

YOUR HEALTH

Newsletter October 2020



Duradiamond

Building Healthy Business



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WORLD MENTAL HEALTH DAY

2020's theme (October 10) is "Greater Investment – Greater Access. Everyone, everywhere." And in this COVID-19 era, **everyone needs good mental health.**

COVID-19 changed our lives instantly, bringing with it a surge of fear, panic and uncertainty. People became anxious about catching the virus or transmitting it to family, especially if they had caring responsibilities for loved ones in at-risk groups.

Many will have suffered bereavement and had or have fears about job security and finances. For people who already have underlying anxiety issues, the pandemic has heightened their anxiety to extreme levels.

As the pandemic continues, many people are becoming more cut off from social contact than ever before and this can lead to feelings of loneliness. We are social animals and we are not used to living in isolation. We know from research that social isolation and loneliness can have serious psychological effects. Social isolation has also been linked to physical conditions such as heart disease.

Mental illness is already one of the leading causes of disability and disease worldwide. 450 million people currently suffer from a mental illness according to the World Health Organisation (WHO). It is estimated that depression represents the fourth leading cause associated with the worldwide disease burden, not far behind heart disease.

Past studies on the **health effects of pandemics** show an association with long-lasting declines in mental health. Clinicians are seeing an increase in mental health symptoms in previously healthy people and a substantial increase in serious mental health problems. UK studies have already shown increased feelings of anxiety and depression amongst the general population, with women and young people being hardest hit psychologically by the pandemic.

While the economic consequences of lockdown and the resultant slowdown/recession take effect, a further decline in the mental health of some people is expected.

This will, no doubt, result in increased hospital admissions and suicide rates. We are likely to see a surge of mental health problems that will affect people in the months and years to come; mental health services will need to adapt quickly to meet these challenges.

It is important that we, as individuals, **develop coping skills and build our resilience** during these challenging times. Resilience helps us deal with the emotions a new situation may cause and recover from stressful events and setbacks. Here are some tips on how to build resilience:



- **Gather high quality information:** this will help you to accurately determine your own or other people's risk of contracting COVID-19, so you can take reasonable precautions.
- **Socialising:** keeping in touch can provide numerous benefits to your mental health. There are many ways people can keep connected with family and friends using technology, whether by phone, digitally or video link.
- **Social media:** reducing or limiting exposure to social media platforms or news programmes can help reduce anxiety symptoms in many cases.
- **Remain physically active:** evidence tells us that exercising and doing physical activity can provide cognitive and mental health benefits, as well as keeping anxiety and depression at bay.
- **Keep your mind active:** doing crosswords, reading, etc. can help you feel in control and less worried. Activities such as these also help distract from unhealthy thoughts.
- **Sleep:** try to maintain regular sleeping patterns and keep good sleep hygiene practice.
- **Relaxation techniques:** these can also help deal with feelings of anxiety.

BREAST CANCER AWARENESS

Breast cancer is the most common type of cancer among women in the UK. Women have a one in nine lifetime risk of developing breast cancer. For this reason, **it is vital that women check their breasts regularly** for any changes and always have any changes examined by a GP.

The **incidence of breast cancer** increases with age, doubling every ten years until menopause, after which the rate of increase slows down. Breast cancer occurs **most commonly in women**, but just over 300 men in the UK are also diagnosed with invasive breast cancer every year.

Most breast cancers are diagnosed at an early stage and are therefore potentially curable with modern treatments. Survival rates have improved over recent decades, with almost 90% of women diagnosed with breast cancer surviving the disease for five or more years after diagnosis. Survival is, however, linked to the stage of the disease at diagnosis so it is important to speak to your GP if you have concerns.

The **peak incidence** for breast cancer is 45 to 75 years. Relatively few breast cancer cases are diagnosed in women under 50 in the UK and very few of those cases occur in women in their teens or early 20s. However, breast cancer is the **most common cancer in women aged under 40**. It is the leading cause of death in women aged 35 to 49 years and is second only to lung cancer as the leading cause of cancer death in all women.

Metastatic breast cancer is an advanced stage of the disease when it has spread to other organs. An estimated 5% of patients present with metastatic breast cancer and approximately 30% of people who present with localised breast cancer will later develop metastatic breast cancer. Common sites of metastasis include bone, liver, lung, and brain.

Risk factors:

- Female
- Increasing age
- Lifestyle factors: obesity, alcohol intake and the use of hormone replacement therapy (HRT) increase the risk
- (Physical activity and breastfeeding, protect against breast cancer)
- Genetic factors: 5% of breast cancers are due to inherited mutations in high risk genes such as BRCA 1/2 and p53.

