

Welcome!

It's 2018 already and we are firmly into the short days and cold nights in the long haul to Easter.

We have some interesting reading for you in this edition, not least from my good friend Charles Coleman who happily survived a heart attack and gives a graphic account of his experience (see article this page).

Turning to page 3, Amy Williams, a young work colleague, tries to convince us that donating bone marrow is fun! Not sure about that. I'm too old to donate but how heartening to see young people trying to do some good in the world in the best way possible: by saving lives.

It's always a pleasure to include an original cartoon from Tim Hughes (page 4) and also to include some happy Practice News on Page 5 with the return of Dr Lawrence freshly back from maternity leave.

Also on page 5 is some timely advice about the importance of keeping warm: not just you but also your vulnerable neighbours.

Finally. To round things off on page 6 is our regular feature by Sarah Chapman with her careful analysis of the evidence for taking antioxidant supplements to stop muscle soreness after exercise. Spoiler alert: they don't work!

I almost went to the Dark Continent

By Charles Coleman

I dithered about whether to drive to the airport or the doctor. In movies the heart attack victim clutches his chest before collapsing to the floor, his face a contorted mask of anguish and pain. Yes there had been pain, but could it be considered a crushing compression? It began at about 10 p.m. and came and went, either keeping me awake from the discomfort, or invading my thoughts with what might be in store for me. Could this be a heart attack? Surely not. It was easy to slip into denial. I had actually fallen asleep between 5 and 6 a.m., waking to the new day with not much pain. I loaded up and started down the mountain, driving myself.

I would take note of the car's airport parking berth and email the details to Betsey. She would fly in from Prague a couple of hours after I left for Johannesburg. A little voice in my head got the better of me. I decided to stop in at the doctor's office and ask his advice. It was on the way.

The receptionist wore one of those dismissive, 'nothing I can do about it' expressions. Without an appointment I couldn't see him. I frowned. On cue, the pain began, draping itself over my shoulders and chest like one of those anti x-ray blankets at the dentist. She wasn't looking at me. She was busy with some paperwork. No sleep, pain, and worry took their toll. Leaning on the counter I became quite shirty.



Continued overleaf 1

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“Look, I am supposed To be at the AIRPORT. I start a 3 WEEK AFRICAN TRIP tomorrow. I may MISS it. I am taking this VERY SERIOUSLY. (I was using a lot of capital letters) I need some advice, NOW.” (Was I being too shirty?)

She was still not impressed, (I'd like to say she was languidly chewing and snapping gum, but she wasn't). She did get up to “go and see”, disappearing at an amble. A few moments later a nurse poked her head into the waiting room and told me I should go to the ER.

“Where is it?”

She gave instructions and I went three buildings down, feeling more and more anxious. I was



leaning my 76 year old body on my cane, panting hard. I walked up the curving drive to the ER entrance. The door said Ambulance Patients Only.

I stumbled around to another door and went in. No Further Without Washing Hands! said a sign. I balanced my cane against the wall and used the alcohol dispenser. I moved on. Pain was returning.

Then a fine, lovely, intelligent, competent, courageous doctor took over, taking me seriously, drawing some blood, discovering troponin at a level of 3.6 rather than the normal 0.01 or whatever. This indicates heart muscle damage and that there has been an attack. They called for a bed at the Swedish hospital. A couple of hours later a bed was ready, my troponin level was now 16.4 and I went by ambulance to Swedish - no siren. There I was put in bed, had more blood tests and it was decided to do angioplasty in the morning.

They started at 8:30.

“All you'll feel is the prick and burn in your wrist where the radial artery can be accessed. The rest is painless.”

But that wasn't the case. It was quite different. They fed a catheter up my radial artery, around the corner at the shoulder and then down into my heart. I decided not to imagine its progress, but had trouble keeping my mind from this invasion. I lay on my back while a large fluoroscope console filmed my heart. It hovered over my chest, a great lump like an old fashioned TV set, obscuring the doctor. Sometimes it heaved about, swivelling and

sliding, coming to rest on my eyebrow for a moment. Would it crush me? I soon stopped worrying about this lump of apparatus.

The pain began at about 9 a.m. and continued until 10:30 a.m. without let up.

“What is the pain on a scale of 1 to 10?”

“Tennn, oh Tennn.”

I groaned and cried and moaned while they waited for the blockage to dissolve. They were placing two stents, tubes that force open blocked vessels. Balloons were also involved. One coronary artery was totally occluded while a second was only 90% blocked. It was indeed as if an elephant were sitting on my chest, and not a cute grey 100 pound baby elephant, but a snarling wrinkled mean one who sometimes applied his tusk. I would have cheerfully cashed in my chips anytime during that 90 minutes.

Back in my room I was still in pain, though it had subsided to an 8.5, a modest wheelbarrow of concrete perched on my chest.

