

# melomag

Free Health Guide!

Issue 28 | 2017



**BRCA1  
AND BRCA2  
GENES:  
THE FULL  
STORY**

**NEUROLOGY**

THE FACE OF  
THE FUTURE

**DIALYSIS OPTIONS**  
to fit your lifestyle

**DEPRESSION**  
in the elderly

**DIABETES**

**DURING PREGNANCY**  
YOUR BABY'S HEALTH

**KNOW IT ALL**  
**HEAD & NECK**  
**CANCER**



First Aid: Burns: Know  
What To Do |24|

The latest health  
news and views |2|

Recipe: Butternut and  
Chickpea Salad |32|

Live. Learn. Treat.  
Today, for tomorrow.

www.pharmadynamics.co.za

CUSTOMER CARE LINE 0860 PHARMA (742 762) / +2721 707 7000 | Fax 021 701 5698  
1st Floor, Steenberg Office Park, Silverwood Close, Steenberg Office Park, Westlake, Cape Town 7945.

| UPFRONT |

M E L O M E D  
PRIVATE HOSPITALS

**melomag**

**GIVE-AWAY!**

Melomag is giving away  
a pedicure voucher to one lucky  
reader! See page 4 for details!

## contents

- 2 Snippets: Health News & Views
- 4 Melonews
- 4 Give-away! WIN a Pedicure Voucher!
- 6 Know It All: Head and Neck Cancer
- 11 Health Advice: Gestational Diabetes
- 16 Health IQ: Depression in the Elderly
- 18 Your Health: BRCA1 and BRCA2 Genes
- 20 All About: Neurology – The face of the future
- 22 Melomed Renal Care: Spend more time doing what you love
- 24 First Aid: Your Guide to Burns
- 27 House Call: Dr PM Thomas
- 28 Travelground: Charming Cape Dutch Homes
- 32 Recipe: Butternut and Chickpea Salad



Follow us on  
Facebook:  
*MeloCares*



Health Bytes

Publisher: Health Bytes CC  
Contact: christa@health-bytes.co.za  
Tel: 021 913 0504  
Proofing: Albert Buhr  
Printing: Kadimah Print

INDEMNITY: The information contained in Melomag is intended for general informational and educational purposes only, and not to replace professional medical advice. Persons requiring any medical advice or treatment should consult their relevant qualified healthcare professional. The publisher cannot accept any responsibility for any act, omission, loss, damage, or the consequences thereof caused by reliance by any person upon the information contained in the publication. The information included in Melomag is subject to copyright and all rights are reserved. The information may not be sold, resold, transmitted or otherwise made available or disseminated in any manner via any media to third parties unless the prior written consent of the publisher has been obtained.



## PREPARE FOR A (POLLEN) BATTLE! EXTREME DROUGHT IN WESTERN CAPE COULD WORSEN HAYFEVER SYMPTOMS

The ongoing drought in the Western Cape could have dire implications for nasal allergy sufferers as we head into the sneezing and streaming season. When no or little rain falls, the exposure to significant pollen counts is sudden, which may exacerbate seasonal pollen symptoms.

Pharma Dynamics – a leading provider of antihistamines – have partnered with UCT’s Allergy and Immunology Clinic to provide hayfever sufferers in the region with up-to-date pollen counts. Access to pollen data can assist diagnosed patients to avoid outdoor activities when counts are high and can prompt them to

increase their dose of preventative therapies, such as antihistamines following the advice from a doctor – especially during pollen peaks.

**“Pollen is a trigger for an estimated 30% of South Africans and can, in severe cases, trigger a fatal attack. Uncontrolled hayfever or allergic rhinitis will adversely affect asthma making chest symptoms more difficult to control. Allergies don’t cut you any slack, so stick to your regimen till the worst of the season is over,”** advises Pharma Dynamics’ spokesperson, Nicole Jennings.

[www.allergyexpert.co.za](http://www.allergyexpert.co.za) or [www.pharmadynamics.co.za](http://www.pharmadynamics.co.za).



## BY THE TIME A GIRL IS 17...

she’s seen approximately 250000 media messages telling her what she’s supposed to look like. Negative body image can lead to depression, social anxiety and eating disorders.

## SPORTS DRINKS ANYONE?

Like sports drinks when you exercise? In most cases, they’re not needed and could be simply giving you extra kilojoules your body doesn’t need. Stick to water.



## YOUR HOLIDAY STARTS NOW ON YOUR DOORSTEP

Staying at home for the holidays might just be what the doctor ordered. You don’t need to travel far to relax, so go out and play a tourist in your own hometown!

- Book a weekend at a spa or nature resort.
- Discover nature outside of your own neighbourhood.
- Hike some new trails.
- Take in some live theatre or music performances.
- See a show at the local dance or community centre.
- Explore local museums or art galleries.

[www.alive.com](http://www.alive.com)



## Empathy in action HOW TO WRITE A SYMPATHY CARD

BECAUSE WORDS OF SYMPATHY CAN BE HARD TO COME BY, HERE ARE SOME TIPS FOR THIS SIMPLE GESTURE OF SUPPORT:

• Express words of sympathy that reflect your feelings; it can be as simple as saying you’re sorry to hear of the loss.

- Offer support – let the person or family know you’re there for them.
- Keep your note short and simple – sign it ‘sincerely’ or ‘with love’.
- Personalise it however you can. Maybe share a short story or mention something that made the person special to you.



## THE RIGHT FIT

Believe it or not, most women are wearing the wrong bra size. Signs of an improperly sized bra include the band riding up; the straps falling down; breasts overflowing the top of the bra cup; and wrinkly and loose fabric. A professional bra fitting is quick and can help ensure you’re wearing the right bra.

