Issue 167
August / September 2009

BCPA Journal

Antiplatelet benefits in pure fruit juice drinks
Common nonsense: a 'good diet'
Collapse, fall, fainting ... maybe heart related
Looking for an adrenaline rush?
Who should take aspirin
Sugar in recipes
Long QT
Statins might cut heart risk in the healthy

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admin@BCPA.co.uk

THE PATIENT AND CARERS INDEPENDENT VOICE

The official magazine of the
BRITISH CARDIAC PATIENTS ASSOCIATION

Contents

Front cover

Some of our friends playing a charity cricket match in Bedford in June. The two teams from St Andrew's Church tied, each scoring 120 runs – the second team scoring 2 on the last ball of the last over! They had a collection for The Leprosy Mission.

Richard & Pat Maddison

Donations

We acknowledge here donations over £50 unless the donor wishes otherwise. The BCPA really needs the donations.

Please send donations as cheques payable to BCPA to **BCPA Head Office, 15 Abbey Road, Bingham, Notts NG13 8EE**

NATIONAL HELPLINE – 01223 846845

Do you have concerns or worries that you would like to talk to someone about? Our telephone helpline, as part of our national support services, normally operates 9.00am to 7.00pm Monday to Saturday. If you get no reply please leave your name and number and we shall attend to your call as soon as possible.

If you have a **question or issue that is best in writing**, please first phone or email Richard Maddison as below, or write to our Head Office, who will try to find an appropriate person to answer it.

All the people who answer our helplines have been patients or carers so are likely to understand your concerns because they have been there.

Change of address and phone number – an explanation and apology

The June/July issue of the Journal carried details of my change of address and the consequential relocation of BCPA Head Office.

In that notice I indicated that a mail redirection had been put into place until April 2010. Regrettably, five days elapsed between the move taking place and the redirection taking effect.

During that time a small number of members sent in renewal payments that were eventually returned saying 'Gone Away'. I expect that these have all found the way back to their originators – with some delay. This has caused some distress and for that my apologies.

Regrettably, as some members have suggested should have happened, it was not possible to give notice of the move in the April/May Journal, as the move had not been confirmed by when that issue went to press. I reaffirm the Association details:

BCPA Head Office Tel: 01949 837070
15 Abbey Road
Bingham
Notts NG13 8EE

My personal phone number is 01949 836430.

Keith Jackson

Invitation

The BCPA Journal is your Journal. It is the main means of communication with Association members. Richard Maddison, Journal Editor, does his utmost to keep members informed on cardiac care issues and items of more general information as they become available.

We would like items for inclusion from members and others who may be reading this copy.

If you have items that you would like to see included, or ideas and suggestions for future material, may I invite you to contact Richard. His phone number is 01234 212293. Please ring him to discuss future possibilities. I know that he would like to hear from you.

Many of you have stories to tell, jokes and experiences to share. Please take this opportunity.

KJ

Journal contributions and dates

We invite members to send in items for publication – not only heart-related information and articles, but also lighthearted items and stories.

Please phone me, Dr Richard Maddison 01234 212293, to agree the easiest way to send it in – don't send it to Head Office. Normal closing dates are 20th of an even month – August, October ... Please phone me before that date if you may be late.

The Journal is the bimonthly magazine of the
BRITISH CARDIAC PATIENTS ASSOCIATION
also known as BCPA. Registered Charity 289190

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From Me to You

Keith Jackson, National Chairman

Grand Draw 2009

It is only once a year that the whole Association joins together in a fund raising activity. Fund raising within the Association is an expression of thanks by patients, carers and others for the help and support they have received both medically and from the Association. It is the one opportunity for all members and friends to play a collective role. Enclosed with this Journal are ten Grand Draw £1.00 tickets – two books of five.

The proceeds from the draw are for our Norma Jackson General Hospital Fund, from which grants are made towards the purchase of hospital equipment. During the past year, we have been able to provide a wide range of equipment and patient amenities to cardiac centres around the country. This is your opportunity to share in this very worthwhile activity. We are only able to present items for the benefit of other cardiac patients with the support you give to the Grand Draw.

We are all aware how much more difficult it is becoming to sell raffle tickets and how many organisations are competing for donations in this way. However, do please make every possible effort to support the work of the Association and heart patients countrywide by this one annual event. Please return your counterfoils and monies direct to me. My address is on the return slips.

The Grand Draw will take place on the 19th November at The Cherry Tree Public House, Oundle Road, Peterborough following our Peterborough Area Group regular lunchtime meeting. It would be great to welcome any visitors to join us on that occasion.

If you wish to come to the lunch please contact Gordon Wakefield, Peterborough co-ordinator on 01733 577629 early in November. Or of course you may do this as soon as you wish. I know that you are assured of a warm welcome by the group and it would be great to see you.

Membership

A big thank you to all of you who have made your annual membership renewal. We do very much value your support.

For those annual members who should have renewed in April and have either forgotten or chosen not to continue in membership, this issue is the last one they will receive. A final reminder form is enclosed to those whose renewal was due in April of this year and have not renewed.

To assist any of those known to you who may have not renewed, may I invite you to ask if they have received this August issue. If not, then a gentle reminder may be of help to both that person and the Association.

I know how easy it is to put off attending to items such as this. May I make a plea to those of you affected in this way and ask that the form is not put away and forgotten. We do value your membership and of course your support is vital to the success of the Association and the benefits it brings to many cardiac patients.

AGM Weekend 2010

A brief review and some photographs of the 2009 AGM weekend appeared in the June Journal.

At this time I like to be able to give advance notice of next year's meeting.

However, as yet, I am not able to give any details or dates. I fully expect to be able to publish this information in the October Journal and would urge you all to look out for it.

Regular supporters of the BCPA Weekend know that it is much more than just the statutory AGM meeting. It is a weekend of interest and enjoyment for all.

Good news

Demand for catheter laboratory capacity in the UK is increasing, largely due to an aging population and growing demand for percutaneous cardiac interventions – including implantation of more pacemakers and complex cardiac electrophysiology devices. In England, cardiac catheter capacity increased by over 50% in the five years to 2007.

However, cardiac intervention rates across the UK are still markedly lower than rates in many Western European countries, and further increases in activity are anticipated.

The good news is that for many patients this means a reduction in those stressful waiting times.

Ricky's quickies

Richard Maddison

Brian Bigger

Brian has kindly volunteered to help with the Journal contents. He did an excellent job checking the June/July Journal, and I welcome him to the Editorial Team.

Apology

Sorry the June/July issue was slightly late. We had planned to hold it till after the AGM weekend to be able to include its outcome and photos. However, it took us longer than planned to include everything; and the Peterborough stop press and the Monday holiday at the end of May also contributed.

Fewer MRSA & C.diff than a year earlier

Cases in England from January to March 2009 (692 MRSA & 8,358 C.diff) were less than a year earlier – MRSA 29% less & C.diff 36% less. They were both slightly higher than Oct-Dec 2008. One patient in 12 on average caught an infection while in hospital.

The National Audit Office reported that about a quarter of hospitals still do not have facilities to isolate each such infected patient to stop infections spreading!

In the year from April 2008 to March 2009 Papworth did excellently – just 1 MRSA and 19 C.diff.

Going to hospital

In the 1940s to 1950s, the common reasons for going to hospital were falls, injuries, fractures, childbirth, and serious illnesses. Admission was mostly first come first served, with over 450,000 hospital beds, and average stay was about a fortnight.

Nowadays, it's heart attacks, collapses or strokes, childbirth, serious illnesses, scheduled operations, excess drink and/or drugs. Hospital beds now total about 140,000, and average stay is shorter – mostly from 4 to 35 days. More treatments are done by GPs, or as outpatient appointments; and various operations are done as day-ward appointments. In mid 2007, the UK population was 29,916,100 males and 31,059,200 females. This total of about 60 million compares with about 50 million in 1950.

Papworth treated 21,507 inpatient and day cases in 2008-9, almost no change from 21,449 in 2007-8. They treated 40,406 outpatients in 2008-9, up from 33,348 in 2007-8.

Papworth did 59 heart and lung transplants in 2008-9, with 3 deaths in under 30 days (5%), against a national average of 12% mortality within 30 days on a like-for-like basis.

For cardiac surgery their 30-day survival

Continued on the next page

Continued from page 3

was 96.7% of 1,954 patients. Their mortality of 3.3% is below the *3.8% of the 0.5x Logistic Euroscore predicted mortality*. This performance indicator is impressive, particularly when considered against the backdrop of complexity of cases and the age profile of the patients presenting for surgery, both of which continue to rise.

18-week target nearly achieved

In May 2007, 51% of hospital inpatients were admitted within 18 weeks of referral eg by GP. In Jan 2009 this was 92%.

In May 2007, 72% of hospital out-patients were seen within 18 weeks of referral eg by GP. In Jan 2009 this was 96%.

