melomag

Free Health Guide! Issue 20 | Autumn 2015

RHEUMATOLOGY? OUR EXPERT EXPLAINS

BURNING FAT
The myths and the maybes

MIGRAINES
A solution to your work(able) problem

Know your BREAST FRIENDS

Mmmm... Garlic Mock Potato Recipe

STRESS
How it hurts your body

MELOMED PRIVATE HOSPITALS

Published in the interest of your health by MELOMED

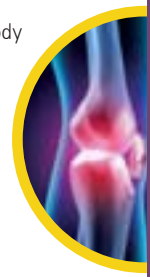
VascuMed (Pty) Ltd

Taking care of vascular

Tel: 010 590 9479 | Fax: 086 210 7456
No. 42 Rosie's Place Street, Glen Austin, Midrand 1685

MELOMED PRIVATE HOSPITALS

contents



Follow us on our Facebook page, melocares!

GIVE-AWAY

Melomag is giving away a SOUNDBOOSTER to five lucky readers. See page 2 for details!

Health Bytes

Publishers: Health Bytes CC
Contact: info@health-bytes.co.za
Health Bytes, P.O. Box 261,
Green Point, 8051

CHAIRMAN'S NOTE

This second 2015 edition of Melomag commemorates the 26th birthday of the Melomed Group. It is at this point where we can look back at the path paved with blessings and difficulties, where we stumbled and flourished in the face of adversity.

And now, 26 years after the admission of our very first patient, we can proudly say that we could not have made it without the support of our staff, our doctors and most importantly our loyal patients. In this regard we thank you.

We will be providing many interesting and informative articles written by our in-house Specialists and take this opportunity to thank them for their invaluable contribution to Melomag.

The Melomed Group is proud to be associated with the Ihata Shelter, which is an organisation formed to provide much-needed assistance to abused women and children. As part of its corporate social initiative, Melomed has for years been assisting the Ihata Shelter with many upliftment programmes to ensure its continued success. This year we awarded the task of the stitching of the head scarves for our catering and hospitality staff to the sewing team at the Ihata Shelter.

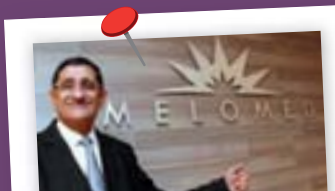
Melomed also had the privilege of assisting in the False Bay Nature Reserve Bird-athon fun walk and festival. Our Melomed 24 Ambulance team provided the emergency medical service and Melomed provided health screening to the participants who mainly consisted of a staff wellness initiative dubbed the "Melohikers". It is in Melomed's ethos that environmental education and awareness will contribute to an environmentally conscious and sustainable society.

For the second year running, the Melomed Group is once again very proud to announce that two of its nurses – namely Mr Nigel Josephs, an enrolled nurse at Melomed Mitchells Plain and Ms Liezl Scott Damons, a registered nurse at Melomed Gatesville – have been awarded Discovery's first prize in the Excellence Award in Nursing. Both Mr Josephs and Ms Scott are automatically entered as finalists in the annual Discovery awards ceremony scheduled later this year.

We welcome our new Specialists to the Melomed family, namely our new Gynaecologist and Obstetrician, Dr S Jacobs, who commenced practice this year at our Melomed Bellville Hospital. Our Melomed family has also increased with the arrival of some new staff members to our Client Services Department, namely Arshad Ebrahim, appointed as our Client Services Officer (Networking), Siham Gamieldien appointed at our Melomed Mitchells Plain hospital as its client services officer, and lastly Tammy Cleophas, appointed at our Melomed Bellville hospital as its Client Services Officer.

We wish all our readers, staff members and patrons well and hope that you enjoy the many interesting and thought-provoking articles we have carefully prepared.
Happy reading!

EBRAHIM BHORAT
CHAIRMAN
MELOMED GROUP



HEALTH NEWS & VIEWS

Adults Only

FLU HITS JUST TWICE A DECADE

Atishoo! But is that sneeze evidence of flu or just a bad cold? The symptoms of influenza infection can be hard to distinguish from those caused by other viruses that trigger the common cold.

Chances are that if you're 30 or over, it may be a cold. That's the message from research showing that people aged 30 or more can expect just two bouts of flu per decade for the rest of their lives. Children and adolescents are likely to succumb once every other year. "We don't know if that's a result of adults' immunity, or because we mix less with other people when we're older," says Steven Riley of Imperial College London, who was part of the team that carried out the work.

Riley and his colleagues screened blood samples from 151 people in Guangzhou, southern China, for antibodies to nine common H3N2 flu strains that circulated between 1968 and 2009. An algorithm then worked out the years in which each person had become ill.

From the profiles created, the researchers found that the number of infections decreased as people got older, as did the strength of their immune responses. "It could mean, for example, that people should have different influenza vaccines for different stages of life," says Riley.

Source: sciencedaily.com

GIVE-AWAY

ENTER TODAY & WIN

We're giving away a *Melomed soundbooster* to five lucky readers!

To stand a chance to qualify, **email** your name, contact number and answer to the following question to: **melomag@melomed.co.za** with *Melomag 20* in the subject line. Competition closes 10 June 2015.

How many bones does a human body have? (See our First Aid article, page 24).

Prize sponsored by Melomed.

Give-away terms and conditions:
The winners will be the first five correct entries drawn after the closing date. In the event of the judges not being able to get hold of winners on details supplied, alternative winners will be selected. The judges' decision is final and no correspondence will be entered into. The winners must be prepared to be photographed for publicity purposes. The prize is not transferable and may not be converted into cash. Prize may differ from picture. Image is for visual purposes only.

WAKING AT NIGHT? HERE'S HELP

There's nothing more aggravating than waking in the middle of the night, and being unable to fall back asleep. Tom Mayer, Registered Polysomnographic Technologist (RPSGT) at St. Anthony's Sleep Disorders Center, offers this advice:

- **GET OUT OF BED.** Staying in bed while awake and thinking about one's sleeplessness promotes more wakefulness, in most cases.
- **LIMIT THE LIGHT, AND THE ELECTRONICS.** Reading the old-fashioned way tires the eyes and long has been a favourite distraction from insomnia. But the computer and the new electronic reading devices can give off a type of light that stimulates wakefulness. Television is another favourite, but again, the light that comes from the TV can be counter-productive.
- **USE SLEEP AIDS WITH CAUTION.** Prescription sleep meds should be monitored carefully by a physician, as there are underlying causes for some issues of poor sleep that can be worsened if sleep is forced through the use of medication. Over-the-counter remedies are usually safe, but should be used according to label directions.

Mayer cautions that if wakefulness is a nightly issue that occurs every **1.5 to 2 hours** during the night, it can be a sign of more serious issues that require medical attention.

Source: stanthonysmedcenter.com

THINK YOU MIGHT HAVE **MISOPHONIA?**

YOU ARE NOT ALONE...

A doctor recently made an unusual confession in the *New York Times*: Dr Barron H. Lerner, admitted that some of the sounds his patients make, like loud yawns and sniffling, bug him. A lot.

He has misophonia – the "hatred of sound" – a condition that causes people to feel irritated, or even enraged or disgusted when they hear specific noises. The most common culprits are eating sounds (think lip smacking), hand sounds (such as pen clicking), and breathing sounds (including any activity in the nostrils).

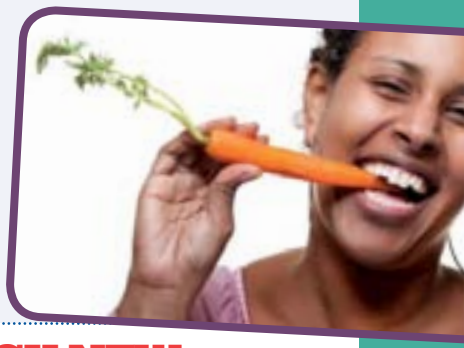
Scientists don't fully understand why these noises cause angst for misophonia sufferers, but early research suggests a hyperconnectivity between the auditory system and the limbic system, a part of the brain that deals with emotions, explains Dr Lerner, a professor of medicine and population health at the NYU Langone Medical Center. He writes that "one of the most frustrating aspects of misophonia is what I call the 'incredulity factor.' For years, I could not believe that my friends and relatives were not getting as upset at what I considered rude behaviours. They were getting frustrated with me for focusing on sounds they did not really hear."

I imagine noise-sensitive folks around the country were nodding in relief as they read Dr Lerner's essay and discovered they weren't alone. In the comments section, hundreds shared their own misophonic grievances, from the crinkling of a bag of chips to the grating scrape of a fork against a plate. The response led the *Times* to poll its readers on the most cringe-worthy sounds of all.

The top five are:

5. **KNUCKLE CRACKING** (8% of the vote)
4. **NAIL CLIPPING** (10% of the vote)
3. **NOSE SNIFFLING** (17% of the vote)
2. **GUM CHEWING** (18%) of the vote)
1. **SOUP SLURPING** (25% of the vote)

Source: well.blogs.nytimes.com



CODE4SA LAUNCH NEW MEDICINES PRICING APP

Ever wondered if you're paying too much for your prescriptions?

Use the new, free app and find out.

Created by the non-profit Code4SA, the new app uses the latest single exit prices for medicines to let you see if you are paying too much for medication.

In 2004, the government introduced a single exit price mechanism for medicines to put a stop to discounts and additional levies on medicines. The mechanism now lists the maximum price for most medicines. However, dispensers may charge an additional dispensing fee depending on the price of the medicine.

Using the latest single exit prices, the new free app allows you to check what price you should be paying for your prescriptions – and whether cheaper generics are available. Once you know if a generic option exists, you can ask your doctor whether the generic medication is right for you. *Source: health-e.org.za*

HEALTH TIP

Over-the-counter medications aren't entirely risk-free. You still need to carefully read directions and warnings, even when you're distracted by feeling unwell.

NEWS & EVENTS

MELOMED PRIVATE HOSPITALS

MELOMED TOKAI

Our latest development is indicative of Melomed's pursuit towards a promising future for our society's health care.

Opening soon: Melomed's new FLAGSHIP HOSPITAL

The new Melomed Tokai Hospital boasts four operating theatres, a dedicated obstetric theatre and a catheterisation laboratory for cardio-neuro vascular procedures.