HEALTH TIP

# EMERGENCY MEDICAL CARE RIGHT ON YOUR DOORSTEP

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

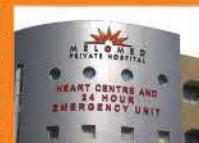
- Cardiac ICU
- Cardiac Cathlab Theatre
- 24-Hour Emergency Centre

Available at Melomed Gatesville, Melomed Bellville and Melomed Tokai

M E L O M E D  
PRIVATE HOSPITALS



Melomed Gatesville  
021 637 8100



Melomed Bellville  
021 948 8131



Melomed Mitchells Plain  
021 392 3126



Melomed Tokai  
021 764 7500



Melomed Richards Bay  
OPENING SOON!

# Support Group

MELOMED TOKAI HOSPITAL: LAST THURSDAY OF EVERY MONTH AT 14H00 IN THE BOARDROOM (5TH FLOOR)

For more information contact Nastassia on 021 764 7500 or info@melomed.co.za

MELOMED GATESVILLE HOSPITAL: FIRST WEDNESDAY OF EVERY MONTH AT 17H00 IN THE ONCOLOGY UNIT

For more information contact Ghowa on 021 637 8100 or info@melomed.co.za



## Delicious Menu competition hosted by Deli Spices



Best Main Course Winners



Overall Winners



At the Rapitrade Waterfront awards evening, unit manager of the ICU, Sr Magrieta Nel, won the "Implementation of innovative solutions of kin integrity in ICU" award, as well as a "Nursing Services" award. Manager Sr Fathima Mahomed won the "Matron of the Year" award. Congratulations, we are so proud of you!

## CUPPA FOR CANSA High Tea



ENTER TODAY & WIN

## Melomed is giving away a relaxing pedicure to one lucky reader!

To stand a chance to qualify, email your name, contact number and answer to the following question to: [melomag@melomed.co.za](mailto:melomag@melomed.co.za) with Melomag28 in the subject line. Competition closes 15 December 2017.

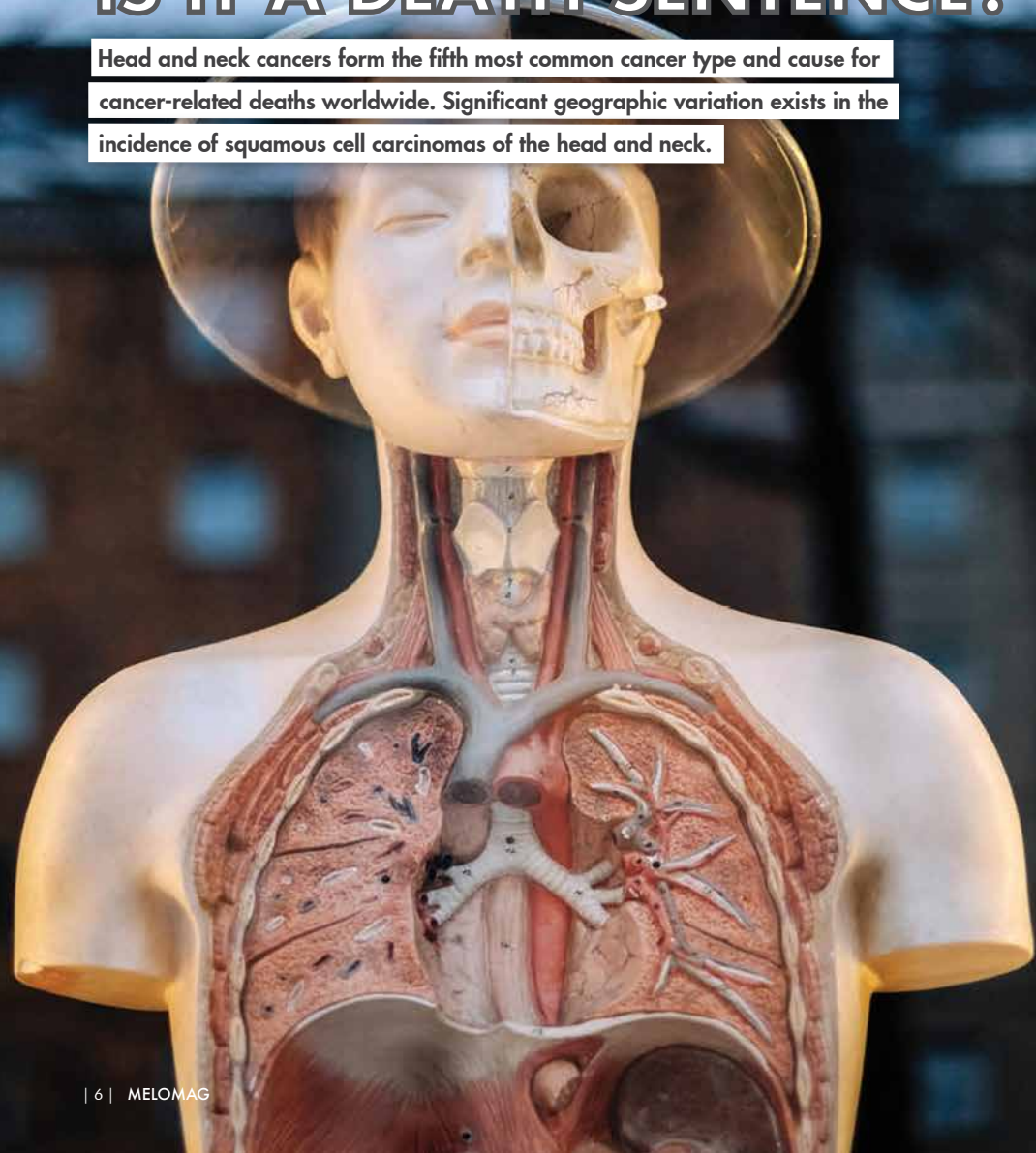
Name one of the healthy fat foods they encourage you to eat more of while pregnant. (See page 14.)

