

## Health & Well-being

RoodlaneMedical  
part of HCA Healthcare UK

### Dr Gill's Blog



I have changed my diet steadily over the years based on what I read, what seems to suit me and what manages my weight. For me this means a low carbohydrate diet with lots of fresh vegetables. I have cut back on red meat for health reasons, including bowel cancer which is common in my family. The world cancer research fund says:

"Eat no more than 500g (cooked weight) a week of red meat, such as beef, pork and lamb. Eat little, if any, processed meat such as ham and bacon. This is because the evidence suggests eating 500g or less of red meat a week doesn't significantly increase bowel cancer risk. Red meat is also a good source of valuable nutrients, such as protein, iron, zinc and vitamin B12, so it can contribute to a healthy, balanced diet. Processed meat on the other hand has less valuable nutrients and can be high in fat and salt, so if you eat red meat it's best to choose fresh, unprocessed meat." Which is fine, less than 500g fresh red meat is easy.

What about chicken?

My main issues with chicken are intensive farming methods which are, well, just nasty. And the use of antibiotics in chicken farming. So some free range organic chicken is great. But that means restaurant chicken may not be a good option.



What about Soy?

A lot of Soy grown in the USA is genetically engineered. Fermented Soy is safer than unfermented so tofu is not great whereas miso is better. Fermented soy has a place in a healthy diet.

Finally fish, which I love and has been my favourite go to on any menu. But what about mercury? Mercury is a metal found naturally in the environment. Various activities including farming, burning coal, and using mercury in manufacturing increase the mercury levels in water, and soil.

In water, mercury becomes methylmercury. Fish absorb this mercury. When you eat fish containing mercury, you absorb the mercury. It harms the brain, heart, lungs, kidneys and immune system. It is harmful to an unborn child and to breastfed children.

In Alice in Wonderland the Mad Hatter is mad because hatters used mercury to treat felt to make hats.

Almost all fish and shellfish contain traces of mercury. Those higher up the food chain and longer lived have higher levels. Eating a lot of these fish and shellfish can result in high levels of mercury in the human body. Because of the mercury found in fish, the U.S. Food and Drug Administration (FDA) and U.S. Environmental Protection Agency (EPA) advise the following people to avoid eating fish high in mercury and to eat limited amounts of fish and shellfish that are lower in mercury:

- Women who may become pregnant
- Pregnant women
- Nursing mothers
- Young children



Best advice is to limit the fish you eat to 12oz a week and avoid shark, swordfish, king mackerel, or tilefish, because these all contain high levels of mercury. They are often used in sushi. Five of the most commonly eaten fish that are low in mercury are shrimp, canned light tuna, salmon, pollock, and catfish.

That probably leaves me with two red meat meals a week, two fish meals and two organic chicken meals. The rest should be vegetarian. Not bad actually, lots of choice.

## Looking after your Lifestyle

Full of beans? I should cocoa!

Around 2.2 billion cups of coffee are consumed globally every day. That's a lot of coffee.

There are said to be many health benefits to drinking coffee. This includes the reduced risk of stroke, liver disease, the overall risk of premature death and risk of Alzheimer's to name but a few.

Are these proven?

Exercise –

If you're reaching for a protein bar after your workout, it might be worth reaching for a cup of coffee instead.

Athletes that consume both carbs and caffeine after exercising have up to 66% more glycogen in their muscles compared with athletes that consume just carbs. Glycogen is the fuel that muscles use to function. When glycogen levels are raised it helps you recover faster – post-workout muscle pain can be reduced by up to 48%!

Stroke –

If you're a woman there's good news as research has shown that the risk of stroke is reduced by up to 25% when you drink more than one cup of coffee a day.

Please be aware that if you have hypertension, coffee can increase your risk of stroke.

The Brain -

Research has shown that caffeine helps protect cells in the brain, which reduces the risk of developing certain diseases such as Parkinson's.

Cancer -



Memory –

Coffee provides the best source of concentrated caffeine as it provides antioxidants which are known to provide protection against memory loss. Alzheimer Europe conducted a study that found the optimal amount of coffee to protect the brain from degenerative Alzheimer's is 3 to 5 cups a day.

Gallbladder and Kidneys –

Drinking regular coffees stimulates the gallbladder and kidneys; which help reduce the risk of gallstones and kidney stones.

If you're not a fan of coffee there are still lots of caffeine options out there!

Green Tea has a lower caffeine content at 25mg per cup. Green Tea's benefits include weight loss, antioxidants and boosting immunity.

Matcha is a type of Japanese green tea. Matcha has a calming effect due to its high L-theanine content, but it also gives a caffeine boost of 25mg per cup. It's also packed with Vitamin C, magnesium, Zinc and antioxidants.

Guarana Berries are found in the Amazon and contain twice the caffeine found in coffee beans. They are excellent for weight loss as

Caffeine and other chemical components in coffee have been shown to reduce the risk of several types of cancer.

