

The NHS Guide to Healthy Living

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FOREWORD



E.D. Macrae Tod OBE FRCGP
Editor & Chief executive, NHSTA

In the year 2004, the government published its plans for improving the health of the nation, "Choosing Health?". Detailed proposals for implementing its plans were published, and the success of this effort depends on co-operation between the professionals and the public.

To this end, the NHS Trusts Association (NHSTA) is delighted to publish its contribution to assist in achieving "healthy living" for all.

Experts from many different backgrounds and contributions from various professional bodies are presented. These deal with issues such as obesity, exercise, sensible drinking, cancer awareness, better nutrition etc.

In addition, common medical problems, such as those caused by allergy, are dealt with. The continuing importance of coronary heart disease is emphasised, and the other diseases caused by arteriosclerosis and high blood pressure are highlighted.

The importance of raised cholesterol levels is highlighted and the use of statins in their successful reduction.

I hope this publication will assist you by providing the information so necessary for both the professionals and the public to achieve worthwhile improvements and contribute to each person's healthy living.

David Tod.



Quaker Oats. Help reduce cholesterol.

Oats are a natural way to help keep your heart healthy as part of a diet low in saturated fat and a balanced lifestyle.



**Take two
every
morning
to help
maintain
a healthy
body.**



People with a healthy heart tend to eat more wholegrain food as part of a healthy diet and lifestyle, and Weetabix's main ingredient is wholegrain wheat. It's also high in fibre but low in sugar and saturated fat, which is important as decreasing saturated fat in your diet can help to lower blood cholesterol. Weetabix also contains important B vitamins and iron – it's the healthy start for everybody's busy bodies!

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The Food Standards Agency

Making Healthier Eating Easier

Rosemary Hignett, Head of Nutrition

Changing what you eat can change your life. Eating a balanced diet including plenty of fruit and vegetables, whole grain foods, and some oily fish like salmon is likely to reduce your risk of heart disease, stroke and some cancers.

On the other hand, your risks are higher if you eat hardly any of these healthier options but eat loads of foods high in saturated fat, salt or sugar instead, like burgers, chips, pies, chocolate bars and sugary drinks. Every year, well over 300,000 people in this country die from heart disease, strokes and cancer. Poor diet is one of the main causes.

At the Food Standards Agency we aim to do everything we can to help people to eat more healthily.

On our healthy eating website, www.eatwell.gov.uk, you'll find everything you need to know - from snack suggestions to full weekly menus - to help you put together a healthy diet for yourself and anyone you may be looking after.

What we eat is a matter of personal choice. Which is why the FSA provides bags of advice and information about healthy eating, but leaves the decisions up to you.

But sometimes you simply can't find what you need to know to make healthier choices. Which is why the FSA is also working hard with the food industry and others to make it easier for you to choose.

Take salt. Three-quarters of the salt we eat comes from processed foods like some breads, breakfast cereals, ready meals and meat products, or from some of the meals we eat from restaurants, cafes and take-aways. We can cut down on the amount of salt we add ourselves in cooking or at the table. But the only way to make a big difference is if food manufacturers and caterers cut down on the amount of

salt they add to the foods they make for us.

The Food Standards Agency has persuaded leading food companies in the UK to reduce the amount of salt they add to their foods. For more on why we need to do this, and what eating too much salt does to our bodies, visit www.salt.gov.uk.

While you're surfing the site, you might discover that some food companies list 'sodium' rather than 'salt' on their food labels (the chemical name for salt is sodium chloride). That's just one example of how confusing food labels can be. We're encouraging all food companies to call salt 'salt' - so that you can make quick decisions in the shop or supermarket without having to be an expert in maths and science.

You can find more information about all the work we are doing to make food labels simpler on our main website, www.food.gov.uk. Our big challenge at the moment is to come up with a symbol, or 'signpost', that tells you instantly if a food is high in fat, sugar, or salt. We've been testing various designs out on shoppers to see which one is easiest to understand and we're hoping that from 2006 food manufacturers will start putting the new signpost on the front of their food packets.

You'll also find lots of advice about food safety on our websites. While the effects of an unhealthy diet build up over a lifetime, the effects of eating food contaminated with food poisoning bugs can hit you within hours.

Something like a million people every year suffer from sickness, diarrhoea and stomach cramps as a result of eating food infected with Salmonella, Campylobacter and a number of other germs.

Since the Food Standards Agency

was set up in April 2000, we have worked closely with the food industry to clean up the food chain and cut down the numbers of people getting food poisoning. You can help to protect yourself at home by following some simple rules on how to store food safely, cook it thoroughly, clean up, and avoid spreading germs in the kitchen. All the information you need is on www.food.gov.uk.



The Food Standards Agency is the UK's most trusted provider of independent advice on food safety and standards. Our purpose is to protect consumers by improving the safety of food and by giving honest, clear information. We will make it easier for everyone to choose a healthy diet. Our core values are:

- n To put the consumer first
- n To be open and accessible
- n To be an independent voice

Tuesday 7th

Spoon - 1
Calories - 2
Taste lost - 0

Hurrah! Great news for my
taste buds and my thighs.



Silver Spoon Low Calorie from the sugar people

Can only add weight loss as part of a calorie controlled diet. 0.5g teaspoon contains 1 kcal.

Chief Medical Officer's Recommendations for Active Living

Exercise

Children & Young People

Children and young people should achieve a total of at least 60 minutes of moderate intensity physical activity each day. At least twice a week this should include activities to improve bone health, muscle strength and flexibility.

Adults

Adults should achieve a total of at least 30 minutes of moderate intensity physical activity on 5 or more days a week.

Older Adults

The recommendations for adults are also appropriate for older adults. Additionally, specific activities that promote improved strength, co-ordination and balance are beneficial for older people.

The recommended levels can be achieved either by doing all the daily activity in one session, or through several shorter bouts of 10 minutes or more. The activity can be 'lifestyle' activity, structured exercise or sport, or a combination of these.

Get fit for the summer

Physically active people live longer and are more resistant to heart disease, cancer and strokes. Walking, swimming, cycling, running and team sports are all a great way to get you in shape for the summer. No time or money for the gym? See below for calorie busting activities that won't cost a penny:

- * Burn 200 calories by taking a brisk half an hour walk · Believe or not housework is good for you!;
- * Washing your windows burns around 200 calories. On a cool day get the iron out to use up another 120 calories;
- * Giving your house a summer makeover is also good for your health - one hour of painting and decorating burns 180 calories;

* Out in the garden this summer? You can enjoy the sunshine and use around 1000 calories by mowing the lawn, digging and weeding.

* Find a personal trainer and get in shape: www.gymuser.co.uk for health clubs and personal trainers.

The Register of Exercise Professionals (REPs) is a system of self-regulation for all instructors, coaches, trainers and teachers involved in the exercise and fitness industry. It helps to ensure best practice within the fitness industry and it is worth making sure any instructor you use is registered with: <http://www.reps-uk.org/welcome.asp>

Walking

Walking is a great and easy way to take exercise. A new guide to country walks, including more than 70 new ones in the East of England, is published by the Department for Environment, Food & Rural Affairs (DEFRA).

A total of 74 new walks have been opened up to the public in the East of England in agreements between farmers and Defra over the last year. This includes 41 in Norfolk, 18 in Suffolk, seven in Cambridgeshire, five in Essex and three in Hertfordshire.

The walks are detailed in the latest edition of a free guide to walks and rides published by Defra. Also available online at <http://countrywalks.defra.gov.uk>, the Conservation Walks and Rides Register lists over 2,000 routes in the countryside open to the public, broken down by county.

Back Pain

With the right care you can protect yourself against possible back problems. Regular exercise will improve you strength and flexibility. Walking, swimming and cycling are all good while, activities such as yoga and Pilates are good for flexibility and strength. Try and shed some pounds - the heavier you are, the greater the

strain on your spine. Remember to bend your knees when you lift something and carry the object close to you. Stand and sit straight - try not to hunch when walking. Imagine an invisible cord attached from the top of your head to the ceiling. When sitting tuck your bottom in, ensure your lower back is supported and keep your feet on the ground or on a stool. If you sit down a lot, take regular breaks to walk around and stretch out. Save high heels for special occasions. They put a strain on your spine. Get a good mattress - make sure your bed isn't too hard or too soft.

Healthy Diet

5 a Day - What are the health benefits of eating fruit and vegetables?

* Eating a variety of fruit and vegetables will give you plenty of vitamins and minerals. For example, many are naturally high in folic acid, vitamin C and potassium. Fruit and vegetables are also a good source of fibre and other substances, such as antioxidants. All these nutrients are important for your health.

* Fruit and vegetables are generally low fat, low calorie foods. Therefore eating fruit and vegetables instead of foods that are high in fat and added sugars may help you keep yourself at a healthy weight.

* Eating more fruit and vegetables may help reduce the risk of the two main killer diseases in this country - heart disease and some cancers.

What counts towards 5 a Day?

Almost all fruit and vegetables count towards 5 A DAY. There is no limit to what you can consume but here are some guidelines to help you get the most from eating more fruit and vegetables:

- * Fresh, frozen, chilled, canned, 100% juice and dried fruit and vegetables all count.
- * A glass (150ml) of 100% juice (fruit

or vegetable juice or smoothie) counts as 1 portion, but you can only count juice as 1 portion, however much you drink. This is because it has very little fibre. Also the juicing process 'squashes' the natural sugars out of the cells that normally contain them, which means drinking juice in between meals isn't good for your teeth.

* 1 portion of dried fruit counts too, but other types of fruit and vegetables should be eaten to meet the 5 A DAY target.

* A serving of pulses, such as lentils, or beans like baked beans, haricot beans or kidney beans can count, but only as 1 of the 5 portions, no matter how much you eat.

* Fruit and vegetables don't have to be eaten on their own in order to count. Vegetables eaten with other things, such as in soups, stews and sandwiches, will still count towards your 5 A DAY.

* Dietary supplements like vitamins and minerals do not count towards 5 A DAY.

* Dietary supplements do not have the same benefits as eating more fruit and vegetables, because fruit and vegetables contain additional beneficial substances, such as fibre.

* The fruit and vegetables contained in convenience foods - such as ready meals, pasta sauces, soups and puddings - can contribute to 5 A DAY. However, convenience foods can also be high in added salt, sugar or fat - which should only be eaten in moderation - so it's important always to check the nutrition information on food labels. The only exceptions are potatoes and related vegetables such as yams or cassava. This is because they are classified as a starchy food.

* To get the maximum benefits, you need to eat different types of fruit and vegetables. This is because fruit and vegetables all contain different combinations of fibre, vitamins, minerals and other nutrients. So aim to include a variety of fruit and vegetables in your 5 A DAY to get the most benefit.

Smoking

One of the best changes you can make to your life, and to reduce your risk of killer diseases, is to give up smoking, though we know it isn't easy. The NHS

Smoking Helpline can put you in touch with a huge range of services to help you quit, including one-to-one support. For details of support near you call the NHS Smoking Helpline on 0800 169 0 169 or text GIVE UP and your full postcode to 88088 or go to www.givingupsmoking.co.uk. Use these services and don't leave it to willpower alone: you are twice as likely to succeed if you use nicotine replacement therapy (NRT), which is available on the NHS, and four times as likely if you use NRT plus NHS support.

Nicotine replacement

Nicotine Replacement Therapy (NRT) works by giving your body enough nicotine to ease withdrawal symptoms. Patches, gum, tablets, lozenges, inhalers and nasal sprays are all available on prescription or from your local pharmacy. The nicotine is absorbed differently from when you inhale, is much less addictive and doesn't cause cancer. Research shows that using NRT can double your chances of successfully giving up smoking. www.givingupsmoking.co.uk

Choice - where to access health information

We know that information about health will always be available from lots of different sources. Don't forget that your local pharmacist is also a trained health professional who can help with a range of minor ailments, and advise if you need to see your GP; nurses also offer convenient and accessible services at Walk-in Centres and via NHS Direct.

NHS walk -in centres are run by experienced nurses and provide a fast and convenient alternative to casualty departments. If you have a minor illness or injury like a sprained ankle you can avoid a long wait in Accident and Emergency by simply turning up at your nearest walk-in centre. There is no need for an appointment. To find your nearest centre look on www.nhs.uk or call NHS Direct on 0845 4647.

We are expanding the kinds of information we provide on our services, and developing a new service, Health Direct, which will be an easy way for people to find out preventative health information complementing NHS Direct. But we are also helping other organisations give out accurate

and up to date information, by adding the NHS logo and other brands such as 5 A DAY to high quality resources, and working with partners like the Coalition for Cancer to distribute them. The BMJ Best Treatments website, in partnership with NHS Direct, also gives you access to research on different treatments and therapies, for conditions ranging from back pain to cancer. 500 of the world's leading doctors sort through the results of thousands of clinical research studies and the website presents the results impartially without using medical jargon. We are even delivering the NHS to your door: easy to use advice and information on 25 of the most common adult and child health problems, with advice on how to treat symptoms at home where appropriate, is now included in Thomson Local directories.

Skin cancer the hidden menace

Skin cancer is the second most common cancer in the UK, with about 40,500 cases annually. We can significantly reduce our risk of skin cancer by taking a few simple steps, such as covering up with a hat and T-shirt, staying out of the sun around midday, and taking extra care with children, then using sunscreen of factor 15 or higher.

SunSmart is the UK's national skin cancer prevention campaign. On this website you will find information about skin cancer and how to protect yourself from the sun. www.cancerresearchuk.org/SunSmart

Remember the SunSmart code!

Stay in the shade 11-3pm.

Make sure you never burn.

Always cover up.

Remember to take extra care of children.

Then use factor 15+ sunscreen.

Alcohol Its pleasure and its pain

Alcohol misuse is associated with 150,000 hospital admissions each year. Know your limits and drink safely. The Department of Health advises that men should not drink more than 3 - 4 units of alcohol per day, and women should drink no more than 2 - 3 units of alcohol per day. These daily

benchmarks apply whether you drink every day, once or twice a week, or occasionally.

What is a unit of alcohol?

A unit of alcohol is 10ml of pure alcohol. Counting units of alcohol can help us to keep track of the amount we're drinking. The list below shows the number of units of alcohol in common drinks:-

- * A pint of ordinary strength lager (Carling Black Label, Fosters) - 2 units;
- * A pint of strong lager (Stella Artois, Kronenbourg 1664) - 3 units;
- * A pint of bitter (John Smith's, Boddingtons) - 2 units;
- * A pint of ordinary strength cider (Dry Blackthorn, Strongbow) - 2 units;
- * A 175ml glass of red or white wine around 2 units;
- * A pub measure of spirits - 1 unit;
- * An alcopop (eg Smirnoff Ice, Bacardi Breezer, WKD, Reef) - around 1.5 units.

If you or someone you know has a drinking problem there are lots of organisations that can provide help and support for the person affected and their friends and family. Log on to the Department of Health's website at <http://www.dh.gov.uk> and type in 'Alcohol misuse useful links'.

Allergy

The incidence of allergic conditions is increasing and these are now estimated to affect between one in six and one in four of the UK population.

Causes of allergies

Allergies are caused by the body's immune system reacting to allergens as if they were harmful. The immune system does this by making antibodies to fight off the allergen. Antibodies are special proteins made in the immune system to fight off viruses and infections that could harm us.

Some people are predisposed to allergy. This means they are more likely to develop an allergy because it runs in their family. If you are predisposed to an allergy, the condition is called atopy. People who are atopic are more likely to develop allergies because their body produces more IgE anti-

body than normal. There are thousands of allergens, some of the most common include:

- * House and dust mites;
- * Grass and tree pollens;
- * Pet skin flakes or hair;
- * Fungal or mould spores;
- * Food (milk, egg, wheat, soya, seafood, fruit and nuts);
- * Wasp and bee stings;
- * Certain medications;
- * Latex, and Nickel, rubber, preservatives and chemical resins.

Prevention of allergies

You can help to prevent allergies by taking the following steps:

- * Keep your home dry and well ventilated by opening windows, not drying clothes indoors and turning down central heating. Dehumidifiers are also helpful.
- * Cut down on dust mites by dusting and vacuuming regularly. Remove cushions and soft toys, and buy bedding made from synthetic fabric rather than using feather pillows and woollen blankets.
- * If you are allergic to house dust mites, it is especially important to wash your sheets and pillows once a week on a hot wash, and buy barrier covers for your bedding.
- * Avoid eating allergens you know can affect you.
- * If you are allergic to pets, keep them outdoors, or make sure they only go into one room, preferably without carpet. Do not allow pets in bedrooms.

Hayfever

Hayfever is one of the most common allergies in the UK, affecting between 10-20% of the population. It is also known as Seasonal Allergic Rhinitis and only occurs during the spring and summer pollen season.

Research suggests that it can run in families, particularly those who also have a history of eczema and/or asthma. These illnesses are sometimes referred to as atopic conditions. The good news for people with hay fever is that a wide range of effective treatments is available to reduce the allergic response.

Symptoms vary in severity and start at different times of year depending on the type of pollen or other allergic substance (allergen) causing the reaction. Common symptoms include a blocked or runny nose, itchy and watery eyes and frequent sneezing.

Prevention

The best prevention of hayfever is to avoid pollen by following these steps:

- * Close windows at home, in the office and in the car;
- * Wear sunglasses to prevent pollen reaching the sensitive eye membranes;
- * Avoid pollen-rich areas, particularly when the pollen count is at its highest in the afternoon and evening;
- * Take a shower and wash hair after going outside when the pollen count is high;
- * Check the pollen forecasts in the media;
- * Don't mow the grass or lie on freshly cut grass.

Treatment

Fortunately a wide range of products is available to treat the symptoms of hay fever, many over the counter. Make sure you check with your GP or pharmacist to see which products or medicines are suitable for your children.

Antihistamines are available as tablets or liquids. There are two types of antihistamine: sedating, which cause drowsiness, and non-sedating, which cause less drowsiness. They work by blocking the release of histamine, which is a product of the allergic reaction and is the main cause of irritation in the eyes and nose. Antihistamines are not suitable for people with existing conditions such as kidney, liver or prostate problems, or those taking antidepressants or sedatives.

Eye drops act by reducing the release of histamines from your eyes and help to reduce itching and swelling.

Complementary therapies, such as acupuncture, homeopathy and herbal medicine, may help relieve or prevent hay fever symptoms but more research is needed to prove their effectiveness.

Detailed information on the evidence available on many of these ther-

apies can be found at <http://www.best-treatments.co.uk/btuk/conditions/16493.html> but this does not take the place of medical advice and you should still consult your doctor or pharmacist to make sure that any treatment is suitable for your child.

Insect stings

There are certain insects that sting (inject venom into the skin) as a defense mechanism. In the UK, these insects include bees (honeybees and bumblebees), wasps and hornets.

Most stings are painful but harmless and only affect the area around the sting. However, some people can have an immediate and more widespread allergic reaction, such as an anaphylactic shock and this can be fatal (see Anaphylaxis topic). This is quite rare (approximately 3 people in 100) and normally only happens with a wasp sting.

Most people who have an allergic reaction have been stung before without an allergic reaction. Some people never have another allergic reaction again after their first. This is why they are almost impossible to predict.

Wasps and bees sting as a defence mechanism and do so to warn you off if you have disturbed them. Unless you have an allergic reaction, a sting is not harmful, just painful and itchy. If you are allergic to wasp sting, you are not likely to be allergic to bee sting as well.

Prevention

* If you encounter any wasps or bees you should move away from them slowly, without panicking. Do not wave your arms around.

* If you are planning to spend time outdoors, especially in the summer, use an insect repellent. * Never disturb an insect's nest and avoid clusters of flowers and piles of wood where insects gather.

* When eating or drinking outside, keep food and drink covered, especially sweet things.

* The best way to avoid being stung is to wear long sleeved tops and long trousers. You may also wish to wear socks and shoes. Insects are attracted to brightly coloured clothes and strong perfume and body lotion.

* To stop insects getting into the car

while you are driving, keep the windows closed when you are in the car.

* To stop insects getting into the house, keep doors and windows closed or have thin netting over them.

* If you know you are allergic to wasp or bee stings, you should carry a syringe loaded with adrenaline, as well as instructions, with you at all times. Some people with known severe allergies choose to carry a card or wear some form of tag. See your GP.

Treatment

As soon as you realise you have been stung you should remove the sting with your fingers or tweezers. If a child has been stung a responsible adult should remove the sting. You should be very careful not to spread the venom further under the skin as you remove the sting. Bee stings have a venomous sac; you should try not to puncture this as you remove the sting.

* Wash the area with soap and water.

* Put a cold flannel on the area.

* Raise the part of the body that has been stung to prevent swelling.

* Use a spray or cream containing local anaesthetic or antihistamine on the area to stop the itching and swelling.

* Take painkillers, such as paracetamol if it is very painful.

* Do not scratch the area as it may become infected.

* Keep children's fingernails short and clean.

If the redness and itching does not clear up after 48 hours see your GP. If you experience swelling or itching anywhere else on the body after being stung, or wheezing or difficulty swallowing, you should call 999 for an ambulance, as you may be having an allergic reaction.

Healthy living in the Winter Keep warm keep well

The relationship between health and the weather was first established long ago, and yet, with typical British stoicism, this is often something we choose to neglect or simply forget.

The Greek physician Hippocrates once said: "No good doctor can practise medicine until he understands the relation between the seasons and

health." Modern doctors agree Hippocrates was spot on.

There is a direct link between cold weather and a rise in the mortality rate. While your immune system is busy fighting the cold, you are more susceptible to seasonal illnesses like flu. This is especially true for people with asthma, diabetes, heart, lung or kidney disease as well as the elderly.

Keep Warm Keep Well is a national campaign to reduce cold-related illnesses this winter. The campaign is a partnership between the Department of Health, DEFRA (Department for Environment, Food and Rural Affairs), DWP (Department for Work and Pensions), Help the Aged, Age Concern England, National Energy Action and WRVS. The campaign encompasses a free Winter Guide and the Winter Warmth Advice Line (freephone 0800 085 7000).

Top tips for keeping well this winter

* Get your flu jab;

* Keep warm, eat well;

* Stop smoking;

* Keep warm, dress well;

* Keep warm, keep moving;

* Preparing for the winter cold;

* Avoid crowded stuffy rooms & transport;

* Keep warm, heat safely;

* Look out for your neighbours;

* Know what to do if you do fall ill.

As the weather cools, your immune system has to work harder to fight off the cold and you become more susceptible to seasonal illnesses. While coughs and colds are unpleasant, flu can keep you out of action for weeks, often leading to more serious and even critical illnesses.

For people with diabetes, flu can be a real worry. Not only are you more likely to catch the flu, but if you do, it is more likely to develop into a serious illness. The flu jab is the only prevention and the best time to get vaccinated is between October and November each year.

To get your free flu in the winter period jab contact your local GP or, to find out more, call NHS Direct on 0845 46 47, or visit

HEART DISEASE AND DIABETES

E.D.Macrae Tod OBE FRCGP

Along with cancer, heart disease is the main cause of death in the United Kingdom. In spite of serious efforts by everyone in the National Health Service to reduce its mortality rate to that of other western countries, much still remains to be done.

The National Service Framework on Coronary Heart disease in 2000, produced by the government and headed by Dr Roger Boyle and his team at the Health Department, has shown the way forward, and already there have been significant improvements and falls in the mortality figures. However, aftercare in patients who have survived major heart attacks is poor. Some 50% of such patients receive inadequate or poor follow up and treatment. Similarly, the National Service Framework on Diabetes, published a year or two later, also points out the complications of poor control and the increased incidence of coronary heart disease, serious eye conditions, such as cataracts and retinopathy, kidney failure and defective limb circulation, often resulting in loss of limbs. Both these government sponsored

publications explain the significance of regular exercise, weight control, smoking cessation and prevention of all these medical conditions.

However, in patients with raised blood pressure, cholesterol levels and blood sugar, the importance of follow up by the medical team has become essential. Responsibility for these measures rightly falls squarely with the patient and the patient's GP. Unless the patient is aware of potential risks he takes in ignoring these medical problems created by his poor diet and failure to control his weight, his inability to stop smoking and his lack of taking meaningful exercise, the medical team is grossly handicapped and the patient of course suffers in the long run.

General Practitioners and Practice Nurses are increasingly responsible for patient care in these fields, but without patient co-operation in achieving regular blood pressure measurements, cholesterol blood sugar and other tests, the health team is unable to obtain the positive results so necessary for patients to achieve better health.



David Tod

The advances in medical science can only go so far in helping people to achieve good health, each and every individual has responsibility for his or her own health. Let us all strive for perfection.

E D Macrae Tod

David Tod is a former London GP and tutor in general practise at St George's Hospital Medical School and has a special interest in heart disease. He is a fellow of The Royal Society of Medicine Cardiology Section and Editor of "Coronary Care in the UK".

DR ROGER BOYLE, NATIONAL DIRECTOR FOR HEART DISEASE

Dr Boyle was appointed as National Director for Heart Disease in March 2000. He is also Chairman of the National Taskforce for CHD, a Fellow of the Royal College of Physicians and the European Society of Cardiology, and a member of the Council of the British Cardiac Society.

Before being appointed as National Director, he was Clinical Director for General Medicine, and General Manager at York District Hospital and a member of the Joint Committee on Higher Medical Education.

He qualified from London Hospital Medical College in 1972, and trained in cardiology in London, Manchester and Leeds. Dr Boyle is married and lives in London. He enjoys sailing in his spare time.

DR SUE ROBERTS, NATIONAL CLINICAL DIRECTOR FOR DIABETES

Dr Sue Roberts was appointed National Clinical Director for Diabetes in February 2003 but continues to work as a physician and clinical co-ordinator for the Northumbrian Diabetes Service.

Having trained in London, Newfoundland and Newcastle upon Tyne, Dr Roberts developed comprehensive district-wide diabetes services, initially in North Tyneside and subsequently as Clinical Co-ordinator, general manager and budget holder, for a newly reconfigured Specialist Diabetes Service for Northumbria. This is linked to a "Healthy Hearts" programme.

She was Chair of the Education Advisory Committee at Diabetes UK from 1994 to 1998 and Co-chair for the Clinical Care Sub-group of the Joint DH-BDA St Vincent Task Force for Diabetes in 1993. In 2002 she was a member of both the DH-MRC Research Advisory Committee on Diabetes and the Diabetes NSF Implementation Group. She now chairs the Diabetes Sub-group of the Long Term Conditions Care Group Workforce Team.

Dr Roberts' main clinical interests are the practical aspects of healthcare delivery, especially related to chronic disease management, teamwork, the education of people with diabetes and the training of staff to deliver good care.

— Ideal for the whole family —

Splenda®

low calorie sweetener

with
sucralose:
made from
sugar and
tastes like
sugar

Apricot and Ginger Teabread



Serves: 12 slices

Preparation Time:

10 minutes + 30 minutes soaking time & 10 minutes resting time

Cooking Time:

45 minutes

Ingredients:

200g/7oz 'no soak' dried apricots, chopped
2 pieces stem ginger, rinsed and finely chopped
50g/2oz raisins
300ml/½ pt orange juice
½ tsp vegetable/sunflower oil
225g/8oz self raising flour
8 level tbsp SLENDA®
2 eggs, beaten

Method:

1. Mix together the apricots, stem ginger, raisins and orange juice and leave to soak for 30 minutes. Grease and line the base of a 900g/2lb loaf tin using the oil and non-stick parchment paper.
2. Preheat the oven to 180°C/170°C Fan/Gas Mark 4.
3. Sift the flour into a large bowl and stir in the SLENDA.
4. Beat the eggs into the apricot mixture. Make a well in the middle of the flour and add the apricot mixture gradually, beating to make a batter. Pour into the tin and bake for 45 minutes until golden and an inserted skewer comes out clean. Leave in the tin for 10 minutes before cooling on a wire rack. Serve in slices.

Tip:

Suitable for freezing. Store in an airtight container in the refrigerator for 3-4 days.

The Sweet Life...

SLENDA® low calorie sweetener is made with sucralose, the sweetener that is made from sugar and tastes like sugar.

As you know, managing your weight successfully involves combining exercise with a healthier approach to your diet - but every little step you take along the way counts! Small changes in behaviour can make a big difference to body-weight over time. What's more, it's often easier than you think to make those small changes whilst still satisfying your taste for the sweeter things in life.

Available in tablet and granular forms, SLENDA® low calorie sweetener is ideal for the family that enjoys sweet treats but is looking to eat more healthily. SLENDA® Granular measures and sweetens spoon for spoon like sugar but has significantly fewer calories - just two Calories per teaspoon, compared with twenty Calories per 5g teaspoon of sugar. This makes SLENDA® Granular a perfect sugar alternative for sprinkling on cereal and fruit as well as sweetening hot and cold drinks.

Provided it fits into their healthy diet plan, SLENDA® is suitable for people with diabetes because its sweetening ingredient, sucralose, has no effect on blood glucose and insulin.!

SLENDA® is also heat stable so it does not lose its sweetness even at high temperatures, making SLENDA® Granular great for cooking and baking. This delicious Apricot and Ginger Teabread is the proof in the pudding that you and your family can enjoy sweetness as part of a healthier diet.

SLENDA® Granular is available in a 90g jar and a 30g pouch. SLENDA® Tablets come in a handy dispenser containing 300 tablets. For delicious recipe ideas, cooking and baking tips, or general information, visit www.splenda.co.uk

1. Grotz VL et al. J Am Diet Assoc 2003; 103: 1607-1612



Allergy Management

Dr. Jean A. Monro

Allergy is said to affect as many as 40% of children and 30% of adults in the U.K. The prevalence, severity and complexity of allergy are rapidly rising and perhaps as many as one in 50 children in England is now allergic to nuts – almost a quarter of a million children. Nut allergy can cause some children to suffer anaphylaxis which may be fatal.¹ A serious problem of allergy exists and allergy sufferers' needs are not being met.

“Allergy: the unmet need” is the title of a blueprint for better patient care, a report from the Royal College of Physicians.² The report states:

“Although genetic susceptibility is an important risk factor for allergic sensitisation and its expression as disease in different organs, the current allergy ‘epidemic’ is a consequence of our changing environment. Increased exposure to allergens and air pollutants, over-use of antibiotics and other drugs, reduced fruit and vegetable intake, reduced early life exposure to bacterial products, and an alteration in bacterial colonisation of the gut have all been blamed”.

What is an allergy?

The traditional medical concept of allergy is that it is due to exaggerated sensitivity (hypersensitivity) to a substance which is inhaled, swallowed or comes into contact with skin, eye or mucous membranes. This term ‘allergy’ is used where there is heightened or altered reactivity of the immune system in response to an external or foreign substance, known as an allergen. Typical allergens include pollens, fungal spores, house dust in which there may be house dust mite, and animal products.²

An allergic response occurs when a foreign agent attaches to a substance made by the body, called an ‘antibody’. Antibodies float in the fluid components of the body and attach to the allergen and the combined product will stick on to cells, which then

release histamine and other substances, causing the symptoms of allergy such as swelling, pain, redness, itching, in the location where the release of these chemicals has occurred. There are five different types of antibodies. However, many allergy tests only check for one type, usually IgE antibodies.

When visiting their doctor, many people may report an altered reaction to some foreign agent(s). Not all of these are typical allergies because the body has not made an antibody reaction to the foreign agent and the production of an antibody defines an allergic response. It may simply be that, in some individuals, there may be an imbalanced ability to dispose of chemicals, or that reactivity to a food may have followed an event such as a gastrointestinal infection. Therefore a person may experience an abnormal response which would usually be called an allergic response, but that some of the simple allergy tests commonly used are not able to prove this. Nevertheless, it may be important to try to identify a cause by the standard tests.

Amongst allergic reactions are:²

- hayfever
- rhinitis (which can occur throughout the year)
- asthma
- acute reactions to foods such as nuts, eggs and fruit
- anaphylaxis, which is a shock-like condition as a result of a reaction
- urticaria and swelling
- eczema
- food allergy
- drug allergy
- venom allergy from bee or wasp stings, etc.
- latex allergy, which is allergy to rubber

There are many reactions which are

not directly related to this type of response but are categorised by people as allergic responses because they know the response occurs following an exposure. Examples of these may be food sensitivities and chemical sensitivities. The mechanism for these reactions is different from the allergic antibody reaction. The sensitivity reaction may occur when the chemicals or foods are not cleared away from the body efficiently because the total load of the substance to be cleared is too great, or because the pathway for removal of the substance is defective. All surfaces of the body have dendritic cells, which can assess foreign material, and these can pass information to the autonomic nervous system through nerves which are called ‘C-fibres’. This transfer of information can result in an immediate response without the engagement of antibodies. Some people have a more delayed response to food, which may cause problems such as irritable bowel syndrome, migraine or arthritis.

Causes : food, chemicals, inhalants

Obviously it is important to know the cause of a problem in order to be able to manage it. Where it is clear what the causal agent is, in managing the condition one can avoid the cause. This is clearly possible if it is something which is rare. For example, an allergy to horse dander may be managed by avoiding exposure to horses. However, where the problem is due to something which is common amongst one’s encounters, then it may be very difficult to avoid.

The largest amount of foreign material coming into the body is food. Management of food allergy is very difficult, because very often it is common foods which cause reactions rather than uncommon foods or foods eaten rarely. If they are eaten rarely, then it is very easy to identify the cause. Examples of such foods may be strawberries, which might provoke a rash, or shellfish, which might cause diarrhoea.

Foods such as milk or wheat, which are present in many manufactured foods and are staples in our western diet, are more difficult to avoid and as they are present in so many things that we eat, it is often harder to pinpoint exactly what is causing the reaction.

Your doctor has several different ways to make a diagnosis of allergy, including traditional methods, skin tests or blood tests. Often the doctor will rely on taking a clinical history, which may be sufficient for diagnosis

when there is an acute symptom, such as urticaria (rash), angiooedema (swelling), pruritis (itching), asthma, abdominal pain, vomiting, faintness or collapse, occurring immediately or soon after ingestion of a food. Blood tests may also be used. Interestingly, in people who are allergic to grass and who have a positive blood test result to wheat, (which is part of the grass food family), 60% will not experience any obvious reaction to wheat when they eat it.³ The “challenge diet”

method may also be used to identify a food that is causing a reaction. With this diet, the first step is to eliminate a suspected food from the person’s usual diet, and after some time has passed, the second step is to reintroduce that food and see if the symptoms recur. When there is a “challenge” with a food, only 50% of people respond acutely with a symptom.⁴

Allergies may be apparent in infancy, particularly to milk and egg. Thereafter fruits, fish, crab, shellfish,

Type problem	Substance	Reaction	How to minimise or eliminate the
Inhaled – Indoor	House dust	Asthma	Use pillows, cushions, etc. with synthetic filling; use cotton sheets, blankets, pillowcases, curtains; vacuum mattresses regularly; wipe all surfaces with damp cloth; replace carpets with wood or vinyl flooring; change vacuum bags regularly and vacuum upholstered furniture at least twice a week.
	House dust mite	Rhinitis Eczema Wheezing	
	Animal dander	Asthma Rhinitis Eczema Wheezing	
	Moulds	Asthma Rhinitis Eczema Wheezing	
Inhaled – Outdoor	Chemicals	Asthma Rhinitis Eczema Wheezing	Use natural fibres; use natural cleaning materials and avoid commercially bought products. Buy unperfumed cleaning agents, toiletries, etc.
	Pollens	Asthma Rhinitis Eczema Wheezing	Keep windows shut; avoid contact with flowers, etc. Dry washing indoors.
	Moulds	Asthma Rhinitis Eczema Wheezing	Avoid contact with soil, plant litter, decaying vegetables, bird droppings, etc.
	Chemicals	Asthma Rhinitis Eczema Wheezing	Avoid traffic fumes, particularly in built-up areas; shopping areas; crop and garden sprays.

Table 1. Management of Inhalant Allergies

wheat, soya, peanuts and vegetables will appear as these are introduced into the diet, and other allergies such as latex, insect venom, bee and wasp sting sensitivities occur later in life.⁵

Most people have immediate sensitivities.⁶ Blood tests have been undertaken with egg, milk, peanut and fish and have shown 6% of people with IgE sensitivity to egg, 32% to milk, 15% to peanut and 20% to fish; 40% of people are sensitive to pollen, 30% to mites and 20% to animal danders, 5% to moulds and 2% to insects. Also 2% are sensitive to foods through the antibody pathways and 1% have miscellaneous sensitivities.

Management of food or chemical allergies

Babies: Allergy to milk or egg accounts for 50% of allergies in infants in their first year of life. Consider which is the principal problem, and if the baby is being breast-fed, one might cut those items out of mother's diet. If the baby is being fed on formula, maybe a change of formula is required.

Once weaned, babies can react to foods and then one needs to consider the most likely items to which they might be sensitive, according to a response immediately after a food has been introduced, remembering that gastrointestinal reactions can take up to two days, whereas skin reactions may take five days to appear and subside. Asthma and eczema can be reactions to foods as well as to inhaled agents.

Children: The first thing to do is to cut out additives, colourings and flavourings and have only fresh food, organic if possible. Processed foods should be avoided, as well as nuts, coffee, tea, chocolate and instant drinks. If symptoms to foods are persistent, then one may need to consider coeliac disease (a sensitivity to gluten from wheat and other grains), lactose intolerance and favism (a food sensitivity).

Adults: Food allergy diagnosis in adults is much more difficult. One can still consider the person's history. In skin prick tests, the suspected substance is put on the skin and pricked in with a needle, and the size of the resulting bump or 'wheal'

relates to the likelihood of allergy. These tests may be of limited use, as often the person will already know that there is an allergy; overall allergy tests will give information about the chances of being clinically allergic but are not absolute. The laboratory tests for IgE antibodies might be helpful only where an individual has an acute response; but often other tests, called IgG antibody tests, are done: these are of relevance and importance where IgG antibodies inhibit the protection of the gut lining.

Presentation of food allergy in adults may be gastrointestinal sensitisation with milk, egg, peanut or fish. Sometimes there are foods which cross-react and provoke responses.

Examples of this are birch, hazelnut and apple in one group, celery and spices in another group, latex, which is from rubber and will give contact sensitivity of the skin, and some fruits such as mango and kiwi. Salicylates, which can provoke reactions, are present in many fruits, vegetables, seeds and nuts, honey, coconut oil, olive oil, herbs and spices and alcoholic drinks.

Some people react to foods which release histamine, the substance which can provoke redness and swelling and allergic reaction, and to other biogenic amines like tyramine, which is present in chocolate, yeast extract and cheese and can lead to migraine. One may need to avoid particular foods or drugs related to them, for example, aspirin for people who are sensitive to salicylates, as mentioned above. With adults, avoidance of a principal substance which provokes reactions can often reduce sensitivity to all the others, but in some people there may be a requirement for treatment to reduce sensitivities.

There are some anti-histamines which can be obtained from health-food stores such as quercetin. Many people benefit from B vitamins, vitamin C and antioxidants. These supportive measures can help people with allergies.

Living with allergies

Table I makes some suggestions for allergy sufferers to follow to reduce allergic reactions. The three major components involved in health and allergies are the genetic make-up of the individual, environmental exposure

and the body's ability to regulate itself. We cannot change our genetic make-up but we can try to identify what is causing the reaction and reduce exposure to it. Reducing the exposure to as many allergens as possible will often reduce sensitivity to many other allergens and providing the body with the best quality and variety of foods and pure water will help the allergy sufferer to enjoy healthier living.

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Address the problem not the symptoms.....



Siesta 7 Photocatalytic Air Purifier

By removing and destroying harmful airborne elements, users find the benefits of the Siesta 7 are almost immediate.

Effective against the following bacteria/viruses:

E. Coli (O157:H7)		Staphylococcus (MRSA)		Pseudomonas aeruginosa	
Initial number	In six hours	Initial number	In six hours	Initial number	In six hours
190,000 count	10 count or less	620,000 count	10 count or less	400,000 count	10 count or less
Influenza virus					
Initial number	In six hours				
500,000 count	50 count or less				

Staphylococcus Aureus

The bacterium that causes food poisoning

Staphylococcus

This bacterium causes suppurative diseases such as pneumonia, food poisoning and sepsis

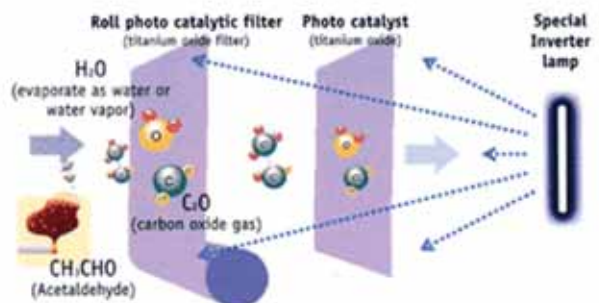
Pseudomonas Aeruginosa

This bacterium causes urinary tract and airway infections

Bacillus Subtilis

This bacterium causes conjunctivitis

How does it work?



The Siesta 7 uses photocatalytic technology to change the molecular structure of pollutants, therefore deactivating germs and bacteria and eliminating toxic gases and odours. Based on a chemical reaction, pollutants travel through the two titanium oxide filters where light from two inverter lamps create hydroxyl radicals (OH).

These radicals oxidise or change the molecular structure.

The result: pure clean air.

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ADDRESS THE PROBLEM NOT THE SYMPTOMS

Read any newspaper or health related magazine and you are bound to see headlines such as “Official – Allergies out of control in Britain”, “Alarm sounds over indoor air quality”. “£1bn bill for NHS as 18 million are hit by allergies” and “Indoor pollution cases soaring”.

Allied to this is the increasing number of Asthma and hayfever sufferers as well as general respiratory related allergies.

It has been calculated that the air quality in an average home contains 5-8 times more contamination than the air outside. The drive for energy efficient homes and buildings has created what has become known as ‘Sealed box syndrome’. The contamination can get in but it can’t get out.

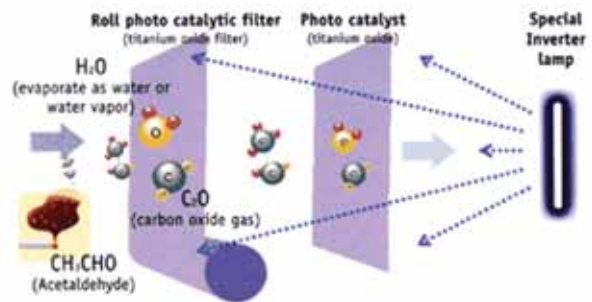
This change in our environment has seen a growth in products such as air cleaners/purifiers and inevitably an increase in over the counter and prescription drugs to combat the symptoms.

Surely what should be addressed is the problem not just the symptoms, which is exactly what the Daikin Siesta 7 Photocatalytic Air Purifier helps to do.

As with any product there is always a ‘cheap alternative’, which may remove the larger dust particles of around 1 –2 microns and even partially reduce odours but is unable to remove and destroy the minute particles, viruses and bacteria which are the real health hazards.

The Siesta 7 works by drawing air in and passing it through a seven-stage filtration process (figure 1). The Siesta is able to remove particles down to a size of 0.001 micron. Harmful elements such as bacteria and viruses are decomposed and pure air is returned to the room. (figure 2).

Mechanism of odour and noxious gas removal and bacterial actions



The photo catalyst and inverter lamp

Taking the process one step further, the Daikin Siesta uses photo catalyst technology to change the molecular structure of pollutants, therefore eliminating toxic gases and odours and deactivating germs and bacteria. Based on a chemical reaction, pollutants, such as second hand smoke, travel through the titanium oxide filter where light from the inverter lamp creates hydroxyl radicals (OH). These radicals oxidize or change the molecular structure. The result: pure, harmless elements such as water and carbon dioxide. figure 2.

But what is ‘Photocatalytic technology’?

When cars were introduced to run on lead free petrol a new technology was developed to form part of the exhaust system called a photocatalytic converter. This technology greatly reduced the harmful emissions from cars into the atmosphere. It is this same technology that makes the Siesta 7 the unique product it is (Figure 3).



figure 1.

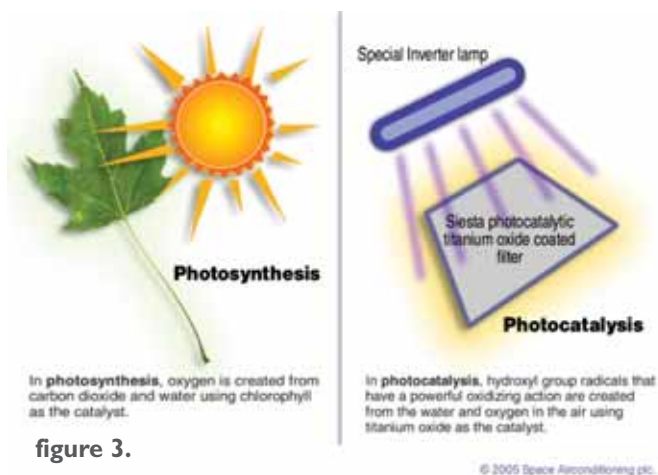


figure 3.