Prize sponsored by Melomed. Give-away terms and conditions: The winner will be the first correct entry drawn after the closing date. In the event of the judges not being able to get hold of the winner on details supplied, an alternative winner will be selected. The judges' decision is final and no correspondence will be entered into. The winner 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.

Dr Johann D. Kluge  
ENT Head and Neck Surgeon  
Head and Neck Consultant, Steve Biko Academic Hospital, University of Pretoria

# HEAD AND NECK CANCER IS IT A DEATH SENTENCE?

Head and neck cancers form the fifth most common cancer type and cause for cancer-related deaths worldwide. Significant geographic variation exists in the incidence of squamous cell carcinomas of the head and neck.

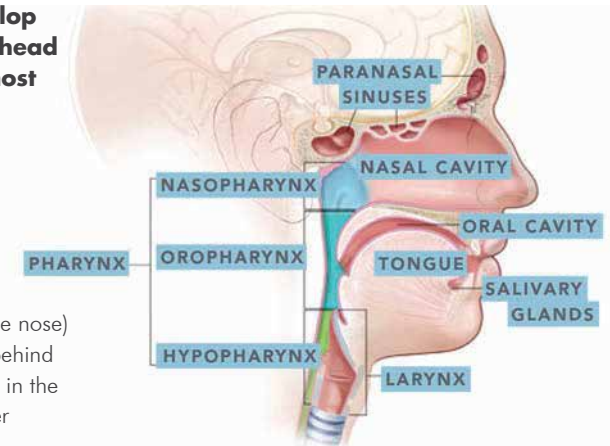


Squamous cell carcinoma (the most common type encountered in the head and neck region, accounting for more than 90% of cases) are malignant (cancerous) growths that begin in the flat squamous cells that form the epithelium (inner lining) in many parts of the head and neck.

A tumour limited to this layer of cells is usually called carcinoma in situ. A tumour that grows beyond the squamous cells and moves into deeper tissues is called invasive squamous cell carcinoma. Adenocarcinomas arise in glandular cells, such as those found in the salivary glands.

Head and neck cancer can develop in several different parts of the head and neck region. Some of the most common include the following:

- Oral (mouth) cancer
- Laryngeal (voicebox) cancer
- Pharyngeal (throat) cancer
- Thyroid cancer
- Nasal cavity and sinuses
- Nasopharyngeal (the region behind the nose)
- Parathyroid (glandular structures just behind the thyroid, playing an important role in the maintenance of calcium levels) cancer
- Skin cancer



## HOW DO HEAD AND NECK CANCERS PRESENT?

Each type of head and neck cancer (according to the region) may be associated with a specific group of symptoms.

### SYMPTOMS FOR FURTHER INVESTIGATION INCLUDE THE FOLLOWING:

- a lump or swelling in the neck being present longer than two weeks
- a sore (painful or painless) in the mouth that won't heal (the most common symptom) or that bleeds easily
- a red or white patch in the mouth that doesn't go away
- frequent nosebleeds,

progressive blocked nose, or recurrent sinus infections that do not respond to conventional treatment

- chronic sore throat
- chronic or progressive hoarseness/change in voice quality
- constant ear ache (with a normal ear examination)
- difficulty chewing, swallowing, or moving the jaws or tongue
- pins and needles of the tongue
- loosening of teeth
- false dentures that no longer fit
- discolouration in a mole; a skin sore that is crusting or ulcerated, or that fails to heal (these are also signs of possible skin cancer)

## WHAT ARE RISK FACTORS FOR DEVELOPING A CANCER IN THE HEAD AND NECK REGION?

Many head and neck cancers arise after prolonged exposure to known risk factors such as tobacco, alcohol, and cancer-causing agents in the workplace.

These cancers are generally considered preventable.

Others, such as parathyroid cancer, are not associated with any preventable risk factor. Some people who develop head and neck cancers have no known risk factors. >

The following factors have been shown to increase your risk of developing a cancer of the head or neck:

#### TOBACCO AND ALCOHOL USAGE

Tobacco is the single largest risk factor for head and neck cancer.

#### PROLONGED SUN EXPOSURE

#### HUMAN PAPILLOMAVIRUS (HPV)

HPV infection is one of the most commonly diagnosed sexually transmitted diseases, after HIV.

#### EPSTEIN-BARR VIRUS (EBV)

Exposure to EBV, which is more commonly known as the virus that causes glandular fever, plays a role in the development of nasopharyngeal cancer. It's got a higher incidence in Eskimos, Asians and the black population.

#### POOR ORAL AND DENTAL HYGIENE

#### ENVIRONMENTAL OR OCCUPATIONAL INHALANTS

Inhaling wood dust, asbestos, paint fumes, and certain chemicals may increase the risk of head and neck cancer.

#### MARIJUANA USE

#### POOR NUTRITION

A diet low in vitamins A and B can increase your risk.

### WHAT CAN I DO TO PREVENT A CANCEROUS LESION DEVELOPING IN THE HEAD AND NECK REGION?

**Making certain lifestyle changes can significantly lower a person's risk of developing head and neck cancer.**

Quitting smoking can substantially reduce the risk, even for those who smoked for many years. People who already have a head and neck cancer and quit using tobacco, can reduce the risk of developing a second tumour by as much as 60%. People who are exposed to toxic fumes and dust in the work place or in other environments can reduce the risk of head and neck cancer by wearing protective face masks. Companies can also install air-filtering systems to minimise employees' exposure to harmful fumes and dust.