Symptoms: breast cancer can have several symptoms, but the first noticeable symptom is usually a lump or an area of thickened tissue in their breast.

Most breast lumps are not cancerous but it is always best to have them checked by a doctor. You should also see your GP if you notice any of the **following symptoms**:

- A change in the size or shape of one or both breasts
- A discharge from either of your nipples, which may be streaked with blood
- A lump or swelling in either of your armpits
- Dimpling on the skin of your breasts
- A rash on or around your nipple
- A change in the appearance of your nipple, such as becoming sunken into your breast.

Breast pain is not usually a symptom of breast cancer.

How to check your breasts: it only takes a few minutes. There is no special technique and you don't need training. Check the whole breast area, including your upper chest and armpits. Do this regularly to check for changes. It is as simple as **TLC: Touch Look Check**.

- Touch your breasts: can you feel anything unusual?
- Look for changes: does anything look different?
- Check any changes with your GP.



Breast cancer screening: mammographic screening, where x-ray images of the breast are taken, is the most commonly available way of finding a change in your breast tissue at an early stage. However, you should be aware that a mammogram might fail to detect some breast cancers. Women with a higher than average risk of developing breast cancer may be offered screening and genetic testing for the condition.

As the risk of breast cancer increases with age, women who are 50 to 70 years old are invited for breast cancer screening every three years. Women over the age of 70 are also entitled to screening and can arrange an appointment through their GP or local screening unit. The NHS is in the process of extending the programme as a trial, offering screening to some women aged 47 to 73.

If you would **like to know more** about breast cancer, including different types, treatment, and living with breast cancer you may find the following sources helpful:

- www.nhs.uk/conditions/breast-cancer/
- www.cancerresearchuk.org/about-cancer/breast-cancer
- www.breastcancer.org/information-support/have-i-got-breast-cancer/signs-symptoms-breast-cancer

Postmenopausal osteoporosis: during and after the menopause women are at an increased risk of bone fractures and osteoporosis.

Breast disease: the risk of breast cancer increases with age but the rate of increase slows after the menopause. A woman who has a menopause in her late 50s has twice the risk of developing breast cancer as one whose menopause occurred in her early 40s.

Treatment: despite the controversy surrounding the risks and benefits, HRT is the mainstay of treatment in this condition. See below for more information. The following can be used as alternative therapies to HRT in the management of symptoms of menopause:

- **Lifestyle measures:** regular, sustained aerobic exercise can improve several menopause-related symptoms. Avoidance/reduction of alcohol and caffeine intake may also help to reduce the severity and frequency of vasomotor symptoms (hot flushes).
- **Pharmacological alternatives:** certain medications, which need to be prescribed by a GP, can help to reduce hot flushes.
- **Stellate ganglion blockade:** an injection of local anaesthetic into the collection of nerves in the lower end of the neck can be effective against hot flushes and sweating where a person cannot take HRT/other treatments don't work.
- **Diet and supplements:** calcium and vitamin D supplements and exercise for prevention of osteoporosis.
- **Complementary therapies:** the efficacy and safety of these are not proven and some may be possibly harmful, so it is best to speak with your GP before using these.

- **Psychological support:** cognitive behavioural therapy may help to alleviate low mood or anxiety that arises because of menopause.

HRT: this aims to replace oestrogen in the postmenopausal woman and so reverse the adverse effects of lack of oestrogen. The aim is to improve a woman's quality of life.

The appropriate type of HRT depends on several factors: whether or not an individual has had a hysterectomy, the woman's menopausal status (perimenopausal versus postmenopausal), preference for type of treatment (oral versus non-oral), the individual's past medical history and the current prescribed medication. Risks:

- **Breast cancer:** studies show that for women around menopausal age, oestrogen-only HRT causes little or no change in the risk of breast cancer. HRT containing oestrogen and progestogen may increase breast cancer risk. This risk may be higher if you take HRT for longer but falls again when you stop taking HRT.
- **Cardiovascular disease (heart disease and stroke):** if you start HRT before you are 60, it does not increase your risk of cardiovascular disease. However, HRT tablets (but not patches or gels) slightly raise the risk of stroke. The presence of cardiovascular risk factors is not a contraindication to taking HRT, as long as the risks are optimally managed.
- **Blood clots (venous thromboembolism):** Postmenopausal hormone therapy has been associated with an increase in the risk of venous thromboembolism (including deep-vein thrombosis and pulmonary embolism/clots on the lungs).

If you would like more information on the menopause please visit www.imsociety.org/