It will also include 35 adult medical beds, 15 psychiatric beds, 22 surgical beds, 20 bed intensive care unit, 10 bed high care unit, 5 neonatal ICU beds and 20 paediatric beds. The 148 bed Melomed Tokai Hospital is being built on a 10 000m^2 on the corner of Main and Keyser roads, Tokai.

CONGRATULATIONS!

Discovery Excellence Awards in Nursing

For the second time running, Melomed Hospital Holdings is once again very proud and happy to announce that two of Melomed nurses – **Mr Nigel Josephs**, EN at Melomed Mitchells Plain, and **Ms Liezl Scott Damons**, RN at Melomed Gatesville – have been selected as winners for Discovery's first period in the Excellence Award in Nursing. Both Mr Josephs and Ms Scott are automatically entered as finalists in the annual Discovery awards ceremony scheduled later in the year.

HOUSE CALL

MEET ONE OF OUR DEDICATED SPECIALISTS:

Dr Moegamat Samier Jacobs, Obstetrician and Gynaecologist at Melomed Bellville.

Q&A

I was born in... Cape Town.

I share my house with... my wife Fazlin and 3 daughters Israa (12), Hudaa (10) and Jehaan (8)

People would be surprised to know that... I fear public speaking.

If I weren't doing what I do, I would be... a professional sportsman.

I can't go a day without... hugs and kisses from my wife and daughters before I leave for work in the morning.

My friends and I like... hiking, spending time in the gym and watching sport.

I am listening to... Ed Sheeran, Sam Smith, Ellie Goulding, John Legend, Maroon 5, David Guetta, Avicii, Sia.

Perfect happiness is... good health and a loving family.

Success to me means... achieving the goals that cost 'sweat, blood and tears.'

Everything in moderation BUT... laughter

I'd like to be remembered for my... sense of humour.

Movie night with the family.
Family braais.
Sitting on the couch and watching sport on Saturdays.

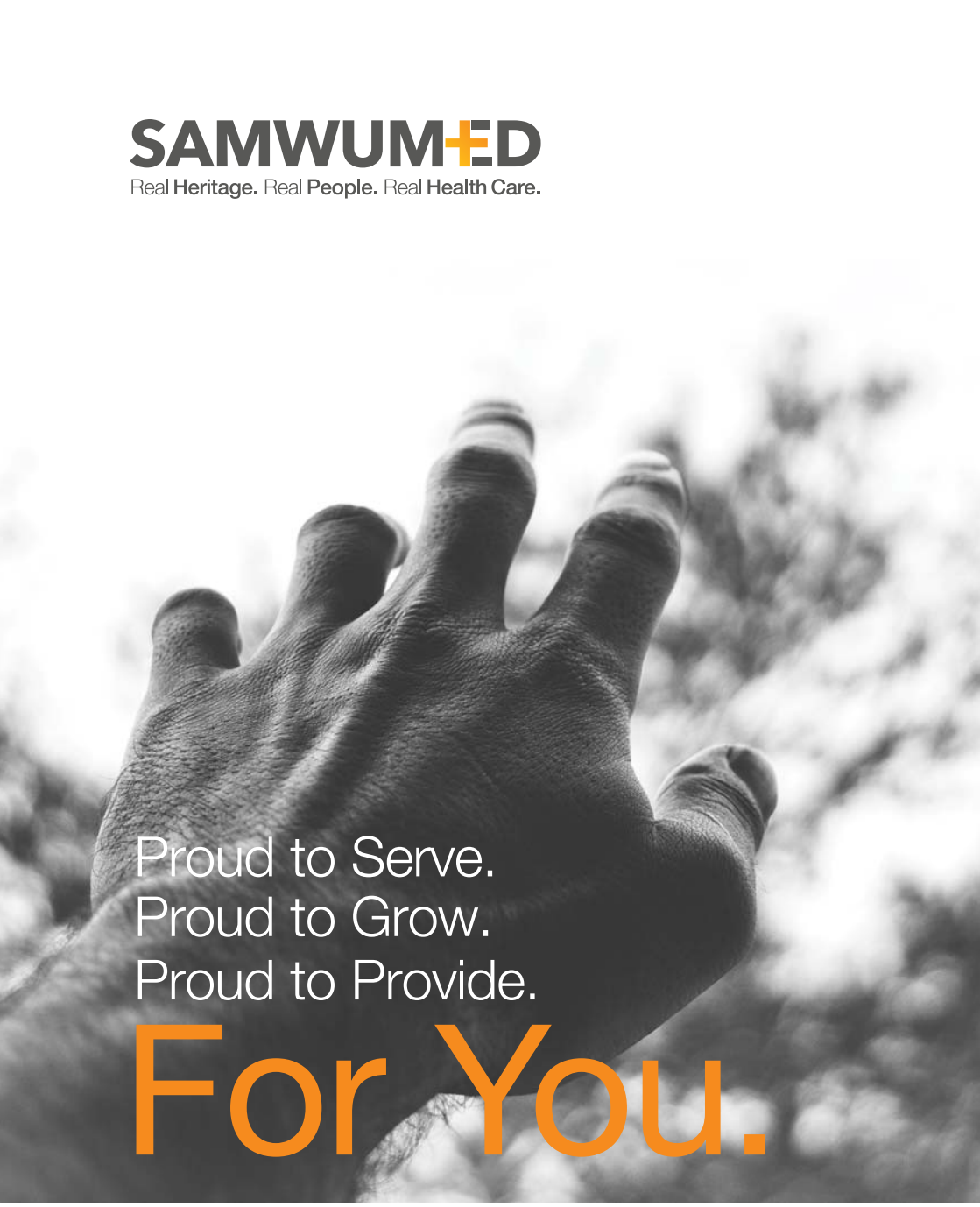
Abled bodies who park in disabled parking bays.
Recklessness on the road.
Load-shedding.
Racism.

Ocean Basket.
La Rocca Restaurant.
Eastern Food Bazaar.
Newlands Cricket and Rugby Grounds.

My life motto:
Never forget your roots!

SAMWUMED

Real **Heritage.** Real **People.** Real **Health Care.**



www.samwumed.org

Dr Nadiyah Ahmed, General Surgeon at Melomed Gatesville. Interest in Breast Surgery and Specialising in Critical care. MbChB (Natal), FCS (SA), M.Med. Surgery (Stellenbosch)
T: 021 699 0313 | F: 086 668 2049 | E: dmahmed@mweb.co.za

KNOW YOUR BREAST FRIENDS

Most women experience breast changes at some time. Your age, hormone levels, and medicines you take may cause lumps, bumps, and discharges (fluids that are not breast milk). Keep in mind that breast changes are very common. Most breast changes are not cancer. But it is very important to get the follow-up tests that your health care provider asks you to.

By General Surgeon, Dr Nadiyah Ahmed practising at Melomed Gatesville

The word breast refers to the mammary gland and additional connective tissue and fat that surround and support the gland. The breast has been associated as a symbol of femininity and fertility. This may then explain why diseases of the breast evoke such fear amongst women, fear of loss of femininity and fertility. The World Health Organization (WHO) reports that breast cancer is the leading cancer amongst females in both the developed and developing countries.

What most woman do not know is that up to 80% of breast conditions that are seen are of benign (i.e. non-cancerous) origin. Very few of these diseases have the ability to become cancerous. Should this lead to complacency in presentation of a suspected breast condition? Most definitely not. It is important to educate women on all diseases that affect the breast and that it is always best to tell your doctor if you suspect that something is wrong.
There are quite a few benign diseases that may affect the breast. For the confines of this article, it would be best to touch on the more common conditions.

Firstly, **mastalgia** or **breast pain**. Most people associate pain with cancer. It is unlikely for cancer to cause pain until the late stages when other organ systems have been affected. Only 7% of patients with breast cancer experience mastalgia as a symptom. Mastalgia is differentiated into cyclical and non-cyclical.

Cyclical mastalgia is associated with menstrual cycles and tends to begin in the mid-30s. Physical activity may aggravate the pain. Typically the pain dissipates with the end of menstruation and the mastalgia disappears with menopause.

Non-cyclical mastalgia occurs on average in the 40s and is not associated with the menstrual cycle. Patients describe a sharp burning pain arising from the chest wall and may be localised to one breast only. This may be due to a fibro adenoma or cyst. If a cause can be found then management of the cause may relieve the pain. Alternatively, symptomatic management may be instituted.

If the pain persists in spite of anti-inflammatory pills, you should visit your doctor.

FIBROCYSTIC CHANGES occur with changes in hormone balances during normal menstrual cycles. These cysts are non-cancerous tiny fluid filled sacs that may feel like lumps. Usually the size and tenderness of these lumps increase in the week before the menstrual period and lessen in the week thereafter. These lumps vary from being hard and rubbery to being a large or small cyst. Fibrocystic changes may also manifest itself as thickening of the breast tissue. It may occur in one or both breasts and affects women in the age group of 35–50. It is uncommon in postmenopausal women due to the lack of hormonal stimulation.

Simple **cysts** are benign fluid-filled sacs that occur in both breasts. They may be single, multiple and may vary in size.

Once again, menstrual cycle can affect the size and tenderness of the cyst. Cysts may also be affected by caffeine containing foods like coffee, tea, chocolate and energy drinks.

FIBRO-ADENOMAS are the most common benign solid tumours found in the female breast. They feel round, rubbery and are slippery lumps that move freely when the breast tissue is pushed. This has led to a fibro-adenoma being referred to as a "breast mouse".

They form as a result of excess formation of milk-producing glands and connective tissue on the breast. These lumps are usually painless and most often occur in the age group of 20–40.

MAMMARY DUCT ECTASIA or blocked milk ducts occurs when milk ducts beneath the nipple become wider and the duct walls thicken. The ducts then fill with fluid and may become blocked with a thick sticky substance. Usually the condition is without symptoms but some women may experience a grey to green nipple discharge, breast tenderness or inflammation (redness and swelling) of the clogged duct.

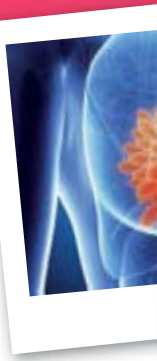
The chances of duct ectasia increases with age.