### ARE THERE ANY SCREENING TESTS TO BE DONE TO PICK UP THE PRESENCE OF AN EARLY HEAD AND NECK CANCER?

**No screening method has been proven to improve survival for people with head and neck cancers.**

That being said, the current

advice is that all individuals visit their primary care physician for a yearly physical examination of the head and neck and oropharynx (the middle section of the throat that includes the soft palate, the base of the tongue, and the tonsils). Any suspicious lesion or concern raised by the general practitioner, needs to be evaluated by a head and neck cancer surgeon. This will include an endoscopy (investigation with a fibre-optic camera) and further tests, if indicated.

### HOW IS CANCER IN THE HEAD AND NECK REGION TREATED AND WHAT IS THE SUCCESS RATE?

**Many cancers of the head and neck can be cured, especially if they are found early. The different treatment modalities include the following:**

#### SURGERY

**Surgery is the primary (first) treatment for most cancers of the head and neck.**

Improvements in surgical techniques allow surgeons to remove many more tumours while sparing vital structures involved. Some patients may require surgical examination



of the lymph nodes in the neck (called neck dissection) to determine if any cancer cells have spread beyond their original site. New techniques allow surgeons to remove these lymph nodes while sparing nerves that are important for shoulder function.

Reconstruction of bones and other structures is often possible immediately following surgery.

Where the jaw bone must be removed, the surgeon can create a new jaw using part of a bone in the patient's own leg (called the fibula).

#### RADIATION THERAPY

Radiation therapy alone or in combination with chemotherapy is standard curative treatment for many patients with head and neck cancers. Which approach is used depends on the extent of the tumour as well as the specific region of origin. Radiation and chemotherapy can be used in combination when treating more advanced disease.

#### CHEMOTHERAPY

Increasingly, chemotherapy (in combination with radiation therapy) is used to treat head

and neck cancers that are difficult to reach surgically or that cannot be cured by surgery alone. This approach is also used to treat patients for whom surgery would cause significant functional or cosmetic disability, such as loss of the larynx (voice box), with its associated loss of natural voice and the need for a permanent stoma (hole) in the front of the neck. Chemotherapy has been shown to enhance the effectiveness of radiation therapy, improving cure rates compared to radiation therapy alone for advanced cancers such as those originating in the nasopharynx. ■

References: <http://www.uptodate.com/contents/human-papillomavirus-associated-head-and-neck-cancer>  
<http://www.cancer.net/cancer-types/head-and-neck-cancer/risk-factors-and-prevention>  
<https://www.mskcc.org/cancer-care/types/head-neck/risk-prevention-screening>

# Are you Expecting?

Melobabe offers  
**FREE**  
Antenatal Classes  
& Birth Registration

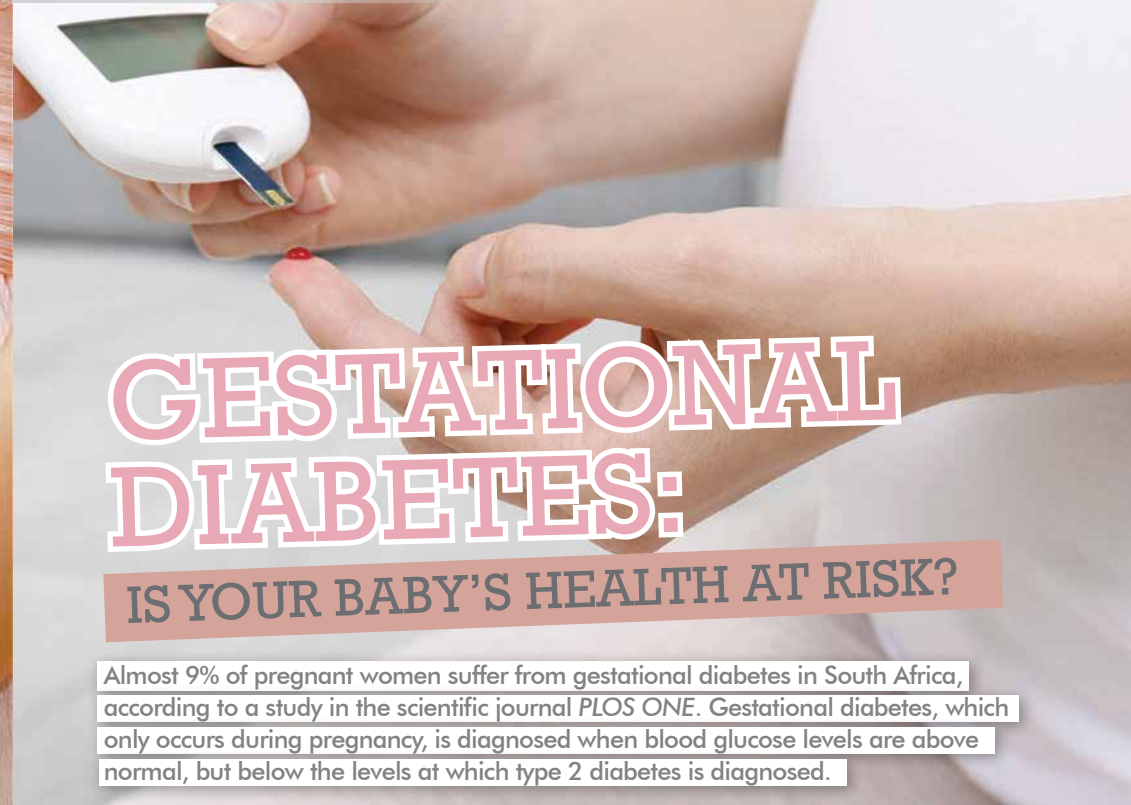


*Our Melobabe Maternity Programme will help and support expectant mothers with their exciting journey ahead.*

REGISTRATION FORMS ARE AVAILABLE AT YOUR GYNAECOLOGIST'S ROOMS.  
SIGN UP TODAY TO ENSURE THAT YOU DON'T MISS OUT ON THESE AND OTHER FABULOUS OFFERS!

info@melomed.co.za | www.melomed.co.za

Liezl Russell, Freelance Journalist  
Liezl Russell is a freelance journalist with a special interest in health and beauty topics.



