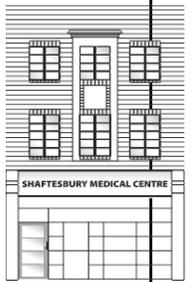


# The Shaftesbury Circular

## The Newsletter of The Shaftesbury Medical Centre



Issue No. 9

Autumn/Winter 2018

### Planning for the 2018 flu season

We would like to say a big thank you to everyone for having their influenza (flu) jabs this year, 2017/2018.

Planning for the 2018/19 flu season starts now!

During September you will start seeing adverts about flu vaccines and eligibility of who can have the flu vaccine through the NHS.

Flu can be unpleasant, but if you are otherwise healthy it will usually clear up on its own within a week.

However, flu can be more severe in certain people, such as:

- anyone aged 65 and over
- pregnant women
- children and adults with an underlying health condition (such as long-term heart or respiratory disease)
- children and adults with weakened immune systems

During spring we calculate how many people will be eligible for the flu vaccine and use that information to guide us on how many vaccines we need to order. They are delivered to the practice at the end of September and we start administering them as people come in.

We hope to organise additional flu clinics at the weekends and you will be invited to book into these. We also have to run flu clinics during normal surgery hours, which is a quick appointment to administer the vaccine. The earlier you have your vaccine the better protected you will be – please make sure that we have your up-to-date mobile telephone number.

When you come into the surgery for your flu vaccine we use the opportunity to make sure we are up to date with your care needs, arrange any review appointments and, in some cases, it is the only time we see you!

Please do come and see us for your flu jab – it might also prevent you having to come in another time.

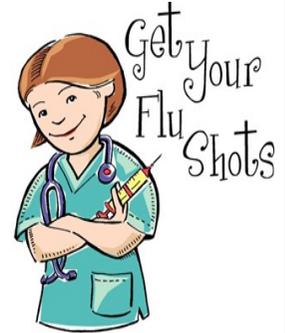
### Patient Group Meeting

The next Patient Group Meeting will be held on the 10<sup>th</sup> October 2018, between 18:00 and 19:00.

We would like to invite our patients to join us in the next Patient Group Meeting.

Help us in improving patient care and patient services.

We hope to provide some feedback on the recent Patient Survey.



## Pre-Diabetes

What is Pre-Diabetes?

The normal range for HbA1c is less than 42mmol/L. for those who have diabetes it will usually be above 48mmol/L.

A range between 42-47mmol/L indicates pre-diabetes or non-diabetic hyperglycaemia. A proportion of people who fall within this range will over time develop Type 2 if they do not address diet and lifestyle changes.

The slightly high sugars are a warning of things beginning to go wrong. At this stage (which in itself has taken many years to arrive at) the changes in metabolism can be corrected. This is at a stage before the damaging effects of a high sugar level have been reached.

If left then as many as 50% of people will develop diabetes over the next decade.

Am I at risk?

Being overweight (particularly around “the middle”) is the biggest risk factor. However, genetics play a part and a history of diabetes in the family or being of Asian or Afro-Caribbean descent also increases risk. If there is already a linked health problem, e.g. blood pressure or heart disease, then one is also at increased risk. We will often offer blood testing if you are in one of these groups.

What can you do?

Lose excess body fat. Being overweight is a big risk factor for **diabetes**.

Follow a plant-based, low-calorie diet. Eat a variety of fruits and vegetables - a dietary pattern studies show reduces **diabetes** risk.

Drink water.

Move your body.

Stress less.

Sleep well.

Keep medical appointments.

Reducing overall food intake (not just sugar) and using up more energy by being active can gradually correct the energy imbalance that has arisen over the years. The best marker for this will be the weight (and in particular abdominal girth), which should start to reduce.

## Practice Nurse – Abeer Mousa

Abeer Mousa joined the practice in March 2018, to pursue a career In General practice. She brings with her 10 years of experience as a hospital nurse, working in General Surgical Wards in UK for the last 4 years and back home in Jordan for 6 years.

Abeer undertakes a variety of tasks including Dressings, Smears, Childhood Immunisations, Travel Vaccinations, Asthma and Diabetic reviews, among other tasks.

She is very passionate about her job, she loves to work with elderly people, as she likes the feeling of helping them.

Abeer’s favourite part of her job is Travel and Child Immunisation.