Against what bacteria and viruses is the Siesta effective? (Figure 4)

Numerous consumer trials have been carried out using the Siesta 7 for hayfever, and asthma sufferers as well as people susceptible to passive smoking and respiratory allergy sufferers - all with outstanding results. (See testimonials on website www.homeairsolutions.com)

By removing the harmful elements that provoke the symptoms, users find the benefits of the Siesta 7 are almost immediate. Hospitals such as the Royal Surrey, The John Radcliffe and The Mount Alvernia find the Siesta not only helps in cleaning the air but also in reducing intrusive odours.

In the spring of 2004 The Siesta 7 achieved the prestigious Allergy Foundation seal of Approval. Very few products are able to achieve the high standard required for such an accreditation.

Manufactured by Daikin, one of the world largest air conditioning companies, the Siesta continues to set new standards in air cleaning. One Siesta will cover an area up to 41m² (442 Sq Ft) costs less than a penny a day to run, removes 52 toxic substances, requires very little maintenance and has a filter roll life of up to 7 years before needing replacing. Replacement filter rolls only cost £59.



To book your demonstration or to find out more about the Siesta 7 Photocatalytic Air Purifier contact David Chadd, General Manager, Space Air Solutions Ltd, Willway Court, 1 Opus Park, Moorfield Road, Guildford, Surrey. GU1 1SZ .



Call 01483 504883 or E-mail solutions@spaceair.co.uk
Log on to www.homeairsolutions.com

E. Coli (O157:H7)		Staphylococcus (MRSA)		Pseudomonas aeruginosa	
Initial number	In six hours	Initial number	In six hours	Initial number	In six hours
190,000 count → 10 count or less		620,000 count → 10 count or less		400,000 count → 10 count or less	

Influenza virus	
Initial number	In six hours
500,000 count → 50 count or less	

The data cited above was obtained by the **Japan Analysis Centre.**
(Sept 18, 1997, OS 293070256)

© 2005 Space Airconditioning plc.
figure 4.



Asthma UK to Help People with Asthma Avoid Hospital Visits

In 6 people with asthma who have to go to hospital because of an asthma attack need emergency treatment again within two weeks and yet 75% of hospital admissions for asthma are preventable. These are the shocking statistics Asthma UK will be using to highlight the issue of emergency care for people with asthma.

After your asthma attack and After your child's asthma attack are two new booklets to be launched by Asthma UK in July, that will help people who have had an asthma attack avoid unnecessary further hospital visits. They have been written in response to feedback from people with asthma and healthcare professionals.

Asthma UK research has found that only 35% of people with asthma feel they know what to do after an asthma attack and a shocking 51% feel that they have not received enough care following an attack. The booklets are designed to offer information to people with asthma and parents of children with asthma who have had an attack on what care to expect and what action

they can take themselves to prevent further attacks. The booklets include:

- n A section for the healthcare professional to fill in that shows what medicines you should be taking in the first few days after the attack;
- n Information on what care you should expect during an asthma attack;
- n Information on what to do to keep your asthma under control and prevent another attack;
- n A tear off Asthma Attack Card for you to keep with you so that you, your family and friends know what to do if they have another attack.

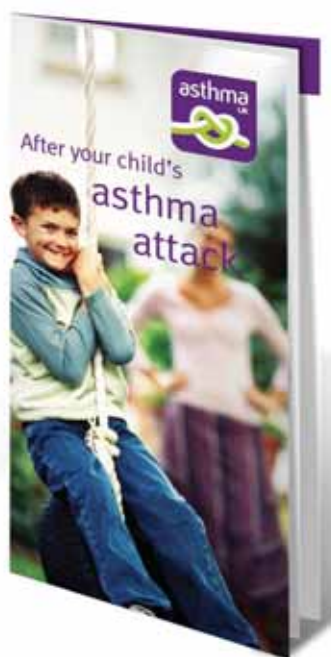
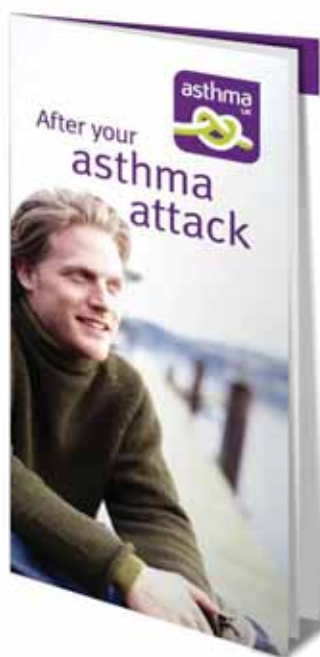
Carol White, asthma nurse specialist from the Asthma UK Adviceline, comments: 'People with asthma need to make a follow-up appointment with their doctor or asthma nurse within 48 hours of an asthma attack and another one within two weeks to make sure they get their symptoms back under control. It is important that they then continue to work together with their doctor or asthma

nurse, with the help of a personal asthma action plan, to keep their asthma under control and avoid another attack.'

Vikki Chester-Walsh from Derby has experienced first-hand the benefits of preventing further asthma attacks: 'I've had to go to the hospital several times in the past because of my asthma. The attacks were so bad that I had to be admitted each time. My asthma medication was reviewed before I left the hospital, which helped me get my asthma back under control as quickly as possible. Since then my doctor's surgery has started an asthma clinic and I go for regular reviews with an asthma nurse. This has helped me to keep my asthma under control – I haven't been back to the hospital again and I even ran the London marathon last year!'

For a free copy of After your asthma attack or After your child's asthma attack ask your healthcare professional or visit asthma.org.uk for further information. To speak to an asthma nurse specialist about your asthma concerns call the Asthma UK Adviceline on 08457 01 02 03.

The generous funding of the Hoover Foundation has made the production of these booklets possible.



Asthma UK is the charity dedicated to improving the health and wellbeing of the 5.2 million people with asthma in the UK. For independent and confidential advice on asthma, call the Asthma UK Adviceline, which is staffed by asthma nurse specialists. It is open weekdays from 9am to 5pm on 08457 01 02 03. Or email an asthma nurse at asthma.org.uk/adviceline For up-to-date news on asthma, information and publications, visit the Asthma UK website asthma.org.uk

COMPLEMENTARY

Your Guide to Alternative Health

alternatives

Complementary Alternatives is the new website and online magazine for members of the public seeking access to high quality CAM (Complementary and Alternative Medicine).

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Reflexology | Reiki | Shiatsu

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Your key to Locating Complementary Therapists in the UK

How We Can All Reduce Our Cancer Risk

Sally Staples, Cancer Research UK

While cancer is no longer the unmentionable illness it once was, the very word still fills people with fear and foreboding. It seems such a ubiquitous disease and there can be few British families who have not felt its sting.

Over the years cancer treatments have improved. Patients now live longer and many will make a complete recovery. But the number of people diagnosed with cancer continues to go up, with more than one in three developing the disease.

A key reason for this is that we are all living longer. Cancer, primarily, is an older person's disease. But too many people are struck down in middle age and some even earlier.

What can we do about this? How can we reduce our personal risk? Is cancer really as random as it sometimes seems? The answers to these questions are clearly dependent on the type of cancer.

A minority are born with an increased risk of cancer because of the genes they inherit from their parents. But many cancers are caused by gene damage acquired over the years and much is dependent on the interaction of environment and lifestyle with our unique genetic makeup. Doctors and scientists studying the causes of cancer believe that half of all cancers could be prevented by changes to lifestyle. That equates to 135,000 cases a year in the UK.

All cancers are caused by a series of alterations to our genes, causing cells in the body to multiply out of control. Usually, it takes years for our bodies to acquire this damage – which is why cancer is more common in older people. And while we can't stop the ageing process we can take positive action during our lives to help protect our bodies.

It will come as no surprise that by not smoking you are giving your body

the best present possible. Tobacco is a major risk factor for many types of cancer and the toll of lung cancer deaths caused by smoking is a dark shadow over health statistics. But as more and more people give up smoking we are beginning to see a drop in these deaths.

So are you protected from cancer if you don't smoke? Sadly, it isn't that simple. Scientists have discovered that eating a balanced diet and maintaining a healthy bodyweight are important factors in lowering your cancer risk. So too is taking care not to burn in the sun.

National screening programmes have helped to reduce cancer mortality rates. Detecting cancer early means treatment is more effective and a complete recovery more likely. In the case of cervical screening, abnormal cells can be detected and treated before cancer develops.

More than a quarter of all cancer deaths could be prevented if people didn't smoke

Smoking tobacco causes most cases of lung cancer, which kills more than 33,000 people each year in the UK. Tobacco use also increases the risk of developing at least 12 other cancers, including those of the mouth, throat, oesophagus, kidney, bladder and pancreas.

Convincing evidence of the deadly effects of tobacco was confirmed in the 1950s. Then followed a study monitoring the smoking and death patterns of British doctors over 50 years that concluded in 2004 and showed that tobacco kills one in two smokers. It also found that smokers, on average, die 10 years younger than non-smokers.

Most importantly the study showed the benefits of stopping smoking at any age. Although one in four UK adults still smokes most of them want to

quit. NHS Smoking Cessation Clinics are now available throughout the country and any smoker who wants help to stop smoking can ask to be referred to one of the clinics by his GP.

To help people give up smoking and to protect non-smokers from breathing in second hand smoke Cancer Research UK has consistently petitioned the Government to ban smoking in all enclosed public spaces. Currently, legislation to be implemented over the next few years in England fails to ban smoking in pubs that do not serve food. The charity also funds the Centre for Tobacco Control Research, which examines the tobacco industry's marketing activities.

After smoking, excess bodyweight and an unhealthy diet are the most important risk factors for cancer that we can do something about

Around one third of all cancer deaths in the UK can be attributed to obesity, unhealthy diets and alcohol. But it is very difficult to be certain about which parts of our daily diet increase or decrease cancer risk.

Links between diet and health are complex. This means any study looking at these links must involve very large numbers to provide meaningful results. Cancer Research UK provides major support for EPIC - a long-term study of diet and health involving half a million people in ten European countries.

So far this study has shown that dietary fibre may have a strong protective effect against bowel cancer. Those with the least fibre in their diet have the highest risk of bowel cancer. Doubling fibre intake by eating more wholegrain foods, fruit and vegetables could reduce risk by up to 40 per cent. More recently EPIC showed that people whose diet is rich in red and

Half of all cancers could be prevented by changes to lifestyle



stop smoking

It's the best present you will ever give yourself



stay in shape

Be active and keep a healthy body weight



eat and drink healthily

Limit alcohol and choose a balanced diet with plenty of fruit and vegetables



be sunsmart

Protect yourself in the sun and take care not to burn



look after number one

Know your body and see your doctor about anything unusual

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reduce the risk

CANCER RESEARCH UK



processed meat have an increased bowel cancer risk. It was also found that a diet low in red meat and high in fish decreases bowel cancer risk.

Obesity is linked to breast cancer in postmenopausal women and to cancers of the womb, bowel, oesophagus and kidney. What is worrying about this is that nearly two-thirds of people in the UK are overweight or obese and this proportion is growing.

A poor diet – low in fruit, vegetables and fibre, and high in fatty, sugary foods – is largely to blame. While dieting may provide a quick fix for weight loss, long-term behavioural changes are needed to encourage people to choose healthy diets as a way of life. Eating at least five portions of fruit and vegetables each day is a good start.

We have become a very sedentary nation and this contributes to the obesity problem. Scientists have found that regular exercise can help keep cancer at bay. Evidence suggests that physical activity can help reduce the risk of bowel, breast and womb cancer by helping to prevent obesity. Just half an hour of moderate exercise five days a week can be beneficial.

Drinking too much alcohol, especially combined with smoking, can substantially increase cancer risk. Excessive drinking can cause cancers of the mouth, throat, oesophagus and liver. And it increases breast cancer risk. Women should moderate alcohol intake to less than two units per day, and men should aim for less than three units daily. But do check out how many units are contained in your preferred drinks, as you may be surprised!

More people die from melanoma in the UK than in Australia

Malignant melanoma is the deadliest form of skin cancer. Cases in Britain have been increasing since the package holiday boom in the Sixties and Seventies when cheap breaks to sunnier climes led to over-exposure to UV and sunburn in people unaccustomed to such climates.

Sunburn increases the risk of skin cancer and teenagers are particularly vulnerable because of cavalier attitudes to proper sun protection. Young skin is also especially vulnerable to damage and needs extra protection. Launching their SunSmart campaign this year,

Cancer Research UK cited recent research predicting that melanoma rates could treble in the next 30 years.

The SunSmart message is about enjoying the sun more safely, taking care not to burn. Avoiding the midday sun, covering up with a hat, T-shirt and sunglasses and using factor 15+ sun-screen can all help.

Detecting cancer early means fewer drastic treatments and a better chance of cure

There is no doubt that going for regular screening saves lives. The national screening programme invites women for breast screening every three years from the age of 50. This involves a mammogram which can detect abnormalities in the breast. If cancer is detected, patients can be treated promptly. Younger women with a strong family history of breast cancer should discuss screening with their doctor.

The cervical screening programme saves thousands of lives from cervical cancer each year. It is generally recommended that women should go for screening (often called a smear test) every three years from the age of 25 and every five years for women between 50 and 64, although this does vary between regions.

Next year a bowel cancer screening programme will get underway for men and women over a certain age.

There is not a screening test for every kind of cancer. But the more we are aware of symptoms for different kinds of the disease, the more vigilant we can be. It is important that we are all familiar with our own bodies and know what is normal for us. If you notice any unusual changes in your body or the development of any lumps, sores or thickenings, don't hesitate to consult your doctor. If in doubt check it out.

The threat of cancer sometimes seems like an all-conquering enemy against which we have few weapons. But scientific research continues to make great progress in halting its advance. Public awareness and modifying lifestyle habits can prove valuable allies in its defeat.



Targeting Statin Therapy

**Dr Paul Jenkins, Consultant Physician in Endocrinology
St Bartholomew's Hospital.**

Cardiovascular disease (CVD), comprising coronary heart disease and stroke, remains a major cause of morbidity and mortality in the western world. In the UK, approximately 300,000 people suffer a myocardial infarction each year of whom more than 100,000 die, many without any prior symptoms. It is responsible for more than one in five deaths in men. The healthcare costs reflect this disease burden with the total cost of CVD estimated at between £7-8 billion each year.¹ Prevention of cardiovascular disease is high on the Government agenda, but despite this, deaths from CVD in the UK remain among the highest in Western Europe.

Patients with diabetes are at particular high risk of CVD with a prevalence 2-3 fold that of the general population.² These diseases account for the majority of deaths of these patients. The number of people with diabetes in the UK is currently more than a million but with the dramatic rise in obesity is expected to increase to at least 3 million by 2010 and possibly up to 6 million, or 1 in 10 of the population. The enormous healthcare implications of this epidemic are now being recognised and the current General Medical Services contract for primary care practitioners has emphasised the importance of CVD risk factor modification. It is essential to develop an effective strategy for prevention of cardiovascular disease in these patients.

In recent years 'statins' have been increasingly heralded as wonder drugs in the fight against CVD and much emphasis has been placed on their ability to reduce both the morbidity and mortality of vascular disease.³ A number of studies have recently reported on the effects of cholesterol lowering by statins in large cohorts of people with and without diabetes.^{4,5} The recent Heart Protection Study (HPS) assessed the effect of 40mg simvastatin on vascular events in more than 5000 people with diabetes over a

5 year period.⁴ The results showed an impressive 27% reduction in relative risk of major coronary events and a 20% reduction in coronary death. These results were mirrored by the Collaborative Atorvastatin Diabetes Study (CARDS) which assessed the effect of 10 mg atorvastatin in almost 3000 patients with diabetes in the UK.⁵ A similar 37% reduction in relative risk of major cardiovascular events was observed in those treated with a statin compared to placebo, and a 27% decrease in risk of death. The results from these two studies have been widely interpreted to advocate the almost universal use of these drugs amongst this patient group. Indeed, the high prevalence of cardiovascular events people with diabetes has resulted in the American Heart Association recommending that these individuals belong in the same high-risk category as patients with known CVD i.e. 'coronary heart disease equivalents' and as such should be subject to the same recommendations for lipid lowering therapy as established CHD. The new Joint British Cardiac Societies' guidelines for the prevention of CVD has echoed this and indicate that patients with diabetes should be routinely considered for statin treatment regardless of cholesterol levels. However, more careful analysis of the study data from HPS and CARDS suggests that such a policy may not be applicable to all patients with diabetes encountered in clinical practice and that a more focussed approach to statin prescribing would be preferable. Importantly, in both studies the relative risk reductions did not translate into similarly impressive reductions in absolute risk. In the HPS, amongst all patients the absolute reduction in major vascular events over the 5 years was 5% and for patients with no prior CVD, this difference became 4.2% (13.5% of placebo treated patients having a vascular event compared to 9.3% of simvastatin treated). An almost identical absolute reduction was recorded in CARDS and in both studies the

absolute reduction in mortality was 1.5%. This equates to 1000 patients needing treatment with a statin over a 5 year period to prevent 15 deaths, or just over 3 per year.

In addition, not all studies have replicated these beneficial effects of statins. In the Antihypertensive and Lipid Lowering Treatment to Prevent Heart Attack Trial (ALLHAT), 40mg pravastatin was compared to usual care in 3638 subjects with Type 2 diabetes.⁶ Despite these subjects also being hypertensive and many with a previous history of coronary or other occlusive arterial disease, pravastatin resulted in no significant reduction in coronary event rate. A similar lack of any significant benefit in the incidence of coronary events was reported in the lipid lowering arm of the Anglo-Scandinavian Cardiac Outcomes Trial (ASCOT), in which 10mg atorvastatin was compared with placebo in 2532 subjects with Type 2 diabetes, all of whom were hypertensive and had at least one other cardiovascular risk factor.⁷

In addition to questioning their universal efficacy, there are two other important reasons as to why adopting a scattergun approach to statin prescribing might not be optimal for clinical practice. A major but rarely discussed issue is the financial implications of this wholesale approach. While the daily cost of statin therapy of approximately £1 per patient appears reasonable, it equates to a current annual expenditure of more than £600 million.⁸ This would increase to up to £2 billion pounds per year by 2010 just for the diabetic population. Secondly and frequently ignored is the issue of non-compliance. Many study authors forget that diabetes is largely an asymptomatic condition and it is unrealistic to expect patients to adhere to their prescriptions on an indefinite basis. Most are already required to take a combination of tablets (often with every meal) for glycaemic control, in addition to combinations of anti-hypertensive agents, and aspirin. The addition of lifelong

statin therapy with their frequent associated adverse effects is unlikely to result in long-term compliance. The recent studies reflected this. In the HPS 26% of those who agreed to participate in the study dropped out after just a four week run-in period of statin treatment and a further 18% by the completion of the study.³ An even more marked non-compliance was recorded in the CARDS study with less than half of patients still taking the statin treatment after 4 years.⁵

Taking these factors into account, there is a need for better targeting of statin treatment of asymptomatic individuals, by accurately identifying those with a high risk of future CVD. Such an approach would improve both the cost-effectiveness and compliance of these drugs. Traditionally, determination of CVD risk has relied upon a variety of surrogate markers, largely derived from the Framingham data from more than 50 years ago. However, this data is population based and while it generates a statistical risk of future cardiovascular events, it is frequently inaccurate for the individual person. Approximately half of all coronary events occur in people with no previous risk factors. The challenge is

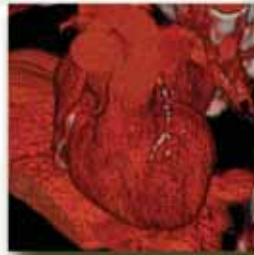
how to identify these subjects by means of a simple, non-invasive and reproducible test and to translate population based statistics to an individual risk assessment. Electron beam computed tomographic (EBCT) scanning for coronary artery calcification (CAC) can fulfil these requirements. EBCT is fundamentally different to conventional CT scanners in that the x-rays are generated by a beam of electrons deflected onto tungsten target rings. This enables the images to be obtained 5-10 times faster, which allows for more accurate imaging of the moving heart. This superior speed also results in a very significantly reduced radiation dose, an important consideration when scanning asymptomatic individuals. As deposition of coronary artery calcium only occurs in atherosclerotic arteries, with its extent correlating strongly with the severity of disease, EBCT quantification of CAC allows an accurate assessment to be made of an individual's CVD risk. An EBCT scan is able to detect the very earliest stages of coronary atheroma, many years before it progresses to cause ischaemia. Several recent studies have confirmed the superior predictive value of the EBCT

derived CAC score over the Framingham risk assessment.⁹⁻¹² Two long-term follow-up studies of several thousand asymptomatic individuals found that the presence of increased coronary calcification was associated with a 10-20 fold increase in the risk of future coronary events.^{13,14} The benefits of EBCT scanning to assess future cardiovascular risk have also been confirmed in patients with diabetes.¹⁵⁻¹⁷

Thus, there is compelling evidence to support EBCT as an effective means of screening individuals for CVD. A high score indicates significant atherosclerotic disease and thus the need for aggressive treatment with a statin that may arrest or even reverse disease progression.^{18,19} Conversely, a zero or low score indicates none or minimal coronary atheroma and thus no need for preventive medication or further testing, regardless of any surrogate risk markers such as diabetes or elevated cholesterol levels.²⁰ The power and clinical utility of EBCT coronary calcium scoring is that it reflects the overall impact of risk factors, both known and unknown, on the end organ, the arterial wall. Its more widespread use in the UK would have a major impact on cardiovascular disease prevention.

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 A NEW ERA IN DISEASE PREVENTION AND DETECTION

CT and Screening

Developments in CT technologies over the past few years have led to an increased interest in the potential use of CT to screen for and detect treatable diseases before they become too advanced or incurable. The main conditions suitable for such examinations are Colon Cancer, Lung Cancer and Coronary Heart Disease.

Colon Cancer

Colon cancer is a preventable disease affecting 1 in 20 people resulting in almost 17,000 deaths per year. Early diagnosis of both polyps and cancer is known to improve survival. The concept of cancer developing from pre-existing polyps is well established with screening programs for colon cancer well established in both Europe and North America. Until recently, there were four screening options.

1. Faecal Occult Blood Testing (FOBT) with subsequent colonoscopy
2. Flexible sigmoidoscopy
3. Ten yearly optical colonoscopy
4. Five yearly barium enema

More recently, the technique of Virtual Colonoscopy or CT Colonography using CT scanners has gained ground as a preferred screening method. CT colonography has many advantages over the more established techniques.

FOBT will miss up to 80% of polyps and 50% of cancers. It is, however, the only method historically which has been shown to reduce colon cancer deaths by up to 15%. It is the cheapest option and is likely to be the method used in the proposed NHS screening program.

Flexible sigmoidoscopy has the drawback of only examining the lower part of the colon and thus misses the 50% of cancers and polyps found in the higher colon. For this reason it has been compared to having mammography of only one breast.

Conventional optical colonoscopy,

whilst having the advantage of allowing removal of significant polyps and performing biopsies, is an imperfect gold standard. The procedure is expensive, invasive and not without risk (serious complications in 1 in 1,500). It is also expensive and highly operator dependant with completion rates of only 80% and possible miss rates for polyps of up to 24%.

Barium enema exams are far less sensitive, cheaper, and least preferred by patients.

CT colonography, whilst still requiring similar colon preparation to both colonoscopy and barium examinations, is the option preferred by patients. The technique has now been shown to have similar sensitivity for the detection of significant polyps to conventional colonoscopy being able to detect over 90% of significant (>1cm) polyps. The risk of a polyp becoming malignant is proportional to its size, with polyps greater than 1cm carrying a 1% risk. Polyps less than 6mm can safely be ignored and re-examined after 5 years. CT colonography, whilst still using radiation (with a theoretical risk of 0.006%), is 2 times safer than barium enema and 5 times safer than conventional colonoscopy.

Coronary Heart Disease

Cardiovascular disease accounts for more deaths than all combined deaths from cancer - nearly 200,000 deaths per year from coronary artery disease and stroke. Three out of four males over 40 will have preclinical evidence of coronary artery disease. For 50% of patients, the first symptoms (heart attack and angina) result in death within 1 month.

Multislice CT is a well recognised tool for the detection of coronary artery calcium.

Coronary artery calcification scoring has been proven to be an independent predictor of risk and is known to be more sensitive than other existing screening tools such as stress ECG or nuclear medicine scanning for the detection of preclinical disease.

Coronary Calcification scoring is a quick, cheap and reproducible method of quantifying overall plaque burden and thus identifying those at increased risk, enabling lifestyle changes and cost effective treatment at an earlier stage.

Lung Cancer

Lung cancer remains the biggest killer of both men and women, with over 30,000 deaths per year. The five year survival in the UK is 5%. One in eight heavy smokers will develop lung cancer. Although there are no randomised trials, there is good evidence from large observational studies that screening with low dose CT can detect lung cancer at an earlier stage and allow curative surgery, resulting in an over 90% five year survival.

Although this still remains controversial, the use of strict protocols similar to the International Early Lung Cancer Action Project (IELCAP) have been shown to result in a similar cost benefit to other established screening programs, such as breast and cervical screening. Strict protocols also prevent the likelihood of unnecessary surgery and other invasive procedures.

Other Conditions

In addition to the above, other conditions, such as osteoporosis, aortic aneurysm, ovarian cancer, lymphoma and kidney cancer, can also be identified at an earlier stage, again allowing for potentially curative surgery or treatment.

Useful websites

www.virtualcolonoscopy.net/

<http://www.cdc.gov/cancer/screenforlife/>

www.iecap.org

www.lifescanuk.org

Isn't it time your body had an MOT?

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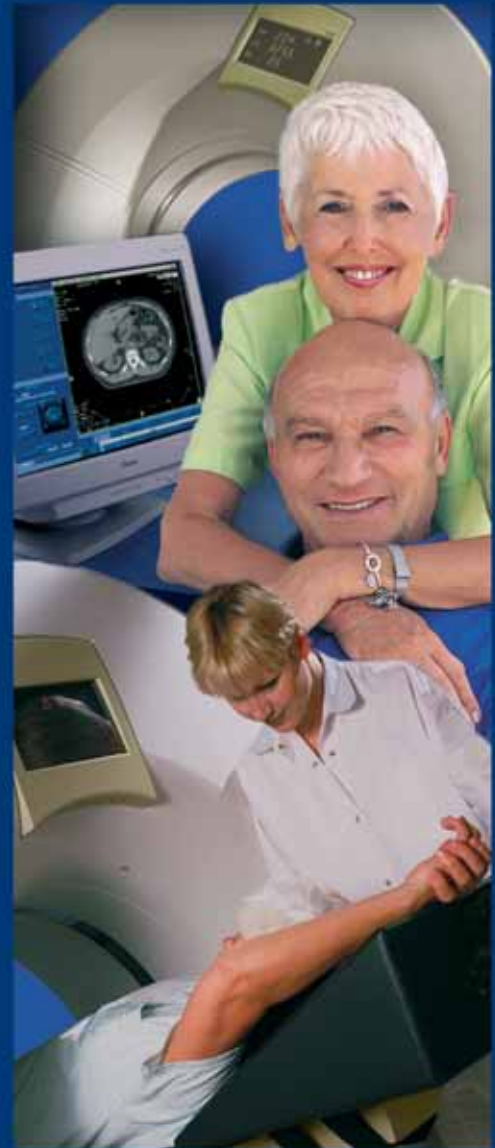
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Protect your home and family with trusted Dettol

Background

For the last 70 years, Dettol has been synonymous with good hygiene and today it remains a household name - the number one antiseptic disinfectant brand in the country. A recent NOP survey revealed that 79% of practice nurses and health visitors use anti-bacterial products both at home and work, with Dettol cited as the number one choice for home use?

Created in the 1920's, Dettol Brown Liquid was initially put on a two-year clinical trial at Queen Charlotte's Maternity Hospital in London, where it cut deaths from Childbirth Fever by 50%, heralding the start of a long association with the medical profession.

During the Second World War, service hospitals were also using it extensively. Around this time, the Government recognised Dettol as an item essential to the health and well being of its troops and people. From that point onwards, the value of Dettol to the medical profession was firmly established and it was soon welcomed into homes nationwide.

Now in 2004, Dettol Liquid remains a 'must have' item for any household. Its uses range from the treatment of cuts, grazes, insect bites and stings to effective anti-bacterial cleaning around the home.



Today

Nowadays, Dettol sells over 40 million products in the UK alone each year. With a sophisticated and innovative range of products, Dettol continues to be the nation's most trusted disinfectant, which can be relied upon to deal with problems ranging from cutting the spread of infection in the family – to getting the kitchen floor as clean as possible.

Products such as Dettol Anti-Bacterial Surface Wipes and Cleanser have an important role to play in curbing the spread of food poisoning and are perfect for cleaning chopping boards, the inside of refrigerators and other food preparation or storage areas. They kill 99.9% of harmful bacteria, including well-known offenders such as E-Coli, Salmonella, Listeria and Campylobacter – the main causes of most cases of food poisoning.

Hugely topical nowadays is the super bug – MRSA, which can be contracted during a stay in hospital. Several products from the range can prevent the spread of the bug that causes MRSA, including **Dettol Disinfectant Spray** and **Dettol Brown Liquid**.

Range

Dettol Disinfectant Spray is a revolutionary product which kills 99.9% of harmful bacteria including the Rhinovirus, the cause of the common cold and Rotavirus, the leading cause of infectious diarrhoea. Most germs and bacteria are spread through touch; hence one family member can easily spread an infection to another via contact areas such as door handles, telephones and toilet seats. By spraying **Dettol Disinfectant Spray** on these surfaces when a family member is ill, you can break the chain of infection by stopping germs passing from one person to another, leaving you with the peace of mind that your family home is left hygienically clean and protected.

In fact, ongoing clinical studies have proven that by using Dettol Disinfectant Spray the number of school days missed was cut by a significant 50%, making it particularly beneficial for families with young children.

Dettol Anti-Bacterial Surface Cleanser is guaranteed to kill 99.9% of harmful bacteria such as E-Coli and Salmonella, so it is an ideal product to protect the family from food poisoning. And because it leaves no taste or smell, it is perfect for food preparation and storage areas, including chopping boards and worktops, which are notorious breeding grounds for bacteria. As a further precaution, it's advisable to try to prepare meat and vegetables on different surfaces to prevent cross-contamination. **Dettol Anti-bacterial Surface Cleanser** is also ideal for cleaning babies changing mats, which can harbour dangerous levels of bacteria if left unchecked.

For food storage areas such as the fridge, consider using **Dettol Anti-Bacterial Surface Wipes** because they are



hygienic, easy to use, and can be thrown away after use, whilst providing all the guaranteed germ kill of other Dettol products.

Black spots & how to treat them?²

Dr Lisa Ackerley, Environmental Health Officer comments, “so often there is too much emphasis on how clean a home looks and not enough on reducing levels of bacteria such as E.coli and Listeria from key areas of the home. Pets present in the home may increase levels of bacteria; the main problem is convincing people that it is not about how often you clean, but how and where it is done”

n **Floors** – As children begin to crawl, they can pick up bacteria from the floor. Unless you sanitise your mop after each clean, floors can become an ideal breeding ground for bacteria. For a quick, hygienic and effective solution, try **Dettol Anti-Bacterial Floor Wipes**. Or try new **Dettol Multi-Purpose Cleaner**, which can be added to your mop bucket, so you can be sure that your floor is left clean and free from 99.9% of harmful germs.

n **Toys** - Rattles and toys are germ magnets as they are passed from child to child and roll around on the floor. **Dettol Anti-Bacterial Surface Wipes** kill 99.9% of bacteria and leave no taint or odour, when used to clean toys they can reduce the spread of germs.

n **Germ spread** – parents will be all too familiar with the speed in which germs can spread throughout a family – particularly among children. This is because we pick germs up by touching contaminated surfaces, try using **Dettol Disinfectant Spray**, which kills 99.9% of germs, including Rhinovirus and Rotavirus, the leading cause of colds and stomach upsets. When sprayed directly onto frequent contact areas such as toilet seats, door handles and telephone handsets - which may be harbouring dangerous levels of these harmful bacteria - **Dettol Disinfectant Spray** kills the germs and so prevents the spread of infection, plus there’s no need to rinse or wipe!

n **Dishcloths** – You probably use a dishcloth to wipe your child’s high chair and tray before and after feeding and assume this is ok. In reality, the cloth is likely to be teeming with bacteria and you are merely spreading the germs around. You should exchange dishcloths for disposable paper towels, which should be used with an anti-bacterial spray. Alternatively, convenient anti-bacterial wipes such as **Dettol Anti-Bacterial Surface Wipes**, which contain no taint or odour, offer a convenient and effective germ-kill solution.

n **Changing Mats** - All objects and surfaces that may have become contaminated with faecal material, should be cleaned and disinfected between each use, this includes changing mats, nappy buckets and potty training equipment. **Dettol Anti-Bacterial Surface Cleanser** is ideal for this.

n **Potty and Toilet Training** - Throughout potty training and when using the toilet, children should be supervised whilst washing their hands and encouraged to use an antibacterial product such as **Dettol Fresh Moisturising Handwash**. In addition, toilet seats handles and potties should be disinfected; **Dettol Disinfectant Spray** is ideal for this as it is easy to use, quick and effective.

TIPBOX

Kitchen

n In the kitchen, clean all surfaces regularly with an anti-bacterial cleanser including worktops, appliances and fridges (both inside and out);

n Your waste bin needs sluicing out regularly with disinfectant, especially the areas you touch;

n Avoid contact between raw and cooked foods by using separate chopping boards and knives;

n Ideally, prepare food on surfaces that you’ve cleaned in advance with an anti-bacterial cleanser or wipe.

Bathroom

n In the bathroom, keep all the obvious areas clean such as the toilet, bath and wash basin – but a quick rinse is not enough - ensure that you use an anti-bacterial such as **Dettol Anti-Bacterial Surface Wipes** on areas where bacteria can hide – such as taps, door handles and wall tiles;

n Spray toilet seats and potties regularly with **Dettol Disinfectant Spray**, especially the flush handle.

Babies and Children

n Encourage hand-washing – especially with young children before and after going to the toilet, before and after preparing food and after nappy changing

n Keep areas where young children play and eat, such as high chairs, meticulously clean

n If you have a baby in the house, pick one special area for food preparation and keep it meticulously clean

n Store baby food on a separate shelf in the fridge and keep this shelf clean with anti-bacterial cleaners

n Try **Dettol Anti-Bacterial Surface Cleanser** for keeping baby changing mats and baby toys clean and free from harmful bacteria

Pets

n Where pets sleep and feed can teem with bugs – disinfect regularly to keep them at bay. Put a cap of **Dettol Brown Liquid** in the washing machine when washing pets bedding to ensure that all harmful bacteria are eliminated.

Notes

1. According to research carried out by **NOP Healthcare** amongst health visitors and practice nurses, 79% are using an anti-bacterial product both at home and work. **Dettol** is the number one brand that health care professionals are using in their own homes.

2. **Dettol** and Dr Lisa Ackerley recognise that it is impossible to keep a home bacteria free, but there are preventative measures parents can take to limit the risk of infection.



Protect Your Family



- ✓ *Dettol Anti-Bacterial Surface Cleanser kills 99.9% of germs including E-Coli, Salmonella & Listeria*
- ✓ *Safe for use where food is prepared*
- ✓ *Can be used on areas around the home like baby's changing mats, high chairs & playpens*
- ✓ *Leaves no taste or smell*



- ✓ *Germs are passed on by touched surfaces*
- ✓ *Dettol Disinfectant Spray kills 99.9% of germs including those causing colds & infectious diarrhea*
- ✓ *Helps stop germs spreading around your family*



- ✓ *Available in 3 fragrances, Green Apple, Mountain Air & Spring Waterfall*



Community Practitioners' and Health Visitors' Association

The Health Visiting Service

The aim of the health visiting service is to promote the health of the whole community and to help in promoting healthy lifestyles addressing concerns about physical and mental well being.

Health visitors are an integral part of the NHS's community health services. All health visitors are qualified nurses or midwives, with additional special training and experience in child health, and health promotion and education. We offer practical support and advice in a host of diverse situations.

Many people think that health visitors only visit new babies and their families at home - this is not the complete picture. Health visitors aim to promote the health of the whole community. You will find us at your local GP surgery working alongside practice staff, or at the local health centre or child health clinic.

Health visitors are the most accessible health professionals in the community. Contacting your local surgery or health centre will put you in touch with a health visitor who can visit you at home. Health visitors are subject to a professional code of conduct which requires them to act in your best interest.

The health of your baby or young child

Every family with children under 5 has a named health visitor who can advise on everyday difficulties such as teething, sleeping and feeding as well as immunisation programmes, parenting classes, managing difficult behaviour and any special needs your child may have.

Parenting and supporting young families

We are not just there to support your baby but the whole family. Health visitors can advise on:

- Employment and benefit rights
- Support fathers-to-be and reassure new fathers about their role
- Give information on local support networks including ante-natal classes, leisure activities, mother and toddler groups etc.
- Advise on options for child care available locally.
- Provide support for single parents.
- Domestic violence, addressing conflicts within the family giving information and support on parenting and parenting practice.

Your emotional well-being

Health visitors can point the way to specialist help, should you be coping with problems such as unemployment; a recent bereavement; serious illness; an unhappy or violent relationship; family conflicts; disability or settling into a new culture if you have recently arrived from abroad.

Caring for elderly relatives and friends - the special needs of older people

Caring for the elderly can be very rewarding but also highly stressful. There are health visitors who specialise in working with older people and their carers, who can help arrange for respite care from social services and other agencies. Health visitors can also help older people to maintain their independence by providing information about activities in the locality which will help them stay healthy, advising on benefits and the help available from social services to support them in their homes and by visiting people at home.

Living a healthy life

Health visitors can help you to make sense of the conflicting media

messages about health lifestyles by providing practical advice on how to stay healthy. They also run health promotion groups including quit smoking groups, keep-fit, parenting and baby massage groups and stress management sessions.

Skilled professionals

Health visitors can also advise and help with HIV/Aids, screening, alcohol and drug misuse, sexual health, contraception, pregnancy, the menopause, disability, housing and homelessness, isolation and depression.

Leading the Future

A report of the simulation exercise designed and run by the Office of Public Management to explore how health visiting might develop in the future.

Sharing knowledge and Information

Health Visitors undertake many interesting and useful projects relating to their work. These provide opportunities for sharing information and experiences to aid service development. For examples of such initiatives, click on For more information on health visiting and services, go to Healthvisiting.org

eDiets - A Gateway to Good Nutrition

It's true - you are what you eat! Your diet will not only affect your weight, but can also have a major impact on your health. Lower your health risks by eating healthily. Learn how with eDiets Nutritionist Dr. Barbara Wilson.

What do these conditions have in common: Heart disease, diabetes, some cancers, stroke, hypertension and tooth decay? And what about osteoporosis, depression, fatigue, polycystic ovarian syndrome, PMS, hypothyroidism, Coeliac disease and allergies?

The first group of conditions – some of which are the major killers in the UK today – all have poor diet as a leading risk factor.

The second group of conditions - again, affecting millions of men, women and children in the UK - all have effective dietary modifications as part of their treatment.

Diet matters. What you eat every day has a huge impact on the prevention of disease. But more than that – what you eat every day can also help you maintain and improve your health and your well-being.

So you're 30 years old and not too worried about heart disease. But what about fatigue and lack of energy, the mood-swings you get when you're pre-menstrual, or the lack of self-confidence you feel when choosing clothes the next size up?

Maybe you have a family history of diabetes and don't want to be the next casualty? Or maybe your doctor has advised you to cut down on the salt you eat?

Healthy eating isn't just for the lentils and lettuce brigade. Healthy eating is for everyone. Yes, that's easy to say but we know it's not always so easy to put into practice.

So how do you cut down on salt? How can you lower your cholesterol? How can you reduce your risk of diabetes, heart disease or bowel cancer? How can you beat lethargy

and feel energetic again?

The food choices you

make every-day are the answer. Every decision counts so even if you're not ready, willing or able to give your diet a complete make-over, there are plenty of easy steps you can take.

Incorporating one change at a time is easier to maintain than giving your eating habits a complete overhaul, so try these steps one at a time. You'll see – and feel – the difference in no time.



Eat Your Fruit And Vegetables...

and plenty of them! Fruit and vegetables are full of nutrition: vitamins, minerals, anti-oxidants and fibre to name but a few, and the combination of nutrients in fruit and veg can lower cholesterol, beat cancer-causing free radicals, keep the digestive tract moving and in good health and even improve the condition and appearance of hair, skin and nails. Aim for at least 5 portions



of fruit and vegetables everyday. That might sound a lot but it can be done: start the day with a glass of fruit juice or a smoothie; add a spoonful of raisins to your breakfast cereal; swap your mid-morning bag of crisps for an energy-boosting banana; add a sliced tomato or some salad to your lunchtime sarnie; add a serving or two of vegetables to your evening meal.



Cut Back Saturated And Trans Fats

Saturated fat, not dietary cholesterol, has the greatest impact on blood cholesterol levels. So go easy on red meat and meat products like sausages and bacon, full fat dairy products and processed baked goods like biscuits and cakes. Poultry, fish



canned without added sugar or salt, lower fat ready meals or think about making healthier choices. That could mean swapping bacon and fried egg for baked beans, poached egg and wholegrain toast, replacing a dish of ice-cream with a pot of yoghurt with fruit or swapping a super-size bag of crisps for a 25g pack, then a pack of lower fat crisps, then a piece of fruit.

These are just a few suggestions on how you can make easy and manageable changes to your diet. But what if you want to take things a step further?

A structured plan can help you make the change from a poor diet to healthy eating and that's where eDiets comes in. eDiets' weight loss and healthy eating plans are designed by nutritionists to help you get on the path to health. We have a range of diets to suit a host of dietary and health requirements including:

- Heart Smart
- Low Cholesterol
- Low Gi
- Gluten Free
- Low Sodium
- Atkins™
- Dairy Free
- Vegetarian

All eDiets' plans will be designed to meet your calorie and nutrition needs, helping you lose weight safely, if you need to.

Like any lifestyle change, support is vital when trying to lose weight or change life-long eating habits. eDiets offers online support groups, chat rooms and meetings with the team, and a nutritionist is just an email away.

For more information, and to get a personalised weight loss / healthy lifestyle plan for you, visit us online at www.eDietsUK.com

eDietsUK
www.eDietsUK.com

and pulses are alternative protein sources and can have additional benefits – essential fatty acids in oily fish and soluble fibre in legumes can actively lower cholesterol, as can nuts and seeds. Replace butter with olive oil, full fat milk with semi-skimmed and read ingredients labels when you're shopping. .



Swap Refined For Wholegrain

Wholegrain carbohydrate foods such as bread, rice and breakfast cereal are healthier choices than refined or white carbs. They provide fibre that keeps the digestive system healthy, helps lower cholesterol and helps us feel fuller for longer; they provide nutrients such as vitamins B and E usually lost in the

refining of flour; wholegrain foods generally have a lower Glycaemic Index or GI value than refined versions meaning that their energy will be released more gradually, avoiding fluctuations in blood sugar and insulin levels. Avoiding refined carbs – white flour and sugar especially, can also help you beat cravings and comfort eating and a diet rich in wholegrain carbohydrates can even help stabilise mood.



Go Fresh!

Processed foods have higher salt and sugar levels than fresh foods so, when possible, go for fresh instead of processed or convenience foods. When you do choose convenience foods, look for the healthier options – vegetables

Wall's Lean Recipe

The British have a long running love of sausages with more than half of all UK households serving sausages for at least one meal every week. With Wall's sausage-making expertise stretching back for more than 200 years, it's not surprising that it is the best known sausage brand in the UK. Familiarity apart, consumers know that Wall's is a trustworthy brand offering a range of products which meet their various needs. Not least of which is Wall's Lean Recipe pork sausages.

Wall's Lean Recipe Pork Sausages deliver all the great flavour of a standard Wall's sausage, but at less than 5% fat, this lean recipe is a perfect substitute for the health conscious. Furthermore, as part of our on-going commitment to producing healthier products, Wall's has undertaken to reduce salt levels across its entire range. New reduced salt recipe Wall's Lean was launched in February, making Wall's Lean Recipe pork sausages all the more tempting.



Wall's Balls

Wall's Balls is the most recent addition to the Wall's family. They really are a much healthier alternative to the standard chicken dippers and fish fingers that kids crave. But Wall's Balls are just as popular, providing mum's with a dinner that they are happy to give their children, and one that the holy terrors love.

Wall's Balls are made from only lean cuts of pork, at less than 10% fat they are a great meal solution. Furthermore, they have no artificial colours, flavours or preservatives; so all the goodness and protein pork has to offer is packaged in a tasty bread-crumbed ball, and all the nasties and additives are left out. This makes it the perfect healthy option for kids dinner times.

95% Fat Free - Bowyers

With just 1.9g of fat and around 62 calories per sausage, 95% Fat Free Bowyers sausages are an exceptionally high-quality, healthy alternative to your traditional pork banger. What's more, with the Mediterranean variant, you can turn your healthy meal into a true taste sensation. 95% Fat Free Bowyers is made from prime pork, fresh red and green peppers and just a hint of spice.

But you can almost hear them sizzling . . . and the aroma as they cook is simply divine! So enjoy them in hot dogs as a tasty snack with low calorie bread and pickle, try them in toad in the hole for a yummy main course, have them for breakfast or brunch with turkey rashers and scrambled egg or try our terrific casserole - you'll love it. So remember - tuck in and stay trim - with Bowyers!