# GESTATIONAL DIABETES:

## IS YOUR BABY'S HEALTH AT RISK?

Almost 9% of pregnant women suffer from gestational diabetes in South Africa, according to a study in the scientific journal *PLOS ONE*. Gestational diabetes, which only occurs during pregnancy, is diagnosed when blood glucose levels are above normal, but below the levels at which type 2 diabetes is diagnosed.

### CAUSES OF GESTATIONAL DIABETES

When your body digests carbohydrates, it is broken down into glucose that enters your bloodstream. To ensure that blood glucose levels stay normal, your pancreas, a gland behind your stomach, produces the hormone insulin that helps to move glucose from your blood stream into your cells, so that they can

use it for energy. If your body doesn't produce sufficient insulin levels or if it can't use insulin effectively, blood glucose levels will rise, which can have an immediate effect on your health or, if it persists, long-term effects, including an increased risk of cardiovascular disease, heart attack, and stroke.

**During pregnancy, blood glucose levels tend to be**

### higher due to hormonal changes in your body.

The placenta, which connects your baby to your blood supply, produces high levels of hormones that can interfere with the function of insulin in your cells. As your baby grows, your placenta produces more of these hormones, which is why gestational diabetes usually develops in the later stages of pregnancy – sometimes as early as 20 weeks. >

Most pregnant women will experience slightly higher blood glucose levels during pregnancy, especially after meals. However, when your body is not able to handle these changes, it may develop into gestational diabetes.

### RISK FACTORS

Any pregnant woman can develop gestational diabetes, but these factors could increase your risk:

- **YOUR AGE:** The older you are when pregnant, the greater your risk.
- **FAMILY HISTORY:** If a family member like a parent or a sibling has type 2 diabetes,

your risk for gestational diabetes increases.

- **PERSONAL HISTORY:** You're more likely to develop gestational diabetes if you had it during a previous pregnancy, if you delivered a baby that weighed more than 4.1 kg, if you had an unexplained stillbirth, or if you have prediabetes (slightly high blood glucose levels that may be a precursor to type 2 diabetes), according to the Mayo Clinic.
- **EXCESS WEIGHT:** People who are overweight or obese have an increased risk of gestational diabetes (particularly central obesity prior to falling pregnant).

Your risk also increases when you put on a lot of weight during pregnancy.

- **RACE:** Caucasians are less likely to develop gestational diabetes compared to other races.

Many people believe that gestational diabetes is directly caused by eating too much sugar during pregnancy. Although too much sugar and unhealthy carbohydrates can contribute to other risk factors like weight gain and obesity, it is not directly linked to gestational diabetes, according to Durban-based registered dietitian Kerry Hillermann.

Although gestational diabetes often goes away after pregnancy, it may pose several health risks to you and your baby during pregnancy, and it may also increase your risk for type 2 diabetes later in life.

### SYMPTOMS

Gestational diabetes often has no symptoms or may be mild or similar to other symptoms that are common during pregnancy, like frequent urination, excessive thirst, excessive hunger, and fatigue. Usually, your obstetrician will check your glucose levels during your routine prenatal visits to ensure your health.



### HEALTH RISKS OF GESTATIONAL DIABETES

If left undiagnosed and untreated, gestational diabetes can pose serious risk for both mom and baby, and according to the World Health Organisation's *Global Report on Diabetes*, it can greatly increase the risk of foetal loss, congenital malformations (e.g. heart defects, cleft lip and palate, Spina bifida, and limb defects), stillbirth, obstetric complications (e.g. infections and syndromes), and maternal mortality (when mother dies

from pregnancy or childbirth-related complications).

It can also raise your risk of high blood pressure and preeclampsia, which is a serious condition that causes high blood pressure, and may cause kidney damage and other problems.

Another risk factor of gestational diabetes is that it increases your risk for type 2 diabetes later in life.



### THE IMPORTANCE OF A HEALTHY LIFESTYLE

"If you have been diagnosed with gestational diabetes, it is possible to control it through a healthy diet and exercise while monitoring your blood sugar levels regularly to make sure they are staying in a normal range," says Johannesburg-based registered dietitian Toni Brien. "If diet and exercise are not sufficient, insulin injections may be prescribed by your doctor."

### HEALTHY EATING HABITS DURING PREGNANCY

It is very important to eat healthily during pregnancy to ensure that your blood glucose levels stay at a healthy level. According to Hillermann, a healthy diet will help to prevent weight gain, hunger pangs, and will help keep blood glucose levels stable.



### FOODS TO AVOID

#### 1. HIGH GLYCAEMIC INDEX (GI) FOODS:

These foods will cause blood sugar levels to rise very quickly, which is not ideal in pregnancy. Too much of these foods may also increase the weight of your baby, as glucose is readily absorbed from the blood by the placenta, which may increase your baby's birth weight, and may also increase their risk for diabetes and obesity later in life.

Examples of high-GI foods include butternut, potatoes, processed grains (white breads or rolls, white crackers, cakes, muffins, and biscuits), sugar, honey, and sweet carbonated drinks.