INTRADUCTAL PAPILLOMAS occur as small wart-like growths in the lining of the mammary duct near the nipple. This may produce bleeding from the nipple or a nipple discharge and usually affect women of ages 40–50.

TRAUMATIC FAT NEOCROSIS is a condition that occurs when there is trauma or surgery to the breast. This results in fat-forming lumps that are usually round, firm, hard, single and painless in the area of the surgical scar.

WHAT IS BREAST TISSUE MADE OF?

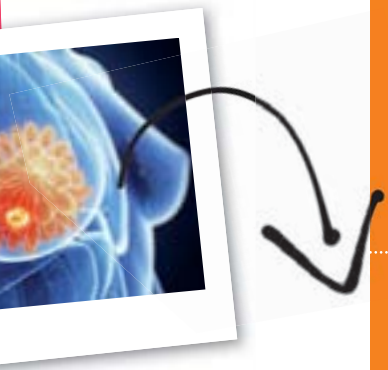
Your breasts are made up of glands, fat and fibrous tissue. Each breast has 15–20 sections called lobes. Each lobe has many smaller lobules. The lobules end in dozens of tiny glands that can produce milk.



BREAST ABSCESSES may occur in a lactating or non-lactating breast. Lactating breast abscesses occur as a result of breast engorgement with milk (usually post-partum). This condition is best avoided by ensuring that in the early stages of engorgement the excess breast milk is pumped out.

However once an abscess has formed, surgical drainage and antibiotics are required. Non-lactational breast abscesses may occur due to a variety of factors. Smoking has been associated with peri-ductal mastitis which, when untreated, leads to abscess formation. Other risk factors include diabetes, steroid therapy, rheumatoid arthritis and trauma. Aside from management of the abscess these patients also require aggressive investigation to exclude cancer.

Whilst there exists a myriad of benign diseases with distressing symptoms including pain and nipple discharge, no disease process should be ignored. Cancer does not discriminate in terms of age, race or gender. Yes, gender. Whilst it is rare, male breast cancer occurs in less than 1% and usually in the ages 60–70. So even the men out there should not ignore any lump they may feel in their breast tissue. ■



Check. Look. Touch.

In five easy steps, done once a month and preferably three to five days after commencement of the menstrual cycle (as the breast is less tender and lumpy), you can screen yourself.

STEP 1: Begin by looking at your breasts in the mirror with your shoulders straight and your arms on your hips.

HERE'S WHAT YOU SHOULD LOOK FOR:

- Breasts that are their usual size, shape, and colour
- Breasts that are evenly shaped without visible distortion or swelling

IF YOU SEE ANY OF THE FOLLOWING CHANGES, BRING THEM TO YOUR DOCTOR'S ATTENTION:

- Dimpling, puckering or bulging of the skin
- A nipple that has changed position or an inverted nipple (pushed inward instead of sticking out)
- Redness, soreness, rash, or swelling

STEP 2: Now, raise your arms and look for the same changes.

STEP 3: While you're at the mirror, look for any signs of fluid coming out of one or both nipples (this could be a watery, milky, or yellow fluid or blood).

STEP 4: Next, feel your breasts while lying down, using your right hand to feel your left breast and then your left hand to feel your right breast. Use a firm, smooth touch with the first few finger pads of your hand, keeping the fingers flat and together. Use a circular motion, about the size of a quarter. Cover the entire breast from top to bottom, side to side — from your collarbone to the top of your abdomen, and from your armpit to your cleavage.

Follow a pattern to be sure that you cover the whole breast. You can begin at the nipple, moving in larger and larger circles until you reach the outer edge of the breast. You can also move your fingers up and down vertically, in rows, as if you were mowing a lawn. This up-and-down approach seems to work best for most women.

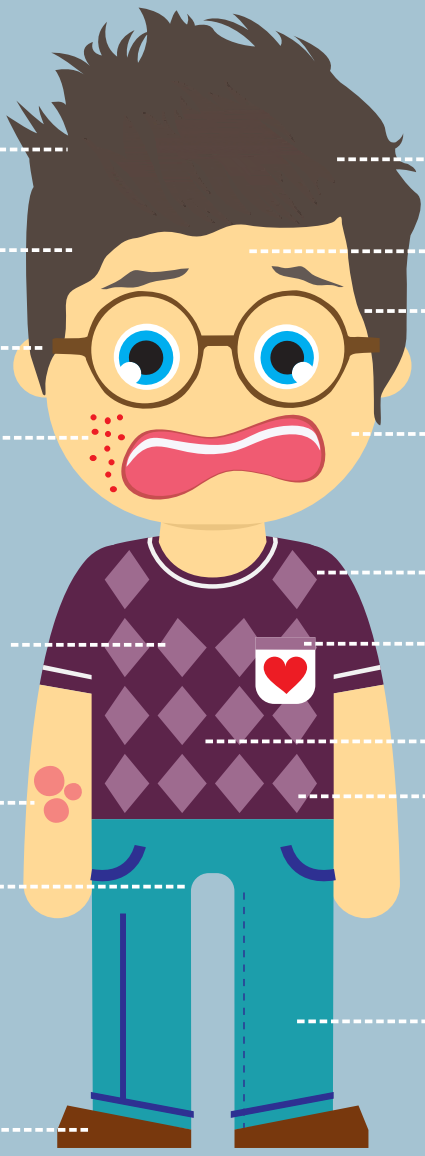
Be sure to feel all the tissue from the front to the back of your breasts: for the skin and tissue just beneath, use light pressure; use medium pressure for tissue in the middle of your breasts; use firm pressure for the deep tissue in the back. When you've reached the deep tissue, you should be able to feel down to your ribcage.

STEP 5: Finally, feel your breasts while you are standing or sitting. Many women find that the easiest way to feel their breasts is when their skin is wet and slippery, so they like to do this step in the shower. Cover your entire breast, using the same hand movements described in step 4.

If any abnormality is found, it is best to have your doctor examine you. It is through early detection of breast cancer that one can help reduce mortality and morbidity associated with the disease and this remains the World Health Organization's key message on the topic.

| INFOGRAPHIC |

HOW STRESS HURTS YOUR BODY



Trouble concentrating

Apathy

Sleeplessness

Skin Problems (Acne)

Weaker Immune System: Frequent Illness

Skin Irritations

Decreased Sex Drive

Restlessness

Unorganised

Headaches & Migraines

Anxiety

Mood changes: Quick to anger, irritability

Muscle Tension & Pain

Heart Problems & Chest Pain

Weight Gain

Stomach Problems

Fatique

75-90% OF ALL DOCTOR'S VISITS ARE DUE TO STRESS RELATED PROBLEMS

AT WORK

♂ 27%

♀ 38%

More women than men report feeling extreme stress at work

STRESS IN TEENAGERS

One out of three teens report feeling overwhelmed, resulting in sadness and/or depression.

AROMAS FOR STRESS

- Vanilla
- Lavender
- Jasmine
- Chamomile
- Rose

7 OUT OF 10

ADULTS say they experience stress and anxiety every day

KEEP CALM AND...

1 SHAKE IT OFF!

Laugh! Humor lowers stress hormones: adrenalin and cortisol. Children laugh over 300 times a day, adults only 15 times a day. Spend time with funny people and be able to laugh at yourself.

2 ROLL WITH IT!

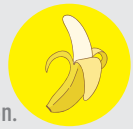
Roll your feet over a rolling pin for 5 min to relieve tension. This triggers endorphins, releasing 'happy' chemicals to your brain. A massage can reduce levels of the stress hormone cortisol up to 1/3.

3 WORK IT OUT!

Incorporate regular exercise into your routine. It will stimulate the release of endorphins, easing anxiety. Working out will improve your self image and give you a break from all your worries.

4 EAT IT UP!

Healthy diets can help your body fight stress. Foods that are rich in vitamin E and B, magnesium and zinc, like leafy green vegetables, almonds and bananas. A natural chemical that alleviates depression.



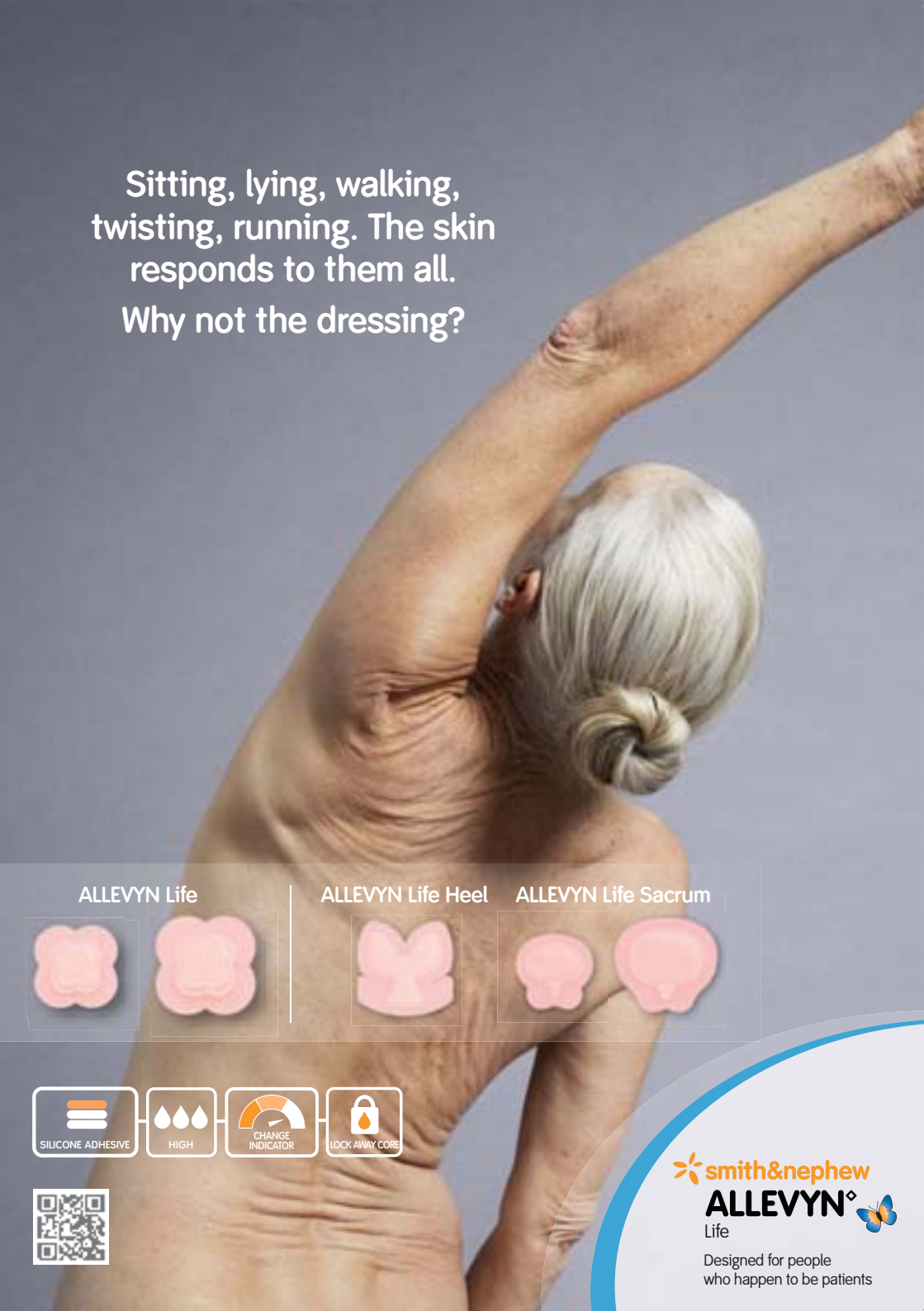
5 BREATHE IT OUT!