Less than
5% FAT. LOWER
IN SALT.



ALL THE MORE TEMPTING!



New Availability of Low-Dose Statin Therapy

Dr John PD Reckless

In his second report¹ Wanless states “individuals are primarily responsible for their own and their families’ health”, national agencies should support a “fully-engaged” scenario, but “action must respect an individual’s right to choose whether or not to be ‘fully engaged’”.

Against this background, Government has proposed reclassification of some established chronic-disease medicines from Prescription-Only-Medicines to Pharmacist (POM-to-P) Advice. Possible conditions might be urge incontinence, osteoporosis, hypertension or hypercholesterolaemia (using anti-cholinergics, weekly bisphosphonates, amlodipine or simvastatin). The first application to the MRHA/CSM was on 13th August 2003 by Johnson & Johnson/MSD Consumer Pharmaceuticals (McNeil Consumer Healthcare from April 1st 2004) for simvastatin 10mg daily. Consultation finished on 16th January 2004.² The full licence was awarded in July 2004.

Background

NHS statins prescribing is expected to double in the next five years. Numerous endpoint studies confirm that lowering low-density lipoprotein-cholesterol (LDL-C) reduces coronary and stroke risk. The Joint British Societies’ Guidelines³ and NSF for coronary heart disease (CHD)⁴ suggest risk factor management for all with existing disease and for primary prevention with CHD risk $\geq 15\%/10\text{yr}$ (as a minimum $30\%/10\text{yr}$). With inclusion of stroke this equates to a cardiovascular (CVD) risk of $20\%/10\text{yr}$ and $40\%/10\text{yr}$ respectively. Recent statin trials showed benefit at low risks of $1.2\%/yr$ (AFCAPS/TexCAPS⁵) and $1.8\%/yr$ (ASCOT-LLA⁶). New Joint British Societies’ guideline charts^{7,8} indicate treatment for all with CVD risk of $\geq 20\%$ (15% CHD), but recognises net treatment benefit at

$10\text{-}20\%$ CVD risk.

Simvastatin 10mg will reduce LDL-C 27% , and CHD and stroke by 33% in 3-5 years. Endpoint simvastatin studies used $27\text{-}40\text{mg}^{9,10}$ but data suggest that it is the extent of LDL-C lowering that matters, rather than the particular drug or dose.

Who should be eligible for POM-to-P simvastatin?

Only moderate risk ($10\text{-}20\%\text{CVD}/10\text{yr}$) individuals would be targeted for Pharmacist-advised simvastatin. Those with existing CVD, diabetes, hypertension or hyperlipidaemia, hepatic or renal disease, taking excess alcohol, or on drugs metabolised through cytochrome P450 (especially 3A4) system must be identified as ineligible and referred to their GP for any statin prescription. Those pregnant or breast-feeding should be excluded, but on age are unlikely to fulfil inclusion criteria.

Individuals with $10\text{-}20\%/10\text{year}$ CVD risk will be i) all males $>55\text{yrs-old}$; ii) all males age $45\text{-}55\text{ yrs}$ with one other risk factor (such as male sex, ethnicity, truncal obesity, or self-reported smoking or history of early family CVD); iii) all females $>55\text{ yrs}$ with one other risk factor. A reclassification protocol will require pharmacists to counsel interested potential patients, encouraging lifestyle modification with exercise, weight loss and appropriate diet (see HEART UK diet sheet). A high quality and audited training of pharmacists is required, with formal consultation and follow-up algorithms.

What other issues arise with POM-to-P simvastatin?

What else should be assessed?

Additional investigations add complication. If the procedure is not simple it will not attract the patient, but it needs to be robust.

Should blood pressure be measured?

An ideal assessment would include this. Many pharmacists will consider this, but statin prescription does not require it.

Do lipid values need to be measured, and how should this be done?

Could cholesterol levels be too low? Epidemiology suggests no ‘safe’ level for LDL-C, outcome trials showing benefit down to 1.8mmol/l .⁶ LDL-C is an obligate for CHD, with low rates and low LDL-C in Japanese and Chinese populations where smoking and hypertension are common. Consequently, investigators¹⁰ have suggested no measurement need occur.

As a consequence, the MHRA licence does not require cholesterol measurement. However, cholesterol should be measured before and after ≥ 1 month’s treatment. Firstly, motivated, self-treating individuals will wish to know results. Secondly, some people will have severe or familial hypercholesterolaemia, or mixed lipaemia, requiring primary care referral. Thirdly, fasting profiles will identify individuals with hypertriglyceridaemia, or with low LDL-C and/or high HDL. ‘In-house’ pharmacy cholesterol test equipment can be precise, reliable and have external quality control, but using older methods would be undesirable.

Should transaminase and creatine kinase (CK) be measured routinely?

Currently, statins (as a prescription only medicine) require transaminase measurement. In the Heart Protection Study (HPS)¹⁰ higher-risk individuals on 40mg simvastatin had 0.25 million ALT measurements with values >4 times upper limit of normal on 43 of the treated group and 32 placebo occasions. In moderate-risk, an uncomplicated individual, on low-dose,

“At 45 I found that I was at increased risk of a heart attack, so I’m doing something about it.”

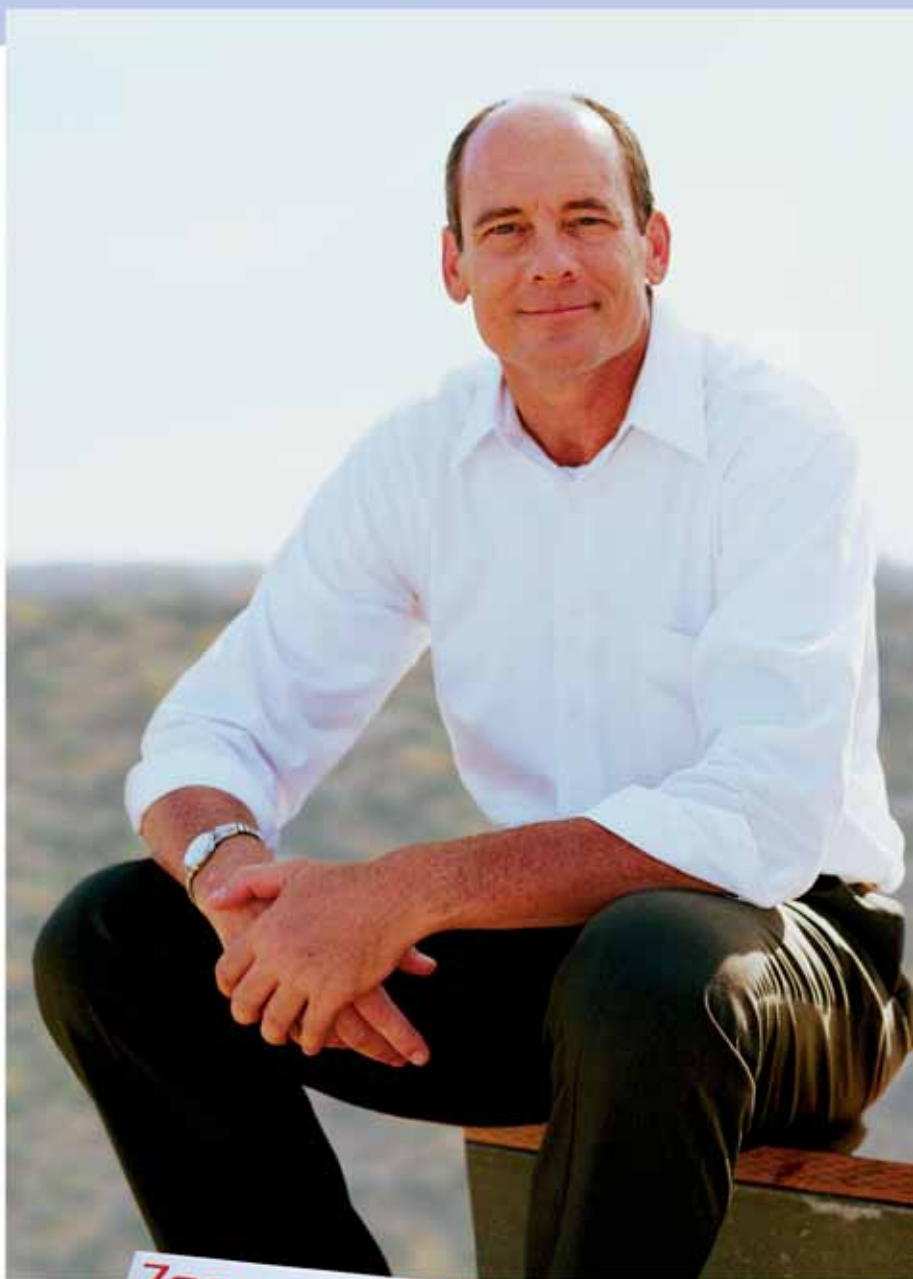
“Once I turned 45, I found out my risk of a heart attack was increasing. I had a chat with my pharmacist, who told me my risk could be as much as 1 in 7 and that’s too much for me. Now I’m using Zocor Heart-Pro® and eating a healthy diet to reduce my risk, and keep it down.”

This kind of treatment has been available on prescription for 15 years and is highly effective in helping to reduce harmful furring up of your arteries, something that increases with age.

Could your risk be as high as 1 in 7? If you’re a man 55 or over, then it may well be.

It’s the same if you’re a man aged between 45 and 54, or a woman 55 or over with an additional risk factor such as a family history of early heart disease, if you smoke, or are overweight.

To find out more about Zocor Heart-Pro, ask your pharmacist whether it is right for you as part of a healthy heart programme, or call 08000 111 085 quoting DISS 50 or simply visit www.heartpro.co.uk



pharmacist's protocol simvastatin, transaminase measurement is not needed. Routine CK measurement in asymptomatic individuals is unhelpful, but advice about generalised muscle pain, tenderness or weakness is essential, from the pharmacist and in an information leaflet.

Will individuals follow guidelines and be treatment-concordant?

Participants who are expressing health self-interest are likely to make some lifestyle effort. If they do not, they will have the statin benefit. Individuals who cease treatment will neither gain benefit nor suffer harm.

Lifestyle will be discussed by the pharmacist and will benefit all, regardless of whether they take the statin or not.

HEART UK supports the use of a cardiovascular diet (see HEART UK diet sheet), with exercise (30 minutes daily of pulse-raising activity) alongside smoking cessation (if necessary) and correct weight management and maintenance.

Stakeholders

Pharmacists are encouraged to extend health care roles and many already provide substantial preventative care. They will need facilities, robust algorithms, and CVD education, requirements recognised by the UK professional Pharmacists' organisations. The majority are likely to welcome these changes.

Views of patients may be mixed. High-risk patients will be ineligible. Some eligible people will not wish to receive pharmacy healthcare, costs will deter some, but others will welcome a pharmacy programme avoiding multiple primary care visits. Costs of POM-to-P simvastatin range from £10-£13. Elsewhere, generic simvastatin 10mg has fallen to £2-4/month. Current blood pressure and cholesterol testing is around £7-10. Initial assessment, cholesterol tests and monthly prescription costs of £10-£13 each will be partly offset by the NHS £6.50 prescription charge.

Primary care teams may have mixed views, their holistic patient care being diluted. GPs may anticipate extra consultations of patients unsuitable for POM-to-P, but many of these should

require GP NHS statins. If POM-to-P individuals later request NHS prescriptions, some at >20%/10yr CVD (15%CHD) risk will be eligible. Others benefiting from treatment will not meet NHS treatment eligibility.

CHD risk $\geq 30\%/10\text{yr}$ identifies a minority of individuals who will develop CVD, while at $\geq 15\% \text{CHD}/10\text{yr}$ treatment would be given to 75% of those who will develop CHD.¹¹ Pharmacy-advice simvastatin allows treatment at younger age prior to a 15%/10yr threshold, providing future health benefits. Difficulty may occur with individuals wishing to continue good LDL-C lowering on POM-to-P criteria but receiving Social Support.

The size of the potential benefits to participants

Statin side effects are rare and recognisable, so net benefits occur at low CVD risk. All stakeholders need to recognise that at lower absolute risk, larger numbers of treatment-years are needed to prevent an event, perhaps presented as numbers-needed-to-treat (NNTs).

In the AFCAPS/TexCAPS⁵ trial the placebo CHD risk was 1.2%/yr, a 27% LDL-C reduction decreasing CHD by 40%, giving a 5-year NNT of 87 for fatal or non-fatal myocardial infarct or of 49 including unstable angina and sudden cardiac death.¹² At 10% or 15%/10yr CHD risk, and a 33% relative risk reduction, 10mg simvastatin gives calculated 5-year NNTs of 49 and 33 respectively (including unstable angina, but not the benefits of reduced cardiac failure, stroke and TIA). For younger people, life-time risk may be more relevant than 10-year risks, many accumulating much of life-time risk before reaching treatment thresholds.¹³ Calculations suggest that 10% cholesterol reductions at ages 40 or 70 will produce relative risk reductions of 50% or 20%.¹⁴

Appropriately individuals take different views, some not wishing to convert from person to patient for smaller benefits, while others will take steps to limit small risks. Such patients are not just "worried well"; they are concerned, have moderate risk, and perhaps "semi-worried semi-well" is apt. If concerned enough to take statins they are likely to follow some lifestyle prudence, but this will need encouragement.

n Statins are highly effective and cost-effective in reducing cardiovascular disease, (coronary heart disease (CHD) and stroke).

n National Societies, Department of Health and NICE guidelines recommend treatment at CHD rates 15%/10-years (CVD rates 20%/10-years), but outcome trials show benefit down to CVD rates of 10%/10-years.

n Reclassification of simvastatin 10mg daily has occurred, from Prescription-Only Medicine to Pharmacist dispensed (POM to P) Medicine to a new category for chronic disease medication of Pharmacist Advice.

n Individuals without other significant disease, but at moderate cardiovascular risk, would be able to receive treatment from the Pharmacist.

n High quality Pharmacist education and training, a rigorous management algorithm, personalised patient care and advice, and established audit continue to be paramount requirements.

n Cholesterol measurements, and ideally a fasting lipid profile, while not required, should be undertaken to identify more severely dyslipidaemic individuals. Cholesterol measurements should be by robust, accurate and precise methods with external quality control.



An award-winning read



Our award-winning series provides you with the information and support that you need when confronted with heart disease. Twenty different titles cover heart healthy topics such as **Eating for your heart** and **Physical activity and your heart**, as well as information to help you understand more about your

illness with booklets covering things like high blood pressure, cholesterol and having surgery. We also haven't forgotten that it is very worrying for those of you caring for someone with a heart condition so there's a special booklet for you too.

To order phone **01604 640016** or visit **bhf.org.uk**

Conclusion

An inclusive and less paternalistic approach to healthcare is appropriate, and ability for individuals to take additional responsibility is not inappropriate.

Reclassification of drugs to Pharmacist-Advice raises issues, and is likely to involve well-established drugs at end of patent-life. Individual drugs will raise specific issues, but for the principle to succeed quality of pharmacist training, treatment algorithms, follow-up and audit will be paramount. In CVD prevention, Pharmacist-Advice must include lifestyle advice for all, but there is benefit potential to accrue from low-dose simvastatin.

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	Food Group
Bread, pasta rice & noodles. Cerals & Potatoes	Bread, other cereals & potatoes Aim to base all meals on a good sized serving from this group. Have bread or bread products as healthy snacks.
Fruit, vegetables & Salad	Fruit & vegetables Eat plenty; at least five or more portions every-day.
Meat & meat products. Poultry & poultry products	Meat, fish & alternatives Eat a moderate amount (1-2 portions a day). Vary by choosing low fat meat, 2-3 times a week. On the other days choose fish or non-meat alternatives.
Fish	Try to eat fish at least twice a week, inc. one portion of oily fish. A portion of fish (or meat) is an amount the size of a pack of playing cards.
Eggs	A portion of eggs is 2 eggs.
Nuts & seeds	A portion of nuts & seeds is 2 tablespoons.
Beans, peas & lentils. Soya, tofu & quorn	A portion of cooked beans, peas & lentils is 4 cooked tablespoons.
Milk & milk alternatives. Yogurts & alternatives	Milk/dairy foods & alternatives Aim to have 2-3 portions a day in drinks or in meals/ snacks. A portion is a medium glass of milk (200ml). A portion is a small pot of yogurt or light fromage frais (150g).
Cheeses	A portion is a matchbox of medium fat cheese (40g) or ? matchbox of high fat cheese (20g) or 2 small matchboxes of 'light' cheese spread (80g) or a large pot of cottage cheese (200g).
Fat spreads	Fatty and sugary foods Try to eat in small amounts daily or as occasional treats.
Oils	Use as little oil as possible, measure don't pour! Spray oil.
Cream & cream alternatives. Dressings, sauces, gravies	
Biscuits, cakes, pastries, desserts	
Sweets, chocolate, preserves	
Savoury snacks	
Miscellaaneous	Flavourings
Water, juice, alcohol, squash, fizzy & hot drinks	Drinks Drink 1.5-2 litres of fluid per day.

Best Choice

Occasionally

Best avoided!

Wholegrain varieties of bread, chapatti without fat, pitta bread, flour tortillas, pasta, rice, Basmati rice, noodles.

Wholegrain breakfast cereals. Oats. ouscous. Potatoes, sweet potatoes, yam & plantain ^{EF}

Fresh, frozen, fruit & vegetables. 100% juice, dried fruit. Canned fruit in natural juice. Vegetables canned in water. Homemade vegetable soups.

Lean pork, ham, lamb, beef. Extra lean minced beef. Liver & kidney Chicken & turkey without skin. Veal, venison, rabbit, game ^{EF}

All fish – cod, plaice, sole, whiting, canned tuna and shellfish **FH**. Oily fish – (fresh & canned) mackerel, sardines, pilchards, salmon, trout, herrings & fresh tuna

3-4 per week **FH** – boiled, scrambled, poached without fat

All nuts especially almonds, walnuts, linseed (flaxseed) pumpkin, sesame, sunflower seeds. Nut/seed butters.

Baked beans, sweetcorn, kidney beans, chick peas, lentils, peas. Rinse if canned in salt/sugar. Soya mince, soya beans, tofu.. Quorn sausages/burgers etc.

Skimmed, semi-skimmed milk. ? Semiskimmed milk with plant sterols. ? Soya milk (with added calcium & vitamins). Low fat natural, fruit & diet yogurts. ? Yogurts and mini-yogurt drinks with plant stanols/sterols. ? Soya yogurts.

Low fat cheese e.g. Cottage, curd cheese, quark, ricotta, half-fat Edam, 'extra light' cheese spread.

Low fat unsaturated fat spreads.
? Spreads with plant stanols/sterols.

Monounsaturated or polyunsaturated oils – olive, rapeseed, (most vegetable oil is made from rapeseed oil – check label) sunflower, soya, corn.

Virtually fat free fromage frais.

Use lemon juice, vinegar, herbs, yogurt etc. for salad dressings. Thicken sauces and gravy with flour. Use low salt stock.

Plain biscuits. Tea cakes, crumpets, malt bread. Fruit salads, sorbet. Sugar free jelly.

Jams, honey, marmalade. Sweeteners.

Breadsticks, plain popcorn, unsalted nuts & seeds, dried fruit. Thin-based pizzas.

Pepper, herbs, spices, lemon juice, garlic etc. Chutney & pickles made without oil.

Tap, mineral, soda water, fruit juice, tea, coffee with low fat milks.

Naan bread. Reduced fat oven chips (with less than 5% fat). Roast potatoes.

Canned fruit in syrup (drain)
Reduced fat coleslaw.

Lean bacon, low fat sausages, chicken breast in breadcrumbs, burgers, meatballs. Read the labels, find the lowest fat version.

Canned fish in oil (drain oil). Fried fish in batter (remove batter). Fish fingers, fish cakes.

Fried eggs & omelettes with minimal cooking fat

Reduced fat coconut milk.

Vegetarian sausages

Greek half-fat yogurt, whole milk yogurt.

Medium fat cheese e.g. half-fat cheddar, edam, brie, camembert, soft goat's cheese, mozzarella, feta, 'light' cheese spread, paneer

Spreads made from unsaturated oils.

Half-cream, half-fat crème fraiche. Fromage frais.

Low calorie salad creams & mayonnaise.

Home made cakes & puddings using best choice ingredients. Fruit based puddings. Ice cream. Meringue.

Boiled sweets, mints, fruit gums.

Low fat crisps, reduced fat hummus.

Reduced salt soy sauce.

Sugar free squash, diet fizzy drinks. Alcohol.

Garlic bread, croissant, waffles. Parathas, puris, samosas, pakoras. Pilau, biryani & fried rice. Sugar coated breakfast cereals. Deep-fried chips.

Coleslaw. Vegetables fried in batter (e.g. onion rings).

Fatty cuts of meat - belly pork, breast of lamb, duck, goose. Frankfurters, streaky bacon, sausages & sausage rolls, pies, pasties, pork pies. Chicken nuggets & 'Kiev'.

Fish in rich creamy or cheesy sauces. Hollandaise, lobster sauce, seafood cocktail sauce.

Quiche. Scotch eggs.

Coconut, coconut cream. Roasted nuts in oil & salt. Nut and seed butters with hydrogenated oils, palm oil.

Greek yogurt, thick & creamy yogurt.

High fat cheese e.g. cream cheese, mascarpone, stilton, cheddar type cheeses. Vegetarian cheddar, gouda, parmesan, full fat cheese spread, fried paneer.

Butter, lard, suet, dripping, ghee, hard margarines, spreads with greater than 1% 'trans' fats – check label.

Hydrogenated or partially hydrogenated vegetable oil (a source of 'trans' fats). Oils which have been reheated several times.

Clotted, double, whipping, soured, single cream. Crème fraiche.

Salad creams, mayonnaise. Rich sauces made with cream or roux.

Cakes, pastries, pies, steamed puddings, trifle, doughnuts, cheesecake. Cream, chocolate biscuits, shortbread.

Chocolate, fudge, toffees. Sugar. Indian sweets.

Crisps, cheese snacks. Bombay mix. Pizzas with too much cheese.

Salt, garlic salt, celery salt. Soy sauce. Oily pickles.

Fruit squash, fizzy drinks.

Hearty Fats

The benefits of omega-3 fatty acids for heart health

Lyndel Costain

Would you consider prescribing fish for your patients? If so, you wouldn't be the first. A Scottish GP was quick to take heed of the role that lifestyle changes can play in heart health and prescribed herrings to patients with coronary heart disease (CHD). Why? Because while a number of CHD risk factors such as family history, age and sex are non-modifiable, there are many that can be changed: diet, physical activity and cigarette smoking, to mention a few. Addressing these modifiable risk factors is vital since CHD is a major cause of early death, accounting for at least 135,000 deaths in the UK per year.¹ The direct healthcare cost is also enormous, at an estimated £1.6 billion. And in 1998, the cost of drugs alone for the treatment of cardiovascular disease was £1.25 billion, accounting for almost a quarter of the total drugs budget.² Grim facts, indeed.

Back to the Scottish GP. The rationale for his move concerns the role of fish oils, which are rich in omega-3 fatty acids, which, in turn, have been found to have a beneficial effect on CHD risk.³ Unfortunately, emphasis on the negative health consequences of saturated fat has led to all dietary fats being labelled as "bad", but evidence increasingly suggests this is not the case. So what it is about omega-3 fatty acids that helps promote heart health, and what can we do to ensure our patients get enough in their diets – including those who don't like herrings?!

What are omega 3 fatty acids?

Omega-3 (or n-3) fatty acids, along with omega-6 (or n-6) fatty acids are known, as 'essential' fatty acids, since

the body can't make them. They so must be provided by the diet. The family of omega-3 fatty acids is derived from the parent alpha-linolenic acid, while omega-6 fatty acids are derived from the linoleic acid.

Linoleic acid is converted by the body to the long chain polyunsaturates (LCPs) arachidonic acid (AA) and docosapentaenoic acid (DPA), while alpha-linolenic acid is converted to eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA). These LCPs, are important for neural and retinal growth and for the production of eicosanoids - highly reactive compounds that help to regulate a range of functions in the body, including inflammation, blood clotting and blood pressure. Eicosanoids formed from EPA tend to be less potent than those formed from AA, and the dietary balance or ratio of omega-3 and omega-6 fatty acids has an important influence on their production and function.⁴

What's the evidence?

We can thank epidemiological studies in the Greenland Inuits for the idea that omega-3 fatty acids may benefit heart health. These spawned decades of research, including strong evidence from randomised controlled trials. Key findings are that after excluding the effects of other known risk factors, as fish consumption increases, risk of heart disease decreases.⁵ And in addition to lowering CHD risk, there is strong evidence that the long chain omega-3 fatty acids found in oily fish may reduce the risk of further coronary events in people with established CHD.

Results from the Diet and Reinfarction Trial (DART) strongly support the role of fish or fish oils in decreasing total mortality and sudden

death in patients with one episode of myocardial infarction.⁶ Out of 2000 men randomly allocated to either consuming oily fish or a fish oil supplement over a period of two years, there were 29% fewer deaths in both of these groups. The omega-3 fatty acid content of oily fish was viewed as largely responsible for this effect.

The GISSI Prevenzione trial⁷ added further weight to omega-3s cardioprotective effect, when 11,324 post MI patients were randomly assigned either omega-3 supplements (850mg EPA/DHA daily), vitamin E supplements (300mg daily), both, or none (control) and followed up for 3.5 years. Primary end-points of all-cause mortality and cardiovascular death fell by 15 and 20% with omega-3 supplements, and a 45% decrease in sudden cardiac deaths was also noted. Vitamin E had no effect.

Omega-3 fatty acids may also have a role in the health management of Type 2 diabetes, a condition associated with increasing age and a risk factor for the development of CHD. The longest placebo-controlled study of the effect of omega-3 fatty acids on Type 2 diabetes showed convincingly that omega-3 fatty acid intake, along with oral therapy for diabetes, could lower blood triglyceride levels without adversely affecting glycaemic control.⁸ However, pharmacological doses of fish oil may raise LDL cholesterol levels in these patients,⁹ and currently, regular food sources of omega-3 fatty acids are usually recommended, rather than routine use of fish oil.

How do they do it?

Several mechanisms are thought to explain the apparent protective effect of omega-3 fatty acids. The first concerns their effect on blood

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clotting. The ability of blood to clot is essential for wound healing, but can be fatal when clots form in arteries that have been narrowed by atherosclerosis, leading to a heart attack or stroke. Research has found that fish oils can increase bleeding time and decrease platelet counts with no adverse effects.¹⁰

Also important, is the effect of omega-3 fatty acids on the endothelium. Research in this area is very new, but has demonstrated that omega-3 fatty acids, along with other nutrients such as antioxidant vitamins and folic acid, may have a beneficial effect on vascular endothelial function, either by decreasing endothelial activation or improving endothelium-dependent vasodilation. This may have important implications for cardiovascular disease.¹¹

Another mechanism is the effect of long chain omega-3 fatty acids on plasma lipids. While they appear to have no real effect on cholesterol levels, they consistently reduce both fasting and postprandial triglyceride levels.¹²⁻¹⁴ Omega-3 fatty acid consumption may also reduce elevated blood pressure, although the quantities necessary for an effect may be unrealistically high, equating to around 10 portions of mixed oil-rich fish per week.⁴

The effects of omega-3 fatty acids on cardiac arrhythmias appear to be of key clinical significance. Evidence from the DART study suggests that omega-3 fatty acids may increase the heart rate variability in survivors of a MI,⁵ a finding supported by laboratory studies¹⁵ and a more recent randomised control trial.¹⁶ The results of the GISSI study also suggest an antiarrhythmic effect of omega-3s.

Further research is required to establish more conclusively the mechanisms for action in preventing further coronary events, as well as determining any potential role of omega-3 fatty acids in CHD prevention. However, it seems that regular consumption of foods rich in omega-3 fatty acids is more beneficial than harmful, and may benefit much more than just cardiovascular health. For instance, a regular intake of omega-3s (especially if resulting in an improvement in the omega-6 and omega-3 ratio) may modulate eicosanoid-related inflammatory and immune respons-

es, benefit cognitive function and improve insulin sensitivity (so reducing the risk of glucose intolerance).⁴

Getting enough

The shift towards a diet with a higher proportion of polyunsaturated fatty acids largely from polyunsaturated oils and spreads, has altered the ratio of omega-6 to omega-3 fatty acids in the average diet. Although humans evolved consuming a diet that contained about equal amounts of these two fatty acids, today, the ratio is more like 6:1.4 Omega-6 fatty acids are predominantly found in sunflower, corn and safflower oils. As they are already consumed in adequate amounts, Department of Health advice is for no further increase.¹⁷

While there is no UK recommendation for an optimal ratio between omega-6s and omega-3s, the Department of Health does recommend an increase in the population average consumption of very long chain omega-3 fatty acids to 1.5g/week (from the current average of 0.7g/week). As the main dietary source of omega-3 fatty acids is oily fish such as mackerel, herrings, sardines, salmon, pilchards, trout and fresh (i.e. not tinned) tuna, this is equivalent to at least one serving of oily fish/week (135g or at least 5oz).¹⁷ However, this recommendation is currently only met by one-third of the population and oily fish consumption has declined markedly over the last 100 years.¹⁸

In line with the results of intervention studies, the British Dietetic Association advises at least two portions (200-300g) of oily fish weekly, for people at high coronary risk, as part of their overall diet (more wholegrains, pulses, fish, fruit, vegetables and nuts, and less saturated fat), and lifestyle change.¹⁹

One way to boost omega-3 intake is to enrich other foods, including meat and eggs. One large omega-3-enriched fortified Columbus egg, - the most widely available egg of this kind on the market - for example, provides 75% of the daily recommended amount of long chain omega-3 fatty acids recommended for heart health. Like dietary fat, eggs have been negatively viewed by many because of their high cholesterol content, and hence

tend to be avoided by people concerned about CHD. The British Heart Foundation currently advises an average of 3 to 4 eggs per week.

However, it has been suggested that up to one egg a day is unlikely to increase overall risk of CHD or stroke among healthy men and women.²⁰ This does not apply to people with diabetes, where risk may be slightly increased.

Eggs enriched with omega-3 fatty acids have been found to have a beneficial effect on blood lipids and may even moderate the cholesterolaemic properties of eggs, making them an acceptable alternative for the non-fish-eater.^{21,22} It is worth noting that the British Heart Foundation continues to advise an average of 3 to 4 eggs per week.

Vegetable sources of alpha-linolenic acid, which are seen to be converted apparently converted to long chain DHA and EPA to some extent, include rapeseed, soya and walnut oil, linseeds, pumpkin seeds, tofu, wheatgerm, sweet potato and walnuts. If consumed regularly, these foods could significantly contribute to omega-3 fatty acid intake. The oils can be easily incorporated into the diet in cooking or as salad dressings. A small handful of walnuts or seeds makes a nutritious snack, or like tofu, can be used in stir fries, rice dishes and salads. Meanwhile, research is still clarifying if alpha-linolenic acid itself, and long chain EPA/DHA have different physiological roles.⁴

Fish oil supplements are also available for those who are unable to increase their intake from their diet, although pregnant women should choose a fish oil supplement that does not have high amounts of vitamin A. Fish 'body' oil as opposed to fish 'liver' oil provides higher amounts of EPA and DHA. Because foods rich in polyunsaturated fatty acids are more susceptible to oxidation, they may contribute to the production of potentially damaging free radicals in the body. To offset this effect, it is important that consumption of antioxidant-containing foods should be increased - as part of a balanced diet. These include fruits, vegetables and wholegrain cereals. Omega-3 enriched fortified Columbus eggs are also a good source of vitamin E.

While new research continues to

point to diet as a major modifiable risk factor for many diseases, as well as CHD, it is seldom that so much evidence exists for such a positive effect of a dietary component. The old adage of an apple a day may still keep the doctor away, but may work even better when eaten alongside some oily fish - or an omega-3 enriched fortified egg!

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Q1. Choose all that apply. Cholesterol is found in:

- a) Margarine b) Butter c) Avocado
d) Meat e) Cheese f) Eggs g) Prawns

A1. Dietary cholesterol is only found in animal products, including meat fish, dairy and eggs. Margarine and avocado are cholesterol-free. Your body also makes cholesterol, which is necessary for it to function normally. Eating foods high in dietary cholesterol doesn't necessarily give you high blood cholesterol.

Q2. How many portions of fruit and vegetables should you aim to eat each day?

- a) None b) 3 c) 5

A2: You should try to eat at least 5 portions of fruit and vegetables

Q3. Which has the most sugar?

- a) Shreddies b) Bran Flakes c) Weetabix

A3. Branflakes contain a massive 22 grams of sugar per 100 grams compared to 10 grams in Shreddies and 4.7 grams in Weetabix.

Q4. Which food has the most saturated fat?

- a) Coconut b) Sausages
c) Butter

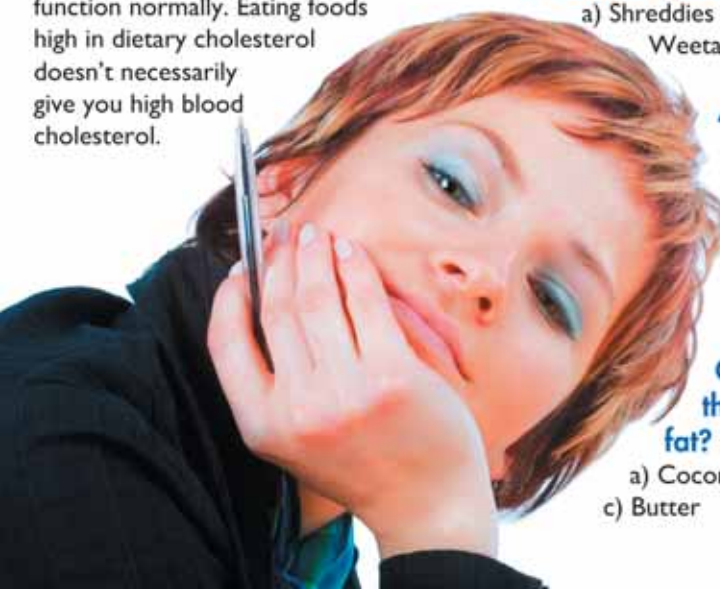
A4. Butter contains the most saturated fat (54 grams per 100 grams) but it is followed by coconut, which contains 31 grams per 100 grams. It is very unusual for vegetable foods to contain saturated fat so be careful of this hidden danger!

Q5. How many portions of dairy foods should you eat each day to meet your needs for calcium?

- a) 1 b) 2-3 c) 3-4

A5. You should try to eat 3-4 portions of dairy products a day to ensure an adequate calcium intake.

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Cardiac Revascularisation

V. Chandrasekaran

Ever since the first operation performed in 1967, the commonly known Bypass operation has saved thousands of lives and has improved the quality of life of many more thousands of people. In the United Kingdom nearly 24,000 bypass operations are performed each year. This operation, known as Coronary Artery Bypass Grafting, is performed in the treatment of angina. In the Government's National Service Framework there are plans to increase this number substantially.

Fat deposition within the arteries of the heart causes narrowing and eventually blocking of the arteries of the heart. The reduced blood supply to the heart muscle causes chest pain (angina) usually on exertion and causes heart attack when the artery is totally blocked. The risk factors for this condition include a strong family history of heart attacks, high blood cholesterol level, diabetes, high blood pressure and smoking. Once diagnosed, the condition is treated by controlling cholesterol, diabetes and high blood pressure. Drugs like nitrates, beta blockers and calcium channel blockers help in relieving the angina. Stopping smoking is very important for immediate and long term results.

A simple test called a Coronary Angiogram, done in an awake patient, shows the presence of narrowing in the arteries of the heart. Depending on the severity of narrowing, treatment is recommended. For minor narrowing only, drug treatment is recommended along with preventive measures. If the narrowing of the arteries in the heart are severe and/or the chest pain is not controlled by drugs, patients are advised to undergo intervention in the form of balloon dilatation of the narrowing, when feasible, or otherwise bypass surgery is recommended. The operation is done to relieve chest pain, to improve quality of life and sometimes as a life saving procedure.

In the commonly performed bypass operation the surgeon bypasses the narrowing in the heart artery by con-

necting a new artery or vein beyond the narrowing thereby restoring the blood supply to the heart muscle. This is done by using arteries from the chest and arm and veins from the legs. In very simple terms, it is like plumbing and very fine suturing techniques are used. Fig 1 The heart is commonly stopped to facilitate the operation and for this a Heart Lung machine is used. The operation is done under General Anaesthesia and takes about three to four hours. The patient stays in intensive care for one or two days and is usually ready to go home in less than a week. The results are very good with an early death risk of 2%. It is very important to reduce cholesterol, control diabetes and blood pressure and stop smoking for long term good results.

The recent past has seen a number of new innovations and techniques. A now well-established technique is Beating Heart Bypass Grafting where the operation is performed without stopping the heart. This technique was done in the early days for patients requiring only one or two bypass grafts and in the front of the heart. With improvement in surgical devices, it is now possible to operate on most of patients using the beating heart technique. The advantages of this include avoiding the heart lung machine, reducing the need for blood transfusion and stroke risk. Recovery is said to be quicker and also better results are achieved in higher risk patients such as the elderly.

Use of arteries from the chest and arms, particularly in younger patients has shown to give better results in the long term. Second time bypass operations are also well established.

With the development of keyhole surgery in other surgical fields, heart surgery also has developed techniques to do operations through small incisions. Using a video camera, it is now possible to operate through small cuts under the breast. Bypass operations in selected patients and heart valve surgery can be done by this method. The recovery time is quicker and the cos-

metic results are good, especially in women, completely hiding the scar. Naturally not all patients are suitable for this kind of surgery.

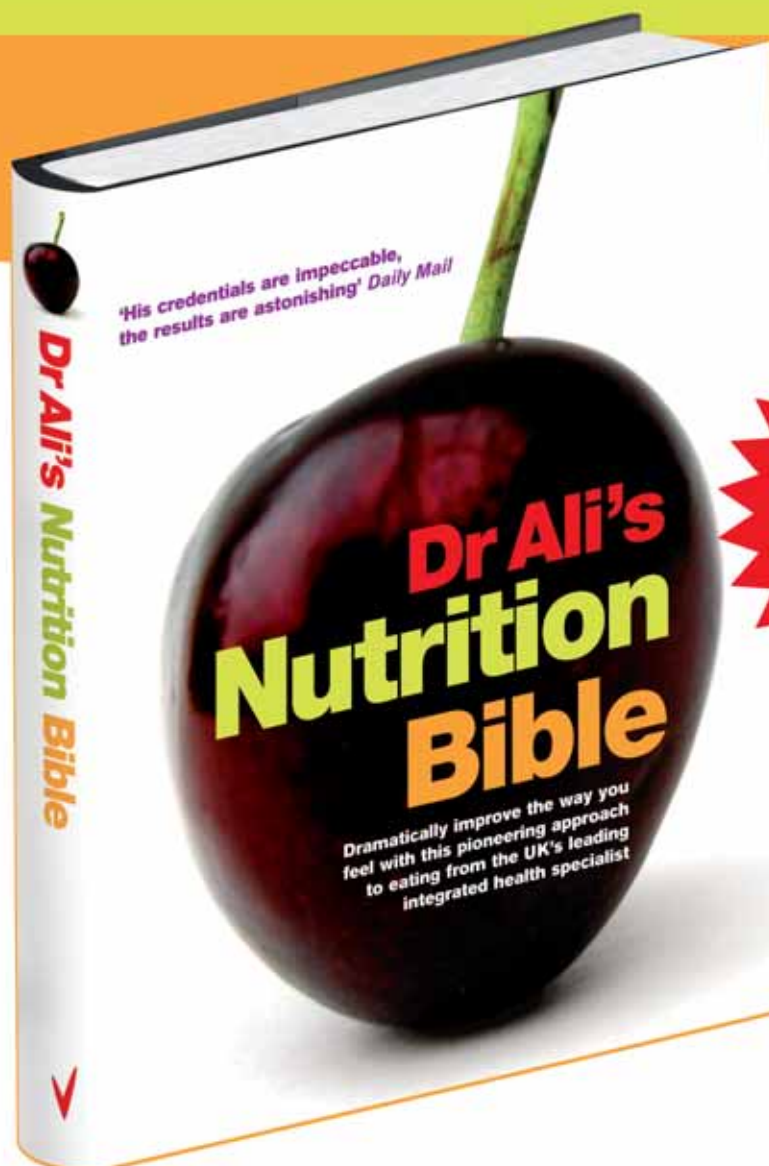
Heart surgery has also taken up computer guided robotic techniques. A computer controlled robotic arm is passed through a small keyhole incision and the surgeon can sit in another room to operate on the patient. This is not yet common and is still limited to a very few centres but the number is growing.

Surgical techniques for heart failure and heart rhythm disorders have also developed very well to complement the more commonly performed bypass and heart valve operations.

V.Chandrasekaran is Consultant Cardiothoracic Surgeon, St George's Hospital NHS Trust

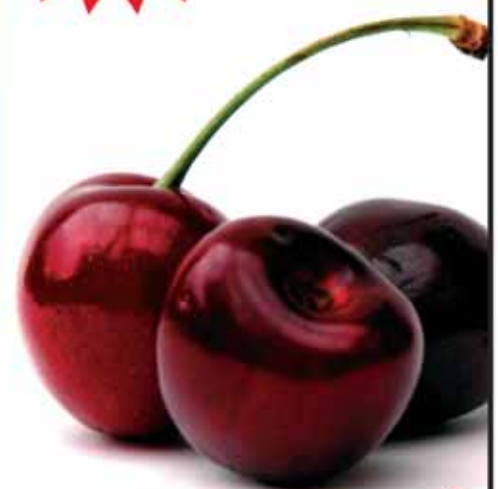
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Think Salmon for Heart Health



Eating two portions of salmon a week will deliver at least the omega-3 levels referred to in the approved heart health claim

Oil-rich fish such as salmon has an undisputed role in a healthy balanced diet for people of all ages and now it has the potential to be one of the main contributors to heart health in the UK.

Indeed, seven leading, independent UK scientists have recently agreed a new heart health claim for long chain omega-3 polyunsaturated fatty acids which are found in oil-rich fish such as salmon.

The scientists advised the Joint Health Claims Initiative (JHCI), the UK's independent coalition formed to assess health claims on food, that 'eating 3g weekly, or 0.45g daily, of long chain omega-3 polyunsaturated fatty acids, as part of a healthy lifestyle, helps maintain heart health.'

Consequently, the JHCI has ruled that long chain omega-3 polyunsaturated fatty acids can be promoted to con-

sumers with a positive message about its beneficial effects on the heart.

The heart health claim relates only to long chain polyunsaturated fatty acids, including alpha-linolenic acid (ALA), eicosapentaenoic acid (EPA) and docosahexaenoic (DHA). These are known as essential fatty acids (EFAs) because our bodies are unable to synthesise them efficiently and so it is necessary to obtain them from our diet.

Salmon is the latest in a small and select group of foods, including whole-grain foods and oats, to benefit from a health claim of this type approved by the JHCI, as it contains high amounts of the essential long-chain omega-3 fatty acids EPA and DHA. This means that eating two portions of salmon a week will deliver at least the omega-3 levels referred to in the approved claim.

This is the first time that such an authoritative endorsement of the heart health claim has been made in the UK, but over the years there has been overwhelming evidence to support the role of long chain omega-3 fatty acids in the protection against coronary heart disease and heart attacks.

The science pertaining to the health benefits of long chain omega-3 polyunsaturated fatty acids is extensive and salmon is one of the richest sources of them. In addition, salmon can provide a variety of nutrients, including protein, vitamin A, a range of B vitamins, as well as the minerals calcium, copper, iron, magnesium, manganese, phosphorus, potassium, selenium, sodium and zinc – all of which are vital ingredients for a healthy balanced diet.

Indeed, a growing body of research is demonstrating the therapeutic bene-

fits across a wide range of conditions. Recent research has shown the potential benefits of omega-3 fatty acids in the cognitive development and future behaviour of babies and children, as well as in the management of conditions such as arthritis and psoriasis.

Although there is increasing public awareness of the benefits of omega-3 fatty acids in the diet and a number of food manufacturers make claims about the omega-3 content of their products in advertising and packaging, it is abundantly clear that most people do not consume enough oil-rich fish. According to the Food Standards Agency (FSA) "on average, people in the UK eat a third of a portion of oily fish a week. Seven out of ten don't eat any fish at all."

Last year the FSA recommended that all groups of consumers should be eating more oil-rich fish, as there is good evidence that it reduces the risk of death from heart disease, which killed 117,500 people in 2002.

FSA Chair at the time (June 2004) Sir John Krebs said: "Eating oil-rich fish is a simple way for people to reduce the risks of heart disease. But most people don't eat any. Eating just one portion of oil-rich fish a week has clear cut health benefits."

The Agency recommends that "girls and women who might have a child one day, and women who are pregnant or breastfeeding, can have up to two portions of oily fish a week. Other women, men and boys can have up to four portions of oily fish a week."

The health benefits of regular salmon consumption are many and proven. The sad fact is that, at the moment, two-thirds of the UK population doesn't eat oil-rich fish at all. The medical profession can clearly help in encouraging better nutrition for better health. The message is clear: if you don't at the moment, start eating oil-rich fish. If you do, you can probably eat more.

