

Health & Well-being

RoodlaneMedical
part of HCA Healthcare UK

Dr Gill's Blog



Sitting in an airport the other day I picked up a newspaper and was immediately struck by a little piece about Neanderthal man.

I have always had a soft spot for Neanderthals who get bad press but in fact appear to have been peaceful and intelligent species. Their DNA is carried in current humans to a greater or lesser degree and my son and I jokingly refer to aggressive people as NEN (not enough Neanderthal).

The piece in the paper was about a Neanderthal skeleton with a dental abscess found in a cave in Spain. The date is about 50,000 years ago and the individual in question had been treating his condition with aspirin and penicillin. Both from natural sources, poplar tree and penicillin mould. I was left feeling we should think about things we already know more - how can it have taken 49,911 years for Alexander Fleming to work something out that Neanderthal man already knew.

We may also owe our Neanderthal cousins a debt of gratitude for a genetic lineage that protects us from diseases we encountered after we migrated from Africa. At the other end of the spectrum the speed of advance in medical knowledge and understanding is unprecedented.

The ability to map an individual genetic profile allows cancer treatment to be matched to a patient, avoiding unnecessary and unhelpful drugs, shortening treatment time and reducing side effects.



HCA offers this service through our own genetic laboratories as well as state of the art cancer treatments improving experience and survival.

We also have the world class Sarah Cannon Research Institute (SCRI) offering access to the latest trials. In a world where cancer rates have increased by 12% in the UK since the early 1990s and with the most rapid increase in the under 24s we need to develop more targeted and effective treatments. Multigene testing offers access to a wider range of treatments, less side effects and access to clinical trials.

We have some of the same challenges as our ancestors, we also have new ones and

Genetic understanding not only quantifies our relationship to Neanderthal man, it gives us a precious opportunity to understand how we can modify and personalise treatments to an individual.

our understanding of genetics helps us unlock both.

Looking after your Lifestyle

Gut Instinct?

Many people suffer from Irritable Bowel Syndrome (IBS). It's a common condition with worldwide prevalence estimated at between 9%-23%. It affects 10-20% of people in the UK. The symptoms of IBS can vary and many people go undiagnosed- unaware their symptoms link to this medically recognised condition.

The main cause of IBS is unknown with many causes being suggested such as infections, specific diets and inflammation, although none of these have been directly proven to lead to IBS.

Most experts think that it's connected with digestion and increased sensitivity of the gut, caused by muscle spasms in the bowel. Symptoms of IBS tend to be worse after eating and are periodic. Symptoms can last for several days and can improve but do not disappear altogether.

Some common symptoms of IBS are:

- Bloating and swelling of the stomach
- Diarrhea or constipation
- Flatulence
- Lethargy
- Feeling sick
- Bladder problems

It's also interesting to note that (and with many conditions which can impact our health) those who suffer from IBS may also suffer from a psychological condition such as depression and/or anxiety.

Stress can alter the connection between our gut and brain which in turn can have a direct impact on the movement of our GI tract meaning that those who suffer from IBS can have increased levels of stress.

An article published in the American Journal of Gastroenterology highlighted a randomized controlled trial of 75 women with IBS and the effects on their symptoms following an 8 week program of mindfulness training. Following the course it was concluded that mindfulness training had a substantial therapeutic effect on the severity of their condition, improved their overall quality of life and reduced distress.

A change in diet can also help reduce the symptoms of IBS such as the low FODMAP diet which involves the gradual elimination of certain foods to see which foods can make the condition worse. [The IBS Network](#) is a UK charity which provides useful information including a symptom tracker.



Please arrange to see your GP if you think you may have IBS symptoms so a cause can be determined.

We offer educational sessions and mindfulness programmes to organisations. If you would like to hear more, please contact the [Client Relations Team](#).

We are pleased to announce the opening of HCA London Digestive Centre at The Princess Grace Hospital with a planned event open to the public on 27th April. For more information please contact us.