Fewer drinkers

In 1998, 39% of men had over 4 units of alcohol daily – down to 33% in 2006. In 1998, 21% of women had over 3 units of alcohol daily – 20% in 2006.

More obese

In 1993, 13% of men and 17% of women were obese. In 2006 23% of men and 24% of women were.

Fewer smokers

In 1982, 43% never or occasionally smoked: this increased to 53% in 2006. In 1982, 35% were current smokers: down to 22% in 2006. In 1982 22% were ex smokers: 23% in 2006.

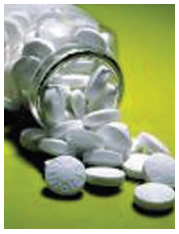
NHS Choices website

The NHS have a website
www.nhs.uk/Pages/HomePage.aspx
This gives access to lots of interesting information: medical advice, phone numbers of various services, an A-Z of 750 conditions and treatments, and articles about many general health issues.

NHS Business Services Authority

At the foot of page 8 in Issue 165, I gave the web address for NHS prescriptions data on the various drugs, manufacturers, and costs.

Recently, this has been incorporated into a new NHS Business Services Authority website. It covers NHS prescription services; the remuneration and reimbursement of dispensing contractors across England; and associated financial, prescribing, and drug information.
www.nhsbsa.nhs.uk/prescriptions



Who should take aspirin

Richard Maddison

Who should take aspirin has been queried as a result of some recent research. Some of the news reports on 29 and 30 May 2009 did not give the story clearly. In summary, the position is now as follows.

- Aspirin is enormously useful to prevent events such as heart attacks and strokes caused by blockage in blood flow to the brain. There has been concern that aspirin can also increase (a) strokes caused by bleeding and/or (b) bleeding in the stomach or digestive system.
- **If you are taking low-dose aspirin, then continue.** For people who already have or have had some disease of heart or circulation, low-dose aspirin is of definite and substantial net benefit. For these people, taking aspirin did not increase the number of strokes. See secondary prevention below.
- For people *without previous heart or circulation disease*, aspirin is of uncertain net value, as the reduction in heart or circulation events needs to be weighed against any increase in major bleeding. See primary prevention below.
- In both the primary and secondary prevention trials, the reductions in serious events for men and for women were similar.
- Unfortunately, all the patients took the aspirin in the mornings. Presumably the researchers did not know the benefits of taking aspirin at bedtime, which I have previously reported to you – BCPA Journal 163 p12.

Primary prevention aspirin

Primary prevention is trying to prevent a disease before it happens. This includes people who have never had a heart attack or stroke perhaps taking low-dose aspirin regularly to reduce the risk.

The researchers investigated the balance of positive and negative effects. The results indicate no overwhelming difference. So for each individual patient, it depends on whether it is better to risk a heart attack or internal bleeding.

The researchers assessed the benefits and the risks of low-dose aspirin in primary prevention, ie on people who had never had any heart or circulation disease. They put these people randomly in two groups, taking low-dose aspirin or a placebo. The aspirin people had 12% fewer serious heart or circulation events than the placebo group (0.51% v 0.57% per person year). This significant difference was mainly fewer heart attacks. The net effects on strokes and on deaths were not significant.

The people who took aspirin had significantly more internal bleeding in their digestion system and/or within skull than the placebo people (0.10% v 0.07% per person year).

So the conclusion was that in primary prevention, ie people without previous heart disease, aspirin is of uncertain net value, as the reduction in heart or circulation events needs to be weighed against any increase in major bleeding.

Secondary prevention aspirin

Once a patient has a disease, he/she and others can try to stop it getting worse, or at least slow down its progress, called secondary prevention.

Low-dose aspirin is of definite and substantial net benefit for many people who already have or have had some disease of heart or circulation. That was not in dispute, and the research checked and confirmed this again.

The researchers divided secondary prevention people, who had had a heart or circulation disease, into two groups to take aspirin or placebo. Taking aspirin significantly reduced serious circulation events (from 8.2% to 6.7% per person year). It also significantly reduced serious heart events (5.3% to 4.3%). Total strokes were also significantly reduced (2.54% to 2.08%). But for these secondary-prevention patients the aspirin did not significantly increase strokes caused by excessive bleeding.

Source. *The Lancet*, 373, 9678, pp 1849-1860, 30/5/2009

Crossword answers

Across 3 ALIBI *first letters of words* 6 SORE *SO REd* 10 HORRID *anagram R R I HOD* 12 INJURED *anagram RID JUNE* 13 ISOBAR *anagram OR BIAS* 14 IDLE *first letters of words % %* 15 CAMPERS *anagram SCARE MP* 16 DETACH *anagram THE CAD % %* 18 OAF *anagram OF A* 20 BURST *%* 23 BLUEBOTTLE *double meaning* 25 RUSH *double meaning %* 26 SINS *%* 29 SPREADABLE *anagram BREAD LEAPS %* 31 EGYPT *anagram TYPE + G% %* 32 YEW *solver = you* 33 THROES *anagram OTHERS* 35 BOTCHER *Old Boy RETCH* 36 INTO *double meaning %* 37 ALWAYS *anagram SAY LAW* 39 PENALTY *anagram PLAN YET %* 42 TOSSED *%* 43 IDOL *sounds like idle %* 44 ASIDE *first letters of words*

Down 1 CORDIAL *LAID ROC up* 2 DRIED 3 ADOPTIONS *double meaning* 4 BIRCH *double meaning* 5 IN *double meaning* 6 SULPHUR *Sulphur is the name of a butterfly* 7 OR *befORe* 8 REDRESS *double meaning* 9 ED *editor* 11 IS *in hIS* 17 CATARRH *anagram TAR ARCH* 18 OBESE 19 FUNNY *double meaning* 21 RUGBY 22 THREW *HER in TW* 24 ELABORATE *anagram TO BE A REAL* 27 IGNORED *anagram GONE RID* 28 SPECIAL *anagram LIPS ACE* 30 LEATHER *L EAR around THE* 33 TRAYS *mesSY ARTicles* 34 SISSY *SpIneleSS boY and omit the letters of BLEEP ON* 38 YO *half of yoyo* 39 PI 40 NO 41 TA

News from around the Areas

Local news from some of our groups

Dates for your diary are on page 7, and the list of Co-ordinators and contacts on page 14.

Cambridge
Bert Truelove
01223 844800

How quickly the weeks and months seem to fly past! I have just realised that I missed the last Journal, so will try to catch up with all the news from the Cambridge Group – some of it rather late.

At our well-attended Annual General Meeting in February the same committee was re-elected – I suppose that is no surprise.

Just a couple of days before Easter some 50 members joined together for a most enjoyable afternoon Easter tea at The Meridian Golf Club.

At our April meeting Revd Tom Ambrose gave an illustrated talk on Northern Spain, where he had been a geologist some 40 years ago. He showed most interesting slides of farming methods of the era, concluding his talk with the Pilgrims' Way to Santiago.

At our 24 June meeting we will be having a speaker talking about Scotsdale, a new cancer help centre that has been set up in Great Shelford at a Garden Centre.

In August, Miss Rosemary Wheeler will talk on *My life as a lady butcher*.

We have now arranged our annual visit to the theatre and Southwold on Thursday 6th August to see *Caught in the Net* – a Ray Cooney farce that brings back memories of the old Whitehall farces.

We have purchased a special bed for Mallard Ward at Papworth Hospital, with the generous help of two of our members. This has been well received by both the hospital and the patients using the bed.

Trust you are all well.

East Suffolk
Anita Postle &
helpline 01473 829777

I am sorry if this article may appear a little disjointed, however due to work commitments I am sitting in the Services on the A11 just outside Norwich writing this on June 19. Sad I know, but the thought of our exciting trip to Bressingham on 22 July is keeping me going.

We have had a busy few months: in April Andrew and David from the Crab and Winkle came along and entertained us with old Suffolk Songs sung in local dialect with a little help from our own member Josie.

We also had our very popular Craft Auction, which raised £185.95. There were some lovely items for sale – beautiful plants, homemade pies, bread & cakes: well done all of you.

I am delighted to say our Tombola at the ISSBA Business Exhibition was a huge success raising £526.80. I would like to say a massive thank you for the help and support on the day to Linda & John, Carol & Peter, Pat & Malcolm, Jack & Jeanne, Ron, Sue, Elsie, Joan, and John & Josie. Without these wonderful people the day would not have been possible – thank you.

Our next meeting will be on Wednesday 23 September when we are being taken on a walk through the life of Basil Abbott, local theatre critic. Basil is very funny and spoke to us many years ago about his other job, being a toastmaster.

On Wednesday 28 October, Paul Sawer is bringing his wonderful collection of Suffolk wildlife pictures to show us. We end the year as always with our monster Christmas Party on Thursday 3 December. This year we are being treated to an evening with *Jimal*, a highly recommended duo who promises to give us exactly what we want – what more can we ask!!!