For further information about the Joint Health Claims Initiative visit www.jhci.org.uk, for information about the health benefits of oily fish visit the Food Standards Agency's website www.food.gov.uk, and for information relating to the health benefits of salmon visit www.scottishsalmon.co.uk.



Scottish Quality Salmon- at the heart of healthy living



Grilled Salmon with Hazelnut Sauce

The Joint Health Claims Initiative (JHCI), the UK's official coalition formed to assess health claims on food, has ruled that oil-rich fish, such as Scottish Quality Salmon, can be promoted with a positive message about its beneficial effects on the heart.

This means that eating two portions of Scottish Quality Salmon a week will deliver at least the required omega-3 levels.

Scottish Quality Salmon is the latest in a small and select group of foods, including wholegrain foods and oats, to benefit from a health claim of this type.

Enjoy it to your heart's content



The Food Standards Agency recommends we eat at least two portions of fish a week, including one portion of oil-rich fish.

For healthy eating tips and recipes visit
www.scottishsalmon.co.uk

Scottish Quality Salmon Durn, Isla Road, Perth PH2 7HG
Tel: 01738 587000 fax: 01738 621 454
enquiries@scottishsalmon.co.uk

ASDA - GREAT WAYS



ASDA - healthier eating for everyone!

Healthy Foods

In 2001 ASDA launched its very successful 'Good for you!' low fat healthy eating brand. All Good For You! Foods have been developed to be low in fat or to have at least 25% less fat than standard equivalents as well as having additional controls on saturated fat, Calories, salt and sugar.



In Jan 05, Good for you! was re launched the range now consists of over 500 lines across various food categories in ASDA. Going forward the range will be expanded to include half fat and reduced fat products to help all the family eat healthily.

Food Pledge

In all ASDA foods we are making significant reductions in the levels of salt, fat and sugar, as well as reducing additives and allergens with no compromise on quality and taste. In 2004 fat, salt and sugar was reduced in 550 products.



Special Diets

ASDA has also been active in developing a branded special diets range to cater for customers with gluten, wheat & milk allergies/ intolerances. ASDA Brand products are now under review also, to see where unnecessary allergens can be removed. Clear labelling including the use of the Coeliac UK Crossed grain 'gluten free' symbol is found on ASDA packs along with milk free, nut free icons and a 'contains' box highlighting the presence of major allergens. ASDA was the first retailer to work in partnership with Coeliac UK to provide this recognised symbol on its packs.

Healthy Kids

Great Stuff is Asda's range of healthier products for kids. The range is developed with strict fat, sugar and salt criteria and also no azo dyes, MSG, and encourages natural colours, preservatives, flavouring and minimum allergens. Great Stuff includes healthier treats for kids and these treat products will be clearly distinguished on the label. Great Stuff will be launching in August 2005.

5 A DAY

ASDA has worked with the Department of Health to support the 5 A DAY campaign. ASDA's 5 A DAY logo can be seen on many frozen and fresh fruit and vegetables. ASDA uses the Dept of Health's 5 A DAY logo criteria and display this on the back of the pack along with the portion size.



ASDA
part of the **WAL*MART** family

Our peo

TO A HEALTHY LIFE

ASDA's Nutritionists have developed a wealth of information on a range of health topics.

Special Diets Lists

We also have Special diet lists which are available from ASDA House and our customer service desks in stores. These lists detail 100s of ASDA products that do not contain a certain ingredient such as wheat or milk or their derivatives. They are updated on a regular basis available (from customer service desk in store) are:

Free from Gluten
Free from Wheat
Free from Cows Milk
Free from Nuts and Seeds
Free from Egg
Free from Soya
Free from Shellfish
Free from Azo Colours
Vegan
Vegetarian

Other lists are also available please contact Customer Relations department at ASDA House for more details.

For more information please contact:

ASDA Customer Relations,
ASDA House,
Southbank,
Great Wilson street,
Leeds
LS11 5AD.
freephone: 0500 100055
Website: www.asda.com click on the healthy living link

Local Health Events

If you are interested in working with your local ASDA store



Literature information

We have a range of leaflets available on stands in all our stores and from our customer relations department at ASDA House. These explain what ASDA is doing to support healthy living, 5 A DAY, diabetes advice, kids leaflet and also food allergy and intolerances.

Healthy Living for Everyone Website

Our HLFE website which can be found via www.asda.com just click on healthy living. The information includes factsheets (on a range of topics from salt, fat to heart disease and diabetes), diet lists, useful contacts, healthy

People make the difference - *Always*

A Head Start on Healthy Living

eat two portions of fish a week

Fish is good for us – it’s a well documented fact. Yet a large proportion of the UK population still isn’t making the most of the health benefits that fish offers. In fact, the 1999 National Food Survey showed that more than one million people in the UK are likely not to be getting the recommended intake of the nutrients present in fish, through their regular diet. On average, we only eat a third of a portion of oily fish a week and seven out of ten of us eat none (Omega 3 information service).

Forming one of the most valuable food sources of protein, vitamins and minerals, it is advised by the Food Standards Agency (FSA) that we all eat at least two portions of fish a week, one of which should be oily, for a lifetime of good health. The benefits are wide-ranging, protecting our hearts, minds and bodies.

Seafood is an excellent source of crucial vitamins such as A, D, B1, B2 and B6 as well as minerals such as iron, zinc, iodine and selenium – all of which have crucial benefits to health.

Oily fish is also one of the best

sources of Omega 3, a polyunsaturated fatty acid with many well-researched and supported health benefits. Since they were discovered in the 1970s, the Omega 3 fatty acids have been subject to hundreds of studies and clinical trials, all exploring the benefits they hold. They are essential for good health and must be supplied through the diet as the human body is not able to manufacture them alone. They are therefore often called ‘essential fatty acids’ and can help prevent illness and fight against disease.

Looking after our hearts...

Since it was first noticed in the 1970s that Greenland Eskimos – who ate large quantities of oily fish in their diet – suffered from little or no heart disease, a number of studies have demonstrated the extensive heart health benefits that come with increasing oily fish in the diet.

Heart disease is a by-product of the Western tendency to consume large amounts of processed, convenient and fast foods. The British Heart Foundation Statistics Factsheet (2004)

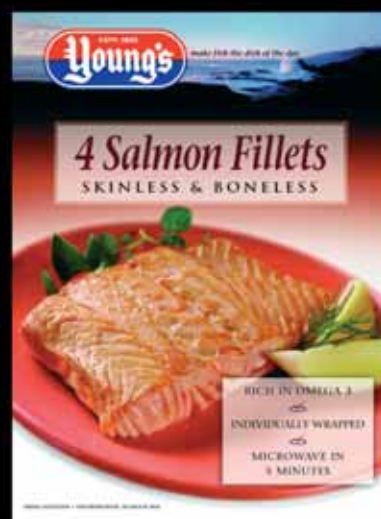
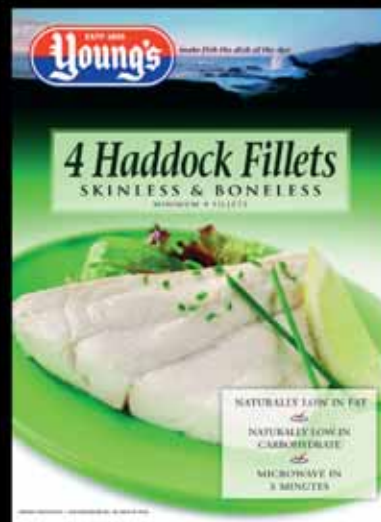
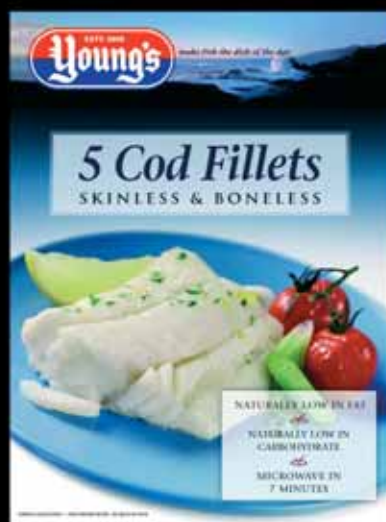
states that there are an estimated 2.68 million people living with coronary heart disease in the UK, 30,000 more than in 2003.

There are an estimated 268,000 heart attacks a year in the UK, which is the equivalent of one every two minutes, and the level of heart disease in this country is directly linked to the rapidly growing rate of obesity. 22% of men and 23% of women in the UK were obese in 2004 – that’s an increase of 2% and 4% respectively on 2003’s figures. More worrying still is that children are following close behind.

Although it’s not entirely clear exactly how, Omega 3 helps heart health. Research shows that it helps the heart to beat more regularly whilst reducing the stickiness of blood, making it less susceptible to clotting. Aiding reduced blood pressure as well as the level of fat present in our blood, Omega 3 is also renowned for protecting our arteries from long term damage (British Dietetic Association). A natural medicine, it helps ensure our hearts have the best possible chance

	OILY FISH e.g. mackerel, salmon, herring	TUNA	MARLIN, SHARK, SWORDFISH
Girls (under 16)	Up to 2 portions a week	Up to 2 portions if fresh or frozen. No limit on tinned	Do not eat
Boys (under 16)	Up to 4 portions a week	Up to 4 portions if fresh or frozen. No limit on tinned	Do not eat
Pregnant women and those who may become pregnant	Up to 2 portions a week	Up to two tuna steaks a week or four medium-sized cans	Do not eat
Breastfeeding women	Up to 2 portions a week	Up to 4 portions if fresh or frozen. No limit on tinned	No more than a portion a week
Women who are not intending to, or can’t, become pregnant in near future	Up to 4 portions a week	Up to 4 portions if fresh or frozen. No limit on tinned	No more than a portion a week
Men	Up to 4 portions a week	Up to 4 portions if fresh or frozen, No limit on tinned	No more than a portion a week

Eazy peazy lemon squeezy.



Young's new range of natural fillets are just the thing when you're short of time. With the skin and bones already removed, you can pluck them straight from the freezer and into the microwave. Then in nine minutes or less you could be serving up a tasty, healthy, family meal.



Young's make fish the dish of the day

of keeping heart disease at bay.

Recent research in Italy studied over 11,000 heart attack survivors, considering reactions of participants to a daily dose of Omega 3. The results highlighted the considerable benefits of the fatty acid – a one gram dose taken daily was found to be enough to reduce the risk of a sudden heart attack by 42 per cent (BUPA, 2002).

With heart disease posing a very real threat to the nation, measures need to be taken to protect our hearts. And these measures start with what we eat. Omega 3 is one of the best known ways of self help to keep your heart fit and eating oily fish is one of the best ways to get enough of this nutrient in our diet.

...and our heads

For centuries, fish has been hailed as a brain food and not without good reason. Over the last thirty years, a number studies have shown that when consumed regularly, especially as a child, Omega 3 helps to improve IQ.

Research has found that an Omega 3-rich diet for children can help to prevent the on-set of dyslexia and dyspraxia. Similarly, the occurrence of attention-deficit hyperactivity disorder (ADHD) has been found to reduce dramatically if there are plenty of fish oils available to children through the foods they eat.

High levels of Omega 3 in the diet have also been associated with the prevention of depression - one major study examined the impact of giving fish oil to a group of severely depressed patients. After four months,

the patients who were given fish oil were so much better than those given a placebo of olive oil that the trial was stopped to allow all the patients to make the most of the benefits of fish oil straight away.

There is also some evidence to suggest that Omega 3 deficiency can contribute to schizophrenia and dimethylamino-ethanol, a nutrient found in fish, is thought to improve memory.

Stay younger for longer!

The Rheumatism and Arthritis Research Campaign says that fish oils have an anti-inflammatory affect which can be beneficial to people suffering from rheumatoid arthritis. Scientific work suggests that the degradation of cartilage which is responsible for osteoarthritis can also be inhibited by Omega 3 polyunsaturates. What's more, three American studies have suggested that increasing the dietary supply of Omega 3 can reduce the inflammation which contributes to a whole range of conditions such as psoriasis, kidney disease and colitis.

Plus, there is a growing body of evidence relating to the beneficial effects of Omega 3 both in reducing the risk of cancer, and helping in the treatment of patients who have the disease. This is one of the most exciting areas of current Omega 3 research.

How much should we eat

We all need oily fish in our diet to complete a healthy lifestyle – two portions of fish a week, one of which should be oily, will help prevent the onset of heart disease. Those currently living with heart disease are advised to

eat between two and three portions of oily fish a week.

Health experts are anxious that the population increase its intake of Omega 3 fatty acids to help ward off heart disease. At the same time, there are some limits to the amounts that we should eat that should be taken into consideration.

The FSA recently released a report giving advice on oily fish consumption (June 24th 2004), with up to date guidelines on who should be eating oily fish, why and how much should be consumed.

The advice continues to be that people should try and eat two portions of fish a week, one of them oily. Like foods such as meat and eggs, oily fish contain some dioxins which are a result of environmental background pollutants, an issue which has been heavily focused on in the media recently. In the FSA's recent report, such dioxins were openly discussed in a move to reassure the public that the benefits of eating oily fish far outweigh any effects that any dioxins could have on our health.

The organisation remains clear on its stance that Omega 3 forms an absolutely essential part of a healthy diet, which is fundamental in the health of our nation. It is crucial that the UK population increases the amount of oily fish eaten to take full advantage of the many health benefits the nutrient offers.

The table provides an outline on recommended levels of oily fish we should eat, depending on sex, age and physical situation (one portion is 140g).

Panfried Cod with Parmesan Mash and Sundried Tomato Dressing

INGREDIENTS:

450g of Cooked and Mashed potatoes
150g of Parmesan Cheese
100g of Crème Fraiche
1 tablespoon of extra virgin olive oil
salt and freshly ground black pepper
1 tablespoon of plain flour
4 pieces of Skinless Boneless Cod fillet
1 tablespoon of Olive Oil
Juice of 1/2 lemon
2 tablespoons of sundried tomato paste

1. To the cooked and mashed potatoes add the parmesan cheese, crème fraiche 1/2 of the xtra virgin olive oil, seasoning and combine together.

2. Lightly flour and season the cod and cook in olive oil for 3 minutes on each side without burning the flour.

3. Mix the sundried tomato paste with the remaining olive oil and the lemon juice.

4. Place the mash in the centre of the plate, sit the cod on top and drizzle the sundried tomato around the mash potatoes.

CASTLE J
Fetal Medicine Services

OBSTETRICS

12/09/2004
14:41:52

P100
6C3
6.0
23fps
DR65
2DG
90



YOU EITHER LOVE IT OR HATE IT

The B vitamins found in Marmite are good for mums-to-be



Levels of obesity, diabetes and heart disease are continuing to rise in the UK and we are all becoming increasingly aware of the affect our diet and our activity levels have on our overall health. Worryingly the increase in obesity in the UK is also affecting children and if present trends continue the life expectancy of the children in our schools may well decrease for the first time in over 100 years.

Sainsbury's recognises the important role it plays in addressing this trend and is committed to helping its customers not only make healthy food choices but to also increase their activity levels with the launch of its new Active Kids campaign.

Teachers across the UK are already working hard to establish in young children the habits and attitudes needed for a healthy lifestyle but research has found that today's children take only one quarter of the exercise their parents did when they were young - and that figure falls even further when compared to the exercise taken by their grandparents at the same age.

The Active Kids campaign aims to help schools to increase their pupil's activity levels by giving a wide range of equipment and practical advice.

Many of today's problems stem directly from children hating the traditional physical education curriculum. Over half of children say that they do not enjoy traditional school games because they do not feel that they are good at them. As a result, almost 70% admit to trying to get out of school games whenever possible.

The Active Kids programme is



designed to encourage all children and young people to enjoy being more active by providing sports equipment or fun activities that go beyond the usual schools sports curriculum. Items available range from the more traditional skipping ropes and footballs to climbing equipment, foam javelins, adjustable stilts and even a Wogglor which is a balancing game.

To take part schools simply need to register with the scheme and collect vouchers. One vouchers is earned per £10 spent in-store and online through the Sainsbury's to You shopping service. Plus, to help encourage healthy eating, customers also earn an extra voucher for every £5 that they spend on fresh fruit and vegetables. Anyone can then donate these vouchers to a school that is participating in the Active Kids collection programme.

We estimate that a large secondary school of 900 pupils could receive a total climbing wall kit and accessories by collecting 24 vouchers per pupil. Even a small primary school of 100 pupils collecting 36 vouchers per pupil could receive two wogglers, a rainbowchute, 15 skipping ropes, four space hoppers and four footballs.

Schools who register with the initiative also receive a resource pack giving lots of practical advice for teachers to inspire their pupils to become more active and improve overall health and fitness. To reinforce the significance of healthy living it also includes nutritional information designed to highlight the importance of a healthy balanced diet, and the positive effects that eating the right foods can have on physical activity.

In addition to the Active Kids campaign all schools in the UK can also join Sainsbury's Taste of Success Awards scheme which has been running for five years. Taste of Success is a joint initiative with the British Nutrition Foundation and the Design and Technology Association that supports food studies by setting a number of food challenges for children to tackle as part of their lessons. Pupils earn awards in recognition of their personal achievement in practical food and nutrition skills.

Sainsbury's has also developed an innovative food labelling system to help customers make healthier food choices while shopping in store. There



has been much debate about the role of 'traffic light' labelling systems for food. We are concerned that this would be an over simplistic system. We believe in a more positive approach advocating the Guideline Daily Amounts system for adults thus taking into account the total nutritional contribution individual foods make to a whole diet rather than focusing on one food in isolation.

To achieve this our new colour-coded Wheel of Health labelling system allow shoppers to see at a glance how much fat, saturated fat, calories, salt and sugar each serving provides, making it easier for everyone to take control of what they eat. The new labels started appearing on pack in January 2005.



red – think; orange – ok; green – go

In addition the back of the pack shows how these amounts compare with the average daily guidelines for healthy eating.

The Active Kids and Taste of Success school schemes and Wheel of Health labelling system exemplify the current investment that Sainsbury's is making to help ensure a healthier future.

Support your local school with Sainsbury's Active Kids.

An exciting way to help your local school get children exercising more, supported by Dame Kelly Holmes.

For every £10 you spend, you get a voucher that schools can redeem against a huge range of equipment and activities.

Plus, you'll get an extra voucher when you spend £5 on fresh fruit and veg to encourage healthy eating.

It runs until June 30th 2005 so start collecting now. See our website for further details.



sainsburys.co.uk

Active Kids



Sainsbury's



The British Coffee Association (BCA) is pleased to be supporting the *NHS Guide to Healthy Living*.

Coffee is one of the world's most popular drinks and approximately **70 million cups** are enjoyed in the UK daily.

The BCA provides current and accurate information on all aspects of coffee drinking.

For example...

- Drinking four to five cups of coffee a day is perfectly safe for the general population
- Coffee can be an important source of fluid in the diet
- A cup of coffee has been shown to help relieve the symptoms of a cold¹
- Research shows coffee to contain up to 4 times as many antioxidants as tea²

To have your questions answered on any aspect of coffee visit

www.britishcoffeeassociation.org/nhsguide or telephone **01608 644995**

1. A P Smith. J Psychopharmacol, 1997 11(4).

2. M Richelle et al. J Agric Food Chem, 2001 49.

Coffee as part of a healthy diet

Dr Sarah Jarvis

Thousands of people across the UK enjoy a cup of coffee every day. Like so many other aspects of our lives (with the obvious exception of smoking!), coffee is perfectly safe in moderation. That means that there is no reason to cut coffee from your diet if you want to live healthily. In fact, coffee in moderation can actually help you to live more healthily.

Coffee is one of the most researched commodities in the world, largely because it is so very popular and because so many people drink it. Much of the confusion about the safety of coffee has arisen because of mixed messages about the difference between moderate and excess caffeine intake. In excess, caffeine, like many other things, can cause problems. But moderate caffeine intake is perfectly safe for most people.

A moderate caffeine intake is up to 400mg a day, which translates into 4-5

cups of coffee a day. If you are pregnant, the Food Standards Agency recommends an upper limit of 300mg of caffeine a day (approximately 3 mugs or 4 cups).

It is important to drink enough fluids, and the recommended minimum for most people is 2-2.5 litres, or 6-8 cups, a day.² Not drinking enough can lead to dehydration – this can cause tiredness, weakness and headaches, and even harm your kidneys. It is a common misconception that drinking coffee can make you more prone to dehydration. We do know that very high caffeine intake can make you pass more water. However, moderate coffee intake, at the levels normally consumed, doesn't have the same effect. In fact, the British Dietetic Association and the British Nutrition Foundation confirm that moderate coffee intake can actually count towards your daily fluid intake.

Likewise, moderate coffee intake doesn't increase your chance of getting palpitations or other problems with your heart. This is true even if you already have coronary heart disease. The British Heart foundation has stated that moderate coffee intake doesn't influence coronary heart disease.

Of course, coffee can make you feel more alert, but as long as you're not going to try and sleep straight afterwards, this shouldn't be a problem. In fact, it can be very useful if you need to stay wide awake, especially if you work shifts. What is more, coffee is an excellent source of antioxidants, which may play a part in preventing a variety of diseases.

Overall, then, the message is clear. Moderate coffee intake is just fine – and with so many health warnings about what we eat and drink, it's good to have one less thing to worry about!

Why is **HiPP** ORGANIC

MUM'S CHOICE?

Harry knows why!

For Harry (7 months), Hipp Organic tastes just like his mum's own cooking, and it's this great home-cooked taste which makes him impatient to get started.

For his mummy, Louise, it's the peace of mind of knowing that Hipp Organic baby foods contain no harmful chemical residues, such as pesticides.

Open the jar, Mum!



Mum's Choice

TEL: 0845 050 1351 www.hipp.co.uk

The Department of Health recommends exclusive breastfeeding for the first 6 months



foodfitness

practical advice on healthy eating and an active lifestyle
www.foodfitness.org.uk



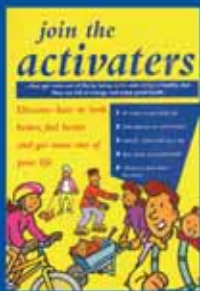
The Food and Drink Federation (FDF) is the voice of the UK food and drink manufacturing industry. FDF's **foodfitness** programme, established in 1996, has a unique dual approach promoting enjoyable healthy eating, coupled with moderate physical activity.

The **foodfitness** programme has developed in line with current research on healthy eating and physical activity. In the development of the programme, FDF established a panel of experts in nutrition and physical activity to act in an advisory capacity to develop the scientific basis for the messages.

Foodfitness key messages:

- | | | | |
|----------|-------------------------------|----------|----------------------------------|
| 1 | Aim for 5 fruit and veg a day | 3 | Check out more lower fat choices |
| 2 | Base meals on starchy foods | 4 | Be active in your daily life |
| | | 5 | Take pleasure in active leisure |

The **foodfitness** programme encourages participants to Join the Activators, promoting healthy lifestyle in an innovative and fun way with the aid of two cartoon families – the Activators and the Dolittles. Their aim is to demonstrate that a healthy lifestyle need not be dull, demanding, extreme or expensive.



Join the Activators

Foodfitness provides a full colour, A4 magazine to help support health promotion advice and activities. The **foodfitness** website provides practical advice on diet and activity and is a useful tool to explore current healthy lifestyle issues and new developments in this area.

Foodfitness resources are available for schools, health professionals and health promotion teams. For further details of the **foodfitness** programme and to order materials, visit www.foodfitness.org.uk



Promoting Healthy Lifestyle to Primary School Children

The *Join the Activators* CD-ROM is designed to be incorporated into the school's Personal, Social and Health Education (PSHE) programme. The

programme is aimed at 7-9 year olds and has been rated very highly by teachers and parents.

"I am simply delighted with the CD ROM Join the Activators! We are having a health month in March and I am going to use the CD as a base for much of the work we'll do with the children in their classes."

Moirá Snodgrass
Head Teacher, Strathpeffer School, Ross-shire

Food and Drink Federation
www.fdf.org.uk



Food and Drink Federation, 6 Catherine Street, London WC2B 5JJ
E: foodfitness@fdf.org.uk, T: 020 7836 2460, F: 020 7379 0481

FURTHER INFORMATION For a free **foodfitness** information pack, please complete and return the attached slip to: NHS Guide to Healthy Living Magazine offer, Food and Drink Federation, 6 Catherine Street, London, WC2B 5JJ

PLEASE USE BLOCK CAPITALS

Name: School:

Address:

Post code:

Telephone: Fax: email:

Coffee for all occasions - NESCAFÉ®'s range of full and reduced caffeine coffees

Coffee-drinking tastes are constantly evolving which is why we always continue to refresh our products to effectively reflect people's changing needs, tastes and lifestyles.

At NESCAFÉ we appreciate that not everyone wants to have the same coffee all the time in the same way that not everyone wants to wear the same clothes every day! Variety is the spice of life after all...

That is why we offer a selection of reduced caffeine coffees alongside our full caffeine range so you can choose the perfect coffee to suit your mood and different coffee moments throughout your day.

Regardless of your choice, our expert coffee blenders ensure that all our products have the same great taste you expect from NESCAFÉ whether you choose one of our Full Caff, Half Caff or Decaf versions.



NESCAFÉ® Full Caff

The ultimate full caffeine range now counts a host of great tasting coffees to get you going and keep you going throughout the day from old favourites to new additions.

NESCAFÉ® Half Caff

We've learned that there are consumers who want to reduce their caffeine intake but still want some of the lift of their favourite NESCAFÉ coffee. NESCAFÉ Half Caff meets this demand: it has half the caffeine AND still has the full flavour of all our products.



NESCAFÉ® Decaf

Our decaffeinated range offers you all the superb flavour and aroma of your usual coffee but without all the caffeine, perfect for when you want to unwind.



At NESCAFÉ, we can proudly say that our coffee is decaffeinated using pure water leaving only 100% pure coffee. There are no hidden additives or solvents to manipulate the coffee or sacrifice the taste. Using our experience, we are able to alter the blend of beans so, you can be sure that our Decaf coffees have the same great taste as our Full Caff and Half Caff versions.

It's Decaf... naturally!

Decaffeinated coffee is more popular than ever and yet the decaffeination process continues to be shrouded in mystery. So, here's an explanation of how we do it at NESCAFÉ:

1. Soak

Take unroasted (green) coffee beans and soak them in hot water. This opens the beans up and makes it easier to get the caffeine out.

2. Water

Add more water and pass it through the beans. This is important as NESCAFÉ only uses pure water in its decaffeination process. This draws the caffeine out of the beans. Some of the flavour is drawn out in this process but it is reabsorbed later on.

3. Filter

We then filter the water through a special type of charcoal which is the same type of filter that tap water goes through; this removes the caffeine but leaves the flavour.

4. Water - Again!

The flavoured, decaffeinated water is then added back to the coffee beans to be reabsorbed ensuring that they have the same great flavour as they did originally.

5. Dry

We then dry the beans, before roasting and grinding them in the same way as regular coffee.

So, whether you're winding down, getting going or somewhere in between, you can be sure that NESCAFÉ has something to offer.

Nutrition – getting it right from the start

When it comes to good nutrition, you can never start early enough. Habits that contribute to good health are established in childhood and parents play a vital role in shaping these habits, not only by providing their child's food intake, but also by setting a good example in relation to food in general.

A recent survey¹ of 2000 parents by Mother and Baby magazine and Cow & Gate found that nine out of ten toddlers (average age 15 months) are allowed to eat junk food, eight out of ten parents admitted that their children had worse diets than they had at that age, and five out of ten reported that toddlers are generally not included in family meals. Toddlers top five favourite foods were chocolate, white bread, biscuits, crisps and fish fingers. Despite the fact that young children rely totally on their parents to provide their food, only one in five parents blamed themselves in any way for their children's eating habits.

These results are consistent with those from other surveys such as the government's National Diet and Nutrition Survey of young children² which found that the foods most commonly consumed by children were biscuits (consumed by 88%), white bread (86%), soft drinks (86%), whole milk (83%), savoury snacks (78%), potatoes (boiled, mashed, jacket) (77%) and chocolate confectionery (74%). Some other interesting results from this survey of children aged 1? to 4? years were that 37% of children in the survey had drunk tea during the survey period and 7% had drunk coffee, a startling result in children so young. When it came to fruit and vegetables, half the children surveyed had eaten apples or pears and 46% had eaten bananas, but citrus fruits were only eaten by one quarter of children and only about a third of children consumed fruit juice. Two thirds of children didn't eat any green leafy vegetables like cabbage or broccoli. In terms of dairy products, most children consumed whole milk (recommended for young children), but cheese consumption was very low, and only 40% of children had eaten yogurt and 26% had eaten fromage frais.

Clearly there is room for improvement in many aspects of young children's diets and a key concern must be that once eating habits are established they are notoriously difficult to change. However there are also bigger issues that parents should consider, such as the exclusion of toddlers from family mealtimes. Mealtimes are social occasions that encourage children to develop speech, social skills and table manners. Excluding children from such occasions may also mean that they are exposed to a less diverse range of foods and so become less inclined to try new foods and include more variety in their diet.

The first few years of life is a period of very rapid growth and development and, as children grow they become more and more active. In order to fuel this growth and activity, young children need small, frequent meals based on nutrient dense foods, i.e. foods that provide lots of nutrients and energy in a small volume. The low-fat, high-fibre diet that is recommended for adults isn't suitable for little ones as it is too bulky and too low in calories, which means young children's small stomachs can become full before they've had all the energy and nutrients they need.

For example, the under-fives should have whole milk rather than skimmed milk and should have a mixture of white and wholemeal bread rather than just high-fibre varieties.

The importance of childhood nutrition for growth and development can never be overstressed, however, good nutrition is important long before a baby comes into the world. Low nutrient stores at the start of pregnancy can put a woman at greater risk of problems such as anaemia (low iron levels) or pregnancy difficulties. It is a good idea for a woman to assess her diet and make improvements, where necessary, several months before trying to conceive. This will help ensure that her body is ready for the demands of pregnancy and able to supply the baby with all the nutrients he/she requires. Attaining a healthy body weight (i.e. not too fat and not too thin) before pregnancy can help maximise chances of conception and having a baby that is a healthy weight, and minimise chances of ill health during pregnancy. One particularly important nutrient that women must pay close attention to before trying to conceive a baby is folic acid. All women of childbearing age should take a sup-



plement containing 400mg of folic acid a day. Studies have shown that folic acid can help prevent the development of a neural tube defect, such as spina bifida, during pregnancy.

After conception, dietary vigilance is of the utmost importance as research indicates that the consequences of a poor diet in pregnancy can be long lasting. Substantial evidence over 40 years indicates that early nutrition and growth, starting in the womb, can effect the development of coronary heart disease, hypertension and type 2 diabetes in adulthood. Pregnant women should continue to consume a healthy balanced diet paying particular attention to dietary fibre, iron and folic acid. Dietary fibre is important because constipation and haemorrhoids are common in pregnancy. A high fibre diet combined with plenty of fluids can help to prevent these problems. Iron is important as many women of childbearing age have low iron stores. It is a good idea therefore for pregnant women to maintain a good iron intake in order to avoid the onset of anaemia, which results in tiredness and breathlessness. Women should continue to take their 400mg folic acid supplement daily right up until the end of the first trimester, and even throughout pregnancy to help the baby develop properly. Although calcium requirements increase during pregnancy, there is no need for a woman to increase her calcium intake. This is because a woman's body becomes more efficient at absorbing calcium from food during pregnancy. So, pregnant women should continue to have 3 portions of milk and dairy foods each day. This will ensure enough calcium is available to help build the baby's bones. Contrary to popular belief, extra food is not needed during the first and second trimesters of pregnancy. During the last trimester only a small amount of extra energy is needed, just 200 calories extra or the equivalent of a banana and a glass of milk, or a bowl of soup and a slice of bread.

Recognising the importance of good nutrition from conception through to childhood, The Dairy Council has produced a series of free leaflets on pregnancy and breastfeeding (**Bump 2 Baby**), weaning (**Baby Nosh**), healthy eating for the under-fives (**Tiny Tums**) and healthy teeth for the under-fives (**Tiny Teeth**). The leaflets are designed to be easy-to-read, pocket-sized guides that provide guidance and reassurance for parents who want to give their child the best possible nutritional start in life. All the leaflets are based on government advice and updated according to the latest recommendations.

For more information or to order copies of these leaflets log on to www.milk.co.uk and visit the resources section.

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Dr Michelle McKinley, Nutrition Manager,
The Dairy Council.

The
Dairy Council

Be A Super Success!

eDiets



Do you need help with healthy eating? If you are trying to lose weight or make healthy changes to your diet, eDiets can help.

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I've lost over 10lbs but, more importantly, as an insulin-dependent diabetic, my sugar levels have dropped so much that I can cut my jabs down from one to two per day! - Mrs. G.

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And all for only £2.99 a week*! So join today by going to www.eDietsUK.com and take the first step to a healthier you.

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*Min. subscription 10 weeks. Standard eDiets Ts & Cs apply.

Twice a Day Keeps the “Bugs” Away

Drinking cranberry juice cocktail twice daily is a clear solution to this common problem

While an apple a day keeps the doctor away, another red fruit, consumed twice per day, can be a healthy helper for millions of women. It’s clear that cranberry juice cocktail can help maintain urinary tract health, but it is only recently that researchers have begun to understand it should be consumed twice per day in order to achieve optimum results.

According to well-documented findings, regular consumption of cranberry juice cocktail may help protect against urinary tract infections (UTIs), even those caused by antibiotic resistant bacteria, by keeping the “bugs,” or certain bacteria, from sticking to the urinary tract wall and causing infection.

Findings published in a research letter to the editor in *The Journal of the American Medical Association (JAMA)*, were the first to identify the duration of cranberry’s beneficial anti-stick, or anti-adhesion effect. This research found that cranberry juice cocktail’s anti-stick effect starts within two hours of consumption and can last for up to ten, which suggests consuming one serving in the morning and one in the evening provides around-the-clock protection.

“Research shows that cranberry juice cocktail keeps bacteria from sticking to the urinary tract wall – so basically when the bugs don’t stick, UTIs can’t occur” said Amy B. Howell, Ph.D., research scientist at Rutgers and lead investigator of the JAMA study. “This effect works best when a certain level of cranberry juice is maintained in the system, so drinking a serving of the juice in the morning and one in the evening results in the best possible health benefits.” She added, “following a simple ‘twice a day’ rule is a great way to take full advantage of the anti-adhesion effect to maintain a healthy urinary tract.”

A Healthy History

The connection between cranberries and urinary tract health is longstanding. Folklore has long held that drinking cranberry juice cocktail helps maintain urinary tract health. Today, a body of research solidifies this health benefit, and has also begun to unlock the reasons for it.

An estimated 40 percent of women will experience a urinary tract infection (UTI) at least once in their lifetime and these often recurrent infections pose a significant health concern for women. UTIs are the second leading cause of lost workdays for women and lead to over nine million doctor visits every year. The annual health

care costs associated with this common and painful condition exceed \$1 billion.

The cranberry’s “anti-stick” effect may also be a useful ally in fighting one of the world’s most pressing health problems—antibiotic resistance. UTIs are among the most common bacterial infections in the U.S. and some *E. coli* bacteria that cause them are now becoming increasingly resistant to the commonly-prescribed antibiotics used to treat them. Drinking cranberry juice cocktail may reduce the need for antibiotics by preventing the initial infection. Fewer infections may mean less usage of antibiotics. This could be especially helpful for recurrent UTI sufferers.

Cranberry juice cocktail is a food, not a drug, nor should it be used in place of a drug. Anyone who suspects an infection should always consult a physician. Cranberry juice cocktail should not be used as a treatment for infection, but may be an effective part of a prevention routine.

Ocean Spray has provided beverage and food products that offer the healthy goodness consumers have come to expect, while playing an active role in helping families live healthier lives. Ocean Spray continues its history of partnering with families and communities in a healthy and positive way with current partnerships with the National Kidney Foundation and the American Diabetes Association.

Ocean Spray is the number-one brand of canned and bottled juice drinks in the U.S., with 2003 sales of roughly \$1 billion. Formed in 1930, the cooperative is made up of cranberry growers from Massachusetts, Wisconsin, New Jersey, Oregon, Washington, British Columbia and other parts of Canada, as well as Florida grapefruit growers.

Twice a Day Tips

Consuming cranberry juice cocktail twice per day is key to realizing the full health benefits:

- n **Start the day with a chilled glass of Cranberry Juice Cocktail with breakfast, and unwind after work with a bubbly ‘mocktail’ containing cranberry juice mixed with seltzer.**
- n **Enjoy cranberry sorbet instead of ice cream – just freeze the juice overnight and let stand until it’s at the desired consistency.**
- n **Freeze Cranberry Juice Cocktail in a spare ice tray to keep juice chilled, but not diluted – and add a few juice cubes to each glass of water you drink throughout the day.**
- n **Make juice popsicles for a healthy after-dinner snack.**
- n **Blend Cranberry Juice Cocktail with low-fat fruited yogurt and fresh or frozen fruit for a healthy smoothie any time of day.**

Tuesday 7th

Spoon - 1
Calories - 2
Taste lost - 0

Hurrah! Great news for my
taste buds and my thighs.



Silver Spoon Low Calorie from the sugar people

Can only aid weight loss as part of a calorie controlled diet. 0.5g teaspoon contains 1kcal.



Cardio Protective Diets

A Place for Carbohydrates

A healthy lifestyle is important in reducing the risk of cardiovascular disease (CVD) and changing eating habits to incorporate more fruit and vegetables including potatoes and starchy foods, is an essential part of balanced dietary habits.

Research has consistently shown that diet is one of the most important risk factors over which we have control for chronic diseases like coronary heart disease (CHD) and diabetes. In fact, it is estimated that up to 30% of deaths from CHD are due to unhealthy diets.¹

National dietary recommendations on diet and cardiovascular disease published² by the committee on Medical Aspects of Food Policy (COMA) advise that:

- n The consumption of saturated fatty acids should comprise no more than 15% of dietary energy, within a total fat intake of 31-35% of calories from fat;
- n Intake of simple sugars should not be increased further.
- n An excessive intake of alcohol is to be avoided.
- n Salt intake should not be increased further and that consideration should be given to ways and means of decreasing it from processed foods.
- n There are advantages in compensating for a reduced fat intake with increased fibre-rich carbohydrates.
- n Obesity should be avoided in both adults and in children by a combination of appropriate food intake and regular exercise.



National organisations have taken these recommendations on board and translated them into practical advice for patients. For example, advice regarding carbohydrates from Heart UK³ is to:

'Make sure that most of your energy comes from starchy foods like potatoes, cereals, pasta, bread and rice. These foods are good sources of vitamins and minerals. Wholemeal varieties are especially high in fibre'

Potatoes can help

Potatoes are complex carbohydrates that are low in salt, virtually fat free, contain no cholesterol and are low in calories, so they can play an important role in helping to maintain a healthy diet. In addition, they contain other nutrients, such as vitamin C (for healthy skin and teeth, hair and bones), B vitamins (for the nervous system), dietary fibre (to help the digestive process), folate (for the blood) and potassium (for cell and nerve health).

A medium sized jacket potato provides 4.6g fibre and this helps promote satiety, which means there is less room and desire for unhealthy snacks. Starchy foods like potatoes can also help patients eat more vegetables as they are easily combined with cabbage for the traditional 'bubble and squeak' or baked and topped with coleslaw for an easy lunch. When advising patients on changing eating habits, it is crucial that professionals tailor the diet to the individual. Incorporating food tastes such as those for potatoes and other starchy carbohydrates can help achieve sustainable dietary change,

Diabetes

About 1.4 million people in the UK are known to have diabetes – that's equivalent to around three in every hundred people. And there is an estimated one million people in the UK who have undiagnosed diabetes. Since having diabetes increases the



propensity of developing cardiovascular disease, dietary recommendations for diabetes also need to promote reductions in LDL-cholesterol, raised blood pressure, and so on. It is therefore appropriate to

encourage patients to choose foods that have cardiovascular benefits, keeping to a calorie limit that allows them to achieve and maintain a healthy body weight.

Healthy tips for patients

Eat more fruit and vegetables

- n Eat 5 portions a day.
- n Add a banana to breakfast cereal in the morning.
- n Choose fresh juice like unsweetened apple juice.
- n Eat a slice of fruit loaf instead of a doughnut.
- n Add extra vegetables such as beans and lentils to stews or curries to boost your intake.
- n Soups based on vegetables can be a quick and easy meal.

Potatoes, bread and cereals

- n Choose wholegrain/high fibre varieties.
- n Jacket potatoes can be topped with tasty fillings for an inexpensive meal.
- n Choose a breakfast cereal that is low in sugar or try porridge for a change.
- n 5% fat oven chips are a great, speedy choice.

- n Pasta and rice are very versatile.
- n Try new potatoes in their skins served warm in a salad.

Reduced fat dairy products are best for adults

- n Eat 3 portions per day.
- n Choose lower fat cheeses like Edam.
- n A glass of cold, reduced-fat milk helps achieve a third of your daily calcium requirement.
- n Lower fat yoghurts, milks or fromage frais have the same amount of calcium as full fat varieties.

Meat, fish, poultry or alternatives

- n Include fish at least twice in a week, one of which should be oil-rich like salmon or mackerel.
- n Experiment with new recipes for beans and pulses.
- n Remove the skin from poultry and use lean meat.

Keep the fat level down

- n Chunky chips absorb less fat than thin fries.
- n Grill lean meats or fish.
- n Keep fatty cakes and pastries to a minimum.

Reduce salt

- n Use herbs, spices or lemon juice instead of salt, stock cubes or soy sauce.
- n Use fresh rather than canned or cured meats and fish.

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1. National Heart Forum fact sheet www.heartforum.org/facts.html
2. Department of Health (1994) Nutritional Aspects of Cardiovascular Disease, Report of the Cardiovascular Review Group of the Committee of Medical Aspects of Food Policy (COMA) Report No. 46. London:HMSO
3. Guidelines for a cardio protective diet. Fact Sheet



Tuna and Onion Jacket Potatoes

Preparation Time: 10 minutes

Cooking Time: 1 hour

Oven: 200°C, Gas Mark 6

Ingredients:

2 medium baking potatoes e.g. Estima or Marfona, scrubbed

100g tin tuna in brine, drained

5cm piece cucumber, finely diced

1 small red onion, finely diced

50g cottage cheese

Method:

1. Bake the potatoes for 1 hour or until tender
2. Mix all the remaining ingredients together
3. Cut the potatoes in half and fill with tuna mixture
4. Serve immediately

Tip:

If really short of time, par cook the baking potatoes in the microwave then finish cooking in the oven at 200°C, Gas Mark 6 to crisp the skins.

14. Heart UK. www.heartuk.org.uk



*For further information about potatoes and recipes please visit www.britishpotatoes.co.uk

Shut Up and Drink Your Vegetables!



Maybe it would be easier getting the recommended five portions of fruit and vegetables per day into our children in liquid form! This is not as absurd as it might sound; adults and children alike are often pleasantly surprised by how palatable fresh vegetable and fruit juices really are. Quaffing a pint of apple and spinach juice may seem a daunting task to the uninitiated but it is actually a delicious drink and a superb method of delivering first class nutrition to the body. So what makes juicing so special in maintaining good health and combating illness?

Firstly, there is no real comparison between the nutritional content of freshly made raw juice and the processed products found in the supermarket. Humans and the animals they keep are the only species on the planet that consume heat-treated food. Perhaps it is no coincidence that these species are much more likely to suffer degenerative illness and disease. This idea is receiving increasing credibility in the medical profession as links between diet and ill-health are regularly demonstrated. Heat damages the vital nutritive elements in our food. Enzymes are destroyed, vitamins damaged and depleted and minerals rendered less absorbable.

There is considerable evidence to support the cancer fighting and protective qualities of raw juices and foods; plant chemicals have long been the subjects of research in this area. Therapies for treating cancer and other serious illnesses have been based on nutrition and proven helpful where conventional medicine has offered limited success. Nick Ledger, managing director of UK Juicers Ltd, reversed the unpleasant symptoms of ulcerative colitis using a complimentary approach, which used fresh fruit and vegetable juices and eliminated certain types of food.

By breaking down the cells of the produce we juice, we release the liquid contents and discard the pulp. With a quality juice extractor, very little goodness is wasted in the pulp and the juice delivers a super-dose of vitamins, minerals and enzymes to help in the body's detoxification, repair and regeneration. Most people can benefit from the inclusion of fresh fruit and vegetable juices in their diet. Being overweight is one of the most significant causes of heart disease and in the fight against obesity there are few weapons as useful as juicing. If we eat a diet consisting mainly of cooked and processed foods we are failing to provide the body with optimum nutrition.

While ever we are simply filling up on 'empty calories' we risk weight problems as the body continues to crave the missing nutrients. When fresh juices are introduced as a significant element in the diet, people often experience some reduction in their appetite. Juices are unique in delivering very concentrated doses of phytonutrients that would be impossible to obtain by eating normal amounts of fruit and vegetables. Juices are easily consumed and assimilated which also makes them very useful for people who have difficulty with solid food.