Breathe deeply, inhale through your nose and exhale through your mouth. Slows down your heart rate and gives the body enough oxygen. Meditation can reduce levels of everyday stress up to 39%.

6 DISTRACT IT!

This can be any activity to keep your mind occupied and focused on the task at hand. Chewing gum or a stress ball can act as a coping mechanism. The squeeze and release action induces relaxation.

WHAT MAKES US STRESS?


Sitting, lying, walking, twisting, running. The skin responds to them all.
Why not the dressing?
ALLEVYN Life
ALLEVYN Life Heel
ALLEVYN Life Sacrum
SILICONE ADHESIVE
HIGH
CHANGE INDICATOR
LOCK AWAY CORE
smith&nephew
ALLEVYN
Life
Designed for people who happen to be patients

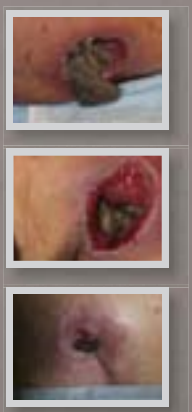
ALLEVYN◇ Life Dressings: Designed to provide an optimal patient experience

94% of clinicians would recommend ALLEVYN Life for use in their practice[1]

For people living with wounds 24/7, wound care means far more to them than physical healing. At Smith & Nephew we want people to feel good whilst healing happens. With our uniquely shaped, secure-fitting, wide-bordered dressings, wound care patients feel less like patients, and more like people.[2–4]

- **Quadrilobe shape for a secure fit**
  Conforms closely to the body, optimising dressing changes and minimising wastage,[1] while allowing patients to shower[2–4]
- **Discretion layer for patient confidence**
  Minimises the visual impact of strikethrough (in-vitro),[5] giving patients discretion, optimising dressing changes[1] and reducing wastage
- **Silicone wound contact layer for gentle removal**
  Gentle on the skin, providing minimal pain on dressing removal[6]
- **Lock-away layer providing patient peace of mind**
  Excellent fluid locking under pressure *(in-vitro)*, provides reassuring leakage prevention *(in-vitro)*.[7] Common wound odour absorption when tested *in-vitro* on representative compounds[8]
- **Cushioning layer for maximum protection**
  The dressing's multi-layered design provides cushioning and helps to spread pressure *(in-vitro)*,[9] so patients can feel protected from everyday knocks and bumps.[10]

ALLEVYN Life -at-work: Case study of Mr A[11]



Treating a rapidly deteriorating pressure ulcer

- Male, early eighties, with limited mobility, incontinence and poor nutrition
- Malodorous, grade III, sacral pressure ulcer, covered in slough with high exudate
- Current dressing changed at least once a day, often much more frequently

Clinical aims

- Improve nutrition and reduce the wound bed's necrotic burden
- Find a dressing that stays in place, minimises odour and effectively manages exudate

Finding the right treatment solution

- ALLEVYN Life was selected as a secondary dressing to manage exudate and odour, and stay in place
- DURAFIBER™ribbon was selected to absorb and retain a large amount of exudate

Treatment success (After 6 weeks)

- Wound continued to improve with considerable reduction in wound size, malodour completely resolved and exudate effectively managed
- ALLEVYN Life stayed in place securely and dressing changes reduced to twice a week, assisted by the change indicator
- Mr A's physical and social quality of life improved significantly

Looking for ALLEVYN Life? Reach for the packaging with the blue band...

ALLEVYN Life			
S&N Code		Size (cm)	Carton
66801067		10.3cm x 10.3cm	10
66801068		12.9cm x 12.9cm	10
66801069		15.4cm x 15.4cm	10
66801070		21cm x 21cm	10
66801304	Heel	25cm x 25.2cm	5
66801306	Sacrum	17.2cm x 17.5cm	10
66801307	Sacrum	21.6cm x 23cm	10

References: 1. Stephen-Haynes *et al.*, An appraisal of the clinical performance and economic benefits of a silicone foam in a large UK primary care organisation. Journal of Community Nursing 2013. **2.** Smith & Nephew data on file report OR-DOF 020 An open, prospective, randomised, comparative volunteer trial to compare the performance of silicone adhesive dressings. Mepilex™ Border. **3.** Smith & Nephew data on file report OR-DOF 041 An open, prospective, comparative volunteer trial to assess the retention qualities of ALLEVYN Life and Biatain™ Silicone. **4.** Smith & Nephew data on file report OR-DOF 011, Results from a multi-centre, non-comparative clinical in market evaluation of ALLEVYN Gentle Border dressing and from Open, prospective randomised, within volunteer comparison of Dakota and Mepilex Border in terms of showerproof and use on awkward areas. Hussein D; August 2010. **5.** Smith & Nephew data on file report DS/12/129/DOF Simulated wound model testing of ALLEVYN Life and Mepilex Border. **6.** Rossington *et al.*, Clinical performance and positive impact on patient wellbeing of ALLEVYN Life. Wounds UK, Vol 9, No 4. 2013. **7.** Smith & Nephew data on file report DS/12/130/DOF Simulated wound model testing of ALLEVYN Life and Mepilex Border. **8.** Smith & Nephew data on file report DS/12/127/DOF Odour reducing properties of ALLEVYN Life. **9.** Smith & Nephew data on file report DS/12/185/DOF Impact protection properties of ALLEVYN Life, Mepilex Border and Biatain Silicone. **10.** Smith and Nephew data on file report OR-DOF/024 - An open, prospective, randomised, volunteer trial to assess ALLEVYN Life dressings in terms of volunteer's perception of protection. **11.** ALLEVYN Life in the treatment of category 3 pressure ulceration. Debbie Simons.

VAR11ALL01


Catherine Govender, Registered Clinical Psychologist
Currently: PhD candidate in psychology
MA Clinical Psychology, MSc Human Physiology


Jaqueline Harvey, Consultation
Currently: MA in Psychological Research. BSocSci Honours Psychology,
BSc Honours Physiology with specialisation in neurophysiology

MIGRAINES: A WORK(ABLE) PROBLEM

Everybody has headaches, right? So what makes migraines so intense that "migraineurs" often spend multiple days off work? And how do you open a conversation about something like this in the workplace?

By Catherine Govender & Jaqueline Harvey

Migraine is a type of headache that causes moderate to severe pain lasting **4–72 hours.** There are two subtypes, namely, migraine with aura and migraine without aura. The aura type can be accompanied by various neurological symptoms, including seeing flashing lights and smelling interesting (euphemism for pretty awful) odours.

Although estimates are that 15% of the world's population suffer from migraine, statistics for South Africa are not clear. According to the Headache Clinic, approximately **9 million South Africans** suffered from headache disorders, including migraine, in 2011.

Migraine pain can be excruciating, frustrating, debilitating, and isolating. Sounds dramatic, doesn't it? The reality is though, that the headache pain resulting from a migraine often reduces your ability to perform tasks, leading to a decreased quality of life. Imagine needing to proofread a report, but being in too much pain to open your eyes or move your head.

The emotional fallout of migraine should not be underestimated either. Headache pain is often associated with depression and anxiety, not to mention the general sadness, anger, guilt and hopelessness that can become a feature of daily life.

An article by Sondra McElhinney puts a different spin on the consequences of migraine. McElhinney talks about **spouses, parents, family and friends as the "other victims of migraine"**.

Migraine can affect relationships, straining them to the point of breaking as each person in the system deals with the physical, emotional, and economic burdens of the headache. Collegial relationships are not exempted from these effects.

There may be some ambivalence around discussing your migraines in the workplace. There is no doubt that opening up about your health leaves you vulnerable to questions about how well you maintain boundaries in the workplace or to negative peer perceptions. You may be accused of pulling a sickie and taking too many "Benylin" days and end up being labelled as *ulova* or the office *sluiper*.

Migraine sufferers talk about the guilt that they experience around missing work, and the struggle to

Catherine Govender and Jaqueline Harvey are researchers in the Department of Psychology at the University of South Africa. They are currently running a study on migraine in Gauteng and invite all adults in the province to complete the survey at https://unisair.qualtrics.com/SE/?SID=SV_bO9NEznHpfb9qqV All references on request.

cope on days where they attend work despite an active headache. They also mention the difficulties they experience around relating the facts about their condition to their colleagues and bosses. Attempting to explain the intangible to people who are relying on you for daily outcomes (including a salary) is tricky. However difficult the conversation is though, it does need to take place. At the very least you will start to form a picture of how long you can stick it out in that particular employment. Best case scenario? You actually end up gaining understanding from people that can support you in making a success of your job.

Communication is vital for a number of reasons. One reason is to try reduce discrimination in the workplace. The Migraine Trust, a UK organisation, reported in 2012 that 46.3% of the migraine sufferers participating in their survey had been treated unfairly over their absences. At least 30% had disciplinary action against them due to migraine-related issues. Countries such as the UK and the USA have gone so far as to enact legislation to protect migraine sufferers from such discrimination by including them under various policies for people with disabilities.