#### 2. SATURATED FATS:

Although fat does not spike your blood glucose levels, it increases your risk for cardiovascular disease. As diabetes also increases your risk for cardiovascular disease, you may want to limit saturated fat to decrease your risk. Saturated fat is the fat found in products produced by animals, for example butter or ghee, chicken skin, white fat on meat, white fat in sausages, streaky bacon, and cream or full-fat dairy.

### FOODS THAT YOU SHOULD EAT MORE OF

#### 1. HEALTHY PROTEINS

According to Hillermann, it's a good idea to include protein with every meal to help manage blood sugar levels. A typical portion size should be around 3 servings of protein at lunch and at dinner and about 1-2 servings of protein at breakfast.

#### EXAMPLES:

- White fish, salmon, mackerel or tuna (not crumbed or battered). One serving is about 30g of cooked fish (about a standard matchbox volume).
- Egg (poached or boiled). One serving is one large whole egg.
- ½ cup of any cooked legumes (lentils, chickpeas, butter beans, kidney beans, cannellini beans, or borlotti beans).
- 240 ml of low-fat unsweetened milk or 175 ml of low-fat unsweetened plain yoghurt.

#### 2. CARBOHYDRATES.

The average daily energy requirements during pregnancy is about 4-5 starchy vegetables and grains and about 1-2 low-GI fruit, says Hillermann.

#### EXAMPLES:

- One slice of low-GI seeded bread. >





Eat about four servings of healthy fats that are good for your heart, like monounsaturated fats, omega 3, and some omega 6s.

- Half a cup of cooked high-fibre, low-GI grain (any).
- Half a cup of cooked oats.

### 3. HEALTHY FATS

Eat about four servings of healthy fats that are good for your heart, like monounsaturated fats, omega 3, and some omega 6s.

#### EXAMPLES:

- Avocado
- Nuts
- Olive oil
- Salmon
- Tuna

#### WHEN YOU EAT IS IMPORTANT

“Eating regularly is important to keep blood sugar levels stable,” says Brien. You should be eating every 3–4 hours, but this can differ from woman to woman depending on your blood glucose control. Seeing a registered dietitian may help you to

develop a healthy eating plan that will suit you and support you through your pregnancy.

#### AN EXAMPLE OF A HEALTHY MEAL PLAN DURING PREGNANCY

Johannesburg-based registered dietitian Lila Bruk gives the following example of a healthy diet to follow during pregnancy to decrease your chances of gestational diabetes.

#### BREAKFAST:

½ cup bran cereal with fat-free milk and a fruit.

#### MID-MORNING SNACK:

1 fruit and small tub yoghurt.

#### LUNCH:

Chicken salad with 3 whole-wheat crackers.

#### MID-AFTERNOON SNACK:

1 slice of low-GI bread with peanut butter and a small tub of yoghurt.

#### DINNER:

1 sweet potato, grilled hake, and steamed vegetables.

#### EVENING SNACK:

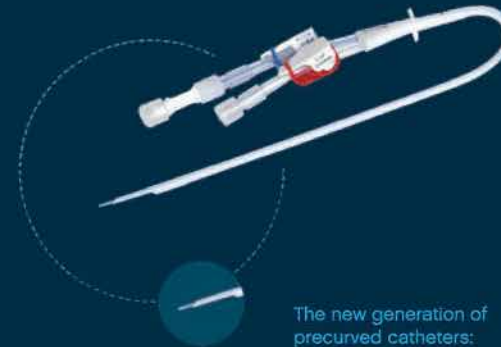
3 whole-wheat crackers with fat-free cottage cheese.

Speak to your doctor or dietitian for further advice. ■

#### References:

- [www.webmd.com/diabetes/gestational-diabetes-guide/gestational-diabetes](http://www.webmd.com/diabetes/gestational-diabetes-guide/gestational-diabetes)
- [www.endocrineweb.com/news/gestational-diabetes/5981-researchers-find-new-indicators-gestational-diabetes-risk](http://www.endocrineweb.com/news/gestational-diabetes/5981-researchers-find-new-indicators-gestational-diabetes-risk)
- [www.endocrineweb.com/news/gestational-diabetes/2348-physical-activity-may-help-women-avoid-gestational-diabetes](http://www.endocrineweb.com/news/gestational-diabetes/2348-physical-activity-may-help-women-avoid-gestational-diabetes)
- [www.endocrineweb.com/news/gestational-diabetes/2330-waistline-cholesterol-linked-gestational-diabetes](http://www.endocrineweb.com/news/gestational-diabetes/2330-waistline-cholesterol-linked-gestational-diabetes)
- [www.hindawi.com/journals/jdr/2017/7058082/](http://www.hindawi.com/journals/jdr/2017/7058082/)
- [www.ncbi.nlm.nih.gov/pmc/articles/PMC4478575/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4478575/)
- [iris.paho.org/xmlui/handle/123456789/28208](http://iris.paho.org/xmlui/handle/123456789/28208)
- [www.webmd.com/baby/gestational-diabetes-you#1](http://www.webmd.com/baby/gestational-diabetes-you#1)
- [apps.who.int/iris/bitstream/10665/204871/1/9789241565257\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/204871/1/9789241565257_eng.pdf)
- [www.samj.org.za/index.php/samj/article/view/11907/8095](http://www.samj.org.za/index.php/samj/article/view/11907/8095)
- [journals.plos.org/plosone/article?id=10.1371/journal.pone.0097871](http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0097871) Macauley S, Dunger DB, Norris SA. Gestational diabetes mellitus in Africa: A systematic review. *PLoS One* 2014;9(6):e97871. <http://dx.doi.org/10.1371/journal.pone.0097871>