Over time, there is a build up of acidity and metabolic waste from processed foods in the body. Juices can help re-balance pH levels and assist in removal of waste. This cleansing action is one of the most important aspects of the therapeutic use of juicing. Raw juice stimulates bowel function and assists the liver and kidneys in the breakdown and elimination of toxins from the body. Juice has no inherent healing power but by helping the body to remove toxins and restore balance it stimulates the body's natural reparative and regenerative processes.

Juicing is a safe and efficient way to take in more fruit and vegetables. However, the detoxifying effect of drinking a large quantity of juice can alter the way the body metabolises drugs. Although juicing is useful in complimentary methods of treating conditions like cancer, taking a lot of juice during chemotherapy may work against the drugs by helping the body in its natural process of eliminating these 'toxins'. Drinking large volumes of fruit juice will provide the body with natural sugars and this too may be an issue for some people. Moderation is the key; provided juices include a good variety of fruit and vegetables taken as part of a balanced diet, one or two pints a day is fine and will make a significant contribution to good health.

Five a Day The Easy Way



- Get the best from more fruit and vegetables with a quality juice extractor
- Juicing the recommended five portions a day takes just minutes
- Fresh homemade juice is packed with the vital nutrients your body needs
- Flush away toxins, strengthen your immune system and boost your vitality
- Get the healthy habit that's sweeping the nation by visiting www.ukjuicers.com

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Try It With Turkey

Superfood British Turkey is the healthy BBQ choice! Fed up with the thought of yet another tooth-crunching offering of burnt sausages from the barbie? Then it's time to think outside the box and Try it with Turkey!

The huge choice of ready prepared turkey portions means it has never been easier to enjoy a lip-smaking, succulent and totally delicious turkey barbecue.

You'll find ready cubed turkey breast in the supermarket or your local butcher that's just perfect for threading on to skewers. Tender, juicy turkey breast steaks can be marinated and cooked whole, or cut up for kebabs.

Turkey cooks quickly, which helps prevent food drying out on the barbecue, and it simply drinks up the flavours of your favourite marinades. Also look out for turkey sausages and burgers - ideal for anyone wanting a low fat alternative to pork and beef.

Healthy turkey is the only meat included in the best-seller book *Superfoods: Fourteen Foods That Will Change Your Life*. Author Dr Steven Pratt says we should all eat turkey at least once a week because it is "the leanest meat source of protein available on the planet".

Turkey is also excellent value, ideal if you are barbecuing for a crowd. To give you a taste of how delicious barbecued turkey can be,

chefs will be giving away free samples at roadshows around the country through the summer.

Always look out for the Quality British Turkey mark on the pack. That way you'll know you are buying meat from farmer and producers who achieve some of the highest standards in the world.

Check out www.britishturkey.co.uk for some great barbecue recipes or call the British Turkey Information Service 0800 783 9994.

So get barbecuing and get ready to Try it with Turkey!

British Turkey is good for your health!

Turkey is the only meat singled out as a food which may help you live longer in a health craze sweeping America.

Healthy turkey is one of just 14 foods* included in the best-seller book *Superfoods: Fourteen Foods That Will Change Your Life*. Author Dr Steven Pratt says everyone should eat at least 3-4 ounces (85-115g) of turkey each week because it is "the leanest meat source of protein available on the planet". It also contains niacin, vitamins B6 and B12, iron, selenium and zinc.

Dr Pratt says: "These foods prevent diseases and extend our health span, and perhaps our life span as well". His research shows the foods could prevent or even reverse heart disease, diabetes, dementia and cancer. Dr Pratt witnessed the positive results that occurred when his patients with age-related degeneration changed their diets to include certain powerhouse foods.

Kim Burgess, spokesman for British Turkey, said: "We have always said turkey is not just for Christmas. Turkey is versatile, easy to cook, brilliant value for money and, above all, delicious. An average portion of grilled breast meat contains just 155 calories and 1.7g of fat. With this new

evidence that it can actually add years to your life there is no excuse for leaving it as a once a year treat!"

The huge choice of ready prepared turkey cuts such as breast fillets, strips, cubes and burgers now available in supermarkets and butchers make turkey an easy option for quick mid week suppers, lunch time snacks and barbecues. To ensure the best possible quality, British Turkey advises shoppers to always look out for the Quality British Turkey stamp - the guarantee they are buying meat from producers who achieve some of the highest standards in the world.

Try this recipe for Turkey & Broccoli Quiche and you will be getting a double helping of health - Broccoli is another of the 14 superfoods identified by Dr Pratt. Check out www.britishturkey.co.uk for more recipes and cooking tips or call the British Turkey hotline 0800 783 9994.

*The other 13 "superfoods" are: tomatoes, broccoli, blueberries, tea, beans, oats, pumpkin, yoghurt, walnuts, spinach, salmon, soy, oranges.

BRITISH TURKEY and BROCCOLI QUICHE Serves 4

350g/ 12oz shortcrust pastry
2tbsp sunflower oil
225g/ 8oz British Turkey breast steaks, cut into bite-sized pieces
1 tsp Cajun seasoning
100g/ 4oz small broccoli florets
100g/ 4oz grated Gruyere cheese
200ml/ 7fl oz single cream
3 large eggs
Salt and pepper

1. Use the pastry to line a 9.5 inch flan tin, 1in deep. Chill for 30 minutes.
2. Heat the oil in a pan and stir-fry for a further minute. Leave to cool.
3. Boil the broccoli until just tender. Drain, plunge into cold water, drain again. Preheat the oven to 180C/375F/Gas 5. Place the flan tin on a baking sheet.
4. Arrange the broccoli in the pastry case, top with the turkey and cheese. Beat together the cream, eggs and seasoning and pour into the pastry case. Bake for 30-35 minutes or until filling is golden and set.

BERNARD MATTHEWS' QUALITY COOKED MEATS

The heart of a healthy diet

The fact that turkey contains the lowest fat content of any mainstream meat, means it can form a highly effective part of any balanced 'heart friendly' diet.

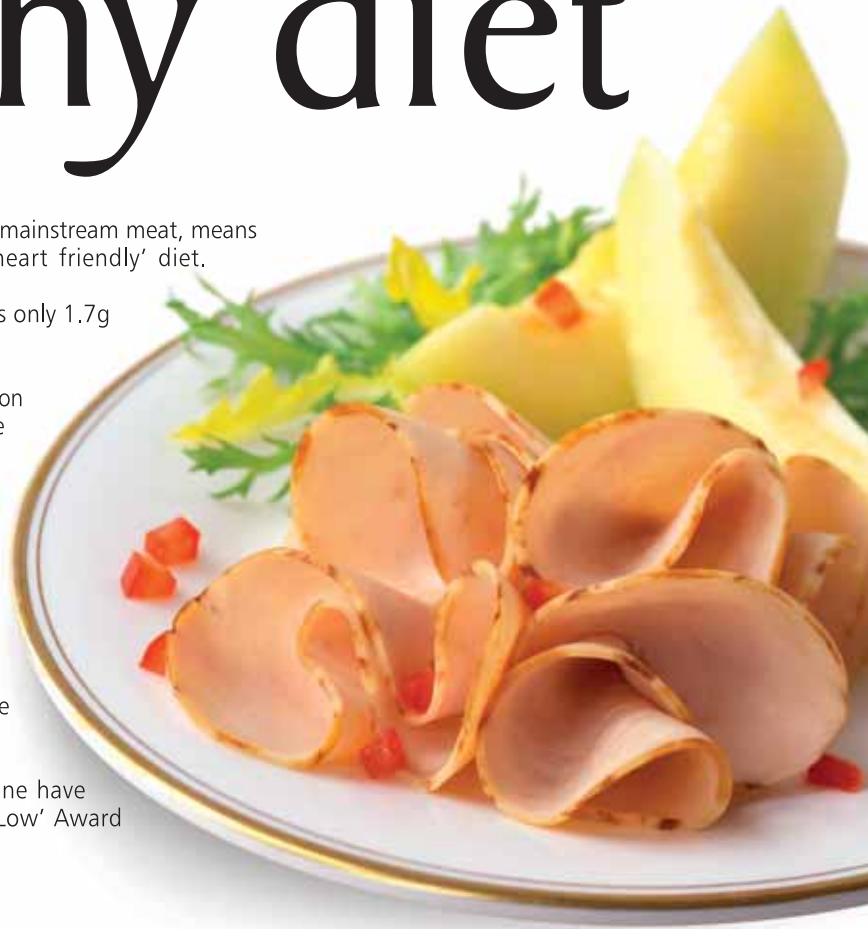
For example, 100g of grilled skinless turkey breast contains only 1.7g of fat and only 155 calories.¹

Bernard Matthews range of cooked meats provide a wide selection of products which are between 92-98% fat free, and so are ideal alternatives to other white and red meat options.

A useful source of vitamins B6, B12 and niacin, turkey is also high in protein. In fact 100g of Bernard Matthews Premium Turkey Breast contains 22.8g of protein - that's 50% of the daily Recommended Nutrient Intake for females, and 41% for males.²

In addition to these benefits, Bernard Matthews range of quality cooked meats are also affordable, versatile and simple enough for anyone to prepare.

This probably explains why readers of Slimming Magazine have awarded our Cooked Meats range the coveted 'Light & Low' Award for the last four years.



*Bernard Matthews
are proud to support
Coronary Care in the UK*

Bernard Matthews

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The Benefit of a Good Breakfast

On average in the UK today we are skipping breakfast every third day. Breakfast is the first meal of the day and means literally breaking the fast- the time between the last meal or snack you ate before you went to bed and your next meal. But while you have been sleeping your body and brain have been carrying out vital repairs and ticking over, so have been using up energy. So you need breakfast to provide you with a much-needed boost of energy first thing in the morning and then help to keep you going until lunchtime.

Breakfast facts

Breakfast truly is the most important meal of the day. Research has shown that people who skip breakfast do not perform as well either physically or mentally as those who do eat breakfast. Other research has demonstrated that eating breakfast could also improve your mood and behaviour – good news for those of us who are not at our best in the morning!

Breakfast is for everyone and important nutritionally whatever your age.

Children- Encouraging the breakfast habit is important in children as they need energy and nutrients not only to keep healthy but for growth and development too. Breakfast will help them enjoy their activities, concentrate at school and give them energy to work and play. Choose a breakfast that is unsweetened and low in salt. Ready Brek is an ideal choice for breakfast and remember, cereals make an ideal snack at any time of the day.

Teenagers- skipping breakfast is common in this age group but it is an important time of growth and development. Breakfast provides much needed energy and essential nutrients too.

Adults - if you want to be at your best in the morning make breakfast part of your daily routine. Try and make wholegrain, low fat, low salt, low sugar choices and have some fruit and fruit juice too.

Losing weight

Think skipping breakfast will help you lose weight? Wrong! In fact without breakfast you are more likely to snack or overcompensate at lunchtime. Choosing a wholegrain breakfast, like Weetabix, will make you feel fuller for longer as it takes longer to break down. This helps you avoid feeling hungry in the middle of the morning and being tempted by fatty and sugary foods.

Catch up later

Another popular breakfast myth is if you skip breakfast, you can make up for it later in the day. In fact the opposite is true - you do not catch up 'nutritionally' later in the day. Breakfast makes a significant contribution to your daily intake of vitamins and minerals particularly if it is a fortified breakfast cereal eaten with milk.

'Deskfast'

Modern breakfast cereal was first produced over 100 years ago and is now the most popular choice for breakfast in the UK. Breakfast culture in the UK is changing with more and

more people eating their breakfast on the way to work or at their desks. A box of cereal kept in the office can provide an ideal breakfast or healthy snack. Cereal bars are a popular choice and many varieties are available, including bars that contain real fruit and those that are coated in yoghurt. Breakfast clubs at schools can provide a popular social occasion and help improve school performance.

Getting the balance right

A healthy diet is all about balance and variety. Breakfast cereals belong to the food group that includes such foods as bread, potatoes, rice, chapattis, pasta, noodles, starchy root vegetables like yams, oats and crackers. For a healthy balanced diet, base meals on these starchy foods. Have large amounts at each meal and choose these foods as snacks too.

Quick and easy Breakfasts

Most people complain about being time pressured in the morning but breakfast cereals are ready to eat, quick to prepare and easy to eat. Try these to kick start your day

n a bowl of a wholegrain breakfast cereal like Weetabix with chopped dried, fresh or canned fruit and semi-skimmed milk.

n a bowl of fruit salad, topped with natural low fat yoghurt and a generous sprinkling of sugar-free muesli, like Alpen No Added Sugar.

n a bowl of porridge with pureed fruit swirled on top.

Cranberry good for the heart

We all know that drinking cranberry juice drink regularly (at least twice a day¹) can help protect against urinary tract infections. Condensed tannins (proanthocyanidins) present in cranberry juice drink may help prevent bacteria from clinging to the cell walls and reduce the risk of infection.

Now there is new evidence that cranberry juice drink has a similar potential as red wine in the prevention of atherosclerosis – a condition that leads to thickening of the arteries and can result in a heart attack or stroke.

Professor Roger Corder² and colleagues at the William Harvey Research Institute, part of Barts and the London School of Medicine and Dentistry, conducted a study³ on cells cultured from blood vessels to test the protective effects of cranberry juice on vascular function. These studies were carried out on cells cultured from the endothelium, a single layer of cells lining every blood vessel that pro-

vide a non-stick surface (anti-thrombotic) and help regulate blood pressure. Malfunction of the endothelium leads to production of a local vascular hormone called endothelin-1 (ET-1). Increased synthesis of ET-1 is an early event in the process of atherosclerosis. Therefore agents that block these changes can help prevent atherosclerosis and hence reduce heart disease. Inhibition of ET-1 synthesis in cultured endothelial cells can be used as index of the potential to prevent heart disease.

Research in Corder's lab found that the proanthocyanidins present in cranberry juice drink and also in red wine work by preventing the production of ET-1 by endothelial cells. A comparison was made of the effects of Cranberry Classic juice drink, Cranberry Classic Light juice drink (both at 25% concentrations), a Californian Merlot and an Argentinian Cabernet Sauvignon on the synthesis of ET-1. They found that an average serving of cranberry juice

drink (250 ml) was equivalent to a glass of red wine (125 ml) in their relative potential to prevent atherosclerosis.

Currently heart disease kills around 245,000⁴ people annually in the UK with a further 270,000 suffering a heart attack and over 650,000 disabled by heart disease.


"Diet can play a major part in heart disease prevention," says Roger Corder. "Given that cranberry juice is a rich source of proanthocyanidins and provides an equivalent vascular benefit as the average red wine it makes sense to drink a couple of glasses a day".

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3. Research supported by Ocean Spray Cranberries Inc.
4. British Heart Foundation.

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Dietary Fibre and Health

Dr Sarah Jarvis, FRCGP

We all know – or we certainly should – that our diet plays an important part in our health. Unfortunately, many diseases related to diet, including diabetes,¹ heart disease² and obesity² are becoming much more common in the UK.

We all know about fibre – it's the part of our diet that keeps our bowels regular. In other words, it protects us against constipation, and a number of other associated conditions, including bloating, flatulence and abdominal pain.

But the good effects of fibre extend much further than the gut. A diet high in fibre – in other words, the opposite of the average Western diet – may protect against everything from diabetes and heart disease to cancer. In this article, we explore some of the benefits of fibre, and how you can achieve those benefits in your everyday diet.

Facts about fibre

Fibre is the indigestible, fibrous part of cereals, fruit, vegetables, beans and pulses.

There are two main sorts of fibre – soluble and insoluble. Foods like fruit, vegetables, oats, pulses (like beans, lentils and split peas) are rich in soluble fibre. Insoluble fibre is found in plentiful quantities in wholemeal bread, bran (including high bran cereals), whole grains, wholemeal pasta, brown rice and some fruits and vegetables. (See Table).

Soluble and insoluble fibre both help your body in different ways. As well as benefiting the gut and heart, increased fibre intake is associated with improvement in mood and reduced feelings of fatigue.³ What is more, foods high in both sorts of fibre contain other vitamins, minerals and nutrients your body needs. By eating a combination of high fibre foods, you

can maximise the benefits you get from your diet.

For an ideal balanced diet, you should eat up to 24g of fibre a day and at least 18g.⁴ At the moment, the average intake of fibre in the British diet is 12g, which means that the majority of the population should be eating at least 50% more fibre.

Health benefits of fibre *Fibre and the digestive system*

Foods high in fibre have benefits throughout the digestive tract. To begin with, most dietary fibre has no calories, as it isn't absorbed by the body. Fibre also takes longer to chew, which slows down the rate you eat. This gives your brain more time to register the food you've taken in, making you feel more satisfied so you eat less. When food high in fibre – especially insoluble fibre - reaches your stomach, it absorbs water like a

Food	Portion	Fibre (g)	% Daily Recommended Fibre
Wholemeal bread	1 medium slice	2.6	14%
White bread	1 medium slice	0.8	4%
Kellogg's All-Bran Original	40g bowl	11	46%
Kellogg's All-Bran Bran Flakes	30g bowl	4.5	19%
Porridge	200g bowl	3.2	16%
Kellogg's Rice Krispies Multigrain	30g bowl	2.5	10%
Brown rice	100g	1.5	8%
White rice	100g	1.0	5%
Pasta (wholemeal)	100g	4.0	22%
Pasta (white)	100g	1.8	10%
Apple (with skin)	one	2.1	12%
Apricot	two	2.4	14%
Banana	one medium	3.3	17%
Orange	one medium	1.8	10%
Prunes	one handful (50g)	6.4	35%
Broccoli	100g	2.6	16%
Brussels sprouts	100g	2.6	16%
Cabbage	100g	2.0	11%
Carrots	100g	3.1	16%
Tomatoes	1 large or 2 medium	1.3	8%
Baked beans	100g (3 heaped tbsp)	4.2	25%
Red lentils	3 heaped tbsp	3.3	17%

sponge, also helping to fill you up. It stays in your stomach for longer, too, warding off hunger pangs. It's not surprising, then, that over several years, you're less likely to put on weight if you eat a balanced diet rich in fibre, especially bran.⁵

Once it's in your stomach, fibre can reduce the risk of developing heartburn⁶ and the pain, bloating and wind found in irritable bowel syndrome (IBS).⁷

The possible protective effect of a high fibre diet on cancer of the large bowel (colon cancer) has been studied for years. It is unclear whether fibre on its own offers protection, but there is good evidence that a diet high in fruit and vegetables, bran and whole-grains may help to protect against colon cancer.^{8,9}

A high fibre diet can help prevent several other conditions of the colon. Constipation is a major cause of discomfort and inconvenience. It also increases the likelihood of getting piles – which, in addition to causing itching, discomfort and bleeding, can be acutely painful and may require an operation. A high fibre diet protects against constipation and piles, as well as a painful and potentially dangerous condition called diverticular disease.¹⁰

Fibre, the heart and diabetes

If you eat lots of fibre your diet is likely to be lower in saturated fats, found in products like cakes, biscuits, cheese and red meat, which are bad for your heart when eaten in large amounts. Saturated fat increases your body's cholesterol levels – and cholesterol, as we all know, furs up your arteries.² A fibre-rich diet, particularly soluble fibre, for instance from oats, has been known for many years to cut your cholesterol levels and risk of heart disease.¹¹

Fibre also appears to help protect against high blood pressure,¹² one of the other biggest risk factors for heart attack and stroke.² Recent research suggests that wholegrain and high bran foods could play a key role in the protective effect of a high fibre diet on heart disease.¹³

Given the close links between heart disease and stroke, it is not surprising to hear that a high fibre diet can also protect against stroke.¹⁴

A high fibre diet can help to reduce

your risk of developing diabetes,¹⁵ another major risk factor for heart disease, especially when you also reduce the amount of red meat you eat.¹⁶ Whole grain and high bran foods may improve sensitivity to insulin, which could account for this protective effect.¹⁷

Making the change to a high fibre diet

It can seem difficult to change eating habits you've established over a long period. But small changes all add up, and if the whole family shares in these changes, you can help improve everyone's health. As well as preventing the bloating, pain and sluggish feelings that come from being constipated, you'll be protecting your heart – and much more besides. By achieving a more balanced lifestyle, including regular exercise, you will help protect yourself against heart disease and diabetes amongst other conditions.

Although small children shouldn't eat too much fibre, they can still have plenty of fruit and vegetables, and move over to other higher fibre foods by the time they reach school age.

Conclusion

A high fibre diet can keep you feeling full of energy and protect your long-term health. You'll get the maximum benefit by eating a wide variety of high fibre foods, including fruit, vegetables, wholegrain cereal products and bran.

Increasing the fibre in your diet needn't mean changing your whole lifestyle – but it may change your life.

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Some of the easiest – and most effective - changes to make include:

- n Eat breakfast - start the day with a bowl of high fibre cereal, such as All-Bran;**
- n Snack on fruit and vegetables to stop you 'filling up' on low fibre, highly calorific alternatives – aim for at least five servings of fruit and vegetables a day;**
- n For added fibre, eat the skin of fruits and vegetables and don't peel potatoes before boiling or mashing;**
- n Eat more wholemeal bread and pasta and brown rice, as well as seeded and granary bread;**
- n Experiment with beans and pulses, such as lentils or chickpeas – the canned kind are easy to add to other foods, and a good source of vitamins as well as fibre;**
- n Base meals and snacks on high fibre, starchy carbohydrates;**
- n Increase the fibre in your diet gradually, to avoid wind in the short term;**
- n Remember that fibre absorbs water like a sponge in the stomach, so increase your intake of water as you eat more high fibre foods.**

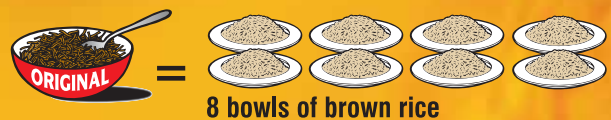
How's your digestive health?

8 out of 10 people still don't eat enough fibre meaning that your digestive health may not be as good as it could be. Fibre doesn't just keep you regular, it could make a huge difference to how you feel too.

The **Kellogg's** **ALL-BRAN** range provides up to **50%**

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for example, provides as much as:



Fibre - Keeping inner health in balance

Health Benefits of Wholegrain Wheat

David Richardson

What are wholegrains?

The most important cereal grain in the UK is wheat and like the other important members of the grass family (Gramineae), rice, maize and oats, the grains are made up of three components, the endosperm, the germ and the bran. In the milling process, the outer parts of the grain, the bran and the germ, are removed, leaving the starchy endosperm, which is ground to produce white flours. In contrast, wholegrain foods that contain all three structural components of the grain contain nutrients such as vitamin E, the vitamin B complex, selenium, zinc, copper, iron, magnesium and phosphorus. In addition to these essential vitamins and minerals, wholegrains also contain complex carbohydrates, cereal fibres, protein and protective substances such as lignan. Wholegrain foods are therefore very important sources of nutrients and phytoprotective substances, which are in short supply in the UK diet. Wholegrain foods deliver 'packages' of constituents that work together synergistically to promote health and reduce risk of disease.

Wholegrain foods and reduced risk of heart disease

The real power of wholegrain lies in their protective effects against coronary heart disease (CHD). Although CHD is a multifactorial condition, diet and a healthy lifestyle including regular exercise are among the major modifiable contributors to the disease.

In February 2002, the Joint Health Claims Initiative (JHCI) published its findings on a health claim for wholegrain foods and heart health. A comprehensive scientific dossier was compiled to present the evidence and the JHCI scientists concluded, "People with a healthy heart tend to eat more wholegrain foods as part of a healthy

lifestyle", and that the totality of the evidence substantiates the health claim. The JHCI was asked to consider the question, "Can an increased consumption of wholegrain foods help reduce the risk of CHD?"

Four substantial prospective cohort studies form the basis of the evidence. In each study, the relative risk or hazard rate ratio for the incidence of CHD for the highest consumption of wholegrain is compared with that for the lowest consumption of wholegrain. Dietary assessments used validated, semi-quantitative food frequency questionnaires. A strong inverse association between wholegrain intake and risk of CHD emerged that was independent of other dietary and non-dietary coronary risk factors.

A meta-analysis by Anderson et al examined the evidence that links wholegrain intake to protection from CHD. The results showed that those individuals with the highest intake of wholegrain had an adjusted relative risk for CHD of 0.74 (95% CI 0.64, 0.84) compared with individuals consuming the lowest intake of wholegrain. The studies also concluded that an intake of three servings of wholegrain per day appear to have an important cardioprotective effect.

In a critical review, Truswell addressed the question of whether there is a relationship between cereal consumption and CHD. The review summarised five separate, very large prospective cohort studies, including the four previously referred to, in the USA, Finland and Norway. In total, among more than 98,000 men and 109,000 women in all five cohorts, greater consumption of wholegrain foods was associated with reduced risk of CHD. A comprehensive evaluation of the individual references together with a summary of the results and conclusions are in a review paper by Richardson.

Wholegrain intake also decreases a number of risk factors for CHD. Wholegrains are associated with favourable changes in serum lipoproteins, lower serum insulin levels, lower blood pressure and lower risk for developing diabetes.

'3 are key'

Several papers have made recommendations for at least three servings of wholegrain foods per day. Consumers can get at least three servings of wholegrain foods in their diets by:

- **Checking the food label. Foods rich in wholegrain always have wholegrain, wholewheat, wholemeal etc as the first ingredient. Some products carry nutrition and health claims that highlight the benefits for heart health;**
- **Eating wholegrain or wholemeal breads; and**
- **Choosing a wholegrain breakfast cereal, which is one of the easiest ways to include wholegrains in the diet.**

Conclusion

Studies indicate that wholegrain consumption in the UK is extremely low. Increasing wholegrain consumption by the use of appropriate and acceptable food products, such as wholegrain breakfast cereals, can not only promote heart health but can also improve total daily nutrient profiles towards current recommendations, particularly for cereal fibre and sodium intakes. Breakfast foods can therefore be an important intervention target for increasing wholegrain consumption in the UK. This simple dietary modification is potentially easy to achieve and could greatly contribute to increased wholegrain intake for many individuals.



You'd never add salt.
Neither would we.

It's fine to have some salt in your diet, but on average we all consume too much – about nine grams a day instead of the recommended six. So to maintain a healthy blood pressure, the chances are you need to cut down. You can start by switching to Shredded Wheat cereals. Unlike most other cereals, they contain no added salt. What makes them even more special is that they're made from whole grain wheat, and people with a healthy heart tend to eat more whole grain foods as part of a healthy lifestyle.



Dietary Advice on a Plate

We eat for a variety of reasons. Our food provides us with the fuel or energy needed to live, as well as all the necessary nutrients for health.

Unfortunately, we know that eating too much of some foods – fats, sugar and salt – can actually be harmful to our health and increase our risk of developing illnesses like cancer and heart disease.

A ‘healthy diet’ contains more of the foods found to lower the risk of developing these illnesses and helps keep us as healthy as possible for as long as possible. Protective ‘healthy’ foods include fruit, vegetables, whole-grain cereals, fish, poultry and certain vegetable oils. And of course we eat for pleasure.

There are quite a lot of confusing dietary messages making it difficult to know what to eat. Here are some of the most important pointers to good nutrition:

- 3 Eat regular meals – a breakfast is especially important – as well as small planned snacks
- 3 Eat 5 portions of fruit and vegetables a day – all sorts – fresh, frozen, juices, canned
- 3 Base your meals around starchy foods – bread, potatoes, rice, pasta and cereal – preferably wholegrain varieties
- 3 Eat at least 2 portions of fish a week including 1 of an oily fish
- 3 Cut down on fats and fried foods
- 3 Cut down on sugar and sweet foods- including sugary drinks
- 3 Cut down on salt and salty foods – including salty, processed foods
- 3 Drink at least 6-8 cups of fluid a day and go easy with alcohol

3 Get to and maintain a healthy weight – if you need to lose weight do so slowly and surely on a varied well balanced diet. Avoid crash and faddy diets

3 Be as active as possible as often as possible – aim for 30 minutes exercise at least 5 times a week

The importance of breakfast

Nutritionists and dietitians know that people who skip breakfast tend to fill up on high fat and high sugar snacks later on in the day, increasing the tendency to weight gain. Breakfast cereal eaters have higher intakes of fibre – needed to prevent constipation - and also calcium – essential for healthy bones – because we tend to eat cereal with milk or yoghurt and many cereals are important sources of fibre in the diet. There is also some evidence that ‘people with a healthy heart tend to eat more wholegrain foods as part of a healthy diet’.

So, eating a wholegrain breakfast is a good idea! Table I shows some nutrition comparisons of different breakfasts.

Guideline Daily Amounts or GDA's have been developed to help people understand the recommendations for a healthy diet. GDA's often appear on food labels and some foods list the amount of nutrients in a portion compared to the GDA.

Using GDA's to plan your meals and snacks

A useful way of planning your meals and snacks is that each meal should contain around 20-30% of the GDA of these nutrients with about 10% for the odd snack. Typically a breakfast should

Guideline Daily Amounts - adults

Each day	Men	Women
Calories	2500	2000
Total fat	95g	70g
Saturated fat	30g	20g
Salt	6g	6g
As sodium	2.4g	2.4g

contain around 300-500 Calories, lunch 400- 600 Calories and the main meal 500-700 Calories. Go for the lower figure if you need to lose weight. If you eat ready meals and sandwiches, read the label and go for lower fat and salt choices.

A **quick check** is to choose ready meals, take – always and sandwiches with under about 15-20g total fat and under 0.6g sodium per serving.

With soups, sauces, desserts and snacks go for foods with under 5-10g total fat and under 0.4g sodium per serving.

It's quite simple when you know what to look out for and really quite surprising just how many food are high in both salt and fat.


What about if you need to lose weight?

Just take 500-600 Calories off the GDA – so overweight women should aim for 1400 Calories or so a day and men a little more.

Remember being active regularly is a very important part of any weight loss and weight maintenance plan So try using GDA's to check out food labels and have an enjoyable, filling and healthy diet.

Per serving	Calories	Fat	Salt	Fibre
Porridge oats [40g] with skimmed milk	220	3.2g	0.5g	3.2g
2 wholemeal toast & butter & marmalade	358	8.0g	1.5g	4.6g
Muesli [50g] with semi-skimmed milk	272	4.6g	0.25g	3.6g
Cornflakes [30g] with semi-skimmed milk	212	3.5g	1.0g	0.9g
Full English with cereal & toast	1187	71.2g	6.2g	3.0g

Table I. Nutrition comparisons of different breakfasts.



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All About Warburtons Healthy Inside

Warburtons new Healthy Inside is the first loaf of bread in the UK to be baked with a prebiotic ingredient to work in harmony with the body's defences, helping you to produce your own 'good' bacteria. In turn, this aids digestion, leading to better absorption of the nutrients and minerals in the food we eat, helping the body's natural defences and stimulating the immune system. The end result is a greater feeling of inner wellbeing and vitality.

Why do we need 'good' bacteria?

Everyone has bacteria in their gut – both good and bad and a healthy balance between the two is needed to help the body's natural defences fight off infection and stay healthy. Several factors, including stress, poor diet and even medicines can upset the balance of good and bad bacteria.

How do we make our loaf?

We bake a natural ingredient – inulin – into Healthy Inside. Inulin is extracted from a vegetable source and is included in the baking process.

Like all natural fibres, inulin is not digested in the stomach or small intestine. Instead, it makes it all the way to the colon where it's most needed, allowing its good effects to set to work.

By introducing prebiotics into a healthy balanced diet, our own good bacteria will grow and multiply. This means our digestive system will be healthier and our whole body will benefit – making us 'Healthy Inside'.

What is the difference between prebiotics and probiotics?

Prebiotics promote the growth of the body's friendly bacteria that already exist in the gut. Therefore, the good

work is done from within. In contrast, probiotics are living bacteria added to food (such as yoghurt drinks) that then pass through the digestive system, to help top up the body's supply.

How many slices of Warburtons Healthy Inside loaf should I eat?

Research shows that we should have about 5g of prebiotic inulin per day to optimise our digestive systems. Just 3 slices of Healthy Inside provides over a third of this recommendation, so giving your body a boost can fit into your daily routine with very little effort, helping you to enjoy your morning toast and lunchtime sandwich even more.

Does it taste different?

Each slice of Healthy Inside has the delicious taste and high fibre benefits of ordinary Warburtons wholemeal bread.

Can children eat Healthy Inside?

Yes! Healthy Inside is the perfect way to introduce prebiotics into your children's meals in a tasty way that will help to keep them in tip-top shape.

Where can I buy Warburtons Healthy Inside?

You can buy Healthy Inside from leading supermarkets, such as Asda and Tesco, for around 75p!

Wake up your friendly bacteria. Get Healthy Inside today.

To re-create the delicious sandwich opposite and make the most of your Healthy Inside loaf, simply follow this recipe:



Warburtons Healthy Inside with Roast Beef, Avocado and Horseradish Relish

Ingredients:

Warburtons Healthy Inside

Roast beef slices

Sliced avocado

Sliced tomatoes

Rocket leaves

Horseradish relish:

45ml / 3 tbsp fromage frais

20ml / 4 tsp grainy mustard

20ml / 4 tsp horseradish sauce

mix thoroughly together

Take 2 slices Warburtons Healthy Inside and spread a generous layer of horseradish relish on the first slice.

Layer slices of roast beef, rocket leaves, avocado and tomato. Top with remaining slice of bread.



Wake up your friendly bacteria



A first in bread, new Healthy Inside has been specially baked with a natural prebiotic ingredient.

Prebiotics work in harmony with your body's defences, helping you to produce your own 'good' bacteria, in turn improving digestion.

Wake up your friendly bacteria. Get Healthy Inside today.

For more information visit www.warburtons.co.uk



The Health Benefits of Bread

Angie Jefferson, Consultant Dietitian

Bread is back! Following a temporary drop in sales caused by the low carb phenomenon, bread is now rightly re-establishing its central role as part of a healthy diet. Bread has been a staple food for humans since 7000BC and there are now more than 200 varieties of bread sold in the UK. And with the equivalent of 9 million loaves sold every day*, it is important not to underestimate the valuable nutritional contribution that the humble loaf makes to the average UK diet.

The Brits are the lowest consumers of bread in Europe, just 50kg per person each year compared to the 80kg eaten by the Germans and Austrians. Overall the British diet tends to be high in fat and low in starchy carbohydrates such as bread and so a switch from higher fat foods such as cakes, biscuits, pastries (both sweet and savoury) to bread based snacks like a slice of toast would help redress this balance. For most of us there is scope to include far more bread as part of our healthy balanced diets.

Contrary to popular myth bread is not fattening. The average slice contains around 80-90 calories, which is the same as a small banana. However what you spread onto bread does matter – a thick layer of butter or full fat spread adds another 9g fat and 81 calories to every slice.

Penny for penny bread provides more protein, carbohydrate, vitamins and minerals than any other food that we eat. In the average diet, bread provides one fifth of dietary fibre and calcium, one sixth of iron and vitamin B1, and more than one tenth of the folate and niacin that we eat each day.

As well as being one of the ultimate healthy foods, bread also makes an excellent carrier for other nutritious ingredients. For example, adding seeds to bread boosts its content of fibre and several vitamins and minerals.

Increasingly bread is being tailored to meet the needs of specific population groups and our shelves are offering a far greater choice than the traditional wholemeal or white breads. One great example of this is the newer “whole and white” types of bread, where a mixture of wholemeal and white flour is used, often with added vitamins and minerals, helping busy mums include more goodness in their children’s diets. There are also a number of breads that go above and beyond basic nutrition, for example Soya and Linseed. This contains added soya and linseed, ingredients which are naturally rich sources of plant oestrogens, which have a similar effect in the body to human oestrogen, helping to protect the heart and bones. When plant oestrogens are eaten regularly in the diet, they have also been shown to help relieve the hot flushes associated with the menopause.

The low carb revolution brought a new level of carbohydrate awareness and this is now developing into increased understanding about Glycemic Index, or GI. In simple terms, GI is a measure of the response in blood sugar after eating a food. A food

with a low GI allows a long, slow rise and fall in blood sugars levels and so will help to keep you feeling full and satisfied for longer, compared to a high GI food where blood sugar levels rapidly rise and fall. Low GI foods are considered to be the best choice for people with diabetes and may also help those who are overweight. Different breads have different GI values. As a general guide, those with soya and linseed, or breads with a high rye content (dark rye breads or pumpernickel), have a low GI, oat breads and multi-seeded breads will have a medium GI.

Bread is the original fast food and is still the best. Convenient, quick to use and highly versatile bread can be included in all meals and is a great base for nutritious snacks. In this age of fad diets, bread remains a crucial part of a healthy balanced diet. We have never had so much choice, so take a moment to stop and consider if you are making the most of your daily bread.

* Source: Federation of Bakers 2005

2 medium slices of wholemeal bread provide:

- 1 68 calories
- 1 2.6g fat
- 1 5.2g fibre
- 1 38mg calcium
- 1 1.9mg iron
- 1 One quarter of the recommended intake for vitamins B1 and niacin and one fifth the recommended intake of folate.

Allinson

Our best since before sliced bread.



Iron Deficiency is a 'Women's Thing' Concerning Half of All Women

Stefan Wendrich

Do you often feel tired and exhausted, really washed out? This drop in energy could not only be due to the everyday burden of work and household chores, but may actually be the result of a latent iron deficiency.

On average our iron balance comprises of just 3.5 to 5g of iron, however, with a minimal loss of between 15 to 45mg of iron through monthly menstrual bleeding, women may have a noticeable strain on their iron reserves. It is not surprising that we can feel the effects of low iron levels as it is a vital trace element that is indispensable for our body and its healthy functioning. Iron is vital for many metabolic processes and is involved in the building of red blood cells, or haemoglobin. Haemoglobin has a vital role in transporting oxygen around the body as well as eliminating carbon dioxide and other residues.

As our body is not able to build iron itself, we have to provide it through our diet. Meat, poultry, fish and liver are foods which provide a rich source of iron. These foodstuffs contain bivalent iron which can be absorbed well by the body. Further good iron sources are leafy green vegetables, fortified cereals and dried fruits. However, these foods contain trivalent iron which cannot be as easily absorbed.

Women require almost 50% more iron in their diets than men do to maintain healthy levels in their blood. Women are recommended to get 15mg of iron daily but figures show that the iron levels in approximately 40 % of all women in the UK between the ages of 12 and 50 years do not reach this. The World Health organisation has also acknowledged that iron deficiency is the most common mineral deficiency world-wide.

Typical symptoms for a deficiency in iron are; tiredness, paleness, sensitivity

to colds, rough skin, weakness, brittle hair and fingernails, prickling sensation in hands and legs or general irritability.

Girls and women are at risk of an iron deficiency not only due to their monthly blood loss during menstruation but, by going on weight loss diets, women can often deprive their bodies of essential nutrients and vitamins. During pregnancy and breastfeeding, women need twice the amount of iron (20-30 mg) and it is therefore of particular importance for women to prevent iron deficiency through additional intake of iron.

For evaluation of the therapeutic value of an iron preparation, the most important thing to consider is that it contains iron compounds that are easily absorbed by the body. Iron is absorbed by our body almost exclusively in bivalent form. The absorption ratio of bivalent iron is increased further if the iron is organically bound, as in the case of iron-II-gluconate. Furthermore it is of great use if the iron compound is available in a dissolved form. Therefore liquid products should be preferred to a tablet form. The addition of valuable B-vitamins and vitamin C (e.g. from fruit juices) which increase the usability of iron and promote the formation of blood cells is also beneficial.

Upon the intake of iron preparations, gastrointestinal disorders might occur like stomach ache, sensation of fullness or constipation. A basic cause for these disorders is non absorbable iron, due to overdosed preparations or solid pharmaceutical forms containing limited soluble iron compounds. Iron absorption is limited and an excess of iron cannot be used by the body, but remains within the intestine and can lead to disorders.

For better compatibility, a natural product should be used. Additives like preservatives, alcohol, colourings and flavourings should be avoided.

For an optimal absorption, iron preparations should be taken about half an hour before a meal. Coffee or black tea contain tanning agents that disturb the iron absorption and therefore should not be drunk until at least half an hour after iron intake. Also the intake of iron and dairy products or certain pharmaceuticals such as antibiotics and antacids at the same time diminishes iron absorption.

The best you can do to prevent iron deficiency, is to regularly take additional iron!

Running out of Steam?



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Women in particular need a sufficient daily supply of iron in their diet to help keep them feeling energetic, but sometimes diet alone may not be enough to meet their individual requirements. Says Cathy Carlson Rink, a midwife and naturopath specialising in women's health: "I see many women who just feel tired all the time - and this lack of energy is often a result of insufficient iron in their diet. This is where time-tested Floradix liquid iron

formula and Floravital, its yeast and gluten-free equivalent, may help." Containing an easily absorbed combination of organic iron, selected herbs, fruit juices and vitamins C and B complex, Floradix and Floravital can help safeguard iron levels, helping women to maintain health and vitality. They're especially valuable for women who are pregnant, when experiencing periods or the menopause or simply for those leading a vigorous, active lifestyle.



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Omega-3 Fats and the Heart: Not a Fishy Tale!

Philip C. Calder

Omega-3s are a family of fatty acids that occur naturally in our diet. EPA and DHA are members of this family, and are termed long chain omega-3 fatty acids, on account of their structure. Amongst the omega-3 fatty acids, EPA and DHA are of greatest importance to human health.¹ Oily fish like salmon, tuna and mackerel are an excellent source of these fatty acids and can provide as much as 1.5 to 2.5 g per portion. Long chain omega-3 fatty acids are also found in fish oils. In the absence of oily fish or fish oil consumption, intake of long chain omega-3 fatty acids is low (probably less than 0.25 g per day among adults in the UK). It was studies in Eskimos that first alerted scientists to the potential benefits of long chain omega-3 fatty acids to human health. It was found that, despite the very high intake of fat in the traditional Eskimo diet, the incidence of heart disease was very low, in some cases being less than 10% of the predicted incidence. The high intake of long chain omega-3 fatty acids by Eskimos was identified as the protective element of their diet. This may also explain the low incidence of coronary heart disease in Japan, where the intake of long chain omega-3s is high. Scientists in Europe and the United States went on to show that eating fish, especially oily fish, lowered the risk of cardiovascular disease and again this effect appeared to be due to long chain omega-3 fatty acids. A recent review of the scientific evidence on fish consumption and death as a result of heart disease concluded that there was a significant protective effect and that this was related to the amount of fish consumed.² Other studies, in which patients who had survived a heart attack or myocardial infarction (MI) were given placebo

tablets or fish oil over a period of several years have shown that long chain omega-3 fatty acids decrease the risk of death as a result of MI.^{3,4} One of these studies demonstrated a striking 45% reduction in risk of what is termed sudden death over 3.5 years in MI survivors taking fish oil.⁴ Remarkably, this protective effect of fish oil was apparent within 4 months of beginning supplementation.⁵ Again studies of this type have been subjected to a systematic review and this concluded that long chain omega-3s decrease mortality due to MI, particularly sudden death.⁶ So, why are long chain omega-3 fatty acids such potent cardioprotective agents? It turns out that these fatty acids favourably affect a number of risk factors involved in the development of cardiovascular disease.⁷ High blood triglycerides and high blood pressure are both recognised cardiovascular risk factors and both can be lowered by long chain omega-3 fatty acids, although the effect on blood pressure is quite small. The buildup of fatty atherosclerotic plaques within the blood vessel wall involves a complex interplay of cells and chemical messengers. It turns out that omega-3s from fish oil can decrease the amount of these chemical messengers and so they can slow the fatty buildup. These effects will be important in terms of primary prevention of cardiovascular disease and indicate that long chain omega-3 fatty acids should be consumed by everyone as a protective measure, especially those exhibiting cardiovascular risk factors or with a family history of heart disease. However, these effects of long chain omega-3 fatty acids are unlikely to explain the results from the secondary prevention studies in post-MI patients. Other mechanisms of action are

believed to be important here and three mechanisms have been identified that might all play a role. The first of these is an anti-thrombotic effect of long chain omega-3 fatty acids, meaning that they act to decrease the clotting of blood. This effect comes about because of an alteration in the pattern of production of chemicals called prostacyclins and thromboxanes that control aggregation of platelets and so blood clotting. The second mechanism that might be important is an anti-arrhythmic action of omega-3 fatty acids, meaning that they prevent abnormal rhythms of the ventricle and atrium of the heart. Such abnormal rhythms can cause an MI and there is emerging evidence that long chain omega-3s do exert an anti-arrhythmic effect in humans. Recently, a third mechanism of action of long chain omega-3 fatty acids was discovered. Scientists found that EPA and DHA from fish oil make their way into the fatty plaque within the blood vessel wall and that once there they exert anti-inflammatory actions.⁸ These appear to make the fatty plaque more stable and less likely to rupture. This is a major advance in our understanding, because it is the rupture of the fatty plaque that precipitates an MI or thrombotic stroke.