I hope you all enjoy what's left of the summer and hope to see you at the above events. Take care of yourselves and each other.

Halton, Stella Bate
01928 566484

From Margaret Rimmer

It is with great sadness that I begin by reporting the death of John Fahey. John was our Co-ordinator until March 2008; and he worked hard, along with his wife Margaret, on behalf of the Group. John died on 4th June in Halton Haven Hospice. His mother, Kathleen, died on 22nd May and they had a joint funeral on 15th June at St Mary's RC Church, Woolton.

The funeral was attended by a number of our members. John will be sadly missed by his friends in the Halton Group; and our sincere condolences go to John's wife Margaret and his family.

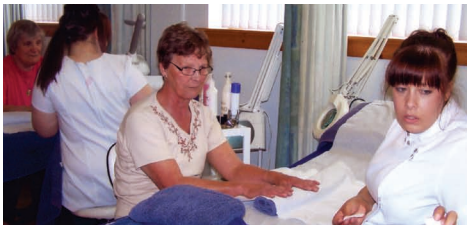
We celebrated St George's Day on 23rd April by dressing in red and white at our line dancing session. It was good to see everyone making the effort to dress up so soon after our fancy dress session at Easter!

St George's Day at The Grangeway Centre

Cliff and Gordon

Halton Group visited Port Sunlight on 5th May. We went around the Heritage Centre then got back on the coach for a guided tour of the village. The guide gave us an interesting talk about the history of the village, which was built in 1888 by William Lever. After lunch we had free time to look around the village. Most people went to look around the fascinating Lady Lever Art Gallery. We thank Beryl for organising the day out.

During April and May our members were treated to pampering sessions at Riverside College. This was Lil Davidson's idea, she suggested it because she thought it would not only help our new members if they were feeling low but would also benefit our existing members – especially the carers. Members were offered a manicure, pedicure and facial. We thank Nicola McGuire at Riverside College for helping us organise the sessions and also Alex Black and her students for looking after us so well and giving us a lovely, relaxing experience. We hope to do this again later in the year.



Joan and Peggy having a manicure at Riverside College

I will be able to tell you about our day out in Shugborough in the next journal. We meet every Thursday at The Grangeway Centre from 1pm to 3pm for various activities. New members are always welcome. Please ring Stella on the above number for information.

Fancy Dress at The Grangeway Centre

Lincoln, Brian Bigger 01522 686815

In the last *BCPA Journal* I mentioned that we were having a fund raising event at the North Hykeham ASDA Store. On the day Nigel Smedley, the events co-ordinator, arranged for a table along with a cover, red heart-shaped balloons for decoration, and several photographs showing the various aspects of the BCPA. Eleven members gave their time to make it all worthwhile – raising £288.81.

On Saturday June 13th Enid Freeman, one of our members, celebrated her 80th birthday with a party held at The Canwick Golf Club. Guests from all over the country turned up to help Enid celebrate on her special day. It was a party not to be forgotten, everyone really enjoying themselves with the excellent catering, and the camaraderie. Enid requested that a donation be made to the Lincoln Branch of The British Cardiac Patients Association in lieu of any birthday presents. A magnificent £430-00 was donated. Sincere thanks to Enid and Jim Freeman for their kindness and generosity.

At the monthly meeting on Tuesday June 2nd 2009, Paul Money, the well known astronomer, gave another insight on his recent expedition to the North Pole, sailing in a Russian icebreaker. This is the second time Paul has talked on this subject, but with plenty of additional items of interest. With over 30 members attending, it made a most enjoyable evening.

The visit to Clumber Park and Dukeries on Friday 5th June 2009 was another successful coach trip with 50 members on board. The first stop was a conducted tour at Greenmile Trees by invitation of the owner Chris Scott, ex Lord High Sheriff of Nottinghamshire. We spent a short and most interesting hour in the nursery looking at many rare species of trees and hearing how they came into their marketing strategy.

The next stop was Clumber Park. We entered by the main Apleyhead Lodge entrance, along the four miles of the magnificence lime tree avenue to the visitors centre. We had lunch in the new restaurant and lake room. Members went their separate ways to the plant centre, the church shop, or the lake with all its wildlife; or just took a lazy walk through a glorious blaze of rhododendrons in all their majestic glory. The Clumber Park estates department laid on three motorised scooters. We thank them for the way we were looked after – much appreciated by all. We had time for an ice cream and group photograph before departing on the coach by the Carburton Lodge to the Portland Estates, alongside the four mile long lake to Cuckney. We went through the Earl Manvers forest and the Duke of Devonshire's estate to Ollerton – a most beautiful ride on a glorious warm spring day; with woodlands and countryside at their most brilliant. We were indeed very fortunate, finally arriving back at the Ruston Marconi Sports and Social Club at 5.45pm.

Greenmile Trees, Clumber Park

Merseyside Douglas Broadbent 07751 254444

A new beginning

A relaunch of the group will take place on Tuesday 1st September at 2.30pm. This will be in our new venue, the RNA Club, Bowering Park Road.

Our Group has an reputation as a very forward looking group. An active support element coupled with a full social life totally in accordance with the BCPA ethos of care and support.

Despite a flourishing membership the group in recent times has lost some of its direction. It is with this meeting that we aim to put Merseyside back on the BCPA map.

All are welcome to attend. Please come and renew your support. For further information please contact me. Looking forward to seeing you all on the 1st September.

South East London & Kent Chris Howell 01689 821413

Michele Jacobs and her colleague, Tom Hammond, from Safer Neighbourhood Team covering the Hayes and Coney Hall area, gave an interesting talk on what their Team cover. If you are concerned how safe your home and gardens are, ring your local Neighbourhood Team and asked for some advice.

They invited along Rob Vale and Brian Davies from Bromley Trading Standards Department, who gave an interesting talk and answered questions. If you are concerned about any bogus callers at your door offering to do work and pressuring you, ring your local Trading Standards Office and speak to them – Bromley will send out their SAS team as soon as possible.

Our next meeting will be Quiz Night on 18th September when the Goggles will be challenging you all for the shield – look forward to see you then.

Staffordshire & District Alan Lea 01782 838730

An absolutely fabulous evening was had by all who came along to our 20-year celebration event. Along with good food and an anniversary cake laid on by our members, the venue was packed with friends old and new. Our thanks also go to the *Pencil Dots* for a superb night of entertainment, which everyone enjoyed.

The Pencil Dots Singing Group at our 20th party, 26 May 2009

It's time to get your thinking caps on. We will be holding a quiz night on the 25th of August at our usual venue. Why not come along and test your intellectual skills on the night. The questions will be geared to make it a fun event for all.

On 29th September we will be holding an area group Auction, so please bring along your items to donate to raise funds for yourself or our area group.

This month in our newsletter we are also looking to start a new recycling service for our members. If you have any items that you no longer require but they are too good to throw away, you may offer them to another member as a gift or for a small donation to the group. Members should contact me and I would put them in touch with the person who wishes to donate an item in order that they might arrange delivery or collection.

West Suffolk & South West Norfolk Brian Hartington 01284 762783

Hello everyone, we hope you are all well. We were promised a BBQ summer and for our annual Roast Dinner we actually had a hot day. Our thanks to our head cook Barbara and her two helpers Michelle and Pauline. The meal was wonderful.

However, I was very disappointed with the attendance for my daughter's lecture. Everyone agreed it was marvellous (including myself). Hazel answered every