### High Flow Double Lumen Precurved 13 Fr Short term catheter



The new generation of precurved catheters:

- Larger inner diameter allows higher flow rates
- Tip design without sideholes ensures less clotting

### High Flow Triple Lumen 13.5 Fr

Unique tip design, superior to the classic sidehole design:

- Clotting risk is considerably reduced
- Adhesion risk to the vessel wall considerably reduced
- Less complications during the treatment of septic patients
- Easy implantation due to tapered tip design



### Smooth Flow Double Lumen 15.5 Fr Long term catheter

#### Anterograde

#### Anterograde implantation technique

- Tip tunneled first

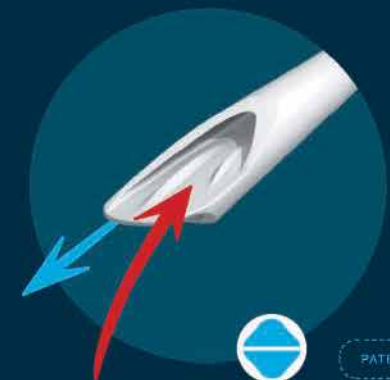
○ Symmetric tip design for easy and precise tip placement in the right atrium



○ Recirculation rate less than 1%\*

#### Special Features

- Patented tip design with visible flow channels (ribs) reduces turbulences, thrombus formation and damage of blood cells
- Unique, patented cross section allows thin wall design and a high kink resistance
- Kink resistant nitinol guide wire for easy and safe catheter placement



PATENTED



Dr. Uschenka Padayachey MBCh, FCPsych(SA), MMedPsych  
Psychiatrist at Melomed Tokai and Claremont Private Clinic  
T: 021 764 7500 | E: dipadayachey@gmail.com

# DEPRESSION IN THE ELDERLY

DEPRESSION IN THE GERIATRIC POPULATION HAS BEEN IDENTIFIED AS A SIGNIFICANT PROBLEM IN VIEW OF THE NEGATIVE OUTCOMES REGARDING POOR FUNCTIONING, INCREASED PERCEPTION OF POOR HEALTH AND INCREASED UTILISATION OF MEDICAL SERVICES.

Identification and treatment of depression in the elderly is important because of its association with increased morbidity and mortality. It is specifically linked to an increased risk of stroke, heart failure and hip fractures. Depression has been found to be an independent cause of disability as well as contributing to disability

from a primary physical illness by exacerbating physical deterioration.

Ageing presents with a multitude of organic changes that result in characteristic mood and behavioural patterns, often inadvertently viewed as part of the normal ageing process.

**“ Depression encompasses a range of mental issues and associated emotional, cognitive and behavioural symptoms. ”**

In addition, late-life depression has typically mutable manifestations often masked by co-morbid medical conditions. Research suggests

that older adults are more likely to present with agitation, somatic complaints and hypochondriasis in addition to having no significant association with family history of depression or other mental illness. Together, these factors confound the accurate diagnosis and hence treatment of depression in this vulnerable population.

Globally, the average life expectancy has increased from 68 years in 1990 to 72 years in 2009, with steadily increasing trends noted in developed countries. Due to this increase and the subsequent escalating burden of chronic diseases, a focus on mental health disorders in older adults is essential due to their impact on morbidity,

mortality and quality of life. The Global Burden of Disease Study has predicted that depressive disorders will be a leading cause of disability by 2020 due to their significant impact on functioning and quality of life. Worldwide it is estimated that 350 million individuals suffer from depression.

**APPROXIMATELY 5 MILLION OLDER ADULTS WORLDWIDE EXPERIENCE LATE-ONSET DEPRESSION BUT IT STILL REMAINS UNDER-RECOGNISED AND INADEQUATELY TREATED.**

Depression is found to persist into older age with the prevalence increasing with age. In SA, the prevalence of major depression is reportedly higher in rural settings compared to urban settings. The SASH Study, a nationally representative household survey conducted in South Africa in 2002 to 2004, reported the lifetime prevalence rate of major depression to be 9.7% with a significant association with

female gender. The 2008 SAGE study, a national population-based cross-sectional study in older South Africans, reported a 4% 12-month prevalence of symptom-based depression.

Personality attributes; life and social stressors; single, divorced or widowed status; bereavement; and learned helplessness are thought to be psychosocial risk factors for the development of depression. Loneliness as a natural part of ageing is a direct consequence of loss usually through death or abandonment and is viewed by the older adult as a precursor to depression as well as a self-imposed withdrawal.

Widowhood refers to a long-term state following the experience of death of a significant other, which has social and personal consequences. A recent local study found that participants who were widowed were nearly twice as likely to be classified as depressed as compared with their married counterparts, with

widowed females having twice the risk of depression. This could be attributed to the overlap of symptoms of depression and bereavement as well as the unique stressors of South African women. The widowhood effect, which is the increased likelihood for a recently widowed individual to die, is a direct reflection of the impact of social relations on health. The widowed elderly should therefore be closely supported and monitored for depression to reduce the negative health outcomes associated with depression.

Depression in the geriatric population is known to be significantly associated with negative outcomes.