It is clear from the forgoing discussion that long chain omega-3 fatty acids have been proven to be effective in secondary prevention of MI, with a particularly marked effect on sudden death. Thus, it would be prudent for post-MI patients to increase long chain omega-3 consumption. Epidemiological studies, studies investigating effects on classic and emerging risk factors and mechanistic studies indicate that long chain omega-3 fatty acids also play a key role in primary prevention. Thus,

CORONARY HEART DISEASE:

**One good reason
for us all to
supplement our
diets with omega-3
fatty acids**



Coronary Heart Disease (CHD) is the most common and yet one of the most preventable causes of death in the western world. In the UK, CHD is responsible for 23% of deaths in men and 14% in women. Significantly, decades of research have shown that there is a very strong inverse relationship between eating oily fish – arguably the best source of omega-3 fatty acids – and the risk of developing CHD. That is: the higher the consumption of such fish, the lower the risk. Having said this, oily fish such as sardines and pilchards are not to everyone's taste. What's more, it is worth bearing in mind that some types of fish on sale in the UK have been shown to contain unacceptable levels of environmental toxins.

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cardiozen™ is a fatty acid supplement specially formulated to help maintain a healthy heart and circulation. It contains a concentrated input of pharmaceutical-grade omega-3 EPA, which has many health benefits. In relation to CHD, research has shown EPA to:

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long chain omega-3 fatty acid consumption should be promoted for all individuals especially those at-risk of developing cardiovascular disease. Indeed several bodies including the UK Department of Health, the British Nutrition Foundation, the American Heart Association and the European Atherosclerosis Society have made recommendations that individuals should increase their intake of long chain n-3 fatty acids to between 0.45 and 1.5 g/day (different bodies have made different recommendations). It is clear that there is a wide gap between the recommended intakes and current actual intakes, which among adults in the UK currently average 0.25 g/day¹. How might this gap be bridged? One approach would be to increase oily fish consumption. Whilst this is the most preferable option, it is not practicable for much of the population because of the expense of oily fish, individual's dislike or inexperience of cooking and eating fish, diminishing reserves of oily fish and risk from contamination of oily fish stocks. Thus other strategies are required to increase long chain omega-3 intake and

status in humans. Currently the only viable strategy to greatly enhance long chain omega-3 fatty acid intake without consuming oily fish is to consume fish oil. Typically, a one g fish oil capsule will provide between 0.15 to 0.6 g of long chain omega-3s, depending upon how concentrated the oil is. Thus, modest consumption of fish oil capsules could allow most recommendations for long chain omega-3 intake to be met in those individuals who are unable to or do not wish to frequently consume oily fish. If individuals do elect to consume fish oil capsules they should ensure that the product they purchase is of high quality (i.e. contains a high content of omega-3s, is free of contaminants, and is clearly and informatively labelled) and from a reputable supplier. For their part, suppliers of fish oil capsules should ensure that the product is free of contaminants and is well labelled; a clear indication of content of EPA and DHA per gram of oil and per capsule should be provided.

Even though long chain omega-3s from fish and fish oil are clearly beneficial to heart health other strategies are also likely to help. One that is

emerging is the use of coenzyme Q10 (known as CoQ10). This is naturally occurring compound that is present mainly within mitochondria, the "power houses" of cells. The role of CoQ10 is to pass electrons between other mitochondrial components. The more active a cell, the more important CoQ10 becomes. Thus, CoQ10 is very important within heart cells, because of their high metabolic activity. Its role as an acceptor of electrons means that CoQ10 can function as an antioxidant, and it has some unique properties in this regard. Because of its role in maintaining cellular energy production, especially under stress, and as an antioxidant with special properties, increased availability of CoQ10 appears to be of great benefit to heart function. A recent review of studies supplementing CoQ10 in human populations concludes that that CoQ10 has many benefits on heart health, as well as elsewhere in the body.² One very interesting fact is that statin drugs used for lowering cholesterol also interfere with the body's ability to make CoQ10. Thus supplementation with CoQ10 in patients taking statins

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may be necessary to prevent depletion of CoQ10 and to ensure health. Research has shown that co-administration of CoQ10 does prevent the depletion of CoQ10 normally seen with statins.¹⁰

In summary, although the evidence of benefit for heart health is very strong for long chain omega-3 fatty acids, additional benefits are likely other compounds are also supplemented. There is increasing evidence that CoQ10 also benefits the heart. CoQ10 is able to be dissolved in fish oil and so this provides an efficient vehicle for its supplementation. The combination of long chain omega-3s and CoQ10 may be more effective for heart health than either omega-3s or CoQ10 alone, although this has not been formally tested in a scientific trial. One supplement available on the market that combines long chain omega-3s from fish oil and CoQ10 is Cardiozen.

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products from marigold

Marigold bouillon - organic

The natural enhancer of organic soups, stews, casseroles, sauces, savouries, rice and grain dishes. Also a delicious instant hot drink in its own right. A 150g size tub makes 7.5 litres of stock. Its powder form gives it much more 'spoonability' making it easier to measure for taste than a cube. Gluten free, dairy free, nut free. Contains yeast extract.

Marigold Bouillon - standard

Delia Smith says "this is without doubt an ingredient that has revolutionised modern cooking. Before Marigold you had to either make your own stock or resort to the dreaded chemically flavoured cube. If there were good ingredient awards, this would win first prize". Yeast free, gluten free and nut free. Contains lactose (milk sugar).

Marigold Bouillon - reduced salt

Created in response to government guidelines on salt intake this product has an exquisite, more subtle taste making it a delightful instant hot drink as well as being a vegan stock powder. Yeast free, gluten free, dairy free, nut free.

Marigold Bouillon - Cubes

For those who really do prefer cubes we have three organic vegan options: The ever-popular Standard cube in the red box - gluten free, dairy free, nut free. The Low Salt version in the purple box - gluten free, dairy free, nut free. The Yeast Free version in the green box - gluten free, dairy free, nut free, yeast free. Each 72g pack contains 8 cubes.

Marigold Engevita

The vegan food with the cheesy, nutty taste. Made from primary inactive yeast without artificial additives or preservatives, Engevita Yeast Flakes provide one of the richest natural sources of the B group vitamins and trace elements. This product can be sprinkled on soups, stews, casseroles, pasta and salads to enhance the flavour. To preserve valuable vitamins do not heat to 100 degrees C.

Marigold Liquid Aminos

Coming in a handy dropper bottle, this product is a yeast free, gluten free, nut free alternative to tamari and soya sauce. Brilliant for adding to stir-fries or giving that extra kick to any savoury dish. Listed on the label are 17 of the essential amino acids contained in the protein element of this product.

Marigold Braised Tofu

This is a versatile and highly nutritious vegan food in a ring-pull can which can be served either hot or cold. Made from yuba (the cream of soya milk), this product has the soft delicate consistency of tuna, making it an ideal alternative to meat or fish. It is delicious in salads, sandwiches, stir-fried with vegetables and ideal for casseroles. Over the years this has assumed real cult status in the vegan world.

Marigold Organic Gravy Powder

Just add water to prepare this classic gravy. Ideal with nut roasts, vegetable bakes or any organic meat dishes, this product is itself both vegetarian and vegan. This 110g tub will deliver five servings of 250ml liquid for your gravy boat.

Marigold Organic Instant Miso Bouillon Powder

Miso is a traditional Japanese fermented food which has long been regarded for its healthgiving qualities. We have combined organic soya and barley with vegetables, herbs and spices to give a more western flavour to this far eastern treasure. One teaspoon per cup of boiled water delivers a hearty beverage with only 12.4 calories per cup. Miso Bouillon Powder will make an excellent vegan soup or stock, each 140g tub providing 7 litres. Dr. Gillian McKeith has recommended people following her diet plans to drink miso soup on a regular basis.



Kikkoman

The Natural Choice

When looking at a well balanced diet consideration is commonly given to fat, protein and carbohydrates. But an area often overlooked is the quality and type of seasonings used to flavour cooked dishes. Even with a sauce which seems as uncomplicated as soy, the quality and taste varies due to how it is produced and the type of ingredients used.

The key to the best soy sauce is to look for the claim 'naturally brewed' and no artificial flavours, colourings or additives. Kikkoman Soy Sauce falls into this category. It is naturally brewed using an unhurried process similar to fine wine making from only four natural ingredients - soybeans, wheat, salt and water. A special starter yeast is added and the mixture is allowed to mature for the unique Kikkoman flavour to develop before being pressed, pasteurised and bottled.

The other types of soy sauce are either brewed for a short period – as little as two weeks- and compensate for this with additives, or they are chemical soy sauces produced by artificial means. However, the real test of what makes a good soy sauce is in the senses – taste, sight and smell. To distinguish between naturally brewed and other soy sauces, try a taste comparison. The Japanese have an infallible test for good soy sauce - they pour the sauce neat into a small porcelain bowl and test it in just the same way as a fine wine. The colour should be translucent, the smell aromatic and finally the taste palatable.

Kikkoman delivers a smooth, delicate and aromatic flavour which enhances the natural flavour of all foods. Artificially produced sauces lack flavour and leave a harsh taste on the tongue and palate. The strident taste dominates the food rather than enhancing the natural flavours.

The history and heritage of Kikkoman makes it unique. Its soy sauce is still made to the same recipe created in Japan more than 350 years ago. The world's largest producer of soy sauce, making some 400 million litres every year, the descendants of the Mogi family, which devised and perfected the secret Kikkoman recipe, still control the manufacture of Kikkoman and even supply the Imperial Household of Japan.

The Japanese turned to soy as a seasoning for vegetarian dishes around 500AD when the religious influence of Chinese Buddhism forbade the use of meat and fish based sauces. They added roasted wheat to the recipe to make the sauce more aromatic. Today in Japan, every man, woman and child consumes 10 litres of soy sauce a year - it is the indispensable condiment seen on the table of all households and in every restaurant kitchen.

Its aromatic savoury taste means when used in seasoning no additional salt need to added. For instance a typical stir fry for four people would require about 45 mls (about 3 tablespoons) of soy sauce. This means each adult would consume less than one third the daily recommended allowance of salt. As this is likely to be the main meal of the day it is well within the allowance. It is also a very good natural seasoning for soups, stews and in stock.

The heritage, history and skill that go into the product have made Kikkoman naturally brewed soy sauce the most popular seasoning throughout the world wherever fresh food and good cooking are appreciated.

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Kikkoman, the world's No.1 soy sauce, is a marinade, a cooking sauce, a seasoning. An indispensable ingredient to cooking in many countries.



Unlike most manufactured soy sauces, Kikkoman is naturally brewed so it enhances - never overwhelms or masks - the flavours of good food. Whether you're preparing an everyday Western dish,



a Chinese stir-fry or Japanese sushi, the subtlety of this soy sauce (or its sweeter

partner) is always the perfect complement.

 **KIKKOMAN**



About The Stroke Association

Emma Guise

The Stroke Association is the only national charity solely concerned with combating stroke in people of all ages. It funds research into prevention, treatment and better methods of rehabilitation and helps stroke patients and their families directly through its community services and national helpline. These include help with communication difficulties after stroke: dysphasia support; family support, information services, welfare grants, publications and leaflets. We also campaign, educate and inform to increase knowledge of stroke at all levels of society and we act as a voice for everyone affected by stroke. The Stroke Association has nearly 3,000 volunteers working throughout England and Wales. Emma Guise is a Media Officer from The Stroke Association.

Stroke – obesity and other risk factors

Imagine one day walking to your car and collapsing, suddenly and without any warning. You wake up in hospital unable to walk, talk, or read; you can't even remember your own name. Your world has literally changed in a stroke.

A stroke does not discriminate and can happen to anyone, at any age and at any time. It occurs when the blood supply to the brain is disrupted. The brain cells are deprived of oxygen and other nutrients, causing some cells to become damaged and others to die. About a third of people who have a stroke are likely to die within the first ten days; about a third are likely to make a recovery within a month and about a third are left with long-term disabilities.

But evidence suggests this need not be the case. 40% of all strokes could be prevented by regular blood pressure checks, treatment for hypertension (high blood pressure) and most importantly, taking steps to improve overall health. There are many risk factors for stroke but possibly the most concerning at the moment is obesity.

Obesity

A 2004 report from the Department of Health claims that if the number of obese children in the UK continues to rise, children will have a shorter life expectancy than their parents. This is because obesity increases the risk of the biggest killer diseases, such as heart disease, cancer and stroke.

On a basic level, people become obese when their calorie intake is higher than their calorie expenditure. The excess fat cells in the body can cause furring in the arteries, which can then lead to the formation of blood clots. As mentioned earlier, it is this disruption to the blood supply, which eventually leads to stroke.

Overweight or obese people are also more likely to have high blood cholesterol levels and high blood pressure than people of a normal healthy weight. Both high blood pressure and high cholesterol are important risk factors for stroke, as is diabetes. All these factors mean obesity is a real health concern, particularly in relation to stroke.

The issue of obesity is currently a high priority for The Stroke Association. We are currently calling on the government to introduce mandatory, consistent and clear labelling of food products, including levels of fat, sugar and salt. We are also campaigning for restrictions on 'junk food' advertising, especially when aimed at children. However, until government addresses these issues it is crucial that people take responsibility for their health and make the necessary lifestyle changes to combat obesity.

In the past few years a great deal of research has been carried out into the links between diet and health. Studies are now looking into more specific links between stroke and diet.

A healthy diet is thought to reduce the risk of a number of diseases, including stroke. Studies have shown that the best way to stay fit and healthy is to eat a diet high in fruit, vegetables and plant-based foods, but low in fat and salt.

Salt

Too much salt (sodium) in your diet can lead to high blood pressure, the biggest single risk factor for stroke. The government recommends that we should consume no more than an average of six grams of salt a day. As a guide, one teaspoon contains five grams of salt.

Sodium levels in the body are kept balanced by the mineral potassium, which is found in fresh fruit and vegetables. This is a good reason to increase your intake of these foods.

When most people think of salt, they think of shaking it on their food, or adding a pinch to cooking. And it's important to try to get out of the habit of using salt in this way. But you also need to be careful about the salt you can't see.

Three-quarters (75%) of the salt we eat comes from processed food, such as breakfast cereals, soups, sauces, ready meals and biscuits. Almost everyone eats some processed foods. Even people who make all their own meals from scratch will usually buy foods such as bread and biscuits and these can be high in salt. This is why The Stroke Association believes it is so important for the Government to introduce better food labelling and why we want to encourage people to check labels of the produce they purchase.

The other problem with processed foods is that they are more likely to be high in fatty and sugary elements, such as crisps and sweets, which again can lead to increased levels of obesity.

What can you do?

Combating obesity is easier than you might think. Cutting down on the fat, sugar and salt content of your diet is good for your blood pressure, as is eating high fibre foods. To reduce your cholesterol levels The Stroke Association recommends increasing your intake of fruit and vegetables to include at least five portions of fruit and vegetables a day.

Healthy eating tips

- Vitamin C can be affected by heat and storage methods, so eat fruit and vegetables from a variety of sources – for example, raw, cooked, frozen and canned.
- Have a glass of orange or grapefruit juice every day. Studies have shown that citrus fruits and their juice can provide protection against stroke.
- Eat at least two servings of oily fish each week. This includes tuna, mackerel, salmon and herring.
- Save fatty, sugary foods like biscuits, pastries, cakes and sweets for the very occasional treat.
- Reduce your intake of foods high in saturated fat by limiting the amount of saturated fat and oil used in cooking, choosing lean cuts of meat, cutting off any visible fat and opting for low-fat dairy products.
- Replace red meat with lean meats like chicken and game that are lower in saturated fat and grill, casserole or stir fry rather than deep-fry your food.
- Cut down on salt by not adding extra when cooking and not sprinkling it on your food at mealtimes.
- There is also hidden salt and salt compounds (look for the word sodium on labels) in processed foods and snacks. Read the labels and limit your consumption of salty processed foods.
- Being overweight can increase the risk of stroke. A diet high in fruit and vegetables and low in fat and salt (as outlined above) can help to control your weight.
- Choose lower fat salad dressings.



LoSalt is the UK's leading reduced sodium salt alternative. This lifestyle product is available through all the major retailers and is aimed at people in normal health who wish to reduce their sodium intake without sacrificing the flavour they have come to expect from common salt.

The average daily salt intake per person in the UK is 9g. The three main sources are processed foods (75%), discretionary intake (15%) and sodium present in natural foods (10%). LoSalt when used, as a replacement for common salt in the home, offers the opportunity to reduce discretionary sodium consumption by 66%.

Klinge Foods are also actively working with a number of food processors who are developing products low in sodium by using LoSalt as an ingredient. A list of these products can be found on the LoSalt website, www.losalt.com.

LoSalt consists of 66% Potassium Chloride (min) and 33% Sodium Chloride. This resultant decrease of sodium consumption, by 66% compared to common salt, is achieved without any loss of flavour. LoSalt is in fact endorsed by the Master Chefs of Great Britain and is now featured as an ingredient within many of their recipes.

Obviously the simplest and best way to reduce salt intake is to add less salt to food however for those who find this difficult LoSalt is ideal as it is used in the same way as common salt either in cooking or at the table.



LoSalt is supported by a variety of promotional literature including a handy pocket sized card giving the salt/sodium content of many common processed foods. There are a number of leaflets available for consumers that explain the sodium issue. A CD-ROM is available that contains the most relevant scientific papers and there is a set of 'Nutrition Issues' aimed at Nutritionists and Dietitians along with a set of posters for renal clinics.

If you would like copies of any of these items contact Klinge Foods at the address below:

1g of LoSalt contains 131mg of Sodium (6mmols) and 346mg of Potassium (9mmols) so therefore it is not suitable for patients on Potassium sparing diets.

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Visit www.losalt.com

If you are overweight then you need to find a diet that suits you and your lifestyle. If you have a serious weight problem and find it difficult to lose weight, ask your doctor for a referral to a dietician or join a respected weight reduction group.

Other risk factors

High blood pressure and high cholesterol

People with blood pressure over the recommended levels (140/90 mm Hg) are six times more likely to have a stroke than someone of the same age with normal blood pressure. High blood pressure puts a strain on blood vessels all over the body, including vital arteries to the brain. The excess pressure can damage the lining of an artery, allowing blood clots to form and cause blockages. It is estimated that around 10 million people in the UK have high blood pressure. Most importantly however high blood pressure rarely causes any symptoms;

stroke is the symptom, but by then it is too late. That is why it is so important for everyone to have his or her blood pressure checked regularly.

Similarly, overweight people tend to have raised cholesterol levels. The liver makes cholesterol from saturated fat in the food we eat. Whilst the body needs some cholesterol, extra cholesterol may get stored in blood vessels causing arteries to narrow. If an artery to the brain is blocked then a stroke can happen.

Smoking

Smoking doubles your risk of stroke because it causes the arteries to furl and makes the blood more likely to clot. Not smoking is one of the most important things you can do to avoid a stroke. If you already smoke, quitting can halve your risk – no matter how old you are or how long you have smoked.

Lack of exercise

Regular physical activity also halves

your risk of stroke, because exercising helps lower blood pressure, controls weight, helps create a healthy balance of blood fats and improves your body's ability to handle insulin.

Binge drinking

Binge drinking can be a major risk factor for stroke. People who binge drink are twice as likely to have a stroke than non alcohol drinkers. Avoid heavy drinking, especially drinking large amounts of alcohol in one go (binge drinking), as this can cause blood pressure to soar. Women should drink no more than two to three units of alcohol a day, while men should stick to no more than three or four units a day. A unit is a small glass of wine, a single (pub) measure of spirits or half a pint of weak beer or lager.

The Stroke Association run a National Stroke Information telephone helpline 0845 30 33 100. For more information on stroke and The Stroke Association, please visit www.stroke.org.uk

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The National Register of Personal Trainers

We watch TV on average 3-4 hours a day, while many of us sit at computers all day, take cars or public transport to work and dine out. This is often all excused as a 'modern way of living'. So why not change the way you live? Better health, more exercise and increased fitness can be the key to a more confident, fitter and less stressed you...not to mention opening up new possibilities for your lifestyle which can all be achieved with a personal trainer.

Selecting a trainer sometimes seems like a daunting task. Often people wonder what they even need one for. The National Register of Personal Trainers (NRPT) is a great place to begin your search. We were established to not only support

personal trainers but to also provide members of the public with access to qualified and insured personal fitness trainers. The NRPT carefully vets all the professionals on their register, making sure that they have relevant and approved qualification, full civil liability and professional indemnity insurance and a first aid certificate.

Having a personal trainer will take away the stress of being a gym member and they will help you meet your individual goals, whether to lose weight, improve posture or generally be fitter. Not only are the NRPT trainers highly qualified but they are there to ensure you are motivated, are able to train anywhere at any time and have the most effective program for your lifestyle while saving you from

unused gym memberships. For more information or to find the right trainer for you, go to www.nrpt.co.uk.



Heather Taylor, www.NRPT.co.uk

Curbing Obesity

small steps towards large benefits

Professor Annie S Anderson

Obesity is a BIG problem in the UK. The average body size of the ordinary man and woman in the street is in the overweight category and predictions are that our children and teenagers will become overweight at a much earlier age than the current generation of adults.

'Tubbinness' has become the norm.

Obesity rates have tripled in the last 20 years. Despite widespread publicity about the dangers of obesity many facts remain unknown or unheard. Here are a few important aspects everyone ought to be aware of.

Many people find it difficult to assess body mass index (BMI) (weight (kg)/height but do not realise that waist size is an equally important indicator of body size and disease risk. Waist size greater than 37 inches for men and 32 inches for women indicates greater disease risks. Disease risk decreases with decreasing waist size.

Gaining weight at any stage in adult life (apart from pregnancy) may start the downward spiral to overweight and obesity. Current guidelines suggest that weight gain during adulthood should be limited to 10kg (22 lbs).

Being overweight can impact on all body systems affecting everyday well being (e.g. through excess sweating, breathlessness), pain (e.g. backache), and psychological health (e.g. depression). Successful weight loss can improve these health parameters and help towards improving self-esteem.

Obesity increases surgical risks and post-operative complications, keeping people in hospital for longer and delaying recovery. Weight loss prior to surgery can reduce these risks.

The development and progression of (type 2) diabetes is closely related to being overweight. The complications of diabetes such as heart disease, renal (kidney) and eye problems commonly

arise in people who have only been diagnosed with the disease for a short length of time. Diabetes symptoms decrease with reduction in body weight.

It is estimated that 14% of cancer deaths in men and 20% in women are attributed to obesity. Cancers of the bowel, oesophagus and kidney are all associated with obesity. After smoking, obesity is the most important avoidable cause of cancer that people can actually help to control.

The first principle of weight maintenance is to avoid weight gain. If everyone managed to maintain their current body weight this would be a highly successful outcome in terms of reducing obesity e.g. those in the overweight category would not become obese and the obese would not get any bigger. Everyone should be encouraged to write down their weight on January 1st and aim to remain that weight one year later.

The current recommendation for people following weight reduction diets is that they use a 12 week structured programme. Trying to lose weight for longer than 12 weeks in unrealistic. Weight loss followed by a period of weight maintenance is recommended (irrespective of how large the starting weight is).

Small decreases in energy intake every day can have a cumulative effect and contribute to weight stability or weight loss e.g. decreasing your daily biscuit intake by half, reducing the portion size of confectionery, reducing from two scoops of ice-cream to one.. Identifying a daily food that can be cut or reduced can have a greater effect than simply watching food occasionally for a week or two.

Significant amounts of calories are derived from drinks – soft drinks and alcoholic drinks. One glass of fruit juice will supply most people with

their daily vitamin C needs, no need to finish the litre carton in one day.

Alcohol consumption is increasing across the UK- think about halving current intakes. Sweetened drinks (e.g. fizzy drinks and squashes) should not be consumed on a regular basis. Tasting water is a new experience for many people and one that everyone (but especially children) should be encouraged to try.

Small daily increases in energy expenditure - for instance using the stairs at work instead of the lift - can help balance energy intake. Almost everyone would benefit from adding 15 minutes (brisk) walking time to their daily schedules.

Most of the population is at risk of obesity – some more than others. Any adult who is over 5kg overweight and living a sedentary lifestyle needs to take action to deal with this problem.

*Professor Annie S Anderson,
Centre for Public Health Nutrition
Research, Department of Medicine
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Dietary Strategies for the Prevention of Obesity

Susan A. Jebb & Toni Steer

The prevalence of obesity in the UK, in common with the rest of the world, is increasing at an alarming rate. In 1980 only 6% men and 8% women were obese (Body mass index; BMI >30 kg/m²), but by 2001 this had trebled to 21% and 23.5% of men and women respectively (Figure 1). This increase in the proportion of clinically obese people has coincided with a systematic rise in the mean BMI of the whole population.

Excess weight is associated with a diverse range of co-morbid conditions including metabolic diseases such as cardiovascular disease (CVD), diabetes and some cancers, mechanical disorders such as back pain and other joint problems and a greater prevalence of psychological disorders. Once a feature of middle age, obesity has become more common in young people. Fig. 2 shows the increased risk of premature death from heart disease, which is particularly pronounced in younger age-groups. For those individuals with a tendency to deposit excess fat in the abdominal region the risk is accentuated. Ethnic groups living in Britain also have higher levels of obesity and incur greater health risks compared to their white peers at a similar BMI.

Obesity is an independent risk factor for CVD mortality but it is also strongly associated with other classical risk factors (Figure 3). There is little doubt that the increasing prevalence of obesity is attenuating the decline in death rates from CVD which are being achieved through the active management of hyperlipidaemia, hyperinsulinaemia and hypertension. Since these conditions will in themselves be improved with effective obesity treatment and the prevention of weight gain, it is a plausible argument that weight control strategies should be the first line of any CVD prevention programme.

The case for obesity prevention

The need for effective treatment of those individuals who are already overweight cannot be denied. There are now a number of proven strategies for the management of obesity including diet and exercise programmes, very low calorie diets as well as medical (Xenical or Sibutramine) and surgical (gastric bypass or gastroplasty) interventions. With appropriate support most obese patients can lose at least 10% of their body weight. However in the longer term the maintenance of this weight loss and the prevention of weight regain is more difficult. Moreover in public health terms the greatest burden of ill-health lies among the growing sector of the population who are overweight, and who are most likely to go onto become obese unless effective preventative strategies can be implemented. In 2001 47% of men and 33% of women were overweight. Thus the primary and secondary prevention of weight gain is the most critical

element of any weight control strategy.

The one incontrovertible fact about obesity is that weight gain will only occur when energy intake exceeds energy expenditure. Since each kilogram of excess weight contains approximately 7000 kcals and typical annual weight gains are of the order of 1-2 kg per year, the daily energy discrepancy is only about 30 kcals per day. Accordingly, even modest changes in lifestyle should be sufficient to prevent weight gain.

The importance of physical activity

In recent years mean energy intakes have been in decline. Although there is emerging evidence to suggest that there is substantial underreporting of food intake in these surveys. However, this has coincided with a period of rapid increases in body weight it implies that energy needs have decreased even more sharply. The widespread use of the car and labour-saving gadgets, the decline in manual occupations and the popularity of

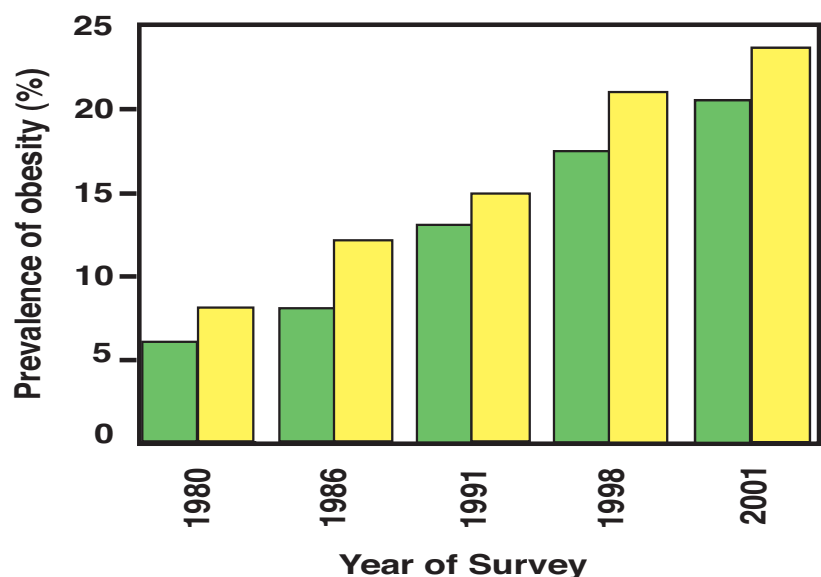


Figure 1. Secular trends in obesity in the UK (Health Survey for England). Data for men shown in green bars, women in yellow bars.

sedentary pastimes such as TV, videos and computer based activities have all contributed to the low levels of physical activity. The increase in attendance at gyms and fitness centres, leisure time cycling and other active hobbies make only a minor contribution to redressing the decline in habitual daily activities. Evidence that the association between low levels of physical activity and obesity is causal is provided by prospective studies which show that individuals with higher levels of habitual physical activity and/or exercise gain less weight than their sedentary neighbours. Moreover exercise of sufficient intensity to increase fitness will also decrease CVD risk, independently of its effects on weight. Indeed data from the Cooper Clinic in the USA illustrates that fitness may be even more important than fatness in terms of CVD mortality (Figure 3).

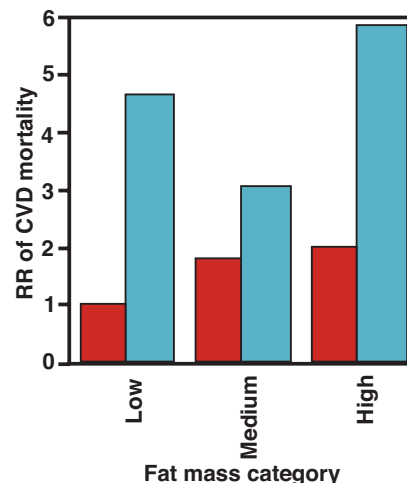
Dietary strategies

However low levels of physical activity cannot be the sole explanation for the epidemic of obesity. In order to gain weight an individual must be over-consuming energy, albeit relative to their low energy needs. Recent research into the physiological control

of food intake has demonstrated that the satiety signals to restrain intake are very much weaker than the hunger signals which drive consumption at times of high energy needs. This asymmetry in appetite control means that additional dietary strategies are needed in order to prevent weight gain among a sedentary population.

Fat, carbohydrate and protein are the principal energy-providing substrates in the diet and research suggests that shifts in the relative proportions of these nutrients can aid weight control. The key dietary target in any obesity prevention programme is fat. Epidemiological evidence, both between and within populations, shows a positive association between BMI and the fat content of the diet. In one study those consuming a high fat diet were nineteen times more likely to be obese than those consuming a low fat diet. The significance of these association studies is reinforced by experimental data in which volunteers are allowed to eat ad libitum from diets covertly manipulated to contain varying amounts of fat. In each case subjects consistently eat more energy from the high fat recipes than the low fat versions (Figure 4). More detailed analysis of this finding suggests that

Figure 3. Impact of fat mass and fitness on cardiovascular mortality in men, where unfit men, shown in solid bars, includes the least fit quintile of the population and fit, shown in hatched bars, refers to all other men. Data from Lee et al. American Journal of Clinical Nutrition 1999; 69: 373-380.



this is due to the high energy density of fat-rich foods since fat (9 kcal/g) contains more than twice as much energy weight-for-weight as protein or carbohydrate (4 kcal/g). Accordingly, even though the portion of food selected may be similar, the energy content of the high fat recipes is greater and total energy intake is increased.

The value of low fat diets for weight control has been demonstrated in a number of studies conducted in free-living volunteers. A recent meta-analysis of studies of 3-12 months duration showed a weighted mean weight loss relative to the control group of 2.55 kg (95% confidence interval -1.5 to -3.5 kg, p<0.0001). However the longer term studies suggest that weight loss rarely continues beyond 3-6 months. Whilst this modest weight reduction is not sufficient as a sole strategy for the effective treatment of obesity it does offer a very useful approach to the prevention of weight gain. Practical strategies to help patients decrease their fat intake include avoiding high fat foods (e.g. savoury snacks, peanuts, confectionery), choosing low fat cooking methods (e.g. boiling or grilling rather than frying), removing visible fat from meat and/or choosing extra lean cuts and selecting low fat varieties of dairy products (e.g. skimmed/semi-skimmed

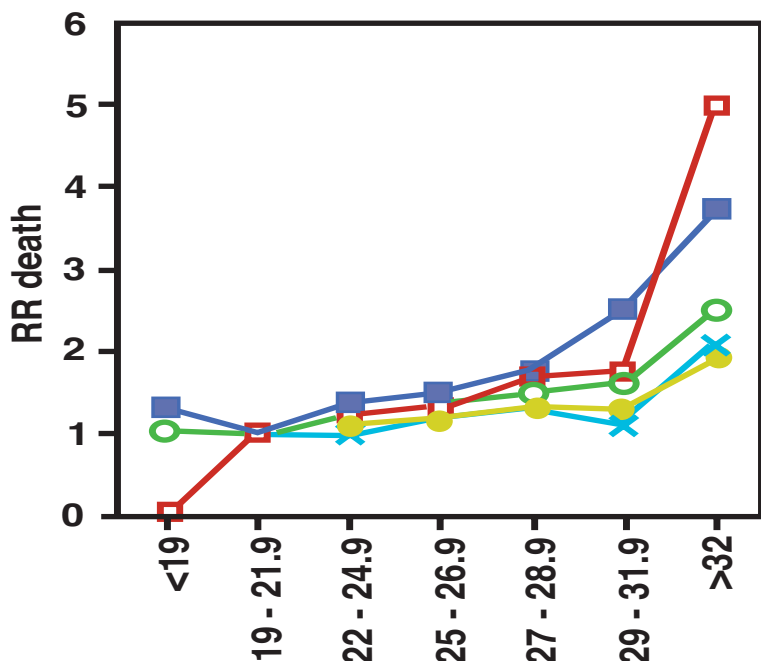


Figure 2. Effect of age on the relationship between body mass index and CVD mortality. Open squares 30-44y, solid squares 45-54y, open circles 55-64y, solid circles 65-74y, crosses 75-84y. Data from Stevens et al. New England Journal of Medicine 1998; 338: 1-7.

milk, reduced fat margarines and ricotta or cottage cheese).

In recent years there have been modest decreases in total fat intake in the UK but it is still above the recommended intake of 35% energy and a considerable body of research suggests that intakes of 30% energy or lower would offer significant health improvements. There is no good evidence that different types of fat have different effects on body weight, but given the strong links between obesity and cardiovascular disease it is rational to aim for particular decreases in saturated fat. A low fat diet should not preclude the consumption of at least one portion of oily fish each week, as a rich source of long chain n-3 fatty acids. Secondary prevention studies have shown a 29% reduction in the 2 year all cause mortality in those advised to consume oily fish, whilst n-3 supplementation studies have observed decreases in triglycerides, blood pressure and reductions in clotting tendencies.

In contrast to fat, carbohydrate rich foods, particularly unrefined carbohydrates, are an important component of obesity prevention strategies. Research suggests that carbohydrate initiates more powerful satiety signals than iso-energetic quantities of fat. Thus it should form the principal component of the diet, providing more than half the total energy intake. In the short term decreases in fat and compensatory increases in carbohydrate intake can be associated with increases in triglycerides and decreases in HDL cholesterol. However these appear to be only transient effects and may gradually be offset by small reductions in body weight as a result of the low fat-high carbohydrate diet plan. However to reduce cardiovascular disease risk the emphasis should be upon wholegrain sources of carbohydrate, such as wholemeal bread and wholegrain breakfast cereals. Epidemiological evidence suggests that the top 20% of the population in terms of wholegrain intake have about a 30% decreased risk of cardiovascular disease. Dietary recommendations in the USA advocate at least 3 portions of wholegrain foods per day, yet current intakes in the UK are less than 3 per week. The mechanism of this reduction in disease is not precisely known. Evidence sug-

gests the benefits are not solely due to the fibre content of whole grains, but also relate to the presence of a whole range of important phytonutrients including flavanoids and phytoestrogens. In addition the low glycaemic index of most wholegrain foods may help reverse dyslipidaemia, however, the role of low glycaemic index foods in weight loss still requires further investigation.

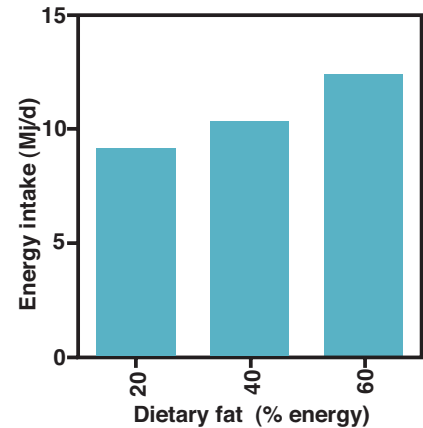
Despite recent interest in low carbohydrate/high protein diets, less research has been conducted into the role of protein in obesity prevention programmes. However protein is very satiating and may therefore help to curb appetite and reduce the risk of overeating. Given the proviso that the protein should be derived from low fat sources, such as lean meat, fish or low fat dairy products, there is no reason to restrict protein intake. Dairy products are an important source of calcium and recent data from the Dietary Approaches to Stop Hypertension (DASH) trial suggest that a high mineral diet may help to moderate blood pressure.

Vegetables and fruit are widely promoted for weight control and good health and those who consume the most fruit and vegetables tend to have the lowest weight and a reduced risk of weight gain. There are likely to be many reasons for this. Fruit and vegetables tend to be bulky, low energy density foods which may enhance sensations of fullness and limit further consumption. Fruit in particular may be used as a substitute for other high fat/high calorie snacks. Alternatively fruit and vegetable consumption may simply be acting as a marker of a more health conscious lifestyle and indicative of those more likely to pursue other weight control strategies. Nonetheless the clear health benefits in relation to cardiovascular disease and cancer, make the promotion of fruit and vegetable consumption an obvious element in any prudent dietary guidelines.

Conclusions

Most people tend to gain weight during their adult lives and this increases their risk of cardiovascular disease and other conditions associated with excess weight. Weight stability is in itself an important goal and can be achieved with more

Figure 4. Mean daily energy intake on diets containing 20, 40 or 60% energy from fat in the same group of men consuming each diet for a one week period in a laboratory setting. Data from Stubbs et al. American Journal of Clinical Nutrition 1995; 62: 316-329.



modest interventions than those required to treat established obesity. A low fat diet, rich in wholegrain cereals, vegetables and fruit will reduce the risk of weight gain, by cutting the energy density of the diet relative to typical UK food consumption. Moreover these dietary guidelines are consistent with those to reduce the risk of CVD and other chronic diseases such as cancer and diabetes.

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Susan A. Jebb PhD, SRD and Toni Steer, PhD SRD MRC Human Nutrition Research.

Feeling grEAT About Food

Dr Frankie Phillips

Food – we all need it, but getting the right balance can sometimes feel like a struggle. But it doesn't need to be that way; read on for easy ways to start feeling grEAT!

GrEAT tips about time

Everyone leads such busy lives that there barely seems to be time to eat, let alone to plan, shop for and prepare meals.

In the last 20 years, the amount of time people in the UK spend preparing the main meal of the day has plummeted, from over an hour in the 1980s to less than 15 minutes today. Eating well is all about making food choices that work for you and your family, but keep a few easy guidelines in mind, to save time and feel great:

- n **Get the balance right by including foods from at least three of the four main food groups at each main meal:**
 - u *Fruit and vegetables (fresh, frozen, canned, dried or pure juice). Aim for 5 a day.*
 - u *Starchy food (go for wholegrain) such as potatoes, rice, pasta and breads.*
 - u *Small portion of lean meat, fish, poultry, eggs, beans, nuts or tofu.*
 - u *Milk and other dairy foods (or calcium-enriched soya).*



www.bdaweightwise.com

n **Plan ahead for meals.** Time spent thinking about food to buy, before you go shopping, and writing a list, is time well spent; get it right and you'll avoid wasting time on extra trips to the shops

n **Keep a stock of basic foods in the cupboard or freezer so that there is always an easy meal at hand (instant mashed potatoes, frozen vegetables and tinned fish makes a quick and easy fish pie)**

n **If you need to choose a ready meal – check out the fat and salt content – go for the lowest and add a supersized portion of vegetables (canned or frozen is fine).**

GrEAT tips on a budget

Eating well doesn't have to cost a lot, and can be just as healthy. Basics can be inexpensive and a few pennies can help a meal for two stretch to a healthy feast for four.

Try out these tips:

- n **Buy foods that are in season, and shop around for the best value**
- n **Choose leaner cuts of meat for stews, chilli and curries, and add a handful of pulses (beans or lentils) to make them go further and keep all of the flavour**
- n **Go shopping with a list and plan meals ahead**
- n **Cooking for one? Buy enough for four and freeze the extra in single-portion for another day.**

Work it out!

Working takes up a big chunk of the day for most people, but it's easy to be weight wise at work.

Making small changes to what you eat, and how active you are, at work can really make a difference to health and well-being:

- n **Make time for regular balanced meals, including breakfast**
- n **Be more active more often – build up to 10000 steps /day**
- n **Supersize your fruit and vegetables**
- n **Make healthier choices at breaktimes**
- n **Downsize high calorie food and drinks.**

Weighing things up

Obesity – all of the evidence points to the excess pounds adding up to major health problems. Obesity is linked with the three biggest killers in the UK: heart disease (CHD), diabetes and cancer. In fact, obesity is soon expected to be the greatest avoidable cause of cancer after tobacco. On top of all that, crippling osteoarthritis, high blood pressure and depression have all been associated with excess weight.

Slimming down to size

Even if it is only dropping one dress size, or tightening the belt on your trousers by just a notch or two, there are massive health gains to be had by starting to lose a few excess pounds:

Waist up to size

Waist size is an easy way of deciding whether you are at greater risk of developing diabetes: central obesity is linked with higher risk of developing cardiovascular disease too. Measure your waist and compare to this table to see how risky your waist is:

Waist measurement	At risk	High risk
Men	94cm (37")	102cm (40")
Asian men	90cm (36")	
Women	80cm (32")	88cm (35")
Asian women	80cm (32")	

Blood pressure is reduced, lowering the risk of stroke and heart disease, blood sugar control is easier to manage for people with diabetes, cholesterol levels may be reduced, joint pain eases as there is less pressure on weight-bearing joints (hips and knees), confidence and self-esteem start to soar to new heights.

Are you ready to change?

Getting heavier, and even becoming obese, doesn't happen overnight, and it is unrealistic and unfair to expect miracles when you decide to lose weight.

The first step is to make a commitment to change. The British Dietetic Association (BDA), the professional association for dietitians in the UK, has developed a free, interactive website www.bdaweightwise.com with a stage-by-stage strategy to support efforts to achieve a healthy weight.

Here are a few key tips from dietitians:

- n **Keep a food diary (try to be totally honest with yourself)**
- n **Eat regularly and don't skip meals (see the box for healthy snack ideas)**
- n **Eat fruit and vegetables at every meal**
- n **Try to limit sweet and salty snacks**
- n **Plan meals ahead**
- n **Move more!**
- n **Get support from people**
- n **Check your weight**

Remember, the best way to lose weight and keep it off is by combining a healthy reduced energy (calorie) intake with doing more regular activity.

If you have a lot of weight to lose, or have an ongoing medical condition, discuss this with your doctor before making changes.

Snack ideas

- n Handful of dried fruit
- n Low-fat yoghurt
- n Small packet (25-30g) unsalted nuts or seeds
- n Toasted teacake with low-fat spread
- n Bagels or oatcakes with

Dr Frankie Phillips is a Registered Dietitian and Public Relations Officer with the British Dietetic Association.

Know Your Nutrition?

Think you know your nutrition? Take the eDiets quiz and test your knowledge!

eDietsUK
www.eDietsUK.com

Q1. Choose all that apply. Cholesterol is found in:

- a) Margarine b) Butter c) Avocado
d) Meat e) Cheese f) Eggs g) Prawns

A1. Dietary cholesterol is only found in animal products, including meat fish, dairy and eggs. Margarine and avocado are cholesterol-free. Your body also makes cholesterol, which is necessary for it to function normally. Eating foods high in dietary cholesterol doesn't necessarily give you high blood cholesterol.

Q2. How many portions of fruit and vegetables should you aim to eat each day?

- a) None b) 3 c) 5

A2: You should try to eat at least 5 portions of fruit and vegetables

Q3. Which has the most sugar?

- a) Shreddies b) Bran Flakes c) Weetabix

A3. Branflakes contain a massive 22 grams of sugar per 100 grams compared to 10 grams in Shreddies and 4.7 grams in Weetabix.

Q4. Which food has the most saturated fat?