Vanderbilt University's Neuroscience Center encourages migraine sufferers to educate their co-workers, discuss modification of the work environment with managers, and – possibly most importantly – urges them to be open and honest about the pain they are experiencing. But how receptive are employers and coworkers to hearing about your problems? According to the Migraine Trust, not very. Approximately 60% of surveyed "migraineurs" felt that their employers failed to accommodate adjustments which would make it easier for them to continue their work successfully.

> **The reality is though, that the headache pain resulting from a migraine often reduces your ability to perform tasks, leading to a decreased quality of life.**

One of the first things you need to establish in your own mind as a migraine sufferer is what you are asking for from your manager or employer. The two of you will have to negotiate whether these requests are reasonable and respectful to the working environment. Accommodations could include an **explicit understanding that you will not be discriminated against** for absenteeism; ways to prevent you from becoming the subject of malicious behaviours such as gossip; or even physical changes to the work space.

For example, a migraine sufferer may need access to a single office where they would be able to turn down the lights and block out other trigger stimuli.

As a manager you may be tempted to place the responsibility solely on the shoulders of the migraine sufferer, but this is likely to have a devastating effect on your employer-employee relationship. In addition, you will probably contribute (actively or passively) to the bad vibes in the office over the subject. Let's face it, none of that is going to improve morale and productivity. It may be tempting to go into the situation with either a blaming-and-shaming attitude, or with a martyr stance. Neither of these will improve the situation, though. Do some homework and establish some **workable guidelines** for both you and your employee, keeping in mind the direct and indirect costs of absenteeism and presenteeism on your business.

As a migraine sufferer, it might be useful for you to imagine how awkward such accommodations could make relationships with colleagues – before you get upset with those that do not seem to understand your pain. These requests, if not handled with sensitivity, could appear to be favouritism.

Not including your colleagues in the conversations about your migraines is likely to increase any resentment and irritation that may already be festering because others feel forced to take up any slack when you are absent. Yes, there will be those that will think you are trying to have a pity party by advertising your pain, but generally people in the workplace would prefer a heads-up about what they are dealing with, what plans they will have to put in place in case you need to be absent at a critical point, etc.

Respectful and honest communication about your headaches allows colleagues the opportunity to express their concerns and needs too. **You may find that they have expectations for your productivity when you are well in order to feel that work distribution is equitable.** Having these conversations early on in the working relationship can go a long way to decreasing, or even preventing, irritation or frustration and misplaced expectations. At the very least it will make it clear what you are capable of and when, so that those around you do not feel like victims of your migraine. ■

12 MYTHS & MAYBES about burning fat

There's no end of pop wisdom about why we gain or lose weight, from "fast" metabolisms to what time of day you eat. Here's what science really says:

#1 SKINNY PEOPLE HAVE HIGHER METABOLISMS

MYTH

Generally, the opposite is true: the larger you are, the more kilojoules you need to burn each day just to keep your body going. But there may be some exceptions. Mutations in a gene called KRS2, which reduce the ability of cells to metabolise glucose and fatty acids to provide energy, are twice as common in obese people as slender ones. But they are still rare. Differences in metabolic rates are smaller than we think.

#2 MIDDLE-AGED SPREAD IS INEVITABLE

MAYBE

It's a frustration for countless men and women entering middle age. The beer gut, the spare tyre, the muffin top... There are plenty of names for it and none of them are flattering. "Middle-aged spread" is weight gain that tends to appear as we move into our 30s, 40s and beyond. And it's usually obvious as extra fat around the belly.

But is having a "big middle" an inevitable part of middle age?

Ageing triggers hormonal changes in both men and women, and these can influence your predisposition to weight gain. Declining testosterone levels in men reduces muscle mass, which in turn decreases overall metabolic rate, while changes in the balance of female hormones like oestrogen can boost appetite and may dampen metabolism. But weight gain isn't inevitable if you remain active and eat a bit less as you age.

#3 TURN DOWN THE HEAT TO LOSE WEIGHT

MAYBE

Babies are born with large deposits of brown fat, which actually burns fatty acids to generate heat. Adults were thought to have none, but we now know that slender adults have some. What's more, volunteers exposed to 15 °C temperatures for 6 hours a day for 10 days while wearing only shorts and t-shirts showed increases in brown fat. It could be a really cool way to lose weight.

#4 SLEEP CAN MAKE YOU THINNER

MAYBE

Sleep deprivation is thought to make you hungrier than usual, as it decreases your levels of leptin, the "fullness hormone"; increases ghrelin, the "hunger hormone"; and impairs normal release of insulin. Skimping on sleep sets your brain up to make bad decisions. It dulls activity in the brain's frontal lobe, the locus of decision-making and impulse control. Plus, when you're overtired, your brain's reward centres rev up, looking for something that feels good. So while you might be able to squash comfort-food cravings when you're well-rested, your sleep-deprived brain may have trouble saying no to a second slice of cake.

#5 DIETING PERMANENTLY REDUCES METABOLIC RATE

MYTH

Dieting will depress your metabolic rate. Indeed, the very act of eating increases it, through the release of a hormone called oxyntomodulin, which also blunts appetite. However, there's little evidence for the idea that you inevitably regain all the weight you have lost because repeated yo-yo dieting permanently blunts your metabolism. In fact, crash dieters and those who lose weight more slowly ultimately regain the same amount.

#6 YOU CONTINUE TO BURN KILOJOULES AFTER EXERCISING

TRUE

After exercising, your metabolism is elevated as your body recovers and repairs itself. This "afterburn" lasts for between 3 and 24 hours depending on the duration and intensity of exertion. The effect tends to last longer following resistance exercises such as weight-training than endurance exercise, but, even then, it is pretty small and tails off with time.

#7 EXERCISE ON AN EMPTY STOMACH TO BURN MORE FAT

MAYBE

"If you eat before workouts you will have a little more glucose, which might mean you can work harder," says Michael Ormsbee at Florida State University. "But if you go in fasted, you will probably burn fat faster – although you might not be able to maintain the same level of intensity." He recommends combining both strategies.

#8 NUTRITIONAL SUPPLEMENTS CAN BOOST YOUR METABOLISM

MAYBE

Many are touted. Most probably don't work. There is some evidence that caffeine, creatine, beetroot juice and fish oil have some effect on your athletic performance, but it is likely to be tiny, and you would be better off improving your regular diet than taking supplements.

From issue 2995 of New Scientist magazine

#9 EATING MORE FREQUENTLY BOOSTS YOUR METABOLISM

MYTH

While eating temporarily boosts your metabolic rate, it also affects your body's response to insulin – the hormone that regulates levels of glucose in the blood. In a recent study, men were fed the same diet, either as 3 meals or 14 snacks. Those who ate less frequently had higher metabolic rates, were less hungry and had better control of blood glucose.

#10 SOME FOODS ARE ACTIVELY SLIMMING

MAYBE

Contrary to popular belief, the caffeine in coffee and green tea won't increase the rate at which you burn fat while exercising, but it may reduce your perception of pain and exertion, allowing you to exercise for longer. Capsaicin – the substance that gives chilli peppers their heat – may increase energy expenditure by boosting the activity of brown fat. A substance in grapefruit seems to improve the body's response to insulin. And a recent study suggests that fibre suppresses appetite.

#11 YOU HAVE TO "FEEL THE BURN" TO GET RESULTS

MYTH

Running at 6 km/h burns exactly the same number of kilojoules as walking at 6 km/h. What really matters is endurance. A 73 kilogram person who burns 310 kilojoules per kilometre running at 11 km/h and 215 kilojoules per kilometre walking at half that speed, will actually burn 125 kilojoules more walking 2 kilometres than running 1 kilometre.

#12 LOW-FAT OR FAT-FREE FOODS ARE NOT NECESARILY LOW IN KILOJOULES

TRUE

Foods that are described as low-fat or fat-free aren't automatically low in kilojoules. In fact, the majority of low-fat products may actually be higher in kilojoules than standard products, thanks to them containing extra sugars and thickeners to boost the flavour and texture. Some people also mistakenly believe they can eat more if they're choosing low-fat products. But this is rarely the case.
In reality, low-fat yoghurt, for example, contains sugar and carbs which need to be avoided if you want to lose weight. Rather choose an unflavoured double cream yoghurt. ■

EMERGENCY MEDICAL CARE RIGHT ON YOUR DOOR STEP

Our state-of-the-art **Heart Centre** consists of the following:

- Cardiac ICU
- Cardiac Cathlab Theatre
- 24-Hour Emergency Centre

Available at Melomed Gatesville and Melomed Bellville

MELOMED PRIVATE HOSPITALS

MELOMED 24 0800 786 000

Melomed Gatesville
021 637 8100

Melomed Bellville
021 948 8131

Melomed Mitchells Plain
021 392 3126

Melomed Tokai
OPENING SOON!

WWW.MELOMED.CO.ZA INFO@MELOMED.CO.ZA

Dr Nur Abrahams, Specialist Rheumatologist at Melomed Gatesville.
MBChB (UCT), FCP (SA), Cert Rheum
T: 021 699 0095 | F: 086 214 1390 | E: nur.abrahams@me.co.za

What is Rheumatology?

So, what is rheumatology... that's a question I often get asked and the easy answer is that we deal with arthritis. However, that is just the tip of the iceberg...

By Specialist Rheumatologist Dr Nur Abrahams practising at Melomed Gatesville

There are more than 100 rheumatic diseases, some being more common than others. Some rheumatic diseases may not always be obvious at the onset and may require some time to make an accurate diagnosis.

Rheumatologists see common conditions like **gout** where an elevated uric acid level leads to deposits of uric acid crystals.

Gout usually affects men more than women. Postmenopausal women are more at risk of developing gout than pre-menopausal women. It usually presents with an acute, painful, swollen joint. Gout can affect any joint in the body, but most people will have an attack of the big toe at some point.

If uric acid levels remain high for years then crystals deposit into the tissue and result in tophi. Tophi are unsightly lumps on the skin that can occur in hands, tendons and even ear cartilage.

Gout is usually easily treated, provided patients are compliant with the treatment.