Dates for your diary

Cambridge	W 26 Aug 7.30	Memorial Hall, Great Shelford. See column. Meetings are usually there 7.30 4th Wed of even months
Chelmsford and District Cardiac Support Group	F 21 Aug 8.00 Sat 5 Sept 8.00 F 18 Sept 8.00 F 16 Oct 8.00 F 20 Nov 8.00 F 11 Dec 8.00	*Tiptree Jams* – Wilkin & Sons Ltd. *Past, Present and Future* Stuart James Social evening *50 Years in Journalism* Josie Stephenson *Honey Bees – Evolution, Life and Products* Stuart Baldwin *A Theatrical Costumier* Ann Hardy Christmas social All 8.00 at Broomfield Parish Hall
East Suffolk	W 23 Sept 7.30 W 28 Oct 7.30 Th 3 Dec 7.30	*Being a theatre critic*. Kesgrave Social Club *Suffolk Wildlife*. Kesgrave Social Club Christmas party. Kesgrave Social Club
Halton		Every Mon 10.30 The Brindley Cafe. Every Th 1-3 at The Grangeway Centre
Havering Hearties	2nd Th 7.30	At Conference Centre, Oldchurch Hospital
King of Hearts, Redbridge, Essex	3rd Wed 7.30	Ford Sports and Social Club For details contact Tony Roth 020 8252 0877
Lincoln	Tu 4 Aug 7.30 F 18 Sept 7.30 Tu 6 Oct 7.30 Tu 3 Nov 7.30 F 1 Dec 7.30 Th 17 Dec	Roger Cosier, a member of "Lives". MSC Harvest Supper. North Hykeham Social Club HG, Moor Lane John Munday. *The Yeoman of the Guard*. MSC Rodney Cousins. MSC Christmas Celebration Party. North Hykeham Social Club HG, Moor Lane Coach trip Thursford Christmas Spectacular. Coach £11-50 + Ent £28-50
Martlets, Sussex		Usually 2.30 Lancing Parish Hall
Merseyside	Tu 1 Sept 2.30	Relaunch. RNA Club, Bowering Park Road.
Peterborough	Tues 7.15 Th 12 for 12.30	In 2009 all Tu 7.15: 15 Sept, 17 Nov Lunches Th 12 for 12.30: 15 Oct, Dec TBA. At the Cherry Tree Public House, Oundle Road
SE London & Kent	F 18 Sept 7.15 for 7.30 F 13 Nov 7.15 for 7.30	Quiz Night. All Victory Social Club, Kechill Gardens, Hayes Derek Spur. *Greenwich Parks*. Then Dec Christmas Lunch
Staffs & District	Tu 25 Aug 7.30 Tu 29 Sept 7.30 Tu 27 Oct 7.30 Tu 24 Nov 7.30 Tu 15 Dec 7.00	Quiz Night. All Tu 7.30 Thistleberry Hotel, Newcastle ST5 2LT Auction Beetle drive David Joynson talk on *Everest to Annapurna* Carol Service, City General Chapel UHNS
Take Heart, Southend	Second Th 8.00	At Eastwood Community Centre, Western Approaches, Leigh-On-Sea
West Suffolk & SW Norfolk	2.30	All Saints Church Hall, Park Road, Bury St Edmunds. See report (below)
Warrington	Third Th 7.00	All third Th 7pm, Post-Graduate Centre, Warrington Hospital
Wirral	7.30	Heswall Hall, Heswall. See report (below)
Wrexham	Third Tu 7.00	At Association of Voluntary Organisations, AVOW, Egerton Street, Wrexham

question that was put to her. In spite of my invitation to you all via the over 60s club, only three members attended, they were all committee members.

Our next two events are both luncheon dates, first at Tollgate Restaurant September 15th, 12.30 for 1.00. Menus will be available in a week's time, if you would like to phone me of goodies to come.

Also in the pipeline is the Christmas dinner, which will be held at W.S. College, Bury St. Edmunds, date to be advised.

We were unable to arrange an outing to Dad's Army Museum at Thetford as it's only open Saturday afternoon.

Gainsborough House outing is still being negotiated.

Wirral, George Bird
0151 653 4530

From Barrie Harding
0151 608 6212

The Branch continue to meet following the sudden and sad loss of our dear friend and Co-ordinator, Martin Legge.

We had a talk from Pat Lloyd of Age Concern at our May meeting and we held a Beetle Drive and buffet in June. Attendances have improved and we welcomed Macmillan Nursing Information and Support at our July meeting. Will members please note that we are having a break in August and we will not be holding a meeting this month.

Our next meeting will be on Monday 14th September at Heswall Hall as usual when Dave Scregg from The Fire Service will talk to us. In the meantime we will have had a store collection at Sainsbury's in Upton on 25th and 26th July. We have arranged a coach trip to Llandudno on Wednesday, 16th September. The coach is already booked so please support us on this trip and let us have your names as soon as possible. The warm weather continues so enjoy the summer but please take care out there from all at Wirral Group.

Antiplatelet benefits in pure fruit juice drinks

Eric Bates and Richard Maddison

Many people try to maintain a healthy heart and prevent heart diseases. They believe an appropriate diet helps to reduce your risk.

Foods with proven benefits are an established part of a heart healthy diet and good lifestyle advice for patients. This however has been limited to advice often focused only on foods that help reduce risk factors such as raised cholesterol.

Proven antiplatelet benefits

The role of platelets in cardiovascular (heart / circulation) diseases is well known. Platelets are particles in blood that can clump together to form clots – eg to stop bleeding, but a clot may block an artery. The clumping is called platelet aggregation.

Antiplatelet therapy is any medication that prevents the clumping of platelets, reducing the risk of cardiovascular diseases. Low-dose aspirin is an antiplatelet therapy. Other antiplatelet drugs are widely accepted to reduce coronary disease and strokes. Medical professionals still debate their undesirable effects as compared with the benefits of aspirin, which itself can have side effects.

For many years people have known that eating fresh tomatoes and drinking ordinary tomato juice is good for one's health – eg giving vitamin C, and as one of five fruits or vegetables daily.

In 2001, having already shown that tomatoes contain ingredients with potent antiplatelet properties, Professor Asim Dutta-Roy at the Rowett Institute of Health & Nutrition, University of Aberdeen, and his team formulated an extract of ripe tomatoes that delivered these effects. It helps keep blood platelets smooth so they don't clump together, and so blood flows more freely.

This tomato extract with proven antiplatelet efficacy is tasteless, patented, and called **Fruitflow®.**

Later research showed that Fruitflow:

- has no effect on the natural blood clotting process – eg at an injury; and
- does not cause gastric problems as side effects – which some blood-thinning ingredients do.

Pure fruit juice drinks

It is from this background that a new 100% pure fruit juice called **Sirco™** has been developed by **Multiple Marketing Ltd**, who manufacture and market **Sirco.**

Two varieties of Sirco

Available in two flavours:

- Blueberry & Apple
- Pomegranate & Orange.

A 250ml glass of Sirco has the right amount of Fruitflow and other fruits to be one of five fruit and vegetable servings daily with additional heart health benefits.

It does not taste of tomatoes because it contains just the active part of the tomato in a concentrated form. So anyone who doesn't like tomatoes can drink both Sirco varieties and get the benefits without any tomato taste!

Both flavours are ambient so are on the ordinary shelves where you would find other fruit juices – not chilled.

They are available in 1 litre cartons at 146 Waitrose stores; 556 Holland & Barrett stores; online from Ocado; and at all good health food stores who are supplied by any of: Tree of Life, The Health Store, Community Foods, and The Natural Health Company. Retail prices range from £1.89 to £2.59.

Trials and results

Provexis Nutrition Ltd own the Fruitflow registered trademark, and supply Fruitflow to Multiple Marketing.

The company has undertaken four years further clinical research and trials that showed that Fruitflow acts both *in vitro* (in an artificial environment outside the body), and *in vivo* (in the body). They also showed that Fruitflow works in the presence of four platelet aggregation compounds:

- collagen, a fibrous protein;
- thrombin, an enzyme that helps clotting;
- ADP, adenosine diphosphate, liberates energy for muscles to work, and can be blocked to reduce clotting;
- arachidonic acid, an unsaturated fatty acid essential for nutrition.

As would be expected for a heart health drink, no side effects have been reported in trials to date. **Sirco** has also shown no effect on the natural clotting process that occurs with injury.

Sirco effects duration

Sirco antiplatelet action takes effect within only 1½ to 3 hours after consumption, and lasts for up to 18 hours. **Sirco's** health benefit therefore works from the day you drink it, rather than several weeks later.

The study results also show that the antiplatelet benefits of **Sirco** could not be achieved through consumption of the corresponding amount of tomato juice.

A doctor's comment

Dr Chris Steele, MBE, resident GP on the ITV programme *This Morning*, said:

'The role of blood clots and blood health in cardiovascular health is less clear to patients than the role of cholesterol, but we suggest no less important.

'Many people know that cholesterol furs and causes narrowing of arteries. But some do not understand that a thrombus, ie blood clot caused by platelet aggregation, causes potentially fatal heart attacks and strokes.

'**Sirco** is scientifically proven to help keep your blood healthy, benefit your circulation, and so help maintain a healthy heart and cardiovascular system. As part of a healthy diet and lifestyle, **Sirco** and cholesterol-lowering products can work together to help maintain heart health.'

If on aspirin ask GP

If anyone has heart health concerns or is currently taking any anticoagulation medication – eg aspirin, warfarin – they should contact their GP before regularly drinking Sirco.

Sirco is 100% natural, cholesterol free and has no artificial colours, flavourings, Sweeteners nor preservatives.

Visit www.sircoheart.com for more information; or phone Eric Bates on 07899 918 817.

Common nonsense: 'a good diet'

Derrick Cutting

Most people have no idea how dangerous excess belly fat is – but they'd still like to get rid of it. And we all know how to do that, don't we? Just exercise and eat a good diet. Simple. But what is a 'good diet'?

Health professionals frequently advise people to eat a balanced diet. Sometimes I've challenged such professionals to explain what a balanced diet is exactly – and found them unable to do so. What hope, then, does the poor patient have of achieving it? No wonder dietary advice is usually ineffective.

