

YOUR HEALTH

Newsletter November 2020



Duradiamond

Building Healthy Business



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TAKE CARE OF YOUR BACK

Back pain affects most people at some point in their lives and normally improves on its own within four to six weeks. Whilst symptoms can be upsetting for some, **the following can often help:**

- **Stay active:** try to continue with normal everyday activities.
- **Take painkillers if needed:** simple over-the-counter painkillers work well for most people.
- **Do regular stretches** such as those below to help manage your symptoms.

If the pain is severe or not improving after a week or so, contact your doctor.



The spine, is one of the strongest parts of the body and gives us a great deal of flexibility and strength. It is composed of 24 bones, known as **vertebrae**, which sit on top of the other with discs in-between each one.

The spine is supported by ligaments and muscles. These bones have discs in between and lots of strong ligaments and muscles around them for support.

There are also the bones in the tailbone at the bottom of the back, which are fused together and have no discs in between. On either side of the spine, are many small joints called the **facet joints**. Most back pain is caused by strains to the muscles or ligaments around these joints.

As you grow older, the structures of your spine, such as the joints, discs and ligaments, age and are subject to 'wear and tear,' just like the knee or hip joints. This can lead to stiffness in the spine, especially first thing in the morning.

As with all other wear and tear conditions, **prevention is better than cure**. Regular exercise leads to shorter and less frequent episodes of back pain and releases chemicals called **endorphins**, which are the body's natural painkillers. These improve pain and make you feel happier.

Choose a form of exercise that you enjoy as you're more likely to stick to it. The following forms of **exercise, which have helped people with back pain include:**

- Swimming
- Walking
- Yoga
- Pilates
- Strength training.

Exercises for back pain:

www.backcare.org.uk/wp-content/uploads/2015/02/Excercises-for-Back-Pain-Excercises.pdf

www.versusarthritis.org/media/12819/back-pain-exercise-section.pdf

There is also evidence to suggest that how you respond **emotionally** to having back pain has an important impact on how quickly you get better. The more positive you are, the more active you are and the quicker your back will get better.

Back pain can also be caused by some conditions such as **spondylosis, ankylosing spondylitis, sciatica or spinal stenosis**. As these require slightly different approaches to management, it is best to speak to a physiotherapist for advice on how to manage these conditions.

Serious back pain: very rarely, back pain or pain that travels down the leg can be a sign of something more serious. If you have any of the following symptoms, you should seek **urgent medical attention:**

- Difficulty controlling or passing urine
- Loss of control of your bowels
- Numbness around your back passage or your genitals
- Serious weakness in your legs so you find standing really difficult
- Severe and ongoing back pain that gets worse over several weeks.

The above symptoms could potentially be linked to a rare but serious condition that needs urgent medical attention.

Should I go to work when I have back pain?

Yes, if you can! Most people are able to do work, depending on the type of job they do and the severity of their pain. Where possible, ask for a referral to physiotherapy or speak to your occupational health department for advice on any simple adjustments to your work or workplace, to help you to cope and stay at work.

LET'S TALK MEN'S HEALTH

The average man pays less attention to his health than the average woman. Compared to women, men are more likely to:

- Drink alcohol and use tobacco
- Make risky choices
- Not see a doctor for regular checkups.

Men are assailed by the same diseases that can affect anyone: heart disease, stroke, diabetes, cancer, depression...but they also have unique issues such as prostate cancer and benign prostate enlargement.

Many of the major health risks that men face can be prevented with a healthy lifestyle: regular exercise, healthy diet, not smoking, stress reduction and alcohol consumption in the moderate range, if at all. Regular checkups and screening tests can spot disease early when it is easiest to treat.

So, don't be an average man - get on board with protecting your health today.

Let's focus on some conditions that are specific to men (including CIS men, trans women, some non-binary/intersex people).

Prostate cancer: the prostate is a small gland in the pelvis, found only in men. It is about the size of a satsuma and is located between the penis and the bladder. It surrounds the urethra (the tube that carries urine from the bladder out of the penis).

Its main function is to produce a thick white fluid that creates semen, when mixed with the sperm produced by the testicles.

Prostate cancer can vary from slow-growing tumours (which often have no symptoms) to very aggressive tumours. It is the most common cancer in men in the UK and makes up to 26% of all male cancer diagnoses. It is largely a disease of older men and is rare before 50 years of age.

The incidence of prostate cancer varies widely among populations worldwide. A low incidence is usually seen in Asian men while a higher incidence is observed in northern European countries. The highest incidences are reported from African American men.