The hallmark of **rheumatic diseases** is inflammatory arthritis. Features of inflammatory arthritis include:

+ Pain that is worse in the morning and improves with activity
+ Morning stiffness lasting for more than an hour
+ Usually insidious onset of pain

Rheumatoid arthritis, psoriatic arthritis and systemic lupus erythematosis (SLE) are some examples of conditions that can cause inflammatory arthritis.

A great deal of research has gone into the immunological understanding of these diseases. Targeted therapies are available and have been proven effective in patients who are not controlled by conventional treatment. These newer agents are called "biologics".

Also in the spectrum of rheumatology are rare autoimmune diseases, which affect the connective tissue, bone, muscle, joint and skin as well as vasculitis (inflammation of the blood vessels).

These diseases usually require immune-suppressive agents to control the diseases.

Systemic lupus erythematosis (SLE) is a multisystem autoimmune disease. The manifestations are variable and can affect each person differently.

Skin and joint disease are the common features whilst other patients can have severe organ dysfunction.

Kidney disease in SLE is the main cause of mortality, along with infections in patients that are immunocompromised from the treatment used in SLE.

All patients with lupus should be on Chloroquine as this has been shown to prevent flairups of the disease.

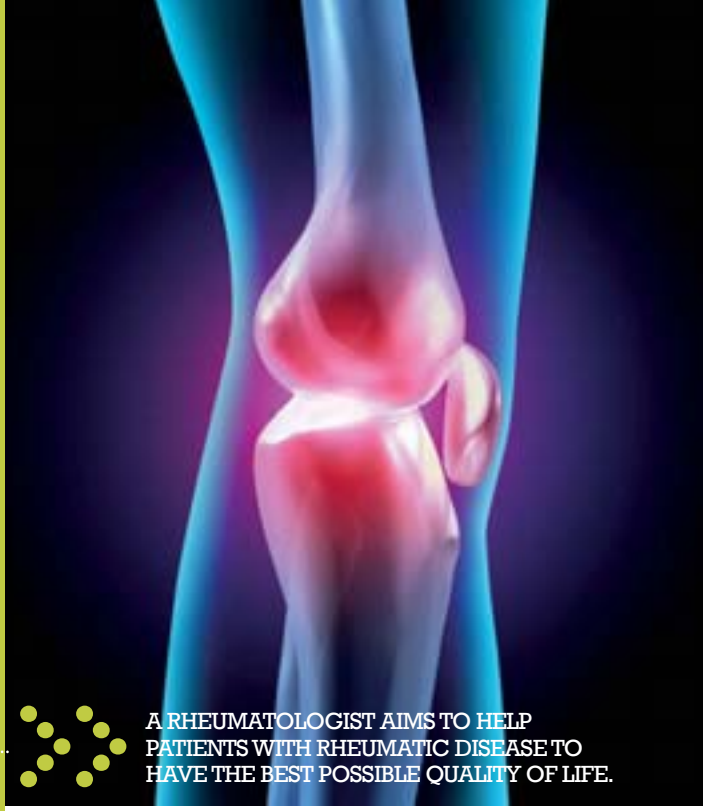
WHAT IS A RHEUMATOLOGIST?

The role of the rheumatologist is to diagnose (detect), treat and medically manage patients with arthritis and other rheumatic diseases. These health problems affect the joints, muscles, bones and sometimes other internal organs (e.g., kidneys, lungs, blood vessels, brain). Because these diseases are often complex, they benefit from the care of an expert. Only rheumatologists are experts in this field of medicine. Rheumatologists usually spend 6 years in medical school before doing a speciality in Internal Medicine, which is an additional 4 years of training. The Fellowship in Rheumatology is an additional 2-year course followed by a thorough examination by the academic professors.

SO WHAT SHOULD ONE EXPECT WHEN VISITING A RHEUMATOLOGIST EXPERT?

Often a rheumatologist works with multiple other health providers, like nurses, physiotherapists, occupational therapist as well as other physicians and surgeons. The team approach is often necessary as rheumatic diseases can be very complex.

- Accurate assessment and diagnosis of painful syndromes
- Management of soft tissue rheumatism often with local steroid injections
- Control inflammatory arthritis and to monitor for the potential side effects from these treatments
- Investigate and manage connective tissue diseases and vasculitis.



A RHEUMATOLOGIST AIMS TO HELP PATIENTS WITH RHEUMATIC DISEASE TO HAVE THE BEST POSSIBLE QUALITY OF LIFE.

Fibromyalgia (FM) or **fibromyalgia syndrome (FMS)** is chronic pain syndrome where people have widespread pain. It is associated with poor sleep and sedentary patients.

FMS is a diagnosis of exclusion. Other causes of pain need to be excluded

+ Thyroid disease
+ Rheumatoid arthritis
+ SLE
+ Psoriatic arthritis
+ Drugs-like statins
+ Myositis

The clinical examination in FMS is usually normal. The range of movements in joints is normal despite having pain. Pain during a tender-point examination usually confirms the diagnosis. Other symptoms related to FMS include persistent fatigue, waking up unrefreshed and a feeling of mental slowness. A host of somatic symptoms may also accompany patients with FMS. Symptoms like tingling of fingers, dizziness, headaches, abdominal pain, numbness and nausea.

Fibromyalgia is part of the spectrum of diseases where pain amplification is central to the pathogenesis. Patients may have increased pain sensitivity. Alodynia is the painful feeling that patients may get from own pain stimuli, example, shaking hands or hugging. Hyperalgesia is an exaggerated pain response out of keeping with the stimulus.

Treatment of FMS includes pain management and getting enough sleep. A graded exercise program is also vitally important to the outcome of FMS.

HIS & HERS HEALTH SCREENINGS

DELAYING THE DOC? GET IT CHECKED....

Men and women have different reasons for not making regular visits to their GP's...

Women think about health, and they do more about it. According to a recent survey three times as many men as women had not seen a doctor in the previous year. 25% of men said they would handle worries about health by waiting as long as possible before seeking help. In general, men who have the most traditional, macho views about masculinity are the least likely to get routine check-ups and necessary medical care.

Men tend to hold things in, to not discuss personal matters. If you're like many men, you probably delay going to the doctor until you're sick or have an injury. Improve your vitality and help prevent health problems down the road by learning about important screenings, common conditions, questions to ask your doctor and other essential health tips.

Early interventions yield the best outcomes, though there is no 'one size fits all' for screenings.

MAN UP!

SCREENINGS MEN SHOULD KNOW ABOUT*

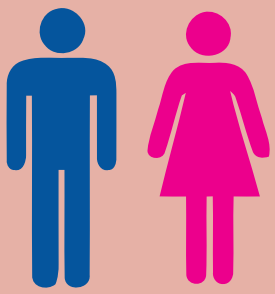
+ **Prostate cancer:** Prostate-specific antigen (PSA) screening for men ages 50 to 75, based on symptoms and family history.
+ **Lung cancer:** Screening with low-dose computed tomography for men age 55 to 80 who have a 30 pack/year smoking history and currently smoke or have quit within the past 15 years.

Women are born caregivers. In this hectic world, typically they put themselves last on the list to receive care. Women certainly have a lot on their plates – and unfortunately their health often takes a back seat to their families and careers.

LADIES FIRST!

SCREENINGS WOMEN SHOULD KNOW ABOUT*

+ **Mammograms:** It is recommended to begin with mammogram screening at 40 and continue annually.
+ **Cervical cancer:** Pap smear screenings beginning at age 21, continuing every three years to age 29, then continuing every five years to age 65.
+ **Osteoporosis:** Bone density screenings beginning at age 65.



HIS AND HERS

SCREENINGS FOR BOTH MEN AND WOMEN*

+ **Blood pressure:** screenings for adults age 18 and older.
+ **Heart disease and stroke:**
  - Cardiovascular disease screenings for lipid disorders (cholesterol, lipoprotein, triglycerides and lipid panel) for men age 35 and older, women age 45 and older.
  - For both men and women at increased risk for coronary heart disease, screenings beginning at age 20.
+ **Diabetes:** screening for type 2 diabetes in asymptomatic adults under age 45 who are overweight, and/or have sustained elevated blood pressure, and/or have a family history of diabetes.
+ **Colon cancer:** colonoscopy screenings for men and women ages 50 to 75.
+ **Annual skin exam** by a dermatologist beginning at age 20.

*RECOMMENDATIONS WILL VARY BY PATIENT, BASED ON FAMILY HISTORY, SYMPTOMS AND RISK FACTORS. CONSULT YOUR DOCTOR.

Source: stanthonymedcenter.com

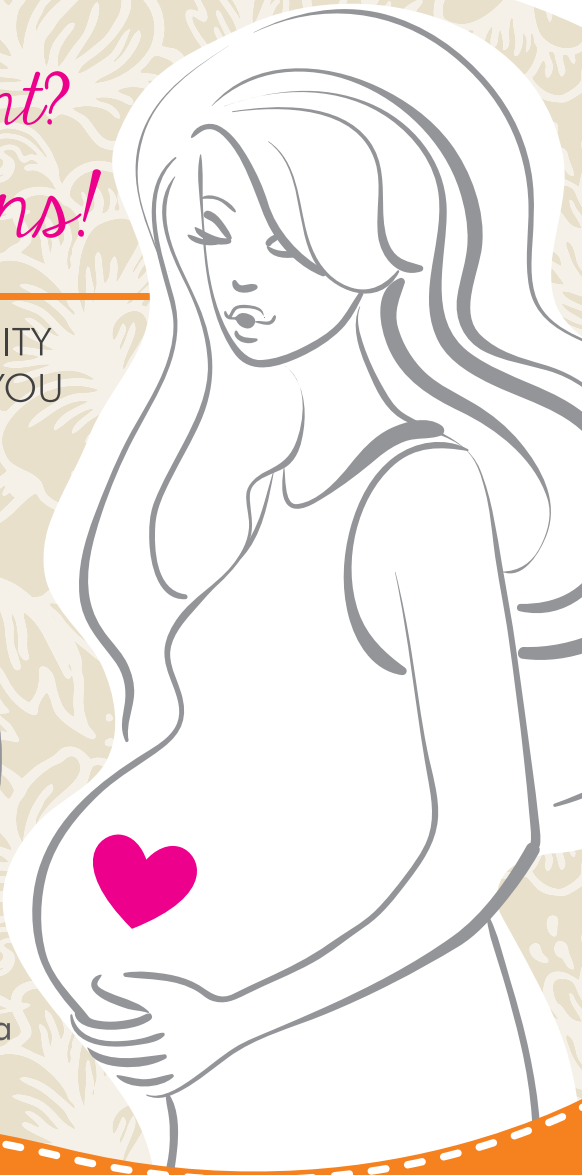
melobabe

MATERNITY PROGRAMME

MELOMED
PRIVATE HOSPITALS

Are you pregnant?
Congratulations!