It's often assumed that we all know what we should be eating – you know, that healthy balanced diet – but we just don't get round to eating it. It's true that a lot of people would benefit from having fewer burgers and more broccoli, but there's a bit more to achieving the ideal diet than that. If we all know what a healthy diet is, why do researchers spend so much time investigating the optimum balance of nutrients.

In search of the best balance

In the DASH (Dietary Approaches to Stop Hypertension) trial, Appel and colleagues examined the effects of different diets on blood pressure. A diet that included 8-10 servings a day of fruit and vegetables (very different from the typical American diet) could lower blood pressure significantly.

When two or three servings a day of low-fat dairy products were added to this diet, the reduction in blood pressure was almost doubled. A follow-up study by Sacks and co-workers confirmed that the DASH diet lowered blood pressure most efficiently when combined with a low salt intake.

Researchers went on to test three diets that followed the general principles of the DASH diet but contained different proportions of carbohydrate, protein and unsaturated fat. In the OmniHeart study (Optimal Macronutrient Intake Trial for Heart Health), the higher- carbohydrate

diet derived 58% of its calories from carbohydrate and was similar to the original DASH diet. This was compared with two diets in which 10% of the calories from carbohydrate were replaced with calories from either protein or monounsaturated fat.

All three diets produced improvements in blood pressure and lipids (cholesterol and related fats in the blood). But replacing some of the carbohydrate with either protein (about half from plant sources) or monounsaturated fat resulted in further reduction of blood pressure and improvement in lipid profiles.

And when it comes to losing those inches of metabolically toxic belly fat - which are central to the metabolic syndrome - the best balance of nutrients is by no means obvious. A typical low-fat (high-carbohydrate) diet increases glycaemic load, raising blood glucose and insulin levels – and potentially feeding the vicious cycle of insulin resistance that leads to more belly fat.

Turning advice into action

Supposing I offered you a free consultation including one-to-one dietary advice. I could give you the benefit of my conclusions from studying a wealth of research into the ideal balance of nutrients to reverse the metabolic syndrome, lose abdominal fat, lower blood pressure, raise protective HDL-cholesterol, improve heart health and reduce the risk of a stroke.

I might advise you to obtain 45% of your calories from carbohydrate, 25% from protein, 13% from monounsaturated fat and less than 5% from saturates. Maybe you would emerge from the consultation brimming with new insight and enthusiasm. But how on earth would you turn that energy into effective action? What would you put on your next shopping list or eat for your next meal? How could you achieve the best balance for the next day – not to mention the rest of your life?

If, on the other hand, I gave you a detailed plan – with recipes and menus – you would know exactly what to buy, how to cook it and how much to eat.

There is, of course, no shortage of popular diet plans. Some of these are nutritionally unsound and based on nothing more than pseudoscience. And the more sensible ones (whether low-fat, low-GI, low-carbohydrate or high-protein) will often focus on one strategy and overlook something vital – such as the content of salt or the balance of fatty acids.

The 28-day MUNCH plan filters and concentrates all the scientific evidence into one practical plan. Follow that and feel the benefit; see the effects of a really good diet. You will literally be eating to your heart's content, and achieving the optimum balance will soon become a way of life. Now that's uncommon sense.

Dr Derrick Cutting
Author of *Dump Your Toxic Waist!*
Class Publishing 01256 302699 £14.99
p&p free, quote 10B
www.derrickcutting.com

Recipes - Janet Jackson

Swedish Strawberry Compote (Jordgubbskram) Serves 4

3 cups fresh strawberries
2 cups water
½ cup sugar
2½ tablespoons arrowroot or cornflour
Clean and hull strawberries. Cut large ones into bite-sized pieces.

In a saucepan, combine the strawberries and sugar. Mix a little of the water into the arrowroot or cornflour to create a thin paste.

Add this mixture into saucepan. Add remaining water, and stir to combine. Bring to a gentle boil, stirring carefully, and then take off the heat immediately.

Pour the strawberries into a serving bowl, Serve warm or cold with cream, milk or ice-cream.

Blackberry Pudding Serves 4

6 tablespoon butter, melted
1lb 450g blackberries fresh or frozen (thawed)
2¾ oz 75g caster sugar
1 egg
2¾ oz 75g soft brown sugar, plus extra for sprinkling
8 tablespoon milk
4½ oz 125g self-raising flour

Preheat the oven 180C Gas 4. Lightly grease a 1½ pint 900ml ovenproof dish. Gently mix the blackberries and caster sugar together in a large bowl. Transfer the blackberry mixture into the prepared dish.

In a separate bowl beat the egg and soft brown sugar together, stir in the melted butter and milk.

Sieve the flour into the egg and butter mixture, and fold in until a smooth batter. Carefully spread the batter over the fruit. Bake for 25-30 minutes, until the top is firm and golden. Sprinkle the pudding with a little sugar and serve hot.

Fruits of the Forest Milkshake Serves 2

9oz 250g frozen fruits of the forest, defrosted
1 banana, peeled and sliced
2¾ oz 25g vanilla ice cream
7fl oz 200ml semi-skimmed milk

Place all ingredients into a liquidiser and blend until smooth. Pour into glasses and serve.

Collapse, fall, fainting ... maybe heart related

Beds & Herts Heart and Stroke Network conference – Richard Maddison

Summary

If someone unexpectedly collapses

He or she may have fainted; or have any of: a blackout, short loss of consciousness, syncope, seizure, transient ischemic attack, stroke, fall, epilepsy, or a sudden heart or circulation condition. These terms are explained later.

The variety of what seems to have happened may have any of a huge variety of causes. The symptoms range from a slight partial loss of body control for a second or two without fainting and without any harm to the brain or body, to perhaps previously undiagnosed serious heart and/or stroke conditions needing longterm treatment. It can be difficult to determine the cause of a collapse.

Some patients who fall and are taken to hospital are treated for the fracture, but an underlying heart-related condition may be missed. Indeed some patients have had several such over a year or two before the heart-related condition is diagnosed correctly.

Doctors need a structured approach to diagnosis – to establish the cause with sufficient certainty to pick the correct effective treatment, including preventing future recurrences where possible, and giving appropriate information to the patient and carers. The presenters have documented their detailed procedures for how to diagnose and treat each kind of collapse, fainting, stroke, or whatever. See www.bhhsnetwork.nhs.uk.

Free health checks

This national programme aims to help prevent heart diseases among those aged 40-74.

Treating high BP in older people

This decreases the occurrences of and risks from cardiovascular disease CVD.

Introduction

In April 2009 I attended the **Beds and Herts Heart and Stroke Network conference**. Some presenters kindly provided me with their PowerPoint presentations so that I could create this article.

The Network team organised it excellently. It was supported by Bristol-Myers Squibb, GE Healthcare, Merck Sharp Dohme, Schering Plough, Servier, and Takeda – who all had stands.

Many presentations involved a lot of medical terms, and assumed the audience understood them. To explain all of them as well as the many points made would make this article too long and unreadable, so I have omitted a lot of detail. Numbered footnotes give the medical terms.

Collapse

I have here merged three presentations on collapse and related issues.

Collapse – is it heart, brain or muscles?
Dr John Bayliss, Consultant Cardiologist, W Herts Hospitals NHS Trust

Collapse, funny turns, seizures: many diagnostic possibilities
Dr Linda Parsons, Consultant Neurologist, St Albans City Hospital

When is a TIA not a TIA? What else might it be?
Dr Raafat Farag, Stroke Physician

Blackouts, syncopes, and falls

A collapse informally is when a person suddenly falls down; or needs to sit, rest, lie down, or take it easy.

A Loss of Consciousness, LOC, is when a person suddenly stops being alert and aware of their body and environment – but not asleep. Transient and temporary both mean for a short time.

A Transient Loss of Consciousness T-LOC is when a person suddenly for a short time abnormally stops being alert and aware of their body and environment. This is informally called a blackout. Over half of blackouts are what medics call a **syncope** (pronounced like sin-co-pay).

A syncope is a transient loss of consciousness without damage to the brain or the nervous system, usually leading to collapse. The rapid onset is followed by complete spontaneous recovery.

The underlying mechanism is too little blood over the whole brain, lasting a very short time[1]. This causes lack of oxygen to the brain[2].

A **syncope** is often related to both brain and a heart or blood circulation condition [see later].

In a person who may have fainted, the too-little oxygen will persist if he/she remains upright, and the lack of oxygen in the blood from not breathing[3] will worsen the situation.

Amnesia means a partial or total loss of memory – eg a patient may have no memory of a collapse or how they came to fall.

A fall is unintentionally coming to rest on the ground or some lower level, but NOT as a consequence of: violence or injury, loss of consciousness, stroke, or seizure.

A woman who reported falling claimed she tripped on an uneven paving stone and threatened to sue over her injuries. But had she been investigated well enough to exclude syncope?