- a) Coconut b) Sausages
c) Butter

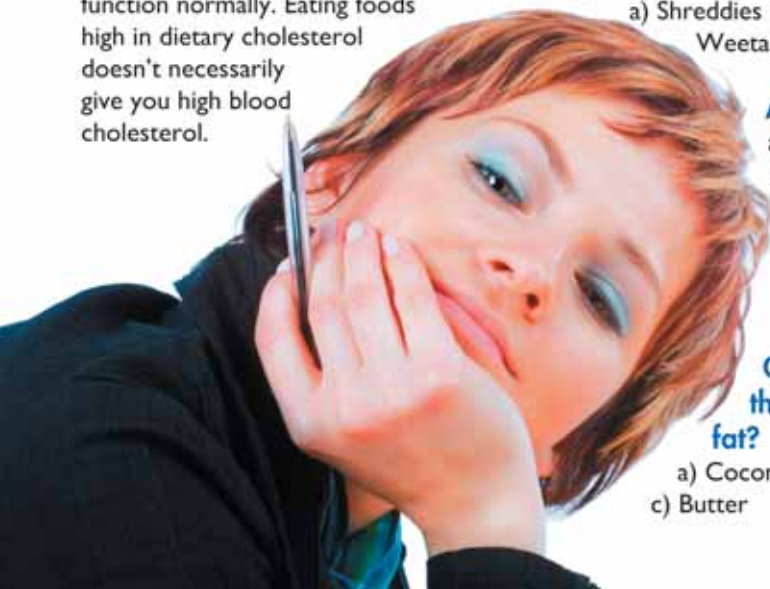
A4. Butter contains the most saturated fat (54 grams per 100 grams) but it is followed by coconut, which contains 31 grams per 100 grams. It is very unusual for vegetable foods to contain saturated fat so be careful of this hidden danger!

Q5. How many portions of dairy foods should you eat each day to meet your needs for calcium?

- a) 1 b) 2-3 c) 3-4

A5. You should try to eat 3-4 portions of dairy products a day to ensure an adequate calcium intake.

For more information, and to get a personalised weight loss / healthy lifestyle plan for you, visit us online at www.eDietsUK.com



Surgical Treatment to Help with Serious Weight Loss

Alberic Fiennes BSc MB MS FRCS

The Energy Balance

The principle behind the use of surgery to help the seriously overweight achieve and maintain serious weight loss is the energy balance:

Energy Intake (food) =
Basic Metabolic Rate +
Exercise Energy +
Storage (fat)

For a patient to lose weight the energy balance must be negative: daily intake must be less than the daily need. Although many overweight people believe they have a slow metabolism, laboratory measurement on them always shows the reverse. Drug therapy to alter basic metabolic rate is currently either dangerous,

unlicensed or of very limited effectiveness.

In principle, weight can be lost through exercise, but Nature provided fat as a very efficient energy store (1kg of fat tissue supports 7 working days as a road digger). Although exercise is generally healthy, many overweight people find it painful, or their heart and lungs cannot support it, or they are embarrassed to exercise in public.

The only remaining possibility is to restrict energy intake. Surgery is one way to do this that has been proven to work.

Types of operation

In terms of surgery to induce negative energy balance, it is important to distinguish between malabsorptive bypass procedures and gastric

restriction surgery. Because of longterm biochemical problems the usefulness of the former is limited, but they may be appropriate in some patients.

Gastric restriction surgery limits unselectively the amount of food that can be eaten and has few biochemical complications. However the well established standard operation of Vertical Banded Gastroplasty (VBG, "Stomach Stapling") is associated with a high incidence of severe gastro-oesophageal reflux, is prone to calibration error (too much or too little weight loss) and is an irreversible "mutilation" of the stomach. Patients can also rupture the staple line with disastrous consequences.

It has been widely supplanted by the innovation of Adjustable Gastric Banding (AGB). As in VBG, a small stomach pouch is created to accept a little food and send early signals of fullness. Its effect depends on the smallness and speed of emptying into the rest of the stomach. However, in this case the band is passed round the outside of the entire upper stomach, which is not cut or altered. Within the band is a ring shaped balloon, connected to a small inflation chamber / reservoir implanted under the skin. This enables the outlet of the stomach pouch to be varied according to the patient's eating behaviour and energy balance. The procedure is reversible and leaves some self-determination. Indeed it requires the patient's co-operation in changing eating behaviour. The band is placed laparoscopically (by "keyhole surgery") and as a result patients rarely require intensive care after the operation and leave hospital after 1 – 2 days.

Risks and Alternatives

The operative mortality of AGB is an order of magnitude lower than for any other weight loss surgery at 0.1% -



0.2%. Although my colleagues and I evaluate patients extremely carefully to make sure there are no unknown special risks in any individual, the operation is not suitable for everyone. Severe reflux occurs in 5% and 5 – 10% of patients may eventually require band removal for a variety of reasons. Among these are the consequences of overtightening (Forsell et al, Obesity Surgery, 1997;7,345-351). We seek to avoid this in meticulous follow-up. About 65% excess weight is lost, maintained at 5 years. Some patients do even better than this, but for others Proximal Gastric Bypass (PGBP) is a better option which we offer selectively. The operation is also undertaken laparoscopically. It is not malabsorbative for calories and combines restriction with appetite reduction. The published operative mortality is 0.5% - 1%, but there are few long-term problems.

Need for psychological support

Because many patients who are morbidly overweight derive psychological gain from eating, it seems incorrect – and is contrary to accepted best practice – to offer surgery without lifestyle and psychological support. My own patients are seen by a consultant psychiatrist and agree to be bound by a therapeutic contract – 1) as to the suitability of surgery as a treatment for them and 2) on the degree of psychological support they may need afterwards. These arrangements are intended to protect patients from enthusiastic but inappropriate treatment and to ensure the best long-term outcome for them.

Realistic aims and targets

Patients may expect to lose an average of 0.5 to 1kg per week and sustain this rate of weight loss for up to 100 weeks. There will be ups and downs, for which the adjustability of the band provides a means of compensation. This rate of weight loss allows the body to adjust its demand for food to a new body mass, so that patients are not plagued by hunger in the way they are during the latter half of dieting regimes. In order to stay at their new lower weight, patients have to remain on a lower food intake than they had

when they were overweight. The treatment is only suitable for patients who want some external help in their efforts to lose weight by eating less. It will not help patients who want to be “made to lose weight”. The band is usually left in situ for life, but its release is easily achieved and surgical removal is possible.

Diet

This treatment is not a diet, it is a lifelong commitment to eating less.

For the first 2 weeks after surgery the patient is restricted to liquid diet only to allow the band to settle into secure scar tissue which helps avoid slippage. In the 3rd and 4th week progressively more solid purees can be introduced. By the end of the 4th week solid food can be started. The patient must not eat once they feel full up. Initially the band is not inflated, but patients usually lose some weight nonetheless. This weight loss stops at about 4 weeks, at which point the band is partially inflated. Weight loss is carefully monitored and another adjustment may be needed some weeks later. Despite the initial period on liquidised food, the long term aim is for patients to eat small quantities of normal, solid food, filling the mealtimes they share with others. Because it dwells in the pouch, this kind of food helps with weight loss, whereas pureed food impedes it.

(Further information from agfiennes@btinternet.com or info@stanthonys.org.uk)

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Obesity Surgery

Mr Roger Ackroyd FRCS

Obesity is increasing at an alarming rate, particularly in the Western World, where it has become something of an epidemic. It is now a major health issue world-wide and many governments, including our own, see it as a priority to try to combat the problem.

Obesity is defined and classified according to the individual's BMI (body mass index), which is calculated as follows:

$$\text{BMI} = \frac{\text{Height (m}^2\text{)}}{\text{Weight (kg)}}$$

The categories of obesity are as follows:

BMI	Class of obesity
<20	underweight
20-25	normal
25-30	overweight
30-35	obese
35-40	severely obese
>40	morbidly obese
>50	super obese
>60	super, super obese

Individuals with a BMI > 35kg/m² have a mortality rate at any given age double that of someone with a healthy BMI of 20-25kg/m². Many medical complications may arise as a direct consequence of obesity, including arthritis, hypertension, diabetes, ischaemic heart disease, respiratory disease and cancer (breast, uterus, cervix, ovary, prostate, oesophagus, colon and rectum).

In the UK, the problem of obesity is spiralling out of control. In 1995, 15% of men and 16.5% of women were overweight and in 1998, 0.6% of men and 1.9% of women were morbidly obese. However, these figures are increasing all the time.

There are a number of ways to treat obesity, including diet, exercise,

behaviour therapy and drug treatment (with orlistat or sibutramine). However, surgery provides the most effective and permanent means of achieving weight reduction in morbidly obese people.

In 2002, the National Institute of Clinical Excellence (NICE) published guidelines on obesity surgery. Surgery is now recommended for all patients with a BMI > 40kg/m² or those with a BMI > 35kg/m² and at least one co-morbidity (e.g. diabetes, hypertension, heart disease, arthritis, etc.), who have attempted all other means of weight reduction.

Based on these guidelines, it is calculated that, for example, for a city the size of Sheffield with a population of around 500,000, there are 1000 men and 5000 women who meet the criteria for surgery and for the whole of the country there are around 1 million people who may benefit from such surgery.

Many different operations have been employed for weight reduction in the morbidly obese. The commonest two operations for obesity are as follows:

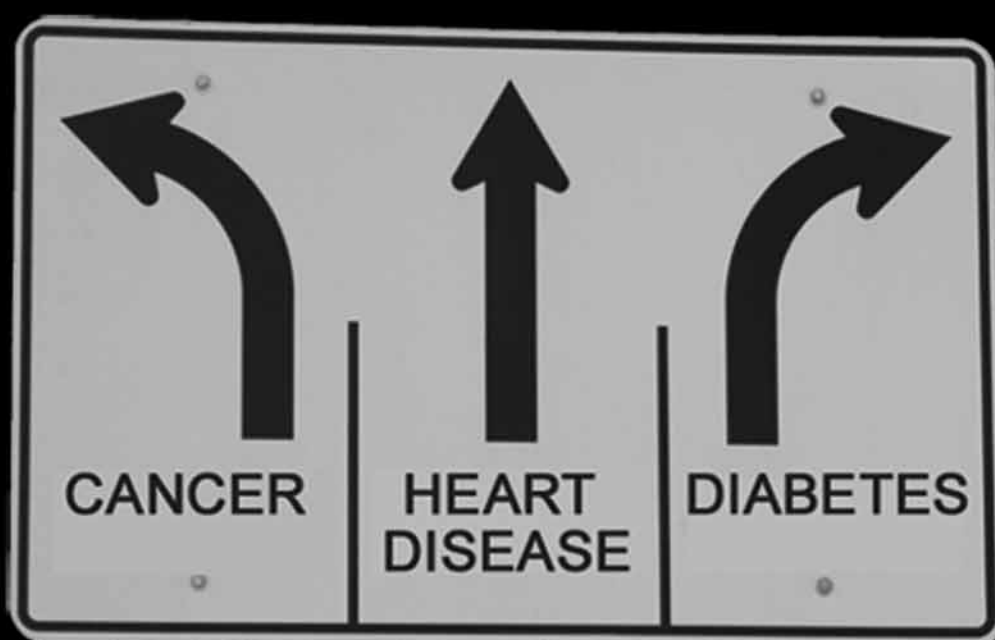
Laparoscopic gastric banding: This procedure works by restricting the amount of food the patient can eat. In this operation, a small pouch (volume 15-20mls) is created in the upper stomach by the placement of an inflatable silicone band around the upper stomach. This is performed by laparoscopic surgery and the band tightness is adjustable, as it is connected to a small reservoir placed beneath the skin over the ribs or sternum, which can be accessed and inflated/deflated by a needle through the skin. As the patient eats, the pouch quickly fills, producing a sensation of fullness, and then it slowly empties through a narrow opening into the rest of the stomach. It is particularly useful for the patient who eats large meals, i.e. the so-called volume eater. The weight loss that can be expected following this type of surgery varies

from patient to patient, but as long as the band is appropriately adjusted, very significant losses can be achieved. The weight loss tends to be more gentle than with other types of procedure, but by eighteen months to two years after the operation, there is no reason why the patient cannot achieve an ideal weight. As it is minimally invasive and neither the stomach nor the intestine are divided, it is a very safe procedure.

Roux-en-Y gastric bypass: This operation works in several ways to achieve weight loss. As well as restricting the volume intake, it also leads to a degree of malabsorption by bypassing the stomach and upper small bowel, and may produce light-headedness if the patient ingests sweet foods ("dumping"). In this technique, the stomach is stapled just below the gastro-oesophageal junction, to form a small pouch (volume 15-20mls) and a loop of bowel is then brought up and joined on to the pouch, using a so-called roux-en-Y reconstruction technique. This is undoubtedly the most effective weight reduction operation, especially in patients who are sweet eaters or who nibble in between meals. It is also usually the procedure of choice in patients with a BMI > 50kg/m². This operation can be performed by either open or, in suitable patients, laparoscopic surgery. The weight loss that can be achieved with this type of surgery is dramatic and rapid, with the patient often achieving their target weight in less than one year following the operation. It is a bigger operation than banding, with more potential complications, although this too is now being performed using minimally invasive ("key hole") techniques, which may help to reduce some of the complications.

*Mr Roger Ackroyd FRCS,
is Consultant surgeon,
Royal Hallamshire Hospital, Sheffield.*

Severely Overweight?



Are you heading in the
wrong direction?

Call 0800 7 83 03 03

www.obesitysurgerydirect.com



Note: Severely Overweight and related health risks refer to persons with a Body Mass Index (BMI) of 35kg/m² and over. For example: height 5'7, weight 16 stone. BMI = 35kg/m²

Commit To Get Fit This Summer

Gyms throw open their doors to the public!

As concern about obesity levels and inactivity grows, hundreds of health and fitness clubs and leisure centres will be throwing open their doors to the public this summer, in an attempt to get Britain more active.

'Commit to Get Fit®', sponsored by BUPA and run by the Fitness Industry Association (FIA), is a campaign designed to encourage people to take the first steps towards a healthier lifestyle.

The campaign, endorsed by the NHS, will see over 500 health clubs and leisure centres offering short-term trial memberships this summer. Up to 100,000 people will take the Commit to Get Fit challenge and make an investment in their long term health and wellbeing. The campaign, which is now in its 14th year, launches on July 1, 2005.

It is widely recognised that the United Kingdom is facing an obesity epidemic. For the first time ever, due to poor health, there is a real possibility that children may have a shorter lifespan than their parents.

In a report entitled 'At least five a week', the Chief Medical Officer, Sir Liam Donaldson said:

"People who are physically active reduce the risk of developing major chronic diseases, such as coronary heart disease, stroke and Type 2 diabetes – by up to 50% and the risk of premature death by up to 20-30%. The annual cost of physical inactivity in England is estimated at £8.2 billion – including the rising costs of treating chronic diseases such as coronary heart disease and diabetes. This does not include the contribution of inactivity to obesity – an estimated further £2.5 billion cost to the economy each year."

"Being active is no longer merely an option. It is essential if we are to live healthy and fulfilling lives into old age."

The Government is acutely aware of the need to tackle the obesity time-bomb. Commit to Get Fit, is strongly supported by the Government and endorsed by the NHS, who see it as a

key component of their strategy to get more people, more active, more often.

Will Collinson, FIA Campaigns Manager says: "The deteriorating health of the nation is a serious issue. Commit to Get Fit is a fun, inspirational campaign that will encourage people to adopt a healthy active lifestyle. The summer is the time of year when people want to look and feel their best and Commit to Get Fit is an ideal way to kick start your health routine, ensure you feel fabulous, whilst also sowing the seeds for a fitter future!"

Commit to Get Fit has attracted a host of celebrity support over recent years. Sporting heroes such as Daley Thompson, Seb Coe, Sally Gunnell, James Cracknell and Sue Barker have supported the campaign, along with stars from the world of entertainment including Arnold Schwarzenegger, Anthea Turner, Patsy Palmer, Chris Moyles and Jon Culshaw.

BUPA Insurance is looking forward to sponsoring Commit to Get Fit this summer. Penny Howard, BUPA marketing and development manager, says: "BUPA is dedicated to health and care and we believe that Commit to Get Fit is a great way for anyone wanting to improve their health to increase their exercise in a fun and encouraging environment."

Commit to Get Fit has also generated over £1 million for charity and in 2005 the fundraising aspect will be equally as important. The official charity for Commit to Get Fit 2005 is The Cystic Fibrosis Trust (CFT). Cystic Fibrosis is the UK's most common life-threatening inherited disease and affects more than 7500 babies, children and young adults. Cystic Fibrosis (CF) clogs the lungs and digestive system with a thick sticky mucus. This makes it very difficult to breathe and digest food. At present there is no cure for CF, but the faulty gene has been identified and doctors and scientists are working to find ways of repairing or replacing it. The CFT is the UK's only national charity dedicated to all

aspects of CF. The Trust funds medical research to treat and cure CF, and the development of care in hospitals across the UK and provides information, advice and practical support for families living with this devastating disease. So by taking part in the campaign, you will not only be looking after your own health, but supporting the health of other people.

All the fitness facilities that take part in Commit to Get Fit are members of the Fitness Industry Association and follow a Code of Practice that covers health and safety, staff training and customer care. By making sure you use an FIA accredited gym, you can ensure that it is reputable, complies to set performance standards and is recognised by the trade body. In an FIA accredited club staff will do everything they can to ensure the facilities are well maintained and that you are well looked after and made to feel welcome.

If you are interested in taking part in the Commit to Get Fit campaign, then visit the Commit to Get Fit website www.committotofit.com, or text the word club followed by a space and your postcode to 60040 to get details of your nearest participating sites.



a **used**
trainer
is a
happy
trainer

To learn about trial memberships at participating health clubs/leisure centres in your area please visit

www.committorgetfit.com
or text the word club followed by a space and your postcode to 60040

(50p for up to 3 clubs' details plus your normal text charge)

Active Play and Health

Today there are fewer opportunities for active play than in the past - fewer urban play spaces, less school time devoted to play and sport, fewer playmates at home. This contributes to the sedentary lifestyle of young people and the problems, such as obesity, that may accompany it. Encouraging active play and participation in sports is vital for our children.

Obesity is more than just a cosmetic concern. Childhood obesity has been linked to health problems, including diabetes, cardiovascular disease, high blood pressure, high cholesterol, joint disease, and stroke.

Furthermore, obese children are often teased and psychological effects can include feelings of inadequacy and low self-esteem. Children only become 'couch potatoes' when adults limit their access to outdoor play and allow children to spend excessive time with a television or computer.

If obesity is the problem, play may be the solution

Young animals living in an environment with a surplus of food rarely develop obesity - they simply play more.

"Animals play so that they burn up



*energy that might otherwise be stored as fat... making them less susceptible to predators. If excess calories were not burnt off in play, the resulting obesity might impede escape through increasing fatigue, muscle strain, inability to enter narrow spaces.... Moreover, because play activity raises basal body temperature, it could decrease the young's susceptibility to cold stress and pathogens."*¹

Children burning calories in play on a playground are more likely to maintain a healthy weight. Cardiologists recommend that children get 30 minutes of vigorous cardio respiratory exercise at least three times a week.

Active free play can lead to improved academic performance. Providing children with play breaks during the school day maximizes their attention to cognitive tasks. "The idea that all types of play - from fantasy to rough-and-tumble - have an important, if not critical, role in child development has not received much attention from mainstream child development researchers", says child psychologist Anthony Pellegrini.²

Rough-&tumble play

Professionals need to be careful not to label a child as "aggressive" simply because he or she prefers active, physical play. Given many children's interest and enjoyment in rough-and-tumble play, opportunities should be provided for this type of play as well. Such play contributes to motor development, overall physical fitness and possibly cognitive development.¹ Girls who engage in active play as children are more likely later to be involved in sport.³ Adults, including the elderly, benefit as well from active play. They feel better and are more fit than those who play less.⁴

Encouraging active play

The health benefits of active play have been well documented. However, children who are shy, obese, or not well-coordinated will need encouragement. Toys, playground and sports equipment should be chosen so that they are easily accessible to physically challenged children but still be exciting.

n Provide different play opportunities for structured games, creative play, water and sand play, quiet play and shared open space;

n Provide ambiguity to stimulate fantasy play, loose parts for creative and cognitive play, balls and games to foster social play;

n Provide stages of difficulty so that children can choose appropriate challenges.

Some toys that encourage active play

Toys marked with an asterisk* are suitable for indoor play: balls, push-pull-alongs*, hobby horses*, building blocks, construction toys*, stacking toys, ride-ons*, scooters, swings, climbing frames, yo-yo's*, frisbees, hula hoop, sliding boards, dance mats*, active games such as Twister*, skates, cycles, pogo sticks, trampolines, garden tools, stilts, sports equipment, simulated sports games connected to TV or VCR*.

"Active Play and Health" has been edited from an informative leaflet of the same title, published in 2005 by the National Toy Council. The National Toy Council is concerned with child welfare and promoting a sensible attitude towards toys and play. Its members include representatives from the medical profession, academia, the press, television, the world of child safety, charities, retailing, the Trading Standards Institute and the British Toy & Hobby Association. All of the National Toy Council's leaflets can be seen on the internet at www.btha.co.uk

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ASSOCIATION

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play

make time for
toys



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mentally, physically, educationally,
emotionally and socially**

Choose and use toys safely – Look for the Lion Mark



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Working In Partnership To Effectively Manage Obesity

Pressure is increasing on all healthcare providers to develop effective weight management strategies and with resources limited and capacity under pressure, Primary Care Organisations are starting to turn to commercial weight loss organisations for advice, help and support.

This was endorsed by the House of Commons Health Committee Report on Obesity published in May 2004, which recommends that the NHS looks for help from commercial slimming organisations. The NHS is acutely aware of the significant health and financial impact of obesity. The big question is what can be done about it? Working with the right commercial weight loss company can expand local weight management capacity, whilst ensuring patients are seen by highly trained, professionally qualified fitness instructors who have undergone accredited nutritional training.

One PCT – Sutton and Merton has decided to team up with one of the leading commercial weight loss organisations - Rosemary Conley Diet and Fitness Clubs, to investigate if the referral of patients to commercial classes is an effective method for the NHS.

Of course, each of the leading commercial weight loss organisations has a slightly different approach and it is important to choose an organisation that you are comfortable with. One consideration should be that the people running the commercial classes are sufficiently qualified. All Rosemary Conley teachers are professional fitness instructors, with an OCR qualification to teach exercise to music.

In addition, each instructor is required to attain the Certificate in Nutrition and Weight Management; a course developed exclusively for Rosemary Conley instructors under the direction of Dr Susan Jebb, an eminent Nutrition Scientist and Chair of the Association for the Study of Obesity. The course has been accredited by Chester College, a College of the University of Liverpool. This all means that the simple, healthy eating plans that form a key part of Rosemary Conley diets are likely to fit well with the advice being given by health professionals to their patients.

According to Deborah Norman a State Registered Dietician and Health Improvement Manager for Sutton and Merton PCT: "Rosemary Conley classes are approved by a well-recognised

nutritional expert and give the same good advice about healthy eating that we would provide at the PCT. They also include an exercise component, which is something that we highly recommend. We had to make sure that any organisation we asked doctors to refer patients to was giving the same messages that we would give to patients."

The Rosemary Conley organisation is unique in the way that it includes an exercise session in every class. Members take part in a 45-minute exercise to music session in class, and are encouraged to build extra activity into their daily lives. This activity session caters for all levels of fitness; obese patients who have been inactive for sometime will initially do gentle, low intensity movements and walking on the spot, resting whenever necessary.

Ultimately of course, the goal of any partnership with a commercial agency should be to achieve sustained weight loss. Contrary to media reports that 95% of dieters regain all their weight, research carried out by Rosemary Conley Diet and Fitness Magazine showed that only 7% of Rosemary Conley dieters featured regained all their weight. After an average of two years from losing weight, the dieters had still lost, on average, 4 stone, after originally losing 5st 9lb.

The Rosemary Conley organisation is keen to work with other Primary Care Organisations to help in the delivery of effective and cost-effective weight management services for NHS patients. For more details please contact Linda Dale on 01509 622029.





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Rosemary Conley Diet and Fitness magazine - for diets that work, expert support and advice and the latest in health and nutrition – only £2.30!



Our online slimming club, www.slimwithRosemary.com could provide an effective support programme for your patients to make lasting, healthy changes to their lifestyles

We have the weight-loss solution to suit your patients!

TEL 01509 620222 or VISIT www.rosemary-conley.co.uk

Tackling Obesity in Primary Care:

working in partnership with the commercial slimming sector

Jacquie Lavin & Amanda Avery

Obesity must be regarded as one of the most important preventable challenges to health in the UK. Prevalence has trebled in the last 20 years and currently 21% of adult men and 24% of women are classified as obese.¹ Obesity is a major risk factor for many health problems. Risk of coronary heart disease, stroke, type 2 diabetes and certain forms of cancer increase with increasing body weight.² However, even modest reductions of 5 to 10% of initial body weight, if maintained, can reduce such risk.³ Contemporary best practice weight management programmes should aim to achieve and maintain healthy weight loss rather than 'ideal' body weight. Guidelines for obesity treatment recommend, for the majority of people, a combined approach including dietary change, increase in physical activity, behaviour change and, importantly, frequent and ongoing support to sustain lifestyle changes.⁴

The highest proportion of overweight and obese individuals occurs in the lowest socio-economic groups. This is of great concern to those delivering health through the NHS:

'We can get the biggest health gains by focussing on disadvantaged groups and areas, because that is where the burden of morbidity and mortality lies. Disease which could have been prevented through diet and exercise or which remains undiagnosed will present at a stage where costly drugs are needed and outcomes will be poor. And there are also health dividends from working with partners running services which impact on health such as Sure Start, housing improvement, education and basic skills, to name but a few.'
(Sir Nigel Crisp, NHS Chief Executive, April 2004: Delivering a healthier life for all through the NHS.)

Weight management programmes which help to close the gap between different population groups are needed, therefore. But, given the scale of the problem, it is unlikely that health service resources will be available to provide adequate advice and support to all patients at risk of suffering adverse health consequences. Current recommendations and clinical guidelines advocate a joined-up approach across government departments, professions and local organisations in order to make an impact on the population's escalating weight problem. Commercial slimming organisations have been identified as one such partner.^{4,6} The commercial sector has a well-established approach to helping people lose weight and a robust infrastructure to support and train group facilitators within community settings.

Slimming on referral

Slimming on Referral is an opportunity for partnership between local primary and secondary care teams and Slimming World, the UK's leading weight management organisation, established for 35 years. Slimming on Referral was pioneered by Slimming World and Southern Derbyshire Health Authority in 2001 and is now available as a nationwide service. It offers a practical and cost-effective solution to the problem of providing patients with effective, lasting support for weight management. It provides health practitioners with a means of referring patients to local Slimming World groups at a subsidised cost to the NHS for regular support with their weight management.

Slimming World groups are managed by highly trained Consultants who guide and support members week after week in making, and continuing to make, changes towards healthy eating

and physical activity to improve overall health and fitness. Those changes are in line with current recommendations. With individual guidance in a warm and caring environment, Slimming World members rebuild their self-confidence and develop the practical skills needed to implement and sustain change. Groups focus on realistic weight change not 'ideal' target weights and members choose their own personal achievement targets.

Evidence base for slimming on referral

A collaborative study between Greater and Central Derby PCTs and Slimming World was set up in 2001 to investigate the potential of partnership between Primary Care and Slimming World as an option in the successful treatment of obesity at a local level. The role of NHS subsidies, particularly in an area of low income, was investigated.

Two inner city practices recruited 107 obese patients, who were provided with free vouchers to cover membership and 12 consecutive weeks' attendance at a local Slimming World group. Training was given to practice and Slimming World staff to ensure smooth running of the scheme. It was imperative that people attending Slimming World groups through the scheme were not be made to feel in any way different from current group members. Patients were encouraged to stay in the programme after the 12-week subsidised study period, at which point they became responsible for paying weekly group fees. The Primary Care team reviewed patients at 3 and 6 months.

Results

Average BMI of participants was 36kg/m² (range 30-47) and 11% had

A powerful, practical partnership

Slimming
on referral

Too many patients – not enough resources?



Slimming on Referral is an evidence-based service from Slimming World. It fulfils your needs as a health professional in striving to deliver a healthy weight management plan to your patients.

With 35 years' research and practical experience to draw on, the Slimming World approach is based on a deep insight into the problems and treatment of overweight, and represents the very best practice in group support and behaviour modification.

Tackle obesity – get a partner

- ✓ **An evidence-based service***
Slimming on Referral has been developed over four years, while working with Primary Care Trusts.
- ✓ **A cost-effective option**
Cost to the practice is subsidised by Slimming World and is lower than other obesity therapies such as medication.
- ✓ **Equality of access**
Free patient membership helps to close the health gap between different population groups.
- ✓ **A sustainable approach**
Evidence shows that frequent and sustained support is key in long-term success.
- ✓ **A supportive partnership**
Slimming World provides training in service co-ordination and regular audits of patient outcome.
- ✓ **Community-based support**
An established network of 5,500 slimming groups nationwide
- ✓ **Long-term financial benefits**
Slimming World members report improvements in health and reduced need for medication.

To get your scheme started

Call **Amanda Avery** B.Sc. (Hons) Ad Dip Diet. R.D.
Partnerships Co-ordinator
on 01773 546066
or email amanda@slimming-on-referral.com

*To get your copy of our full report

call **Sally-Ann Davis**
on 01773 546025 or email
sallyann.davis@slimming-world.com

Further information on
Slimming on Referral
is available on our website:
www.slimmingonreferral.com



Slimming
WORLD

together we can do it

diabetes. 91 (85%) of the 107 patients recruited enrolled with a Slimming World group. Of these, 68% completed the 12-week free attendance. The average weight loss of those completing 12 weeks' free attendance was 5.4kg giving an average 6.4% weight loss. After completing the subsidised attendance period 47 participants (76% of completers) decided to fund themselves to carry on attending the group. 34 participants (37% of those initially enrolled) continued to self-fund their attendance for the full 24 weeks of the study. Average weight loss over 24 weeks was 11.1kg, giving an average 11.3% reduction in body weight. Significant improvements in mental well-being were observed at both 12 and 24 weeks.

Costs

A comparison of the cost of the scheme with other obesity therapies and outcomes achieved, shows this partnership provides a highly cost effective approach to weight management. Membership and attendance at the Slimming World group for 12 weeks costs £44.50, whereas current drug treatment costs around £ 120.00 for the same period.

Why slimming on referral with Slimming World?

There are four main reasons for the success of Slimming on Referral:

- Bespoke training and familiarisation for practice staff from Slimming World before patients are offered referral;
- Midweek support for patients between groups as standard practice from their Slimming World group Consultant;
- A strong sense of belonging and affiliation between patient, fellow Slimming World members and their Consultant created by Slimming World's unique brand of group support;
- Food Optimising, a weight loss plan based on current nutrition principles which is easy to adhere to long term.

Support for partnerships

Feedback from patients and staff involved supports the efficacy of the partnership between the health sector and Slimming World.

"After a routine medical examination I was warned that my weight in serious danger of affecting my health. I was suffering from high pressure and was told I would be on tablets for the rest of my life. My GP invited me to take part in Slimming on Referral. After 3 months at Slimming World I lost a stone. I no longer need tablets for my blood pressure and have continued to attend the group."

Margaret Grimes, patient involved in the trial.

"Margaret's case is a real success story and an inspiration to others. Research shows that, with any kind of weight loss programme, people need support and regular contact. This scheme provides that and has been a huge success."

GP Dr Ruth Lenehan at Park Farm Medical Centre, Derby.

Further patient feedback (taken from the full study report⁷)

'I was grateful to go slimming through your scheme as being on a low income it is something difficult to budget for.'

'I was helped at a time when I had very low self-esteem and financial problems.'

'I probably would not have done any slimming without this offer, now I am only too happy to pay.'

Referral schemes need to target those individuals most at need of help. Collaborations have been established with various PCTs and also Sure Start schemes, which address the burden of obesity carried by lower socio-economic groups. In a speech to the Health Development Agency National Conference, Rt Hon John Reid MP, Secretary for Health, outlined the philosophical thinking which is behind such timely developments as Slimming on Referral:

'Now, more people are trying to control their health than ever before. Two thirds of smokers want to give up and struggle to do so. Millions of people try to go on a diet and millions more try to increase the amount of exercise that they do. People have got the ideas right. They know what the intellectual answer is. The problem is the doing of it....'

It is not just a matter of motivation. The millions of people trying - and failing - to improve their health are a signal of

this. They know what needs to happen, they try and try, but it is just too hard.

.....whilst this whole struggle depends upon individual motivation, Governments need to provide the support for people to improve their health.'

Recognition of the part support plays in public health could be seen as a hallmark of UK health management in the opening years of the new millennium.

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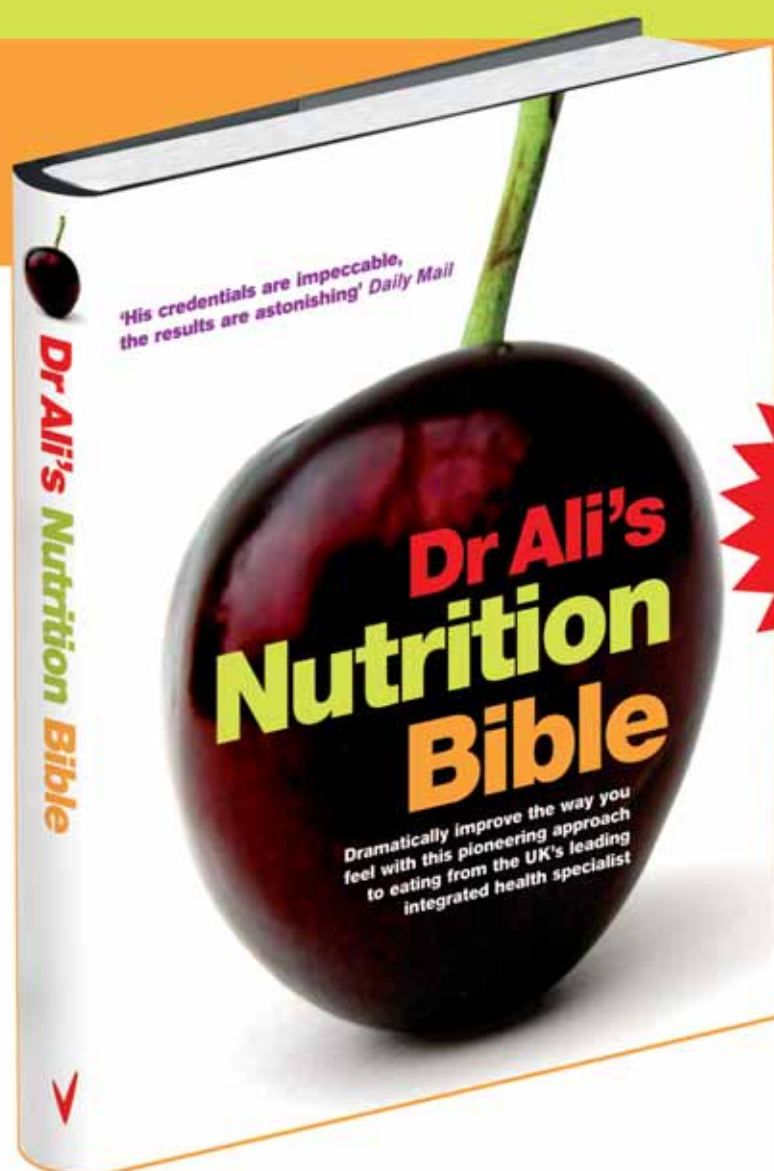
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Why Home Safety is Good for You

Ian Gordon, Home Safety Department, RoSPA

You may be surprised to know that you are more likely to suffer from an accident in your own home than anywhere else.

2.7 million people attend hospital Accident and Emergency departments every year for treatment of an accidental injury that's happened at home with around 4,000 dying as a result of their injuries.

So statistically, this makes our homes more dangerous than being at work or travelling in our cars.

Although the more vulnerable members of society – the very young and older people – do tend to account for the larger proportion of accidental home injuries, nobody is immune. So accidents can and do happen to everybody – no matter what your age or mobility level.

And although a lot of home accidents will result in just minor cuts, bruises and sprains, more serious injuries can and do result, meaning long term disability, or worse. This can affect life chances and the very quality of life itself. So home accidents are well worth avoiding.

The good news is that there is a lot you and your family can do, in and around the home, to make sure you don't have an accident and become an injury statistic. That's got to be good for your health

You can ensure that the accident odds are greatly increased in your favour by considering some common sense advice and spending a few moments considering how you can make your home environment safer and reduce the risk of an accident happening to you, your family or your friends.

It will only cost you a few moments of your time, but could just make all the difference.

The Royal Society for the Prevention of Accidents is one of the few organisations raising awareness and providing advice and guidance on Home Safety issues, promoting safer homes and helping to reduce accidental injuries and fatalities.

We have provided the following pages to reflect our belief that by helping people understand what causes accidents in the home, we can help them to take steps to avoid injury and improve their health and quality of life

General

Every home is at risk from fire and the **damage** and **injury** this can cause. Let's start with just **two small steps** that you can **take today** will help **protect you, your family, and your home.**

Firstly

Do everything you can to **prevent a fire starting** by making sure:

- n Matches and lighters are kept away from children.
- n Cooking is not left unattended.
- n Electric sockets are not overloaded.
- n Cigarettes are always properly extinguished.
- n You don't smoke in bed.

Secondly

Make sure that you have **fitted and working smoke alarms** on each floor of your home – and get into the habit of **testing the alarm once a week. Replace any worn out batteries** immediately. Your life may depend on it.

Have a **fire escape plan** so that you, your partner and your family all **understand** how to **get out quickly** and **safely** from the house if there's a fire.

And if the unthinkable happens to you: Get out, stay out and call the Fire Service out.

Room by room guide

Now, having taken those first important steps, you can next check your home, room by room, to see where the main dangers may lie and then take some easy steps to make sure you or your family don't get injured and become accident statistics.

It's unlikely, but none of the advice may apply to you. In which case, well done. Keep up the good home injury prevention work!

Alternatively you may feel there's just too much to think about - and even more to do.

Don't despair. The secret is to look at what you feel are the most serious safety risks - that loose piece of carpet at the top of the stairs or the missing latch on the garden gate which means the kids could maybe wander from the relative safety of the garden - and begin to put things right, one easy step at a time.

Before you know it, you will be well on the way to creating a safer and therefore healthier home.

So the following guidance is provided to help you identify what you may need to do, and help you, step by step, to reduce the hazards you have identified as the most risky in your home.

This should help reduce the likelihood of a visit to your local Accident and Emergency Department or an unplanned call to the doctors surgery, where you may be reading this home safety advice today.

934,478

Each year almost a million children need hospital attention following a home accident.

3,221

people were killed in road accidents in 2004 and 31,130 were seriously injured.

427

In 2002 427 people lost their lives through drowning.

235

Between 2003 and 2004 there were 235 fatal work-related injuries.

Source: www.rosipa.com and www.hse.gov.uk

How much would you give to stop accidents happening?

But these accidents don't have to happen. The Royal Society for the Prevention of Accidents has been leading the way in accident prevention for over 80 years. Through statistical research and close examination of the causes of accidents, RoSPA has helped to make our daily lives safer and healthier.

A registered charity, the Society collates information, provides advice, training and resources and works closely with the Government to improve health and safety in all areas of life; at work, at home, on the road, on or near water and at leisure.

By donating to RoSPA, you are investing in your future and the future of all of those around you.

How much would you give to stop accidents like these happening?

Donate to RoSPA – visit www.rosipa.com/aboutrosipa/donate

ROSPA
The Royal Society for the
Prevention of Accidents

Hallway and Stairs

As you enter your home, the entrance area and stairs should be free from clutter and well lit so you don't trip. Make sure:

- n **Carpets** are securely fixed and free from wear. **Rugs** on laminate or polished wood floors should have a **non-slip** backing.
- n **Stair gates** (BS EN 1930) are securely fitted at the top and bottom of stairways to **protect** young children from the **dangers** of falling.
- n **Handrails** and **banister rails** are secure, providing **support** and **protection** from falls.
- n **Children** are encouraged to regularly clear the area of **school bags, shoes and toys** to remove **trip hazards**.
- n Self-closing **fire doors** between levels are not removed or permanently propped open. They are designed to **provide protection** in the event of a fire and provide valuable minutes for you and your family to **escape** safely.

Kitchen

The kitchen is potentially one of the most dangerous areas of our homes as you have probably guessed. Make sure:

- n **Sharp knives** and scissors are not left accessible and unattended but stored **out of the reach of children**.
- n **Floors** are kept clear with no **loose mats**, tiles or thresholds to **trip** over.
- n **Cooking** and **ironing** is **never** left **unattended**.
- n **Burns** and **scalds** are avoided by always using the **back rings** on a **cooker** or hob first, positioning the pan handles so they can't be pulled over. Keep hot drinks away from young children.
- n **Household cleaning materials** are not stored under the sink but at high level, along with **medicines**, out of sight and **out of reach** of small children.
- n **Flexes** from kettles, toasters and mixers don't hang over the work

surface for children to pull on or others to knock accidentally.

- n **Spilt liquids** are **mopped up** immediately and floors kept free from clutter.
- n **Light bulbs** are **changed safely** without risk of falling by using a **stable step stool**. **Avoid** using **old** chairs to climb on and seek help if you need it.

Living Room

The room where we spend most time and could be the location where most accidents could happen. Make sure:

- n **Gas, oil, or solid fuel heating appliances** should be professionally **serviced once a year** and **chimneys swept** to **reduce** the likelihood of household **fires** and **carbon monoxide poisoning** arising from **faulty flues** or equipment.
- n All **fires** and heaters have a **guard** (BS 8423) **securely fitted**.
- n **All curtains, clothing and furniture** are kept well away from **heat sources**, including **candles**.

n **Candles** are used in stable **holders** and **never left unattended**. **Tea lights** can be particularly **hazardous** if left on a combustible surface.

- n Any glass in furniture is safety **glass**.
- n **Babies** are **never held** while you are **drinking a HOT** cup of **tea** or coffee. Hot drinks can **scald 15 minutes after** being made.
- n There are no trailing flexes or **worn carpets** to trip over.
- n Electrical **sockets** are not **overloaded** with **too many** appliances.

Bathroom

Slips, trips and scalds can be avoided if you make sure:

- n **Baths** are filled by running the **cold tap first** THEN adding the hot water, Carefully **test the water temperature** before bathing, using your elbow or the back of your hand
- n **Children** are never left without **adult supervision**, during bathing or filling the **bath**.

n **Electrical appliances** are never taken into the **bathroom** as electrocution may result.

n **Non-slip surfaces** or **mats** are used in **showers** and **baths** so you don't slip. You should also consider a non-slip **floor** surface for the bathroom floor.

Bedroom

Although offering rest and relaxation, provide a safe environment and make sure:

- n **Furniture** is kept **away** from **windows** and restrictor catches fitted to **windows** to prevent **falls**.
- n **Medicines, cosmetics and fragrances** are securely kept out of sight and out of reach of children
- n **Electric blankets** are regularly **checked** for **wear** and **tear** and **replaced** if in doubt
- n **Lighting** is **adequate** and the floor **free from clutter** or loose rugs to **prevent trips**.

Garden and DIY

Gardens should also be places for relaxation and enjoyment, whilst DIY can be a painless and rewarding experience, but make sure:

- n You provide **safety rails** and **barriers** to changes in garden levels and making sure all **paths** and **steps** are level, stable and free from moss and vegetation.
- n **Garden and garage chemicals and tools** are securely and safely stored away from children.
- n **Accidental poisonings** or injuries are avoided by carefully following manufacturers' instructions when using **weed killers, adhesives and solvents**. Never transfer to alternative containers that could confuse and lead to poisonings.
- n **Garden ponds** are covered, fenced or, better still, filled in when young children are around. **Rainwater butts** should be securely covered.
- n **Water play** is always supervised - small children can drown in water as shallow as 3cm.
- n **Play equipment** is kept in good repair and play supervised.



RoSPA Home Safety Training

Every year in the UK, 3,000,000 people attend A&E Departments for treatment to an injury received in a home accident

RoSPA presents three one day training courses for voluntary and professional practitioners and anyone who has home safety as part of their remit.

Who should attend:

- Accident prevention officers
- Community care providers
- Home carers/child minders
- Voluntary care providers
- Environmental health officers
- Fire prevention officers
- Health promotion officers
- Teachers
- Health visitors
- Social workers
- Trading standards officers
- Home improvement agencies
- Age concern officers
- Sure Start officers
- Housing officers
- Nursery staff

Introduction to Home Safety

6th December 2005 – Birmingham

Older People – Safety in the Home

18th October 2005 – Belfast

24th November 2005 – Birmingham

Child Safety in the Home

4th October 2005 – Belfast

19th October 2005 – Peterborough

Duration: 1 Day

Fees: RoSPA Member £70 + VAT.

Non-member £85 + VAT.

Venues:

RoSPA House, Edgbaston Park, 353 Bristol Road, Birmingham B5 7ST.

Nella House, Dargan Crescent, Belfast BT3 9JP.
Butterfly Hotel, Thorpe Meadows, Peterborough PE3 6GA.

Yes – I would like to attend the RoSPA one day Training Course

Please send me more details on:

Introduction to Home Safety

Older People Safety

Child Safety

Details of 2006 courses

Name: _____ Position (if applicable): _____

Organization (if applicable): _____

Address: _____

Postcode: _____

Tel: _____ Fax: _____

Email: _____

For further information call Lyn Hall 0121 248 2137.

Fax back now on 0121 248 2001 or return to: Home Safety Department,

RoSPA, Edgbaston Park, 353 Bristol Road, Birmingham B5 7ST.

Alternatively, visit: www.rospace.com/homesafety/training

to obtain a booking form.

www.rospace.com



Items such as **trampolines** and **climbing frames** are installed and used in accordance with manufacturers guidelines and published **safety codes** and used under **adult supervision**.