- Mouth and throat cancer is reduced by 50%
- Prostate cancer risk is reduced by 60% in men who drink 6 cups of coffee a day
- 5 cups of coffee a day can prevent certain types of brain cancer by 40%
- 3 cups of coffee a day can delay, or even prevent, certain types of breast cancer

they reduce hunger cravings. Guarana Berries can be found in herbal teas or in extracted form.

It's worth noting that drinking coffee can have its benefits as part of a healthy diet however it should not be perceived that it will have an effect on negative health behaviours.

## Doctors Corner

Dear Doctor,

I've been snoring for years, but my wife says it's getting worse and at times I seem to stop breathing. I'm not aware of this, but she's worried. She thinks it might be "obstructive sleep apnoea". I'm not sure what this means.

### **OSA - What is it?**

Obstructive sleep apnoea (OSA) is a sleep disorder in which breathing stops and starts during sleep. Snoring is a major feature.

### **OSA - What's going on?**

Those affected by OSA develop airway obstruction while they are asleep. Obstruction occurs for different reasons (see below) and becomes more pronounced as the muscles relax. Snoring is the sound generated by vibration of the obstructed airways.

As the obstruction increases, the snoring intensifies. Eventually breathing stops altogether. At this point the blood oxygen levels fall and blood carbon dioxide levels rise. These changes are detected by the brain, which sends a signal to the body to work harder at breathing. The individual starts to wake up and the obstruction is overcome. This is accompanied by a large snort or gasp. Sleep then resumes, the muscles relax, and the cycle repeats - typically within 30-120 seconds. This process continues through the night, repeating up to 400 times.

### **OSA - Who's at risk?**

Airway obstruction is more common with the following:

- overweight (single biggest risk factor)
- large collar size
- structural abnormalities of the head and neck (e.g. very large tonsils)
- diabetes mellitus
- older age group
- regular use of alcohol/sedatives
- family history of OSA

### **OSA - How common is it?**

OSA is much more common than we realise, affecting an estimated 1.5 million adults in the UK. However, we believe that up to 85% of cases are undiagnosed.

### **OSA - Typical symptoms**

While asleep:

- loud snoring
- episodes of paused breathing
- brief awakenings (accompanied by loud snorts, gasps)
- worse after alcohol
- individual typically unaware
- bed partner disturbed

The following morning:

- unrefreshed
- dry mouth
- morning headache (lasts 1-2hr)

During the day:

- excessive daytime sleepiness
- general fatigue
- impaired concentration
- mental dullness
- irritability

### **OSA - Long-term health effects**

Studies have demonstrated that OSA increases the risk of many long-term conditions-

Metabolic effects:

- type 2 diabetes
- fatty liver (non-alcoholic)
- lipid abnormalities
- hypothyroidism
- polycystic ovarian syndrome

Cardiac effects:

- high blood pressure
- ischaemic heart disease (angina, heart attacks)
- rhythm abnormalities
- atherosclerosis (plaque in the arteries)

Brain effects:

- stroke
- transient ischaemic attacks (TIAs)
- dementia

Miscellaneous effects:

- depression
- loss of sex drive/erectile function
- relationship difficulties
- increased risk of motor vehicle traffic accidents

Most of these take many years to develop, but the list illustrates why we need to ensure that OSA is properly investigated and treated.

### **OSA - The investigations**

Epworth Sleepiness Scale:

Many people feel tired. However, in OSA the level of daytime sleepiness is excessive. The Epworth Sleepiness Scale (ESS) separates general tiredness from abnormal sleepiness. The scale should be completed by both the individual and their bed partner, and a score > 10 suggests that further investigation is necessary. A copy of the ESS can be found on the [British Lung Foundation website](#)

Sleep Studies:

The gold standard for diagnosing OSA is a sleep study known as Polysomnography (PSG). It requires overnight admission for recordings of the heart, brain, muscle activity and eye movement. More limited sleep studies do exist but are less accurate.

### **OSA - Management**

Lifestyle changes (these should be undertaken with GP support):

- Weight loss
- avoid alcohol/sedatives
- stop smoking
- avoid sleeping on back
- raise head of the bed.

Continuous Positive Airway Pressure (CPAP)

CPAP uses a portable device to provide continuous increased pressure within the throat. This prevents airway collapse when asleep.

Oral appliances:

These fit like a sports mouth guard. They support the jaw in a forward position to help maintain an open upper airway.

Medication:

From time to time the stimulant medication modafanil is used.

Surgery:

Operations on the tonsils, palate and throat are occasionally appropriate.

### **OSA - Further Information**

Not all those who snore have OSA, but anyone who is worried should seek a consultation with a Roodlane GP. We will assess you and if necessary make an onward referral for further assessment. There are some excellent sleep centres in London which offer thorough investigation and holistic treatment plans.

More information can be found at the [British Snoring and Sleep Apnoea Association website](#) as well as the [British Lung Foundation website](#)

This months Doctor's Corner was provided by Roodlane GP Dr Juliet Glover



### **Do you have a health related question?**

Why not try emailing us in confidence and you could see your question answered by a qualified Doctor in our next newsletter!

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