Stroke and TIA

A stroke is when a portion of the brain loses its blood supply and thus short of oxygen, and it can become damaged. The part of the body that the brain controls stops functioning[5]. Brain damage may occur – and its severity increases with increased time till the patient receives the drug to clear the blockage.

A transient ischemic attack TIA is when the portion of the brain is able to regain its blood supply quickly, and so the stroke-like[6] symptoms are resolved. A TIA patient recovers in a few minutes to 24 hours.

TIA and stroke differ from migraine, where there is usually a slow evolution of spread of symptoms. In TIA or stroke the symptoms appear instantaneously.

The common causes of a stroke or TIA are a blood vessel becoming blocked – either by a blood clot forming there[7]; or by a clot that formed somewhere else flowing with blood to there[8].

For years medics called such conditions a TIA if it lasted less than 24 hours, and a stroke if it lasted over 24 hours. That usage is now superseded.

Seizures

10% of blackouts are seizures.

A seizure is an uncontrolled electrical activity in the brain causing disturbance[4] for a short time of one or more of: consciousness, motor function, sensation, behaviour, and/or emotion. A seizure may be caused by many possible brain disturbances – eg drugs, toxins, head injury, or brain tumour.

A seizure may be partial (five types) or generalised (six types) as explained later.

Epilepsy involves repeated seizures, in each of which nerve cells in the brain fire wrong electrical impulses up to four times faster than normal. The causes include head injuries, brain tumours, lead poisoning, wrong development of the brain, genetic, and infectious illnesses. For about half of such patients the cause cannot be found. Most patients control such seizures with medication.

A simple partial seizure is usually brief: with no loss of consciousness LOC and full recollection; or with visual illusions, hallucinations[9]; or with head turning, eyelid flutter or blinking[10].

A complex partial seizure has fear, LOC, hallucinations[11] or bizarre complex movements, and posturing of limbs eg on waking from sleep[12].

In the commonest generalised seizure, Grand-mal seizure, the patient may have injuries, accidents, tongue biting, and/or urinary incontinence. He/she loses consciousness and usually collapses. He/

she has: generalized body stiffening of the muscles[13] for 30-60 seconds; repetitive, rhythmic jerks involving both sides of the body[14] at the same time for 30-60 seconds; and then a deep sleep[15].

A seizure may briefly interrupt whatever the person is doing, with loss of consciousness, staring blankly[16].

A seizure can have sporadic jerks, usually on both sides of the body, and some patients describe the jerks as brief electrical shocks[17].

A seizure can have sudden and general loss of muscle tone, particularly in the arms and legs, often causing a fall[18].

Patterns from the above

A fall or TIA does *NOT* include T-LOC. If there is T-LOC it is *NOT* a fall or TIA.

Elderly patients who appear to have recurrent 'falls' may have had T-LOC or a syncope with no memory of[19] the collapse.

Early diagnosis and correct treatment prevents injuries, reduces later hospital admissions and costs, and helps maintain patient's independence.

Heart, circulation, & fainting

60% of blackouts are syncopes triggered by heart and circulation as below.

Our bodies have a system of nerves[20] that connect the brain to the throat, voicebox, windpipe, ears, lungs, heart, and digestive system; and also bring back to the brain information regarded as from the senses[21] – eg hearing & touch.

When someone has a surprise or emotional shock, or gets too hot, the brain may send out signals through those nerves to tell the arteries and veins to get wider[22] to help blood flow. The signals may also slow down the heart.

Occasionally, the heart doesn't pump quite enough blood against gravity to the brain. This can cause temporary fainting[24].

Each carotid artery at the front of the neck (one each side) has a pressure monitor[23] that detects any drop in blood pressure BP, eg when changing from lying or sitting to standing. The brain quickly puts matters right, eg increasing the heart rate &/or BP, so the person quickly recovers.

That fainting[24] is not life-threatening or health-threatening[25]. It is a syncope related to both brain and a heart condition affecting blood circulation. A tilt test can confirm the diagnosis by making it happen again under safe and recorded conditions [see later].

Someone may alternatively have a temporary heartbeat stop[26]. The heartrate suddenly increases, then decreases to below 40 beats/min, and stops for three seconds or more. The BP drops too low when or after the heartrate decreases, causing the syncope.

People can also faint from situations such as choking on food, vomiting, coughing.

Heat, stress, or position

15% of blackouts are syncopes caused by heat, stress, or the effects of body position.

A person may have low blood pressure when standing upright[27], causing fainting – eg anyone on a hot day, soldiers on parade standing still a long time in uniform.

If the fainting or heartbeat stop happens when driving a car, or swimming in a lake; or if it causes a fall fracturing a bone, the consequences can be serious. Sportsmen and women may collapse and die from undiagnosed heart disease.

Such blackouts are common. Syncopes cause 3% of A&E visits and 6% of acute hospital admissions. In the UK in 2005-06, syncope or collapse caused 83,000 hospital admissions. Of these 94% were 'emergency' admissions and about half were over age 75.

At least 10% of syncopes result in fractures. In elderly people, a patient with a syncope often presents to medics as a 'fall' – the patient does not remember the collapse or that they fainted.

Syncope is much more common than epilepsy. Some 10-20% of patients initially wrongly diagnosed as 'epileptic' are actually having a syncope.

Body functions and workload

Metabolism is the sum total of the chemical processes occurring in the body. This includes all body functions – brain, heart, breathing, circulation, digestion, growth, recovery from injury. It also includes elimination or removal of waste materials and products; as well as usual everyday functions and activities that you might initially think of.

The heart, lungs and circulation must provide to each part enough oxygen and all the right chemicals for its function. If they are not providing enough, the brain and nerve system may make the blood vessels wider as above – thus causing fainting if not enough blood reaches the brain.

About 5% of blackouts are caused by inadequate metabolism, where the heart, lungs and circulation can't cope; and/or overbreathing; and/or a psychological basis.

Heart rhythms

10% of blackouts are syncopes caused by heart rhythm faults.

Arrhythmias are abnormal heartbeat patterns. The symptoms include palpitations – fluttering or trembling, dizziness, fainting, shortness of breath, and chest discomfort.

Fibrillation is a local uncontrollable twitching of heart wall fibres or parts of muscles, and/or irregular heart beating.

Atrial fibrillation is a very common abnormality of heart rhythm – about 10% of people over the age of 70 have it. When this occurs, the top chambers of the heart, the atria, beat in a chaotic fashion.

Ventricular fibrillation is an irregular twitching of the heart muscle wall, interfering with the normal rhythm of the ventricles, the lower chambers of the heart. The electrical impulses may become chaotic, so the heart muscles do not respond correctly.

Such abnormal heartbeat patterns are often corrected by an Implantable Cardiac Defibrillator ICD, which monitors the heartbeat pattern, and when it becomes wrong gives a shock to restart the heart correctly.

Long QT is explained in reply to a letter.

Tilt test

In a tilt test, a patient who has had a blackout with unknown cause lies on a bed in a dark quiet room with ECG and other observables continuously recorded. The bed is tilted, altering the blood flow to reproduce the fainting under controlled conditions. The goals include:

- to reproduce the symptoms
- the patient learns the warning symptoms
- more confident of the diagnosis.

The BCPA donated the tilt-test system at Papworth.

Implantable ECG Loop Recorder ILR

Under local anaesthetic an ILR is implanted in the patient's upper left chest. It keeps a high-quality downloadable record of the patient's ECG *before and during* the attack. This is very cost-effective – costing 26% less than a normal implant and giving the required diagnosis in 43% of patients. By contrast conventional event monitors only give the diagnosis in 6% of patients.

Causes, diagnosis and treatment

The detailed history, from both patient and others who witnessed, includes: the background to the blackout; the symptoms that signalled the impending onset[28]; what happened during the event; and what happened afterwards.

Establishing the cause and hence deciding what treatment may also need any of: a questionnaire that determines whether the patient had a syncope; clinical examination to assess underlying causes; pulse rate & rhythm; blood pressure measured with the patient lying on his/her back face up[29], and when standing; checking for murmurs; and a 12-lead resting electrocardiograph ECG.

The cause determines treatment area.

- ECG abnormal • Cardiology
- History of brain injury • Neurology
- History or evidence of structural heart disease • Cardiology
- Family history of sudden death or cardiomyopathy • Cardiology
- Collapse during exercise • Cardiology
- Features strongly suggest seizure
- Neurology
- Temporary fainting, infrequent, and not life-threatening or health-threatening[25]
- GP[30]
- Temporary fainting, frequent or life-threatening or health-threatening
- Cardiology

Incontinence, injury, and/or pallor can occur in any of: syncope, seizure, lack of sugar-like compounds in the blood[31], or in a non-epileptic attack[32]. So these are not ways of getting the correct diagnosis.