Then began three days in intensive care with blood tests, pokes, and chest listening, all the while with five separate drips entering lines in both arms. I did a certain amount of groaning as days passed and the pain slowly decreased from 7 to 5, and then from 5 to 3. The nurses were one and all helpful, solicitous, friendly and competent.



At night atrial fibrillation brought my heart rate to a fluttering 166 and the night nurses jumped around with new drips. Later, with sinus rhythm restored, I was moved to a normal hospital room where I enjoyed the red jelly and a view out over the foothills.

So my trip to Africa was not what I expected. My encounters with elephants were unpleasant. Snakes dangling from fever trees beside the great grey green greasy Limpopo river were actually plastic tubes that entered my circulatory system to nurture.

Heart patients get no salt or fat. The food was bland and terrible. I lost 15 pounds. I now take seven pills a day and wonder what the bill will be. All in all I wish I had been home in Canada.

Donating Bone Marrow: it's more fun than it sounds!

By Amy Williams

I signed up to the bone marrow donation register at a drive at my university. Although I always intended to go through with the donation if I ever matched for somebody, I can't say I believed that I would hear anything more of it. I actually remember one of my medic friends at the sign up saying that they didn't want to sign up as they were scared of the bone marrow harvest procedure (I guess the thought of being 'harvested' is never that appealing), to which I responded with a shrug, confident that I would never actually be asked to donate.

Four years later, I received a call from Anthony Nolan, and after a few blood tests, it was confirmed that I was a match for somebody. It is true that this is very unlikely: for those on the Anthony Nolan register, only 1 in 790 are ever asked to donate. On top of this, the bone marrow harvest of which so many people are scared, is only actually used in 10% of cases. Most of the time, the less invasive 'peripheral' method is used. This is where, after a series of injections to promote stem cell production, donors are hooked up to a machine which filters out the newly created stem cells, before the filtered blood is returned to the donor. Those who have donated this way often liken the procedure to a long blood donation session.



saving the lives
of people with
blood cancer

I wasn't one of those 90% however, and my match needed bone marrow. I'm not going to lie and say I wasn't a bit scared beforehand, and I think this is a pretty natural response, but I would do it again in a heartbeat. When I spoke to people about my upcoming donation, I was astounded by the number of people I knew who had been affected by blood cancer, whose friends or relatives had received transplants, or even who had needed one themselves.

But enough about that – my intention in writing

this is certainly not to blow my own trumpet. What I want to do is encourage people to sign up to the register, and to debunk the myths that seem so prevalent around bone marrow donation. One of the first things people said when I told them I was going to be donating was 'ooh isn't that where they stick a big needle in you and suck out your marrow?' I heard about how the procedure was featured on an episode of the tv show *House* and its really painful... not the most comforting response to say the least. Donation is a commitment, sure, but after hearing the horror stories, the whole procedure seemed like a breeze.

For starters, as I said above, bone marrow donation itself is actually a pretty unusual way to donate – most of the time the procedure is done via peripheral donation which is more like a 5 hour blood donation. The stem cell promoting injections that are needed a few days before hand can also apparently cause 'bone pain' – now sure that doesn't sound ideal but it's not the excruciating torture that seems to spring to mind when most people picture stem cell donation.

Although, in principle, bone marrow donation is where they stick a big needle in your pelvis and suck out your bone marrow, I was under general anaesthetic at the time and didn't feel a thing. Even after I came around, it was sore certainly, but nothing like the stories I'd heard, and the hospital staff were lovely, professional and supportive. After the first day, I didn't need anything more than good ol' paracetamol for pain relief, and the scars were not nearly as impressive as I'd hoped they would be from all the horror stories: just two small dots on the small of my back.

Making my donation even easier was the support I got from my employer, Oxford PharmaGenesis, and Anthony Nolan themselves. I was allowed the time off to donate and recover with no hassle and on full pay, and PharmaGenesis didn't even ask for the wage reimbursement offered by Anthony Nolan, which made me very proud to be part of a company that stands by its principles. Anthony Nolan looked after me every step of the way too – booking my train tickets and tickets for my partner to come down and be with me for the

donation. In short: donating was very easy.

Beyond all that though, what is important is the recipients. What kept running through my mind the entire time was how in awe I was of the people on the other side of the transplant. After finding out I was a match I started researching the diseases that led to people needing the donations, and I'm sure I don't need to tell you this but blood cancer is really really horrible.

Looking at the stories of so many people battling such cruel diseases quite quickly puts the donation procedure in perspective and I'm sure you'd be surprised at how many people you know who have been affected.

Because finding match is so rare it is very important for as many people as possible to sign up: you aren't likely to be a match, but neither is anyone else, so as many people need to be on the register as possible. Of the 72 people diagnosed with blood cancer in the UK every day, 70% can't find a match in their immediate family and need a donor from the bone marrow registry. Matches are difficult to come by, at present only 60% of people can find the best possible match through the register, and for people from minority ethnic backgrounds, the likelihood of finding a match drops to just 20%. Males, too, are underrepresented, young men making up only 15% of those on the register.