OUR MELOBABE MATERNITY PROGRAMME WILL HELP YOU TO PREPARE FOR THIS EXCITING JOURNEY.



Melobabe offers
FREE
Antenatal Classes & Birth Registration

Email: info@melomed.co.za
www.melomed.co.za

Please sign up today to ensure that you don't miss out on these and other fabulous offers!

Registration forms available at your gynaecologist's rooms.

YOUR GUIDE TO:

BROKEN BONES

FIRST AID

A human body has 206 bones. Bones keep our bodies together and upright. So what to do when a bone breaks?

Compiled by Health Bytes

WHAT IS A BONE?

Bones make up your body's skeleton. Our muscles are attached to our bones, which makes us able to run, jump, lift, sit, kneel and grasp. **Our bones protect our internal organs from getting damaged. Bones contain marrow that is responsible and vital for our blood cell reproduction.**

WHY ARE BONES IMPORTANT?

Our bones store calcium and regulate the release of calcium into our bloodstream. Bone density is also dependent on the level of calcium in your bones. When bones lack calcium, they are brittle and may cause osteoporosis and any minor injury may cause a break or fracture. We need calcium in our blood stream to help our muscle cells, like our heart, to function.

WHAT CAUSES A FRACTURE?

Bones are rigid but when a bone is exposed to an outside force or repeated stress that is too great to tolerate or to absorb, it fractures or cracks under the amount of pressure. These injuries are all the same situation – the bone has been damaged, just to a different extent. The most common causes of fractures are:

+ **Trauma:** This can be any type of accident, like a car accident, a fall from a height, or a dangerous tackle in a rugby game.
+ **Osteoporosis:** Too little calcium in bones makes them weak and more likely to break.
+ **Overuse:** When too much repetition is applied, it can tire the muscles and place too much force on the bone and can result in stress fractures.

WHICH BONES ARE MOST COMMONLY BROKEN?

The most common fractures are your collarbone, wrist, ankle, hip and the forearm. Most injuries are closed fractures. The fracture of the distal radius is the most common in children – this occurs in the radius near their wrists. Usually this does not involve the joint itself.

Our hands and fingers are exposed to all our daily activities and that is why injuries like splinting or casting are very common.

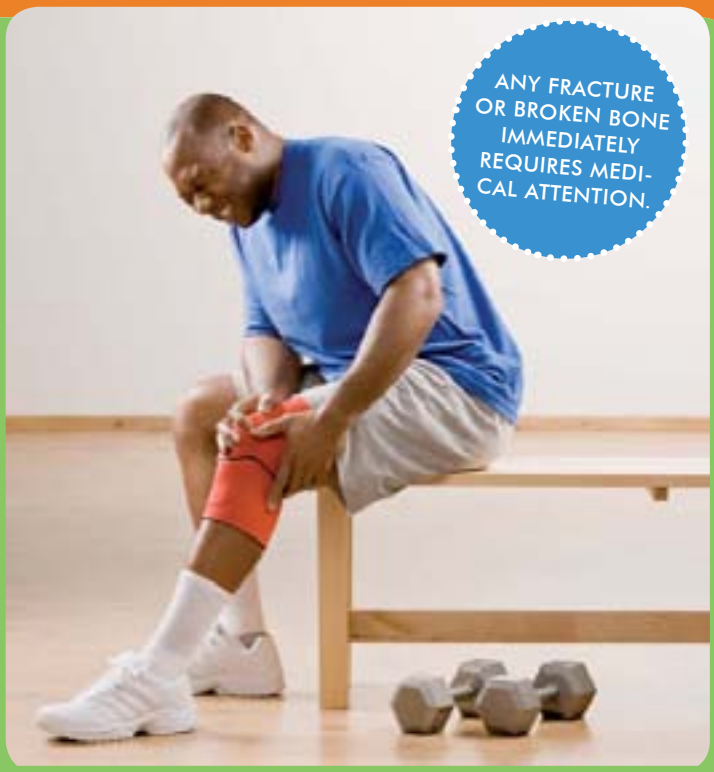
TYPE OF FRACTURES:

+ **Open, compound fracture:** The skin may be broken or pierced by a bone at the time of the fracture. The bone may or may not be visible in the wound.
+ **Closed fractures:** The skin overlaying the injury is intact and not damaged.

Sources: www.orthoinfo.aaos.org | www.medicinenet.com | www.mayoclinic.org | www.nlm.nih.gov
First Aid for the South African Home, Office & Outdoors, by Linda Buys, Struik Publishers, 2005

SYMPTOMS OF FRACTURES:

+ Sometimes a 'snap' or cracking sound when moving may indicate a bone has broken.
+ The patient may be experiencing an intense pain.
+ Swelling, bruising and tenderness in the area around the injury.
+ Discoloring of the skin.
+ Numbness and tingling.
+ Deformity: A limb may look out-of-place, a misshapen limb or join or the bone may be sticking out from broken skin.
+ Symptoms of shock in case of blood loss.
+ Painful and limited mobility or the inability to move a limb.



SPECIFIC TREATMENTS FOR FRACTURES:

Any fracture or broken bone immediately requires medical attention. Broken bones are usually not fatal but it is important to get immediate professional care. Acquire as much information from the patient as you can in order to assist the medical personnel. We have a few first aid tips to assist an injury:

Injured Ankles:

- Elevate the patient's foot.
- Apply an ice pack on the area for 10 minutes. The ice limits the swelling and helps relieve pain until help is available.
- Do not apply the ice directly on the injury: wrap the ice pack in a cloth or material in order not to damage the skin.
- Bandage the ankle firmly. The patient should not walk or apply any pressure on the injured foot.
- Take the patient to a doctor.

Injured Knee:

- Lift the patient's knee and apply an ice pack for 10 minutes.
- Bandage the knee. The patient should not walk with the injured knee.
- Take the patient to a doctor.

Broken Leg:

- Splint the leg as you found it.
- With an open fracture, the wound must first be bandaged.
- Phone the emergency service.
- Do the nail bed test to check for circulation.
- Keep the patient warm – the patient may not eat or drink anything. ▸▸

NAIL BED TEST

This is used to test signs of blood circulation in patients. This test is done before and after applying a bandage.

On the injured limb, press on a finger- or toenail for 3 seconds, then release the pressure. When the blood flow is not impaired, the colour of the nail bed will return to normal quickly. There can be impaired blood flow when the nail bed stays white or when the colour returns slowly. Do the other side as well to compare. Blood circulation may be poor with the following signs:

+ If one side is cold.
+ Different colours – especially a pale colour.
+ Pins-and-needles sensation in the limb.

Broken Arm:

- Splint the arm as you found it – do not try to correct a distortion.
- Do the nail bed test to check for circulation.
- Apply an ice pack on the area for 10 minutes.
- Immobilize the arm.
- Take the patient to a hospital.

Sprained Finger:

- Apply an ice pack on the area for 10 minutes.
- Splint the finger and take the patient to a doctor.

Wrist, Rib, Clavicle or Hip Fractures

- Immobilise the affected area and take the patient to a doctor.

WHAT TO DO:

- If there is any heavy bleeding, try to stop the bleeding by applying pressure with a sterile bandage, a clean cloth or a clean piece of clothing.
- You can treat the person for shock and help to reduce discomfort.
- Always wear gloves or protection when dealing with any wounds or bleeding to protect yourself against any disease transmission.

WHAT NOT TO DO:

- Do not attempt to realign or straighten the bone, change its position or push a bone that is sticking out back in, if you have not been trained professionally.
- Do not remove any objects that are penetrating the skin as it may be clotting the bleeding of the wound.
- To avoid any further injury, do not move a person unless the broken bone is stable.
- Do not move a person with an injured hip, pelvis, or upper leg unless it is absolutely necessary. If you must move the person, pull the person to safety by his clothes (such as by the shoulders of a shirt, a belt, or pant-legs).
- Do not move a person who has a possible spine injury. Wait for medical assistance to assess.
- Do not test a bone's ability to move.

pharma dynamics

EFFECTIVE AFFORDABLE HEALTHCARE

Globally aligned with 16 manufacturing partners

Manufacturing facilities approved by MCC (SA), FDA (USA) MHRA (UK), TGA (AUS) EMEA (EU)*

Invests 7 % of consolidated sales in **R&D**

Various **market leading** brands

Committed to ensure **Medical Aid Listings** through competitive pricing structures

Support HCPs through a variety of sponsorships, including Corporate Sponsorships, Medical Congresses, Fellows training programs and CPD activities

Care for the community through **Corporate Social Initiatives**

iCHANGE 4HEALTH
www.ichangeforhealth.co.za

COOKING from the heart
www.cookingfromtheheart.co.za

Let's Talk about mental health!
www.letstalkmental.co.za

For further product information contact **PHARMA DYNAMICS** P O Box 30958 Tokai Cape Town 7966
Tel 021 707 7000 **Fax** 021 701 5898 **Email** info@pharmadynamics.co.za **CUSTOMER CARE LINE** 0860 PHARMA (742 762) **www.pharmadynamics.co.za**

* MCC and at least one major international Regulatory Authority. CORP3/01/2015.

Dr Abdul Kader Ebrahim, ENT Specialist & Head-Neck Surgeon at Melomed Bellville. MBChB (UCT), FCORL (SA), MMed (Stell)
T: 021 948 8131 | F: 086 444 7216 | E: akebrahim@gmail.com

DOES SMOKING CAUSE THROAT CANCER?

By ENT Specialist & Head-Neck Surgeon Dr Adbul Kader Ebrahim practising at Melomed Bellville

I am often asked this question after informing patients about their new diagnosis of throat cancer. It seems there's a public perception that smoking only affects the lungs and not the upper respiratory tract.