Details

Dr Bayliss & Dr Parsons each gave details of procedures to diagnose and distinguish correctly between various possibilities. Dr Farag had a handout. All are available on the network website.

See www.bhhsnetwork.nhs.uk

NHS free health check if 40-74

Dr Julie Harries, Director, NHS Improvement

These free health checks aim to help prevent heart diseases.

This national programme has a set of core tests that are to be consistently and systematically delivered across the country in phases starting April 2009. Locally, each PCT will decide how best to implement it in their area.

Everyone aged 40-74 should get: a **free NHS health check**, including face to face check; assessment of their risk of heart disease, stroke, diabetes, and kidney disease; explanation of vascular risk; tailored lifestyle advice; with referral to other investigations and interventions as appropriate.

The challenges include providing and ensuring: the call and recall system; quality assurance; avoiding health inequalities; raising awareness of the risk factors; monitoring; clarity of roles and responsibilities; evaluation of effectiveness; and research. It is not cost effective to test everyone from 40-74 for diabetes and/or lack of sugar-like compounds in the blood[31].

High BP in older people

Professor Mike Kirby, GP & visiting Professor, University of Hertfordshire

The management and treatment of high blood pressure BP has gradually improved over the years.

General population awareness of high BP and associated risks has similarly gradually increased to about 62% of men and 71% of women. Many people are not aware that they have high BP.

About 12% of the adult population have high BP.

In both men and women systolic BP increases from about 110 at ages 18-29 to 150 by age 80. Diastolic BP increases from 70 at 18-29 to 80 at 50-59 then decreases to 70 or 75 by age 80. These vary slightly with ethnic/racial origin.

Treating high BP decreases the occurrences of and risks from **cardiovascular disease CVD**. CVD means anything wrong with heart and/or blood circulation. Treating it reduces the risks of: Coronary Heart Disease CHD, stroke, major coronary events, death from any cardiovascular cause, and death from any cause.

CVD is a leading cause of death in the UK – the cause of 35% of men's deaths under 75 & 27% of women's deaths under 75. CVD includes:

- CHD (22% of M deaths & 13% F);
- Stroke (6% & 7%); and
- Other CVD conditions (7% & 7%).

Of people aged 65+ in England, about 80% of men and women have or would if untreated have high BP over 150/90. Of them, 28% are treated with drugs and controlled to under 140/90; and 26% are treated but not satisfactorily controlled.

The HYVET trial confirmed the benefit of treating older people over 80.

Other presentations

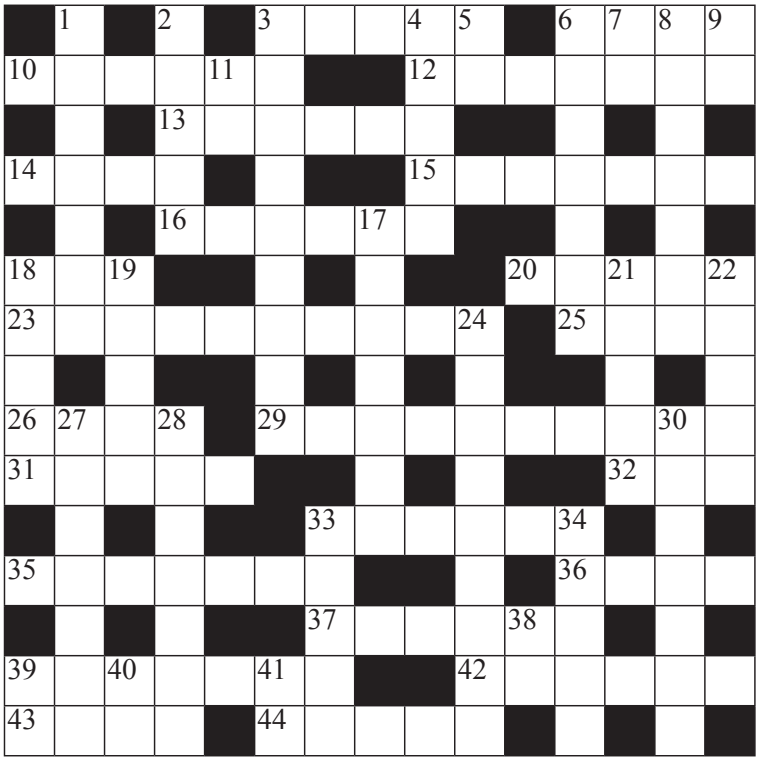
David Festenstein told the story of his stroke and treatment *My Stroke of Luck*. His website is www.mystrokeofluck.co.uk and he is looking for further keynotes and funded projects where he can make a significant contribution to the recovery process.

Dr David Hackett discussed Local inequalities in CVD. The Network Team gave a Local perspective on NHS health checks.

For details see www.bhhsnetwork.nhs.uk.

Notes

1 transient global cerebral hypoperfusion. 2 cerebral hypoxia. 3 asphyxia. 4 transient stereotyped disturbance, here meaning short duration pattern and effects that have become stale through use. 5 also called a cerebro-vascular accident CVA. 6 CVA symptoms. 7 thrombosis. 8 embolus. 9 parietal lobe origin. 10 occipital lobe origin. 11 temporal lobe origin. 12 frontal lobe origin. 13 tonic phase of the seizure. 14 clonic phase. 15 after-seizure phase. 16 absence seizures. 17 myoclonic seizures. 18 atonic seizures. 19 amnesia. 20 The vagas nerve connects these. Vaso- means blood vessel. 21 sensory information. 22 dilate. 23 the baroreceptor cells. 24 vasovagal fainting. 25 benign. 26 cardioinhibitory syncope or neurocardiogenic (vasovagal) syncope. 27 orthostatic hypotension. 28 prodrome. 29 supine. 30 Primary Care. 31 hypoglycaemia. 32 pseudo-seizure.



Second copy of crossword

Here is a second copy of the crossword, so two people can do it. Fold back down the middle of page 14 to read the clues without seeing the other copy.

Letters to the Editor

Long QT

Dear Dr Maddison

As members we read the *BCPA Journal* and find lots of interest – my husband had a quadruple heart bypass. We do not have access to the web.

In 2000, I spent a week in our local hospital in the intensive care unit with an irregular heartbeat and palpitations. I had various heart tests – electrocardiogram ECG, magnetic resonance imaging MRI scan, and angiogram.

The doctors said I had an electrical fault, Long QT syndrome, causing arrhythmia, so I am taking beta-blockers for life to control it. I have read some articles about people with Long QT syndrome dying suddenly. I wondered if you could explain Long QT syndrome. I would be much obliged.

Anonymous here

Reply (shortened)

Arrhythmia means an abnormal rhythm of the heart. This may be from a birth defect, coronary heart disease, other heart disorders, overactive thyroid gland,

Looking for an adrenaline rush?

Corey Beecher

As I begin my tenth year working at Bedford Hospital as a member of the cardiac rehabilitation team, I am taking time to reflect on some of the changes in activities that people are involved in.

With a 10-year history of working with patients following their cardiac events, my main observation has been the average age of the people I meet. When in 1999 I began this phase of my career, I was always the youngest person in the room at rehab. The average age was 62. Probably twice as many men as women were coming through the programme.

Changes

Nowadays the scene is very different. Many more people attending rehab are in their 30s and 40s. The number of instances of women having cardiac difficulties has increased to 35%. Part of the reason for this could be the medical diagnostic tools now available. At Bedford Hospital, we now diagnose in a completely different way from the ways back then. Also, a larger proportion of the referrals we receive are having their interventions before they attend rehab. All to the good for the patient, and that is where we need to keep the focus, because if we have no patients we have no service.

The reason for giving a potted history of my NHS career may seem to be pointless, but it leads me to the types of activity that people are undertaking. With the average age of the people referred dropping the variety of exercise or sporting pastimes has broadened in line with this change. The major form of activity advised has not changed, with walking being the most popular, having the easiest accessibility, and should be available to the vast majority of people. Some things do not need changing – as the old saying goes: 'If it ain't broke, don't fix it!'.

Other activities that have not changed either way include golf, bowling, and badminton. Swimming has had a lot of publicity over the past few months; and the number asking for advice on this has doubled over the 10 years. This may in part be due to the government-funded schemes to offer free swimming to certain groups – including the retired; to encourage more activity and exercise to form part of their daily and weekly schedules. This is fine in the long term, but I worry about what will happen when the funding for this is either taken away or just simply runs dry.

Adventurous activities cost

More recently, more people ask about more adventurous activities. For example, we have just met a man who has a private pilot's licence. Following his heart attack and angioplasty and stenting he has begun the process of regaining his licence. This process is fairly involved and I will not bore you with the full facts, but the way he will need to prove his fitness to fly again is with a measurement of his cardiac function. This could involve a few of the tests that many people who have had any cardiac event may have been through themselves. He will need to undergo an exercise treadmill test, maybe an echocardiogram, and have a consultation with a registered qualified cardiologist on a panel of approved cardiologists. This all costs time and money, for a hobby or pastime that may have already incurred many pounds of investment to gain the licence in the first place.