Causes: the causes of prostate cancer are largely unknown but certain things can increase your risk of developing the condition:

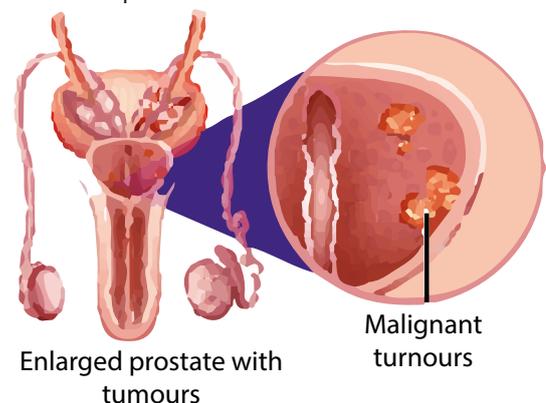
- Increasing age
- Ethnic origin
- Family history of prostate cancer.

Other risk factors include individuals with a certain gene mutation (BRCA1/BRCA2 mutation carriers), diet, obesity and smoking.

Symptoms: many men with prostate cancer may have no symptoms and the cancer is found only during autopsy (after death). Symptoms do not usually appear until the prostate is large enough to affect the urethra. Symptoms may include:

- Poor urinary flow, urinary hesitancy, urinary frequency, urinary urgency, and urinary retention
- Blood in the urine and/or sperm
- Pain: back, perineal, or testicular
- Constipation
- Incontinence.

In addition, patients may present with general effects of malignancy such as fatigue, lethargy, weight loss, anaemia, anorexia. These symptoms should not be ignored. They may not mean that you have prostate cancer; however you should seek medical help.



Clinical tests: there is no single test of prostate cancer. The most used are blood tests, a physical examination of your prostate known as a digital rectal examination, an MRI scan and a biopsy. There is a specific blood test called a prostate specific antigen (PSA) test, which measures the level of PSA and may help to detect early prostate cancer.

Men over 50 can ask for a PSA test from their GP. Men are not routinely offered PSA tests to screen for prostate cancer as results can be unreliable. This is because the PSA blood test is not specific to prostate cancer. It can also be raised by other, noncancerous conditions.

A raised PSA cannot tell a doctor whether a man has a life-threatening prostate cancer or not. If you have a raised PSA you may be offered an MRI scan of the prostate to help doctors decide if you need further tests and treatment.

Treatment: for many men with prostate cancer treatment is not immediately necessary. If the cancer is at an early stage and not causing symptoms your doctor may suggest “watchful waiting” or “active surveillance”. As prostate cancer usually progresses very slowly, you can live for decades without symptoms or needing treatment.

Some cases of prostate cancer can be cured if treated in the early stages. Treatments include:

- Surgically removing the prostate
- Radiotherapy: either on its own or alongside hormone therapy.

If the cancer spreads to other parts of the body and cannot be cured, treatment is focused on prolonging life and relieving symptoms.

Benign prostate enlargement: this is the medical term for an enlarged prostate. It is not a cancer, and at it is not usually a serious threat to health.

Many men worry that having an enlarged prostate means that they have an increased risk of developing prostate cancer, but this is not the case. The risk of prostate cancer is no greater for men with an enlarged prostate than it is for men without an enlarged prostate.

It is common in men over 50 and may even be regarded as a natural part of ageing.

Symptoms may include lower urinary tract symptoms including

- Frequency of urination
- Urgent need to pee
- Urinary continence
- Night-time urination
- Urinary hesitancy
- Poor stream
- Post-urinary dribble
- Difficulties fully emptying your bladder.

The cause of the prostate enlargement is unknown, but it's believed to be linked to hormonal changes as a man gets older.

Treatment of an enlarged prostate will depend on how severe your symptoms are. If you have mild symptoms you do not usually need immediate treatment, but you will have regular prostate checkups. You will probably also be advised to make lifestyle changes such as:

- Drinking less alcohol, caffeine, and fizzy drinks
- Limiting your intake of artificial sweeteners
- Exercising regularly
- Drinking less in the evening.

Medicine to reduce the size of your prostate and relax your bladder may be recommended to treat moderate-to-severe symptoms. Surgery is usually only recommended for moderate to severe symptoms that have not responded to medicine.

Benign prostate enlargement can sometimes lead to complications such as a urinary tract infection or acute urinary retention.

Symptoms of acute urinary retention include suddenly not being able to urinate at all, severe lower abdominal pain and swelling of the bladder that you can feel with your hands. **Go immediately to your nearest A&E if you experience these symptoms.**