Doctors Corner

Dear Doctor,

I am concerned about the risk of deep vein thrombosis when on the combined pill.

3 million women in the UK are currently taking the combined contraceptive pill. If taken correctly it is more than 99% effective in preventing pregnancy. Over the last 18 months or so there has been intermittent media coverage regarding patients on the combined pill and cases of deep vein thrombosis (clots in the leg) and problems from this clot moving to the lung (pulmonary embolism). These 2 problems are collectively known as venous thromboembolism.

Countries initially reacted differently to this information, with some only allowing gynaecologists to prescribe medication and some GPs asking patients to change brand of pill. There has recently been an update from the Royal College of obstetrics and gynaecologists in the UK and from the European medicines agency confirming that the benefits of these medications outweigh the risks.

What does the data say?

The risk of an event is quoted as the number of events per 10,000 women per year of use.

- 2 if not on the combined pill
- 29 if pregnant
- 300 straight after pregnancy

If you are on the contraceptive pill, it depends on which type of progesterone is in the medication.

- 5-7 if using levonorgestrel, norethisterone or norgestimate.
- 5-12 desogestrel, gestodene, drospirenone, norgestimate and dienogest, the combined transdermal patch (Evra®) and the combined vaginal ring (NuvaRing).

A recent study also suggests that pills containing the lowest doses of oestrogen (ethinylestradiol 20µg) may be associated with lower risk than those containing higher doses (ethinylestradiol 30-40 µg). Your risk of a clot is higher in the first year of use.

Why would I not be offered the one with the lowest risk?

There are several types available because they have different side effect profiles, for example there are some that are better for patients with skin problems. Patients are offered the type with the lowest risk if at all possible.

How would I know if I had a venous thromboembolism?

You should seek urgent medical attention if you develop pain, redness or swelling in your leg, or any chest pain, breathlessness or coughing up blood.

Of the events that do occur, only 1% are fatal. Women of reproductive age are much more likely to die in an accident than from an event due to the contraceptive pill. Over 3 million women in the UK are currently taking the combined contraceptive pill.

What other factors increase my risk of venous thromboembolism?

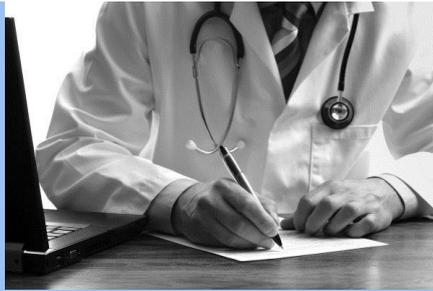
Age, immobility, smoking, obesity, long haul flights, pregnancy, and a family history of venous thromboembolism (which may suggest a clotting disorder).

Why do I need to come back every 6 months for a repeat prescription?

Your doctor should inform you that the risk of venous thromboembolism is increased by taking the combined contraceptive pill and there are other forms of contraception such as the coil and progesterone only forms which do not increase your risk. There is clear guidance available regarding safety of contraceptives and there are many reasons why these medications may not be advisable. This guidance may change as new data becomes available. Patients need to review these on a regular basis with the prescribing doctor and this should be done face to face to allow physical examination to be performed. A different medication may be more appropriate as you get older, start other medications, or with family history or lifestyle changes.

This month's Doctor's Corner was provided by Roodlane GP Dr Alexandra Hirst.





Do you have a health related question?

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

Email: DoctorsQuestions@roodlane.co.uk

[Visit our website](#)

[Follow us on LinkedIn](#)

© Copyright Roodlane Medical Ltd.

Roodlane Medical Ltd
58 New Broad Street
London EC2M 1JJ

 Facebook

 Google+

 LinkedIn

 Twitter

* [UNSUBSCRIBE](#)
* [FORWARD TO A FRIEND](#)
* [CONTACT US](#)

Company reg number 6395903