So back to the tests, these are normally chargeable to the person who wishes to regain their licence. Fees range from £100 for a treadmill test to £250 for an echocardiogram. There is also cost of the cardiologist's time. So in order to regain a pilot's licence it may cost around £500.

In addition to flying, this chap also undertook regular holidays to more exotic climbs than Bedfordshire. Once there he would enjoy a sub aqua dive to check out the underwater wildlife. Again he needs a strict medical to be passed medically fit to dive. He will again be put through the wringer to ensure that nothing untoward could befall him.

Motivation

Why does he enjoy such activities? That is a question only he can answer. But as with most subjects, I do have a view on it. Adrenaline or the rush of adrenaline is what a lot of people crave. Whether it be the way your heart skips a beat when you see someone you are falling in love with, or diving in a clear blue sea watching the underwater world happen before your very eyes, adrenaline is involved.

In the future we may see more and more people taking up these types of activity following their cardiac events to replace that adrenaline rush that can be reduced by some of the medications people are advised to take following their cardiac event.

Well time has moved on and I need to disappear off to complete a BASE Jump (Building, Antenna, Span, Earth). You jump off a building 500m high and when about half way to the earth again, let your parachute open and glide down to the ground, hopefully landing without a bump.

So between now and my next article keep exercising, don't stay still and look for any opportunity that may present itself to you.

caffeine, and/or drugs for Parkinsonism or incontinence.

The QT interval is the total time on the ECG from the start of the QRS to the end of the T-wave, corresponding to the left and right ventricles contracting.

Long QT syndrome is an inherited defect in the heart rhythm caused by a mutation in a gene that regulates the heart's electrical system. Beta-blockers can help maintain a normal heart rhythm in 90% of cases.

In the US, 4,000 children and young adults die yearly of Long QT syndrome. The first sign may, unfortunately, be that the heart muscle abruptly goes into fibrillation – beating too fast and so ineffectively that the blood stops circulating. The heart has to be defibrillated (shocked back into a normal rhythm) within a few minutes if the person is to survive.

Diabetes & sugar

Dear Dr Maddison

Thanks for all the useful information contained in BCPA journals.

Our son James is a diabetic. In the June/July issue, Janet's recipe for *Sugar Free Fruit Cake* sounds delicious – however it most certainly is *not* sugar free.

The fruit and honey contain sugars, which *must* be counted for diabetics. Many heart patients are also diabetic. Failure to take this into account could cause problems for Type 1 patients or Type 2 patients to go hyper! Perhaps 'no added sugar' could be the correct description.

We hope this is taken as a constructive comment, which can be published in the next issue.

Janet & Leslie Goddard

Janet Jackson's reply

It may have been advisable to include 'The fruit provides sweetness, so there is no need for extra sugar'. It did state that the honey could be replaced with one banana. However, diabetics are usually aware of the need to look further into the list of ingredients.

All such recipes will have an element of sweetness in some form, eg the fruit.

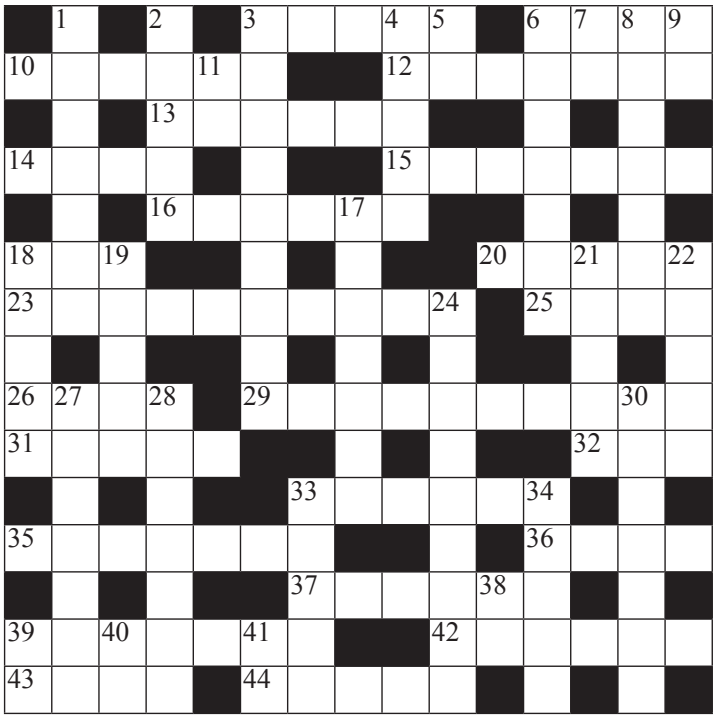
Crossword – second copy page 12, answers page 4

Across

3 Excuse as like I'd been in first place (5)
6 So red where it hurt (4)
10 Disgusting Rolls Royce I found in hod (6)
12 Rid June of wounded (7)
13 Weather chart pressure line or bias altered (6)
14 Inactive defective lazy engine starts ticking over (4)
15 Tent dwellers who may scare MP (7)
16 Disconnect & dishonour the cad (6)
18 Lout as of a stupid yob (3)
20 Split open like balloon can (5)
23 Fly with coloured glass container (10)
25 Hurry to do too quickly (4)
26 Forgive us our wrongdoings (4)
29 Like margarine – bread leaps for it (10)
31 Pyramid country type with gent in (5)
32 Churchyard tree sounds like solver (3)
33 In the process of doing, maybe fixing others (6)
35 He does everything badly, making old boy retch (7)
36 Interested in, keen to (4)
37 Say law for ever (6)
39 Muddled plan, yet you have to pay (7)
42 Turned as unable to sleep, like a pancake flipped or coin spun (6)
43 Image sounds like 14 across (4)
44 Apart so initial digression excluded (5)

Down

1 Pleasant friendly drink partly laid rocks up (7)
2 Dehydrated, rubbed with towel (5)
3 Stood pain & merged committee's acceptances (8)
4 Cane to whip tree (5)
5 Accepted with entry (2)
6 Yellow non-metallic chemical butterfly (7)
7 Alternative if in before (2)
8 Compensation to put clothes on again (7)
9 Briefly in charge of publication, ... (2)
11 ... he be in his element (2)
17 Tar arch infected nose or throat inflammation (7)
18 Fatter than overweight ... (5)
19 Peculiar or 'Ha, ha'... (5)
21 ... to play this school game (5)
22 Chucked her confused in Twickenham postcode (5)
24 Intricate, to be a real complex (9)
27 Overlooked, disregarded, gone, rid (7)
28 Particular shaped lips – ace (7)
30 Left hearing organ around the tanned and dressed hide (7)
33 Flat surfaces to carry back some messy articles (5)
34 Spineless boy – ditto without bleep on (5)
38 Slang greeting half a toy winding string (2)
39 Multiply diameter by this to get round distance (2)
40 Forbid denial (2)
41 Short thank-you speech (2)



Statins might cut heart risk in the healthy

On 1st July, just before this Journal went to the printers, the headlines, eg the *Daily Mail* front page, were about statins! Dr Jasper Brugts, in Rotterdam, published a review of the results of ten statins trials.

The conclusions are essentially the same as in *Journal 165, April/May*. The averages of ten trials are slightly different from the one trial I reported then. Whether taking a statin as primary prevention provides overall health benefit for people who have never had any heart condition remains undecided and controversial.

As on page 12 herein, the NHS will offer those aged 40-74 a free health check. Suppose 15 million are examined, and where appropriate given treatments, aspirin, statin ... This might save an estimated further 15,000 events such as heart attacks and strokes per year in addition to the estimated 7,000 currently being avoided. *RM*

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Membership and aims

Whatever your interest it may be that becoming a member is something you have never considered.

Are you reading this Journal as someone who is not a member of the Association? If so we are pleased to count you as a valuable part of our readership.

However, might you take a few moments to consider making use of the application form to join the Association. It may be that you are a heart patient, a relative or carer of someone with a heart condition, or indeed someone taking a general interest in the Association and the support we are able to offer. Whatever your interest it may be that becoming a member is something you have never considered. May we invite you to consider it now. We would be delighted to hear from you.

We partly rely on donations to help us support cardiac patients and their families or carers. We aim to provide advice, information and support to help anyone who has had a heart condition, and aim to help reduce or prevent heart-related troubles. Your generosity could help us to help others to live a fuller and healthier life.

If you do not have a group near you and would be willing to help start a group in your area, please contact our Head Office for an informal discussion.

If you have any questions that we can help you with please write them on a separate sheet of paper and we will do our best to help you.

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Type(s) of treatment(s) & hospital(s) .....

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Is there anything you would like help with or information about?

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