Besides lung cancer, tobacco use also increases the risk for cancers of the mouth, lips, nose and sinuses, larynx (voice box), pharynx (throat), esophagus (swallowing tube), stomach, pancreas, kidney, bladder, uterus, cervix, colon/rectum, ovary (mucinous), and acute myeloid leukemia.

Smoking can affect the health of your mouth and throat. As well as the obvious effects such as unsightly stains on your teeth and bad breath, smoking is the major cause of cancers of the mouth, throat, oesophagus, pharynx, larynx (voice box), tongue, lips and salivary glands. The longer you smoke, and the more you smoke, the greater the risk of these cancers. More than 80% of cancers of the mouth, nose and throat occur in people who smoke cigarettes, cigars or pipes.

Throat cancer refers to cancerous tumours that develop in your throat (pharynx), voice box (larynx) or tonsils.

Your throat is a muscular tube that begins behind your nose and ends in your neck. Your voice box sits just below your throat and is also susceptible to throat cancer. The voice box is made of cartilage and contains the vocal cords that vibrate to make sound when you talk. Throat cancer can also affect the piece of cartilage (epiglottis) that acts as a lid for your windpipe. Tonsil cancer, another form of throat cancer, affects the tonsils, which are located on the back of the throat.

You can reduce your risk of throat cancer by not smoking, not chewing tobacco and limiting alcohol use.

SIGNS AND SYMPTOMS OF THROAT CANCER MAY INCLUDE:

+ A cough
+ Changes in your voice, such as hoarseness
+ Difficulty swallowing
+ Ear pain
+ A lump or sore that doesn't heal
+ A sore throat
+ Weight loss

WHEN TO SEE A DOCTOR

Make an appointment with your doctor if you notice any new signs and symptoms that are persistent. Most throat cancer symptoms aren't specific to cancer, so your doctor will likely investigate other more common causes first.

Factors that can increase your risk of throat cancer include:

+ Tobacco use, including smoking and chewing tobacco
+ Excessive alcohol use
+ A virus called the human papillomavirus (HPV)
+ A diet lacking in fruits and vegetables

IN ORDER TO DIAGNOSE THROAT CANCER, YOUR DOCTOR MAY RECOMMEND:

+ **Using a scope to get a closer look at your throat.** Your doctor may use a special lighted scope (endoscope) to get a close look at your throat during a procedure called endoscopy. A tiny camera at the end of the endoscope transmits images to a video screen that your doctor watches for signs of abnormalities in your throat. Another type of scope (laryngoscope) can be inserted in your voice box. It uses a magnifying lens to help your doctor examine your vocal cords. This procedure is called laryngoscopy.

+ **Removing a tissue sample for testing.** If abnormalities are found during endoscopy or laryngoscopy, your doctor can pass surgical instruments through the scope to collect a tissue sample (biopsy). The sample is sent to a laboratory for testing.

+ **Imaging tests.** Imaging tests, including X-ray, computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET), may help your doctor determine the extent of your cancer beyond the surface of your throat or voice box.

WHAT CAN YOU DO?

1 Quit smoking

Throat cancers are closely linked to smoking. **Not everyone with throat cancer, smokes. But if you do smoke, now is the time to stop because:**

+ Smoking makes treatment less effective.

+ Smoking makes it harder for your body to heal after surgery.
+ Smoking increases your risk of getting another cancer in the future.

Stopping smoking can be very difficult. And it's that much harder when you're trying to cope with a stressful situation, such as a cancer diagnosis. Your doctor can discuss all of your options, including medications, nicotine replacement products and counselling.

2 Quit drinking alcohol

Alcohol, particularly when combined with smoking or chewing tobacco, greatly increases the risk of throat cancer. If you drink alcohol, stop now. This may help reduce your risk of a second cancer. ■

PROGNOSIS

The outlook for laryngeal cancer depends on how far the cancer has spread before it is diagnosed and treated. This is known as the stage of the cancer. Fortunately, most laryngeal cancers are diagnosed at an early stage, which means the outlook is generally better than some other types of cancer.

If you smoke, stopping smoking after being diagnosed with laryngeal cancer may help improve your outlook.

MELOMED RENAL CARE
OPTIMISING RENAL CARE
PROVIDE

Training and education of renal nurses and renal technologists.

Full range of dialysis procedures including haemodialysis, peritoneal dialysis and acute dialysis.

Patient education, dietician referral and support groups.

A Healthy Start Programme™ which focuses on pre-dialysis management through education.

Unsurpassed quality initiatives including hepatitis screening, international treatment guidelines and dialysis adequacy testing.

MELOMED RENAL CARE

Highly trained teams of dedicated nephrology staff on call 24 hours a day.

MRC Mitchells Plain
(021) 392 3543
MRC Gatesville
(021) 637 1702

www.nrc.co.za

MEDICAL DIRECTORY

DIAGNOSTIC RADIOLOGISTS

Dr Sean S Conway – L.R.C.P & S.I; L.M.; DCH; D. Obstets.; F.F. Rad (D) SA

Dr Norman Smuts – MBChB; F.F. Rad (D) SA

Dr Marek Blaszczyk – FC Rad (D) SA

Practice no. 0366862

Suite 701, Melomed Mitchells Plain,
Symphony Walk, Mitchells Plain

T: 021 392 7167 | F: 021 392 0938
C: 083 627 3800 | E: m.c.n@iafrica.com

General radiology and X-ray, multi-slice CT, ultrasound, mammography, bone densitometry and intervention.

PHYSIOTHERAPY

Melissa Wentzel

BSc (Physiotherapy) | Practice no. 0238120

3 Koffie Peer Road, Eastridge, 7785

T: 021 397 5544 | F: 021 397 5544
C: 082 367 3779
E: wentzelmelissa@yahoo.com

A dynamic team of physiotherapists that treat a wide variety of conditions (namely musculoskeletal, orthopaedic, neurological, chests and paediatrics) in both the in-hospital and out-patient setting.

CARDIOLOGIST

Dr Muhammed C Hendrickse

MBChB (UCT), FCP (SA), Cert. Cardiology (SA)
Practice no. 0180030523720

Suite 312, 3rd Floor, Melomed Gatesville,
Temple Road, Gatesville

T: 021 637 8219 | F: 0866168825
C: 072 902 3929 | E: cardiologist@telkomsa.net

Dr MC Hendrickse specialises in cardiology. His areas of interest are ischaemic heart disease and rhythm disorders. He also heads a comprehensive out-patient service with a referral base including all medical aid options. Payment and tariff negotiations are also acceptable for cash paying clients.

RHEUMATOLOGIST

Dr M Nur Abrahams

MBChB (UCT), FCP (SA), Cert Rheum
Practice no. 0563986

Suite 307, 3rd Floor, Melomed Gatesville,
Temple Road, Gatesville

T: 021 699 0095 | F: 086 214 1390
C: 083 253 9528 | E: nur.abrahams@me.com

Rheumatologist and specialist physician. Interest in Gout , fibromyalgia, rheumatoid arthritis, inflammatory back pain, psoriatic arthritis and soft tissue rheumatism. Lupus and its related diseases. Systemic autoimmune diseases and vasculitis.

OBSTETRICIAN & GYNAECOLOGIST

Dr Moegamat Samier Jacobs

MBChB (UCT), FCOG (SA), M.Med (Stell)
Practice no. 0572969

Suite 18, 4th Floor, Melomed Bellville,
cnr AJ West & Voortrekker Road, Bellville

T: 021 945 2970 | F: 086 455 1350
E: msjgynae@gmail.com

Dr Jacobs is a Specialist Obstetrician and Gynaecologist who is passionate about women's health, and has a special interest in Obstetric Critical Care.

HEITO POTATO!

Recipe supplied by Health-Bytes Publishing

Mashed cauliflower tastes similar to mashed potatoes but with fewer carbs.

Top with chopped herbs and grated cheese if you like.

Garlic "Mock" Potatoes

What you will need

- **1** medium head cauliflower, trimmed and cut into small florets (about 6 to 7 cups)
- **⅓** cup chicken stock, warmed
- **2** tablespoons sour cream, crème fraiche or softened cream cheese
- **¼** cup grated Parmesan
- **½** teaspoon minced garlic
- Salt and pepper to taste
- Fresh chives, thinly sliced, for garnish

LEVEL: EASY
TIME: 10 MIN: 5 PREP + 5 COOK
SERVINGS: 4

Method of preparation

1. Place the cauliflower florets in a microwave-safe bowl with ¼ cup water, cover with plastic wrap and microwave for 3 to 5 minutes, or until completely tender.

2. Before you mash the cauliflower, let it cool down for about 5 minutes, or until it feels cool enough to touch. Drain any excess water from the dish before proceeding. The cauliflower needs to be fairly dry.

3. Place the cooked cauliflower in a food processor or blitz with a blender. Add chicken stock, sour cream, Parmesan, garlic and salt and pepper; puree until smooth. Serve garnished with sliced chives and with pats of butter.

Hint: Try roasting the garlic and adding a little fresh rosemary for a whole new taste.

MENTAL HEALTH

is important to us all. It affects not only the individual but also their family and friends.

It is estimated that, at any one time, one in four people has a mental health problem – so you're not alone and there is no need to feel embarrassed about asking for help.

MELOMED
CLAREMONT
PRIVATE CLINIC

We're proud of the role we play in guiding people to pro-actively address mental health illness through our wide range of services:

- **Treatment Programme**
- **Occupational Therapy Programme**
- **Accommodation**
- **Relaxation**

MELOMED CLAREMONT PRIVATE CLINIC

148 IMAM HARON ROAD, CLAREMONT

TEL: 021 683 0504

THE PATHCARE NEWS

Hepatitis A Total

Pathcare has discontinued the Hepatitis A total antibody test and is now offering separate IgG and IgM serology markers. Clinicians can request IgM for acute/recent infections or IgG for immunity, which may be due to a previous infection or vaccination.

Immunity is important in the following instances:

- Travelers to areas where there is a high incidence of hepatitis A who need to know their immune status.
- Other groups at high risk of HAV exposure and disease include injection drug users and men who have sex with men.
- People chronically infected with other hepatitis viruses need to know their immune status to hepatitis A to guide a decision regarding hepatitis A vaccination. This population needs to be protected against hepatitis A through vaccination if not immune.