.

9. Get an outside movement sensor light installed so that you can see where you’re walking when it’s dark.

10. If you have a heart condition or blood pressure problems, always get up slowly whenever you’ve been sitting or lying down.

11. Sew non-slip tape on the bottom of rugs to stop them sliding around on the floor.

12. Get electrical points fitted wherever you need them, so that you don’t trip over trailing wires.

13. Check your footwear. Don’t wear loose-fitting or open-backed slippers or shoes. Do wear shoes with an in-built heel and non-slip soles.

14. Check your diet.

A healthy, balanced diet can help protect you from arthritis and osteoporosis, as well as conditions such as diabetes and heart disease. And make sure you drink enough water (at least eight glasses a day) to prevent dehydration – it can cause lightheadedness, which makes you unsteady on your feet.

- 15. Eat plenty of calcium-rich foods to keep your bones strong**, such as low-fat yogurt and milk, leafy green veg, nuts and dried fruit. You'll also need vitamin D to help the body absorb the calcium. It's produced by sunlight on your skin and is found in some foods, such as oily fish, eggs and soya milk. Check with your GP or pharmacist whether you need to take supplements.
- 16. Get a letter-box cage** fitted to the back of your front door so you don't have to stoop to pick up the post.
- 17. Get your confidence back if you've fallen before.**
One sure-fire way to do this is to take up regular exercise and/or physiotherapy. Ask your GP for advice.
- 18. Don't miss out on the flu jab** – getting flu can make you less steady on your feet. The jab is free for over-65s and for people of any age who have certain long-term conditions, such as asthma or heart disease.
- 19. Are you taking four or more prescription medicines**, or one medicine over a long period of time? Ask your pharmacist or GP for a Medicines Use Review to ensure you're getting the best from your medicines.
- 20. Follow these simple dos and don'ts with all medicines:**
 - ✓ **Do** finish the course, especially with antibiotics, even if you feel better
 - ✓ **Do** tell your pharmacist if you're combining one medicine with another – whether they're medicines you bought over the counter, herbal remedies, vitamins or prescription drugs.
 - ✓ **Do** see your GP if your symptoms don't clear up.
 - ✓ **Do** read the label and follow the instructions
 - ✓ **Do** keep medicines out of reach of children and away from heat, light and moisture

 - ❖ **Don't** be afraid to ask questions! Your pharmacist will be able to find a quiet spot where you can talk about your worries in confidence
 - ❖ **Don't** take someone else's medicine or give yours to another person
 - ❖ **Don't** throw away out-of-date or unwanted medicines in the bin. Return them to your pharmacist.

When a fall means hospital

A nasty fall could result in a broken hip or leg. But with the right care, you can return to an independent, active life. And if a bad fall happens to a family member, you can work with medical staff or help him or her have a speedy recovery.

- ◆ Check that staff have your contact details in your relative's notes.
- ◆ Check with ward staff that all medication, including vitamins and over-the-counter remedies, are recorded in your relative's notes.
- ◆ Don't be too shy to ask if nurses and doctors have washed their hands! This is a vital part of beating hospital infections.
- ◆ Follow the 20 tips on these pages to make sure their house is safe for their return.