Fences are safe and secure without footholds and garden gates fitted with catches that make them child resistant.

You don't use **electrical equipment** in the garden when it is wet.

You always use a **Residual Current Device (RCD)** with electrical equipment. It will cut off the electricity supply immediately if there is a fault.

Children are kept safely away whenever you are using **lawnmowers**, doing **DIY projects** or **household repairs**.

Ladders are checked for their safe condition and used at a safe angle (1:4)

You avoid **DIY accidents** by operating within the range of your **skills, ability** and **experience**. Always

use **personal protective equipment** including gloves, goggles, helmet, facemask and safety footwear, as appropriate to the task and follow **manufacturers' instructions**.

You **tidy** away garden or **DIY equipment** safely as soon as your task is finished.

Barbecues and **bonfires** are sited well away from fences, sheds and trees. Remember that **charcoal** can retain heat long after embers have ceased glowing, so be sure to fully **extinguish after use** and before disposal.

Supervise children all of the time.

So, we hope you have come through this wide-ranging list of advice, and perhaps identified some of the risks that you now feel confident to deal with and actually prevent an accident happening in your home? Well done.

The great thing is, it's all largely common sense and it's probably one of the best home improvements that you can make, for you and your family

– a safer, healthier home.

And it will only cost you a little bit of your time and energy. It's something everyone can invest in and enjoy the rewards of – a healthier, safer lifestyle.

Click:

www.rospace.com/homesafety

for your FREE printable download of the RoSPA "Home and Garden Safety Checklist" and make your

Alcohol has been part of civilisation for thousands of years. Enjoyed as intended, drinking alcohol can be compatible with a healthy lifestyle, may confer certain health benefits for some, and can aid relaxation. The vast majority of people who choose to drink, do so responsibly.

However, for some people having a good time means drinking too much, too quickly. Such inappropriate behaviour - drinking to get drunk in a short space of time - makes individuals vulnerable, risking harm both to themselves and their families. In the long run, it can also lead to serious health problems.

A challenge for all is to change the perception that society has come to accept such behaviour as the norm, with the Friday or Saturday night binge just part of growing up. While changing attitudes will take time, the Scotch Whisky industry is committed to playing its part to the full.

Scotch Whisky is a craft product made by longstanding traditional processes that have come to underpin its quality reputation. By law it must be matured for at least three years, and in many cases the spirit is matured for much longer. As a drink created only after years of maturation, we believe Scotch is a drink to be sipped and savoured; to be enjoyed responsibly.

The industry therefore welcomed the publication of the National Alcohol Harm Reduction Strategy in March 2004 as an opportunity for all stakeholders - government, producers, retailers, and the public health community - to work together to change attitudes to alcohol misuse. Our goal is to make irresponsible consumption as unacceptable in society as drink-driving.

We all have a role to play in making responsible drinking choices. Taking personal responsibility for how we drink, for example, is important - we should all feel able to refuse a drink if we so wish. And while individuals have a key role, distillers too are involved in a wide range of initiatives to encourage responsible enjoyment of their brands.

Labels now commonly show the units of alcohol contained in a bottle, giving consumers information to help



judge their consumption - a 25ml measure of Scotch Whisky will contain one unit of alcohol. To re-inforce this message, brands are also including messages such as 'Please enjoy responsibly' on labels and in adverts.

Better awareness of what is safe to drink on a daily basis also assists consumers make responsible decisions. Industry has, for example, backed a new website, www.drinkaware.co.uk, which provides information on the effects of alcohol and highlights that, for those that choose to drink, the government guidelines are 2 to 3 units a day for women, and 3 to 4 units a day for men. This recognises the latest evidence that it is preferable to drink small amounts of alcohol regularly rather than consume the same amount over a limited period.

The key to changing perceptions of drink-driving was hard hitting, public campaigns backed by government. We continue to believe that a similar high profile, long term approach is needed to tackle excessive drinking and we would encourage the government to work with industry to develop campaigns, such as those already successfully run by The Portman Group, that will make a difference.

Responsible marketing and promotion is fundamental to the industry's approach, with distillers rigorously adhering to the various codes of conduct that apply, from Ofcom's rules on broadcasting to The Portman Group's code on product packaging.

The Scotch Whisky industry is also going a step further by developing its own Code of Practice, specifically aimed at setting out minimum stan-

dards for the marketing and promotion of Scotch Whisky brands in the UK. This code will be backed by tough sanctions and an independent complaints process.

Education is important and a range of initiatives - from alcohol education materials for teachers to funding social responsibility programmes - are reinforcing the importance of responsible drinking to young adults. In addition, the industry provides support to Alcohol Focus Scotland, in particular its training programme, ServeWise, ensuring those at the sharp end are properly trained to sell alcohol responsibly.

The National Alcohol Harm Reduction Strategy is an opportunity to challenge attitudes towards inappropriate consumption. That should be its focus - targeting misuse and driving out rogue operators rather than undermining legitimate traders who continue to promote responsible drinking. Building on existing good practice, and working in partnership, we can make more progress towards a culture which recognises responsible consumption is part of a modern society but in which inappropriate drinking has no place.

Fenella Nicholson, Alcohol Policy Manager, Scotch Whiskey Assn.



Alcohol and Health

Sensible drinking guidelines

Long before records began, alcohol was recognised as a panacea or poison. In the words of Paracelsus (1493-1541), a German physician and father of modern pharmacology. Also, the doctor who gave us the word 'alcohol' "Whether wine is a nourishment, medicine or poison, is a matter of dosage". Our history and culture used alcohol as a social lubricant for centuries, indeed it is at the heart of the Christian religion. One of Noah's first priorities on finding dry land was to plant a vineyard and once wine was made Noah was found 'naked and drunken'. It ever was thus.

A wealth of information exists on alcohol – both good and bad and as a result a very confused public exists. Most of us have read that red wine is good for you, yet few of us know how much constitutes moderate drinking, or indeed what a unit is, or what alcohol does to our body.

Doctors talk about drinking in moderation a moderate amount. What is moderation?

It is difficult to lay down strict guidelines as to what constitutes 'moderate consumption' - this will depend on your age, size, sex and health, how and when you consume alcohol as both the speed of consumption and drinking with food will affect the absorption of alcohol.

The UK Government defines daily sensible drinking guidelines as 3-4 units of 8 g for men 2-3 units of 8 g for women.

What is a unit ?

A unit is defined as: half a pint of ordinary strength lager/beer or cider 3.5%, a small glass of wine at 9% abv, a 25 ml pub measure of spirit (40% abv), a 50 ml glass of sherry, port or vermouth at 20% abv.

Both the amount and pattern of consumption are important. For example, it is not considered moderate to 'save up' over a week and drink your daily two to three drinks on only two days, that is, 14 drinks over two days.

This is defined as 'binge drinking'. When you 'binge drink', you significantly increase your blood pressure and the risk of having a heart attack or stroke.

Who do the guidelines apply to?

The daily government guidelines do not apply to young people who have not reached physical maturity, people with conditions which may be affected by alcohol, such as high blood pressure, or who those are taking medications that do not combine well with alcohol, who should consult their GP for guidance.

How is moderate drinking good for me?

Many scientific studies have demonstrated links between those who drink in moderation and greater longevity than either non drinkers or heavy drinkers. The major benefit of moderate alcohol consumption is the reduction of heart attacks (CHD), our most common killer.

We now know many of the reasons why alcohol reduces the risk of CHD, as we have identified many of the biologic, physiologic effects of alcohol. Alcohol in any form affects the blood lipids. Alcohol will increase HDL-cholesterol, the so-called good cholesterol that lowers the risk of heart disease. Alcohol also tends to decrease slightly the LDL or bad cholesterol which increases the risk of CHD. But alcohol, and red wine in particular, also favourably affect the coagulation of blood within the arteries. For example, it decreases platelet aggregation, or 'stickiness' of blood and it also has favourable effects on fibrinogen and fibrinolysis, factors related to blood clotting and the removal of clots within the arteries. The effects of alcohol on blood clotting may be just as important as the effects on the HDL-cholesterol.

The effects on coagulation are short-term effects, lasting for a day or so, hence the recommendations to drink 'little and often'.

Alcohol causes the liver to produce

more high-density lipoproteins (HDLs), the "good cholesterol." HDLs are like rubbish collectors: they cart off the 'bad' LDL cholesterol from sites in the walls of arteries, where they do their evil, and carry them to the liver for disposal via the bile. Because it is the oxidized form of LDLs that does the damage, the antioxidant properties of wine (mainly the phenolics) mollify the LDL attack. Wines alcohol and phenolics, especially when drunk with dinner, inhibit damaging blood clotting by several routes.

What is the French paradox or J shaped curve?

The term 'French paradox' refers to the observation that while both the French and Americans have a diet high in saturated fats, smoke cigarettes and exercise little – which are all risk factors for cardiovascular disease – the French have a significantly lower risk of cardiovascular disease than that of the Americans; 36% compared with 75%. The difference in risk has been attributed to the consumption of alcohol and, in particular, red wine. The French consume 60L per capita of wine per year, while the Americans only consume 7.7L per year. Britons, who consume 18L per capita of wine per year, have a cardiovascular disease in between that of the French and the Americans. It is believed that the regular and moderate consumption of alcohol and wine promotes both short-term and long-term cardioprotective effects.

With moderate drinking, your risk of developing cardiovascular disease and your risk of death from cardiovascular disease as well as all causes, including accidents and certain cancers is generally reduced significantly. The risk increases exceptionally, however, with each drink above moderation. For example, this relationship between number of drinks on any one day and the risk of death is often drawn as a J-shaped curve, where the risk decreases from no alcohol drunk to approximately two drinks, and then increases again with each successive drink.

Respect alcohol, respect yourself.



Current daily guidelines for responsible drinking:

2–3 units or less for women and 3–4 units or less for men

Refraining on one day should not mean excess on another

If you choose to drink when pregnant (or planning to become pregnant),
you should consume no more than 1–2 units of alcohol one or twice a week.

1 unit of alcohol =

half a pint of standard beer (alc 3.5% vol)

or: a 25ml serving of spirit (alc 40% vol)

or: half a 175ml glass of wine (alc 12% vol)



Promoting Responsible Drinking

The Portman Group
7-10 Chandos Street
London W1G 9DQ
www.portmangroup.org.uk
www.drinkaware.co.uk

Log on to
www.portmangroup.org.uk
to order responsible
drinking materials

What does it mean?

Sensible drinking means drinking enjoyably, sociably and responsibly. It includes not drinking at all in situations when the effects of alcohol will put someone’s safety at risk. It also means being aware of the risks to young people of drinking and setting an example of moderation.

What if I drink too much?

Most people enjoy drinking and find it a sociable and relaxing thing to do. Normally drinking sensibly leads to no harm and is compatible with a healthy lifestyle. But there are times when drinking too much - or at all - can cause problems. For example,

DON'T:

- n Drink and Drive
- n Operate machinery, use electrical equipment or work at heights after drinking;
- n Drink heavily before playing sport;
- n Drink while on certain medications, ask your doctor if you are unsure;
- n Binge drink - it can lead to health and other problems.

The potential harms of immoderate drinking are related to your maximum blood alcohol concentration and the amount of time alcohol and its first breakdown product, acetaldehyde, are circulating through out your body, as both alcohol and acetaldehyde in high concentration are toxic to human tissues.

Diseases related to consistent heavy drinking are cancer of the mouth, throat and oesophagus, cirrhosis of the liver, dementia, haemorrhagic stroke and pancreatitis, all of which you can die from. The most debilitating disease, however, is the development of alcohol dependence or alcoholism, where an individual can become both psychologically and physically dependent on alcohol.

Therefore, while two glasses of alcohol such as wine per day can be considered to be ‘good for you’, drinking ‘more’ will not provide ‘more’ benefits, only more harms.

Government guidelines

The UK Government Guidelines define ‘a drink’ as 8g (1cl of pure alcohol) and define moderation as 3-4

drinks a day for men and 2-3 drinks a day for women. The Department of Health offers the following guidance on sensible drinking and takes into account the following factors:

- n Setting daily benchmarks can help individuals to decide how much to drink on a single occasions and to avoid excessive drinking with its attendant health and social risks.
- n Drinking alcohol confers a significant health benefit in terms of reduced CHD mortality and morbidity on men aged over 40 and postmenopausal women. In terms of all cause mortality and morbidity drinking as little as 1 unit a day on a regular basis can largely gain the benefits. Consumption above 2 units a day does not confer any major additional health benefits
- n Men who drink more than 3 to 4 units a day run an increasingly significant risk of illness and death from a number of conditions, including haemorrhagic stroke, some cancers, accidents and hypertension.
- n For women there are a number of additional factors to be taken into account: differences in average weight and tissue density from men and the effects of the menopause, as well as the patterns of female mortality and the possible risk of breast cancer. These factors point to setting a lower overall level than for men.
- n Women who drink more than 2 to 3 units a day run an increasingly significant risk of illness and death from a number of conditions, including haemorrhagic stroke, some cancers,

accidents and hypertension.”

The UK Sensible Drinking Guidelines were published in 1995 by an appointed intergovernmental group. These guidelines do not address any diet or lifestyle issues but they were designed as a review of medical evidence on alcohol.

The guidelines also discuss that **“the health benefits are more evident from regular daily drinking.”** Specifically, men over age 40 and post-menopausal women are emphasised as recipients of a **“significant health benefit in terms of reduced coronary heart disease mortality and morbidity.”** Furthermore, the guidelines explain that middle aged or elderly non-drinkers or infrequent drinkers and especially those at risk for heart disease **“may wish to consider the possibility that light drinking may be of benefit to their overall health and life expectancy.”**

Disclaimer

The authors advocate the moderate consumption of wine, beer or spirits but do not recommend that abstaining individuals should commence consuming alcohol to benefit their health. Consuming alcohol more than moderately increases the risk of both short-and long-term harm to health. we also encourages you to consult the Government guidelines on the health risks and benefits of drinking. These are detailed via the websites www.drinkingandyou.com

Nutritional Information per 150 ml (5oz) Serving of Table Wine, approx. 12.5 % Alcohol		
Key Nutrients	Red Wine	White Wine
Calories	106 kcal	100 kcal
Protein	0 g	0g
Carbohydrates	2.5 g	1.2 g
Fat/ Cholesterol	0 g	0 g
Sodium (Na)	7 mg	7 mg
Potassium (K)	164 mg	117 mg
Magnesium	19 mg	14 mg
Calcium	11.4 mg	13 mg
Iron	.6 mg	.5 mg
Vitamin B6	.05 mg	.02 mg
Riboflavin B2	.05 mg	.007 mg

Source: USDA National Nutrient Database for Standard Reference, Release 16, 2003. The 2003 USDA database for the Flavonoid Content of Selected Foods also reported significant amounts of anthocyanidins, flavones, flavonols and flavan-3-ols. Note: Wine also contains yeasts, sulfating agents and sorbates.

Safer Sex - What You Need to Know

Sex can be wonderful, but it's important to make the right choices and take any necessary precautions to protect yourself and your partner from sexually transmitted infections (STIs) and unplanned pregnancy.

If you're having any doubts about whether or not to have sex, why not wait? Plenty of people make a choice to wait until they feel ready.

If you do decide to go ahead, remember to be prepared. Protect yourself every time and don't rely on your partner to carry the condoms. The results? Sex will be safer and ultimately more enjoyable for you both.

There's a minefield of confusing information available so how do you know who to trust? Your sexual health is important to you and its also important to us at Durex; that's why our condom range is designed to offer you the quality, variety and reliability you deserve.

At Durex we go out of our way to ensure we give you the facts, and nothing but the facts.

Safer sex what you need to know

HIV and STIs can be contracted by having unprotected vaginal, anal or oral sex. You won't be able to tell if someone has an STI simply by looking at them, in fact they may not even know they have one - symptoms are not always obvious; with infections such as chlamydia, a person could be carrying it for years without actually knowing.

STI rates are continuing to rise in the UK. In 2003, more than 700,000 STI cases were diagnosed, an increase of 57% over the past decade.¹ Treatment in most cases is straightforward although some STIs, if left unchecked, can have serious repercussions on long term health. HIV is a chronic illness and while treatments are available, there is still no cure.

Equally, discovering you're pregnant when you haven't planned things that way can be upsetting. Latest data from National Statistics show that the rate of teenage pregnancy is falling in the UK, in 2002 the under-20s conception

rate was 60.3 conceptions per thousand women aged 15-19. Despite this the UK has the highest teenage pregnancy rate in Europe.²

Durex works closely with the Government to help highlight the importance of safer sex. We continue to develop our products to meet your changing lifestyle, making safer sex, better sex and to organise awareness-raising events to help reduce rates of STIs and unplanned pregnancy.

HIV? chlamydia? unplanned pregnancy? These should be the last thing on your mind when you're about to have sex. Forget about them by making sure you're prepared and remember the golden rule...

The golden rule...

When it comes to contraception if you're having sex with a partner whose sexual history you're unsure of, it's vital to use condoms, even if you are already using other contraception like the pill. Condoms if used correctly, are the only form of contraception to offer simultaneous protection against HIV, other STIs and unplanned pregnancy.

The experts...

And when it comes to condoms, nobody is better positioned to offer you what you need than Durex. We have an extensive range of condoms, in several different shapes and sizes, so there's definitely one to suit you! Whether you're looking for security, sensitivity or enhanced pleasure there's a Durex condom for you.

It's important to understand the relevance of quality standards, you cannot rely on a condom unless it carries the compulsory CE mark. The BSI Kitemark gives you extra reassurance, as it shows that the condom has also been independently tested to a level beyond the basic legal requirements.

Many novelty condoms sold through vending machines do not carry the CE mark or BSI Kitemark and therefore do not give effective protection against pregnancy or infection. To put you mind even more at ease, at Durex we set ourselves even higher quality standards for our prod-

ucts, meaning that all Durex condoms are manufactured to exceed international condom standard requirements.

Durex condoms are widely available in the places you shop and our range offers everything you could want from a condom! Our heritage, availability, and innovative products make Durex the choice of four out of five people.

If you want the ultimate in reassurance, offering you quality, reliability and variety, then make sure you always use a Durex condom.

For further information regarding Durex condoms please visit www.durex.co.uk

Want to know more...

If you think you or your partner may have an STI, you're concerned about an unplanned pregnancy or you simply want more information, you should contact your GP or local family planning clinic.

Alternatively, there are several expert groups who can give you advice and help you make the right decision for you:

Brook provides free and confidential sexual health advice and contraception to young people with clinics across the country. Helpline: 0800 0185 023.

Marie Stopes International offers the full range of reproductive services, including contraception and abortion. Helpline: 0845 300 8090.

Terrence Higgins Trust raises awareness of HIV and offers support to those infected. Helpline: 0845 122 1200.

fpa works to improve the sexual health and reproductive rights of all people throughout the UK. Helpline 0845 310 1334.

For information on relationships, sex and contraception, check out www.ruthinking.co.uk or www.likeitis.org.uk

1. Health Protection Agency, November 2004, Focus on Prevention – HIV and other sexually transmitted infections in the United Kingdom in 2003

2. UNICEF, July 2001, A league table of teenage births in rich nations



Condom facts

Condoms can do a lot more than protect you, they can spice up your sex life too.

Find the best fit and feel. Try condoms that give extra sensation and stimulation. Experiment with colour and flavour.

Find the ones you enjoy the most



Durex condoms are available at all leading supermarkets, pharmacies and convenience stores. Ask at your local GP surgery or Family Planning Clinic about the range of condoms available.





CORONARY HEART DISEASE:

**One good reason
for us all to
supplement our
diets with omega-3
fatty acids**

Coronary Heart Disease (CHD) is the most common and yet one of the most preventable causes of death in the western world. In the UK, CHD is responsible for 23% of deaths in men and 14% in women. Significantly, decades of research have shown that there is a very strong inverse relationship between eating oily fish – arguably the best source of omega-3 fatty acids – and the risk of developing CHD. That is: the higher the consumption of such fish, the lower the risk. Having said this, oily fish such as sardines and pilchards are not to everyone's taste. What's more, it is worth bearing in mind that some types of fish on sale in the UK have been shown to contain unacceptable levels of environmental toxins.

A premium-quality fish oil supplement like cardiozen™ is a logical alternative

cardiozen™ is a fatty acid supplement specially formulated to help maintain a healthy heart and circulation. It contains a concentrated input of pharmaceutical-grade omega-3 EPA, which has many health benefits. In relation to CHD, research has shown EPA to:

- Regulate a variety of body functions including blood pressure and the immune system
- Play a role in maintaining circulation
- Play a role in maintaining a healthy heart
- Play a role in assisting communication between nerve endings
- Help to regulate healthy arteries

With more than 80% of the oil being omega-3 fatty acids, just one capsule a day will address most people's needs. Equazen is a specialist supplier of omega oils,

and only uses fatty acids in natural triglyceride form. You can be sure that the concentrated fish oil used in cardiozen™ is the purest and most effective.

The unique cardiozen™ formulation also includes natural Vitamin E and coenzyme Q₁₀ (CoQ₁₀). CoQ₁₀ is found in abundance in the heart and is especially important within heart cells due to their high energy demands.

Given this, the argument for considering a premium-quality fish oil supplement like cardiozen™ becomes even stronger. cardiozen™ is a fish oil supplement like no other as it is a pharmaceutical-grade natural form omega-3 and CoQ₁₀ supplement for the heart.

To find out more about cardiozen™, please visit www.equazen.com or call us on 0870 241 5621.

cardiozen™ (£11.99 for 30 capsules, one month's supply)



Skincare for the Young

The British Skin Foundation (BSF) is the only charity dedicated to supporting skin disease research. Aiming to help the 8 million people in the UK with a serious skin condition, the BSF works closely with many of the country's leading dermatology departments and patient support groups. The BSF enjoys a close relationship with the British Association of Dermatologists.

Here we look at how young people can look after their skin and maintain healthy skin throughout their life.

Healthy skin is something that most young people take for granted. Although they may get the odd spot or rash now and again, these usually disappear in a few days so it's not a big problem.

The complexity of human skin means that even after hundreds of years of study, we have a very limited knowledge of what makes it healthy and what can go wrong. That's why dermatologists are always looking for new ways to treat and cure a variety of skin conditions.

The British Skin Foundation (BSF) works towards a goal of healthy skin for everyone. With this in mind, there are many things young people can do to look after their skin now and reap the benefits in the future.

Staying safe in the sun

The most important thing young people can do for their skin is to stay safe in the sun. One of the aims of the BSF is to educate young people about this issue. Skin cancer is on the increase – in 2000 over 69,000 new cases were registered in the UK and many of these people died as a result of their condition.

One important message is you don't have to travel abroad to burn. On the hottest day of 2003, the exposed skin on the average person in the UK burnt in just 10 minutes.

By following these rules, young people can stay safe in the sun at home and abroad:

- ▮ **Always use a sunscreen on exposed areas of your body of at least SPF (Sun Protection Factor) 15, SPF 30 for children**

- ▮ **Re-apply your sunscreen frequently**

- ▮ **Seek shade between 11am and 3pm when the sun is at its strongest**

Spots

One common skin complaint from young people is spots. On the more serious end of scale, 80-90% of adolescents in the UK suffer from acne, and unfortunately 30% of these will continue to be affected into their adult life.

Sometimes the use of the wrong type of cosmetics for your skin type can contribute to your skin's appearance. A daily skincare regime that includes clearing excess sebum from the skin's surface through deep cleansing as well as using specially formulated moisturisers helps to maintain healthy looking skin.

Dry skin

For many young people, dry skin is a problem. This can be seasonal because, even if you have normal skin, conditions such as the winter, air conditioning, central heating and pollution all dry out your skin.

Dry or very dry skin can be incredibly difficult to treat as it is very delicate and easily irritated. To treat it properly, you need to find a product that not only moisturises but soothes your skin to calm redness and irritation and also protects your skin from external influences that can worsen the condition.

Although young people seem to recognise the importance of properly moisturising their facial skin on a daily basis, many of them neglect to moisturise their body. Body skin is just as prone to dryness for many different reasons – such as harsh weather conditions, the extremes in temperature between the cold outside and the centrally heated homes and wearing itchy materials such as wool or nylon. Any of these factors can reduce the skin's natural protective layer, made of a protein called keratin, that helps to prevent moisture loss. So regularly mois-

turising the body is just as important as caring for our facial skin.

Eczema

Another skin condition that affects young people is eczema; in the UK 20% of all children suffer from the disease. The BSF funded a project in Nottingham that identified a link between where young sufferers live and an alarming rise in eczema cases. Work like this will help us understand and address the causes of eczema, enabling us to work towards a cure.

In the meantime, the BSF has the following tips to help keep eczema under control:

- ▮ **Bathe with moisturising bath products**

- ▮ **Moisturise the skin regularly**

- ▮ **Avoid irritants and detergents**

Conclusion

Above all, protection from the sun is the only way to keep skin looking young. Dermatologists advise that you keep out of the sun, wear a sunscreen of SPF 15 or higher, and don't smoke. Do that and you will have younger looking skin and far fewer wrinkles in later life.

For more information on any of the above contact:

British Skin Foundation
4 Fitzroy Square
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www.britishskinfoundation.org.uk

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"So, the next time you're in the supermarket and you see a product with our logo on it, it means that the British Skin Foundation has independently approved the research that has gone into it. You'll also know that the company behind it supports us in our fight against skin disease."

From the British Skin Foundation website (www.britishskinfoundation.org)

"The National Childbirth Trust has worked with Persil Non-Bio for almost 10 years. Their support has helped our charity to provide more services to parents and parents to be throughout the UK. This has included the setting up of our enquiry and breastfeeding helplines, which support over 100,000 parents and parents to be each year. Persil Non-Bio also supports the NCT at a local level, providing our 320 branches with practical materials for the Nearly New Sales fundraising events."

Diane Emery, Head of Fundraising, NCT

Caring for Sensitive Skin

By Dr Graham Catton, UK Technical Manager, Unilever

If you have sensitive skin think about the type of laundry detergent that you use. In general, people with sensitive skin (babies, adults or older people) chose a non-bio detergent. Persil Non-Bio has been extensively researched to ensure that it cares for sensitive skin, whilst still cleaning your clothes brilliantly. Our research into skin care was independently assessed, and is supported by the British Skin Foundation.

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- Healthcare professionals (Dermatologists, Dermatology Nurses, Health Visitors, Midwives, a GP, a Pharmacist)
- The British Skin Foundation
- The National Eczema Society
- The National Childbirth Trust

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For more information about our work with healthcare professionals visit www.persil.com

Wholesome Water

The foundation for good health

Tony Frost

Our water supply is as vital to our health and wellbeing as the air that we breathe. Whether the water is for drinking, making beverages, cooking or bathing, it is paramount that it meets necessary health and aesthetic quality standards.

In the UK, we are fortunate that the water supply is very carefully regulated, monitored and controlled – in fact, it probably rates amongst the best in the world. But, as with everything, nothing is 100%. The Regulations that govern the quality of our drinking water supplies are designed primarily to protect health, and aesthetic quality sometimes has to be compromised to ensure that health aspects are sustained or for practical economic limitations. Also, with scientific advancement, we continue to learn more and more about physiological effects of minute quantities of contaminants in the environment - which means the goal posts are continuously changing.

We hear occasionally in the press of outbreaks of legionella, or cryptosporidiosis and other organisms that contaminate the water to cause disease but in comparative terms they are few and far between. In the underdeveloped nations the water quality is far more serious and the World Health Organisation report that millions of people die every year as a direct result of poor water quality. The health issues today in developed countries are less related to short term health effects (for which the water is closely controlled) but rather to possible effects of trace contaminants or components over longer term, and even life time, exposure.

Even though our water supplies are demonstrated to achieve a high level compliance with regulated criteria, there are aspects which are cause of consumer complaint or subject to

occasional deviations from the quality criteria, that can be overcome by treatment of the water in the home. The main issues that emerge are due to “hardness” or due to trace contaminants in the water. To overcome water hardness problems, equipment such as water softeners or physical conditioners can be installed, usually treating the whole house supply. Or, to remove trace contaminants, various types of filter, usually used for drinking or cooking only, can be purchased; these are usually designed to remove taste and odour but some will remove health related contaminants where the consumer is seeking to remove contamination from the household plumbing, protect against transient lapses in quality or additional protection over and above the levels set by the regulators.

Why is water so important?

The human body is 60 to 70 % water! Blood plasma is 95% water, the human brain is 90% water and even bones are 25% water. The water that constitutes the various parts of our bodies comes from the water we consume as food or drink and, to some extent, the water that we use to bathe in. Most of the water that we consume is transferred to the bloodstream in the small intestine and distributed throughout our bodies. If there are toxins in the water we consume, they too may be distributed throughout our bodies – possibly affecting our health. Whilst the human body has systems to reject and excrete unwanted substances, if ingested at too high a concentration, or at a low concentration over a long period of time, adverse health effects may be suffered. Lead for instance is highly toxic (poisonous) in high concentrations, but even in very low concentrations, it can accumulate in

the body and, can have long term health effects – retarding the intelligence development in children, for example.

Apart from the health contaminants, water must also be controlled for aesthetic quality. It is not only important that water that we drink is healthy but it is also important that we drink enough. The body needs about 2 litres a day to make up for losses due to perspiration, exhalation, and excretion – this can be much higher in a high temperature climate or during strenuous physical exertion. This water may come from food as well as drink but many fluid intakes are not effective at maintaining body hydration. In fact, in some cases, coffee and alcoholic drink to quote two examples, the body increases excretion to remove the toxic effects - caffeine or alcohol, for these examples. Chronic dehydration has been associated with a number of ailments such as asthma, allergies, hypertension and migraine headaches. It has been shown that regular consumption of water also helps maintain mental concentration and therefore affects work performance.

How is our water quality controlled?

The World Health Organisation (WHO) publishes Guidelines to Drinking Water Quality and these guidelines set the basis for international water quality standards. In the European Union, the quality of water supplied to the public is determined by a Directive (Council Directive 98/83/EC of 3rd November 1998 on the quality of water intended for human consumption) which was based on the WHO Guidelines. This directive lists the contaminants, microbiological and chemical, that are likely to be found

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in the water supply that could adversely affect health. It sets acceptable levels and the frequency that the water supplier must sample to confirm compliance with those levels. The Directive has to be adopted into national regulations by all of the members of the EU but they are allowed to make their national regulations more stringent. The Drinking Water Inspectorate (DWI) monitor the performance of the water supply companies against the regulations and report annually on the analyses that the water companies produce on the quality of the water they supply. Last year (2004) for instance they reported that 99.94% of the 1.9 million analyses conducted by the 26 water supply companies that supply water throughout England and Wales, met the regulated standards.

What concerns are there about our water supply?

The most common concerns can best be categorised as:

- n **hardness of the water, and**
- n **trace contaminants.**

Hardness is due to calcium and (sometimes) magnesium in the water from limestone areas and it affects the supplies to 60 % of the country. It causes scum in bath water, scale on taps and kettles and it increases the consumption of soaps and detergents. It also causes scale in central heating systems which increases fuel consumption and can eventually cause failure of the boiler. Water hardness therefore affects the plumbing and heating system all over the house. In fact, although it still remains to be clinically verified, hard water has been associated with increased incidence of infant eczema and there are many anecdotal reports of improved skin condition when soft water is used for bathing.

Trace contaminants, on the other hand, mainly affect drinking water. The taste or odour of the water does not necessarily tell us whether it's healthy water but if it's unpleasant to drink, it is a deterrent to regular consumption and the consumer should be encouraged to drink water regularly. Probably the most common objection to our water

supply is taste or smell. This is aesthetic in that it does not necessarily mean that the water is unhealthy; in fact, the presence of a chlorinous taste or smell (like the swimming pool) indicates that it has been disinfected so it is to some extent a reassurance that the water has been treated. This chlorine taste and smell is due to the presence of residual chlorine, added by the water supply company, to ensure that disinfection is maintained right through the distribution system to the tap. But it is no longer necessary when it has reached the tap – in fact, its unpleasantness is a deterrent to its consumption.

But there are also health related trace contaminants, for example lead from domestic pipework. Lead was banned for use in domestic plumbing systems in the 1970s but there are still many older properties that have lead in their plumbing systems. This pipework is the responsibility of the owner and can give rise to elevated lead levels in the drinking water supply. We also hear of organic chemicals such as EDCs (endocrine disrupting chemicals) which replicate hormones and are observed to change the sex of fish or MTBE (methyl tertiary butyl ether) a petrol additive that has been found in the water courses due to petrol tank and station forecourt leakage. Some of these chemicals are not at present regulated and, although their incidence is low, some consumers are concerned by media reports.

What can you do about these concerns?

Hardness in the water supply can be removed by fitting a water softener which uses technology called "ion exchange". The softener contains an ion exchange resin which removes the calcium and magnesium, that cause the hardness, from the water and replaces them with sodium. Periodically, once a day perhaps, the softener automatically regenerates by passing brine (sodium chloride) over the resin and the calcium and magnesium are displaced and put to drain, leaving fresh sodium ions on the resin for its next cycle. The softener is usually fitted close to the entry of the water supply to the house so that all or most of the water is softened.

Physical conditioners also prevent scale formation. They are also usually

fitted at the point where the water enters the building to treat the whole house. A number of different types are available using magnetic or electronic technologies. They operate by modifying the crystal structure of the scale such that it tends to pass through the system rather than deposit on the internals of the plumbing system. They are usually low cost and low maintenance but their performance is less predictable than an ion exchange softener. They will not soften the water so they will not reduce scum, soap consumption, etc.

Trace contaminants can be removed by using a filter. Water filters are supplied in different forms: some are plumbed in under the kitchen sink with a separate tap for dispensing the filtered water, and some stand on the countertop and connect to the outlet of the kitchen sink tap. A currently very popular device is the jug filter which, as the name implies is a jug fitted with a filter cartridge through which water flows under gravity. The jug is usually stored in the fridge.

The most common filters use activated carbon. This activated carbon has the ability to remove chlorine and organic chemicals from the water as it flows through the filter and the trace contaminants become trapped within the porous structure of the carbon. Periodically the carbon becomes exhausted and must be replaced. Typically this will be every 6 to 12 months. It is very important that this regular replacement of the carbon is observed. Sometimes other media are used, usually together with the activated carbon, to remove other contaminants, for example, resins to remove temporary hardness (to stop scale in kettles) or to remove nitrate from the drinking water.

Reverse osmosis units are also popular. They contain a "semi-permeable" membrane, through which the water is passed and it leaves behind, not only the suspended solids, but most of the dissolved solids also. So they produce very pure water. They are normally installed under the kitchen sink.

Before buying a filter, it is important for the user to decide what specific concerns and requirements he or she has about the water quality, so that the most appropriate device is selected.

Is softened water suitable for drinking?

It is a common misconception that softened water should not be used for drinking purposes and that a hard water tap must be provided as a legal requirement whenever a softener is installed. In practice, it is not a legal requirement to provide a hard water tap and softened water is unlikely to contravene the requirements of the EU drinking water directive.

However, if the hardness level is above 400 mg/l it may fail the Water Quality Regulations (England and Wales) for sodium level; this may be a concern for infant feed preparation or for hypertensive patients.

There have also been studies that indicate that people who live in naturally soft water areas, such as Wales, Scotland, South West England, are more prone to cardiovascular disease (CVD). Although the studies have attempted to link a beneficial effect from the calcium in the water hardness, current evidence suggests that the most likely contributor is magne-

sium, particularly if the consumer's food diet is deficient in magnesium. All hard water supplies contain high levels of calcium, but comparatively few contain significant amounts of magnesium. Both calcium and magnesium are removed by softening the water.

But, viewed in perspective, the consequence of drinking softened water is equivalent to drinking the normal water supply in Wales, Scotland and the South West. Nonetheless, the industry recommendation is to include a hard water tap when a softener is installed to provide for those on a low sodium diet or those who prefer to drink hard water.

Conclusion

Water is vital to our very existence and the quality of the water we drink crucial to our health. The water supplied to our homes is monitored to exacting standards but it sometimes suffers from problems caused by hardness or trace contaminants. Hardness causes scale, which increases energy costs and scum which is

unsightly and increases soap and detergent usage and cost. They can be prevented by fitting a water softener to treat water supplied to the house. Physical conditioners can also be effective at reducing scale.

Trace contaminants can cause taste, odour or appearance problems and deter the consumer from drinking the water. Health related contaminants may be due to the domestic pipework, transient treatment failure or emergence of new health concerns. These contaminants can usually be removed by a suitable filter, normally for drinking purposes only, located at the kitchen sink.

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SMOKING CESSATION

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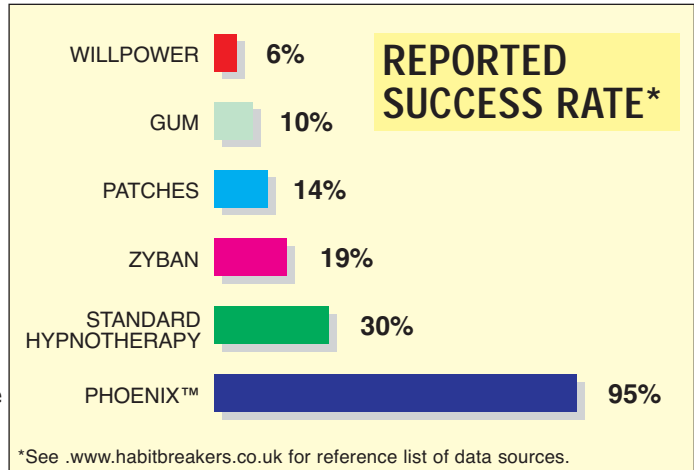
As GP's you obviously want to stop your patients from smoking using the different methods available to you such as nicotine replacement therapies, Zyban, hypnosis, and hypnosis combined with nlp (neuro-linguistic programming). There have been a number of studies to show the various success rates of these different methods. See table. You will see the reference list at www.habitbreakers.co.uk.

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Diana Powley

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Malaria Prevention for UK Travellers

Anne Watling, British Airways Travel Clinics

The increasing popularity of international travel, especially to the developing world, has led to an increase in diseases found in the returning traveller.

Malaria is one such disease which is potentially life-threatening, yet is almost entirely preventable. It is endemic in over 100 countries throughout the tropical and subtropical regions of the world, with the majority of deaths occurring in sub-Saharan Africa of which most are young children. It is spread through the bite of a female anopheline mosquito, which is infected with the plasmodium parasite. The parasite travels via the blood stream to the liver where it multiplies before returning to the blood system, causing damage to the blood cells.

Untreated malaria, especially the falciparum form, can rapidly produce organ failure and ultimately prove fatal. More than 2,000 cases of imported malaria are recorded in the UK annually, of which 16 resulted in death in 2003. Approximately half of the reported cases were from UK residents visiting family and friends in their country of origin.

Prevention is “the name of the game” where malaria is concerned, and if you follow the ABCD set of rules you will almost certainly not contribute to these statistics.

- A Awareness**
- B Bites**
- C Compliance**
- D Diagnosis**

A – Awareness

Ensure that you know whether malaria is a risk for your travel destination so that you can take the necessary preventative measures. In some places it is seasonal, whilst in others it is an all-year-round disease. Useful websites for information about malarious areas include www.fitfortravel.scot.nhs.uk.

B – Bites – avoidance or prevention

Remember, it takes only one mosquito

bite to contract the disease. If you are not bitten you cannot contract malaria - it is as simple as that.

□ Mosquitos bite more frequently between dusk and dawn, so keep skin covered when outside during these hours (wear long-sleeved shirts and long trousers in light colours).

□ Apply insect repellents to exposed skin. Preferably, the repellent should be deet-based, although there are alternatives containing natural ingredients. Deet-impregnated wrist bands can be worn and clothing can also be sprayed with insect repellent.

□ Sleep under a mosquito bed net (impregnated with permethrin insecticide) if air-conditioning is not available or the room is not screened.

□ Knockdown sprays, plug-in vaporisers and insecticide coils are useful additional measures to zap mosquitos, which enter the room during daytime.

□ Where air conditioning is available, it is preferable to leave it switched on all day and night. Electric buzzers are not considered effective mosquito repellents, however.

C - Compliance with the appropriate anti-malarial medication

Anti-malarial drugs currently recommended in the UK are Paludrine, Chloroquine, Malarone, Mefloquine (Lariam), and Doxycycline. Some are prescription-only drugs, others can be purchased over the pharmacy counter. Some are not recommended in certain situations, e.g childhood, pregnancy, travellers with specific medical conditions and medications. All drugs have some side-effects and these will be explained to you before you make your choice. However, it should be remembered that malaria is a potentially fatal disease and if you choose to visit a malarious area, then the side-effects of these life-preserving drugs are usually infinitely preferable to the consequences of not taking them.

It is important to seek up-to-date

professional advice from your doctor/practice nurse or a reliable Travel Clinic, such as British Airways Travel Clinics (www.ba.com/travelclinics). There, experienced travel health professionals will inform and guide you on malaria prevention.

It is vital that the recommended course of tablets is taken and completed as instructed, or there is a possibility that malaria can still occur if compliance is not strictly observed. It must be remembered that anti-malarial tablets do not give 100% protection and therefore the other preventative measures previously referred to in this article should be followed meticulously.

D - Diagnose malaria and obtain treatment promptly

Breakthrough malaria can still occur, even if you do follow your recommended course of treatment, so it is important to recognise potential symptoms of malaria. These are varied and onset can be delayed. Any fever or flu-like symptoms which develop seven or more days after arrival in a malarious area should be investigated immediately. Always advise your doctor if you have visited a malarious area so that the disease can either be eliminated from the diagnosis or treated promptly. Malaria can present up to a year following exposure so bear this in mind when presenting yourself at the surgery.

It should be remembered that malaria poses a particularly serious threat to children and pregnant women. The sensible option for pregnant or young travellers may be to either postpone the trip or change the destination. Again your experienced health professional would be the best person to advise you about this.

Finally, immunity to malaria fades rapidly so even if you have previously spent many years living in a malarious area, you may not be immune now without taking anti-malarial tablets. You will therefore need to take preventative measures, including tablets, as if it were your very first visit.

For the most up-to-date information on the following companies, please refer to their website.

Associations & Societies

Asthma UK

www.asthma.org.uk

British Allergy Foundation

www.allergyuk.org

British Dental Association

www.bda-dentistry.org.uk

British Dietetic Association

www.bda.uk.com

British Medical Association

www.bma.org.uk

Cancer UK

www.cancer-uk.org

Department of Health

www.dh.gov.uk

Food Standards Agency

www.food.gov.uk

Heart UK

www.heart.org.uk

Human Fertilisation and Embryology Authority

www.hfea.gov.uk

National Autistic Society

www.nas.org.uk

NHS Direct

www.nhsdirect.nhs.uk

Parkinson's Disease Society

www.parkinsons.org.uk

Royal College of Nursing

www.rcn.org.uk

RoSPA

www.rospace.org.uk

Samaritans

www.samaritans.org.uk

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Allied Bakeries

www.allidbakeries.co.uk

Asda

www.asda.co.uk

Bernard Matthews

www.bernardmatthews.com

British Coffee Association

www.britishcoffeeassociation.org

British Heart Foundation

www.bhf.org

British Potato Council

www.potato.org.uk

British Toy & Hobby Association

www.btha.co.uk

Cereal Partners

www.cerealpartners.co.uk

Clover Gifts

www.clovergifts.com

Complementary Alternatives

www.complementaryalternatives.com

Dairy Council

www.dairycouncil.co.uk

Dettol

www.dettol.co.uk

Durex UK

www.durex.com

Ediets

www.eDiets.com

Equazen

www.equazen.com

European Scanning

www.europeanscanning.com

Fitness Industry Association

www.fia.co.uk

Food & Drink Federation

www.fdf.org.uk

Habitbreakers

www.habitbreakers.co.uk

Harvey Water Softeners

www.uk-water-softeners.co.uk

Healthy Direct

www.healthydirect.co.uk

Hipp Organic

www.hipp.co.uk

J Sainsbury PLC

www.j-sainsbury.co.uk

Johnson & Johnson

www.jnjgateway.com

Jordans

www.jordans-cereals.co.uk

Kelloggs

www.kelloggs.co.uk

Kerry Foods

www.kerrygroup.com

Kikkomans

www.kikkoman.com

Lifescan

www.lifescanuk.org

Marmite

www.marmite.com

MCNeill Consumer Nutrition

www.splenda.co.uk

Muller Dairy

www.muller.co.uk

Nescafe

www.nescafe.co.uk

Persil

www.persil.com

Portman Group

www.portman-group.org.uk

Quaker Oats

www.quakeroats.com

Random House

www.randomhouse.co.uk

Rosemary Conley

www.rosemary-conley.co.uk

Salus

www.salusuk.com

Scottish Quality Salmon

www.scottishsalmon.co.uk

Silver Spoon

www.silverspoon.co.uk

Slimming World

www.slimming-world.com

Space Air Solutions

www.siestaair.co.uk

St Anthonys Hospital

www.stanthonys.org.uk

UK Juicers

www.ukjuicers.com

Warburtins

www.Warburtons.co.uk

Weetabix

www.weetabix.co.uk

Youngs Seafood

www.youngsfish.co.uk