Donating bone marrow was one of the best things I've ever done: it genuinely makes you feel differently, and think differently, about the people around you. On a more fundamental level, it's just quite a cool thing to think about. If the transplant is successful, my recipient will share my blood type for the rest of their life, which is something I find quite cool – a little connection with someone I may never know.

So, if you've not got this message already: sign up! There are a few different registers, each with different eligibility criteria, Anthony Nolan and DKMS being two major ones in the UK so if you can't join one, do check out the others! By donating marrow you could literally save someone's life and give hope to someone and their loved ones who are in a horrible situation. So sign up, do your good deed for the day, I promise you won't regret it.



From the Practice



Dr Lawrence is back from maternity leave on the 22nd January. She returns to her working days of Monday, Wednesday and Friday.

Remember to Keep Warm, Keep Well this Winter

Oxfordshire Clinical Commissioning Group is reminding residents in Oxfordshire about the actions they can take to 'Keep Warm and Keep Well this Winter.'

The NHS 'Stay Well This Winter' campaign is also advising the public about how to ward off common winter illnesses before they become more serious and a hospital stay is needed.

One of the best ways of keeping well during winter is to stay warm. Dr Edward Capo-Bianco Clinical Locality Director at Oxfordshire Clinical Commissioning Group said: "Our advice is that when indoors, have plenty of warm food and drinks and try to maintain indoor temperatures to at least 18°C, particularly if you are not mobile, have long term illness or are 65 years or over. If mobility is not an issue keep active as best you can. If you need to go out wear lots of thin layers and wear shoes with a good, slip-resistant grip to prevent any accidental falls."

Edward continues: "This is also a good time to think about how the bad weather may affect your friends and family, particularly if they are older or very young or have pre-existing health conditions. These groups can be particularly vulnerable to the ill-effects of cold so think now what you could do to help."

The simple steps which people – particularly those over 65 years, with long term conditions and their carers – can take to stay well include:

- Vaccinate yourself and your family, particularly those in at-risk groups, against flu, which

hospitalises thousands of people a year

- As soon as you feel unwell with a cough or cold get advice from a pharmacist, before it gets too serious
- Alternatively if you are ill call the non-emergency NHS 111 helpline which can advise you on the best service for your needs
- Keep as warm as you can and if possible maintain rooms at 18°C
- Pick up any prescriptions before shops close
- Re-stock on food and medicines before shops close.

People can also help the elderly in their community, who are often isolated and can be slow to seek help by:

- Getting to know your elderly neighbours
- Helping them keep warm and fed
- Encouraging them to keep mobile
- Helping with shopping and home tasks
- Taking them to the shops, GP or local pharmacy to pick up medications or get their flu jab
- Watching for illness and help them seek help early.

For more advice please visit NHS Choices website below:

<http://www.nhs.uk/Livewell/winterhealth/Pages/KeepWarmKeepWell.aspx>

**STAY WELL
THIS WINTER**

Evidence Matters

by Sarah Chapman

I work for Cochrane UK, the UK hub of an international network of people working together to help people make informed decisions about health care. It does this through doing systematic reviews, which bring together the results of clinical trials to answer questions about what helps or harms in health care.

Antioxidants: can they really help prevent muscle soreness after exercise?

Do you want to be able to exercise without getting sore muscles afterwards? Of course you do! So do all the people who buy antioxidant supplements, which include things like vitamin C and/or vitamin E tablets and pomegranate or tart cherry juice, in the hope that their exercise sessions will be all gain and no pain.



Commercial websites and fitness blogs show that antioxidant supplements are marketed with an assurance that they help reduce inflammation and muscle soreness and can enhance athletic performance. It's big business, and a quick fix is very appealing! But do they actually do what they say on the carton? Might they even be hurting you, other than in your wallet?

What's the evidence?

A Cochrane review has gathered together the best available research looking at whether antioxidant

supplements can prevent or reduce muscle soreness after exercise. The review team found 50 small studies with just over 1000 people aged 16 to 55, most of them active men.

Dr Mayur Ranchordas, Senior Lecturer in Sport and Nutrition and Exercise Metabolism at Sheffield Hallam University, the lead author of this review, gives the bottom line:

“Our review found that antioxidant supplementation may very slightly reduce muscle soreness in the first three days after exercise. However, these reductions were so small that they were unlikely to make any difference.”



There was not enough evidence to know whether antioxidant supplements do any harm.

What now?

Enjoy your pomegranate juice, but not in the expectation that it will stop you getting sore muscles after exercise.

You can access the full article, free of charge, in The Cochrane Library www.cochranelibrary.com

Ranchordas MK, Rogerson D, Soltani H, Costello JT. [Antioxidants for preventing and reducing muscle soreness after exercise](#). Cochrane Database of Systematic Reviews 2017, Issue 12. Art. No.: CD009789. DOI: 10.1002/14651858.CD009789.pub2.

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Design, layout and editing provided as a service to the community by Oxford PharmaGenesis Ltd