## Trainee GP – Dr Christina Unwin

Dr Unwin will be with the surgery for one year, as part of her training to become a GP, from August 2018. She works under the supervision of Doctor Almona Musa.



### Patient Online services

Patient Online is designed to support GP practices to offer and promote online services to patients.

We currently offer the facility for:

booking and cancelling of appointments

ordering of repeat prescriptions

Since April 2016, virtually all GP practices are able to offer their patients access to these online services.

#### Why Patient Online?

Digital technology has the power to change the relationship between patients and their GP practices in the same way that it has changed our relationships in other areas of life, such as managing our finances or shopping.

Online services are being offered in addition to the traditional telephone and face-to-face means of interacting with a GP practice. Patients can choose the route they prefer.

The evidence for the benefits of online interactions between patients and their GP practices is growing.

To Register for Online Services please complete a registration form and return to reception.

Please note: to be given access to our online system we have a very strict identity verification process. To be given an individual account, please come to the surgery with a form of identification. This will help us keep your healthcare records safe and secure.

### Childhood obesity

Childhood obesity is a serious medical condition that affects children and adolescents. Children who are obese are above the normal weight for their age and height.

One of the best strategies to reduce childhood obesity is to improve the eating and exercise habits of your entire family. Treating and preventing childhood obesity helps protect your child's health now and in the future.

#### Symptoms

Not all children carrying extra pounds are overweight or obese. Some children have larger than average body frames. And children normally carry different amounts of body fat at the various stages of development. The body mass index (BMI), which provides a guideline of weight in relation to height, is the accepted measure of overweight and obesity.

#### When to see a doctor

If you're worried that your child is putting on too much weight, talk to his or her doctor. Your child's doctor will consider your child's history of growth and development. This can help determine if your child's weight is in an unhealthy range.

#### Causes

Lifestyle issues - too little activity and too many calories from food and drinks - are the main contributors to childhood obesity. But genetic and hormonal factors might play a role as well.

## Risk factors

**Many factors - usually working in combination - increase your child's risk of becoming overweight:**

**Diet.** Regularly eating high-calorie foods, such as fast foods, baked goods and vending machine snacks, can easily cause your child to gain weight. Candy and desserts also can cause weight gain, and more and more evidence points to sugary drinks, including fruit juices.

**Lack of exercise.** Children who don't exercise much are more likely to gain weight because they don't burn as many calories. Too much time spent in sedentary activities, such as watching television or playing video games, also contributes to the problem.

**Family factors.** If your child comes from a family of overweight people, he or she may be more likely to put on weight.

**Psychological factors.** Personal, parental and family stress can increase a child's risk of obesity. Some children overeat to cope with problems or to deal with emotions, such as stress.

**Socioeconomic factors.** People in some communities have limited resources and limited access to supermarkets. As a result, they may opt for convenience foods that don't spoil quickly, such as frozen meals, crackers and cookies.

## Complications

Childhood obesity can have complications for your child's physical, social and emotional well-being.

### Physical complications

**Type 2 diabetes.** This chronic condition affects the way your child's body uses sugar (glucose). Obesity and a sedentary lifestyle increase the risk of type 2 diabetes.

**Metabolic syndrome.** This cluster of conditions can put your child at risk of heart disease, diabetes or other health problems. Conditions include high blood pressure, high blood sugar, high triglycerides, low HDL ("good") cholesterol and excess abdominal fat.

**High cholesterol and high blood pressure.** A poor diet can cause your child to develop one or both of these conditions.

**Asthma.** Children who are overweight or obese might be more likely to have asthma.

**Sleep disorders.** Obstructive sleep apnoea is a potentially serious disorder in which a child's breathing repeatedly stops and starts during sleep.

### Social and emotional complications

**Low self-esteem and being bullied.** Children often tease or bully their overweight peers, who suffer a loss of self-esteem and an increased risk of depression as a result.

**Behaviour and learning problems.** Overweight children tend to have more anxiety and poorer social skills than normal-weight children do.

**Depression.** Low self-esteem can create overwhelming feelings of hopelessness, which can lead to depression in some children who are overweight.

## Prevention

Whether your child is at risk of becoming overweight or currently at a healthy weight:

Limit your child's consumption of sugar-sweetened beverages

Provide plenty of fruits and vegetables

Eat meals as a family as often as possible

Limit eating out, especially at fast-food restaurants

Adjust portion sizes appropriately for age