**EARLY IDENTIFICATION AND TREATMENT OF DEPRESSION SERVES TO REDUCE ADDITIONAL MEDICAL COSTS INCURRED BY DEPRESSED INDIVIDUALS AND LESSEN THE SIGNIFICANT ASSOCIATED CAREGIVER BURDEN. ■**

**Personality attributes; life and social stressors; single, divorced or widowed status; bereavement; and learned helplessness are thought to be psychosocial risk factors for the development of depression.**

Professor Justus Apffelstaedt  
Head of the Breast Clinic, Tygerberg Hospital Associate Professor,  
University of Stellenbosch

## THE FULL STORY: BRCA1 AND BRCA2 GENES

Everyone has BRCA1 and BRCA2 genes. The function of the BRCA genes is to repair cell damage and keep breast cells growing normally; but when these genes contain abnormalities or mutations that are passed from generation to generation, the genes don't function normally and breast cancer risk increases, as they no longer assist in preventing uncontrolled growth of tumours.

Women carrying mutations of the BRCA genes are about five times more likely to develop breast cancer than those without. This is because normal BRCA genes help suppress tumours, but when they're mutated they don't assist in preventing uncontrolled growth.

**A STUDY SUGGESTS THAT WOMEN WITH A FAULTY BRCA1 GENE TYPICALLY HAVE A 45–90% RISK OF GETTING BREAST CANCER DURING THEIR LIFE, COMPARED TO A 12% RISK FOR THE AVERAGE WOMAN .**

Women with an abnormal BRCA1 or BRCA2 gene also have an increased risk of developing ovarian, colon, pancreatic, and thyroid cancers, as well as melanoma.

Men who have an abnormal BRCA2 gene have a higher risk for breast cancer than men who don't – about 8% by the time they're 80 years old, which is about 80 times greater than average.

**YOU ARE SUBSTANTIALLY MORE LIKELY TO HAVE AN ABNORMAL BREAST CANCER GENE IF:**

- You have first-line blood relatives (mother, sisters who had breast cancer diagnosed before age 50.
- There is both breast and ovarian cancer in your family, particularly in a single individual.
- Women in your family have had cancer in both breasts.
- A man in your family has had breast cancer.
- You are of Ashkenazi Jewish (Eastern European) heritage.

However, mutations in BRCA1 and BRCA2 only cause about one in 20 breast cancers, so just because you don't have the gene mutation doesn't mean you're immune. In fact 70–80% of women who have breast cancer have no family history of the disease.

Although less than 10% of the population have the BRCA gene mutation, 50–80% of these women have a chance of developing breast cancer. In South Africa, the test for the BRCA1 and BRCA2 genes has been commercially available to

“ In South Africa, the test for the BRCA1 and BRCA2 genes has been commercially available to the general public since 2005. ”



the general public since 2005. A blood sample is required for these tests, and genetic counselling is recommended before and after the tests.

**A positive test result in BRCA1 or BRCA2 means that the person has a genetic mutation that increases cancer risk.**

**A positive BRCA1 result gives a woman a 60% to 80% lifetime risk of breast cancer and a 30% to 45% lifetime risk of ovarian cancer.**

**A positive BRCA2 result gives a woman a 50% to 70% lifetime risk of breast cancer and a 10% to 20% lifetime risk of ovarian cancer.**

If the results are positive the person can be continuously monitored to ensure early detection of breast cancer if it arises, or they could undergo a mastectomy, which will reduce the risk of breast cancer by up to 90%. Patients need to realise this is a life-changing procedure, for example it's not possible to breast-feed after a mastectomy, and it does not guarantee a cancer-free future as you cannot remove all breast tissue during surgery. ■



Dr PM Thomas MBChB (US), MMed (US), FC Neurol (SA)  
Neurologist at Melomed Tokai.  
T: 021 712 5374 | E: drthomas.tokai@gmail.com

# NEUROLOGY

## THE FACE OF THE FUTURE

Among the medical disciplines, neurology is usually considered the most arcane of fields and is often the most misunderstood.

The public often asks questions like, "Doctor, do you do operations?" And the answer is, "No." When you ask a neurologist what he or she actually does, days later you may find yourself still the unwitting victim of an impromptu lecture, with the neurologist's passionate discourse not waning in the least. Pardon my colleagues – after all, we love what we do.

I will not bore you with such a lecture, but I will give you a glimpse into the unusual things that neurologists do

that make them very different from other specialists and hint at what the future of medicine may look like.

**Neurologists study the electrical activity of nerves all over the body. We look at muscles, the neuromuscular junction, nerves, the spinal cord, brainstem and brain.**

We send little messages along a nerve and track the course of these signals using electrodes. We look at the spontaneous activity of muscles and brain cells. These components of the nervous system create a universe of their own, with constant chatter between neighbours and lots of traffic on the highways.

Most people don't know that

neurologists also often interfere with the electrical activity of these components of the nervous system to make people better.

At the most basic level, we inject local anaesthetic agents into subcutaneous tissue to paralyse nerves that propagate headache, or muscle paralyzing agents like botulinum toxin into muscles that are overactive to diminish unwanted movements like blepharospasm, spasticity and dystonia.

**On a more complex level, neurologists use treatments and work closely with other disciplines to interfere with the electrical activity of the brain.**

### THE CEFALY DEVICE

The Cefaly device is a headband-like device that sits across the forehead and uses transcutaneous electrical nerve stimulation (TENS) to stimulate the branches of the trigeminal nerve with the aim of, over time, diminishing the frequency and severity of migraine attacks. The results are not astonishing, but the device does work and allows some patients to reduce their requirement for medication to control their migraine attacks. (Visit [www.cefaly.us](http://www.cefaly.us) for more info.)

### DEEP BRAIN STIMULATION

Patients with Parkinson's disease can be offered a new lease on life with the implantation of a needle-like probe deep into the brain, where it emits regular electrical pulses.

**These pulses stimulate the discharge of critical neurotransmitters that are deficient in the brains of patients with Parkinson's, thereby improving the symptoms of the disease dramatically, and significantly reducing the need for medication.**

Although the treatment is expensive, it is highly effective.

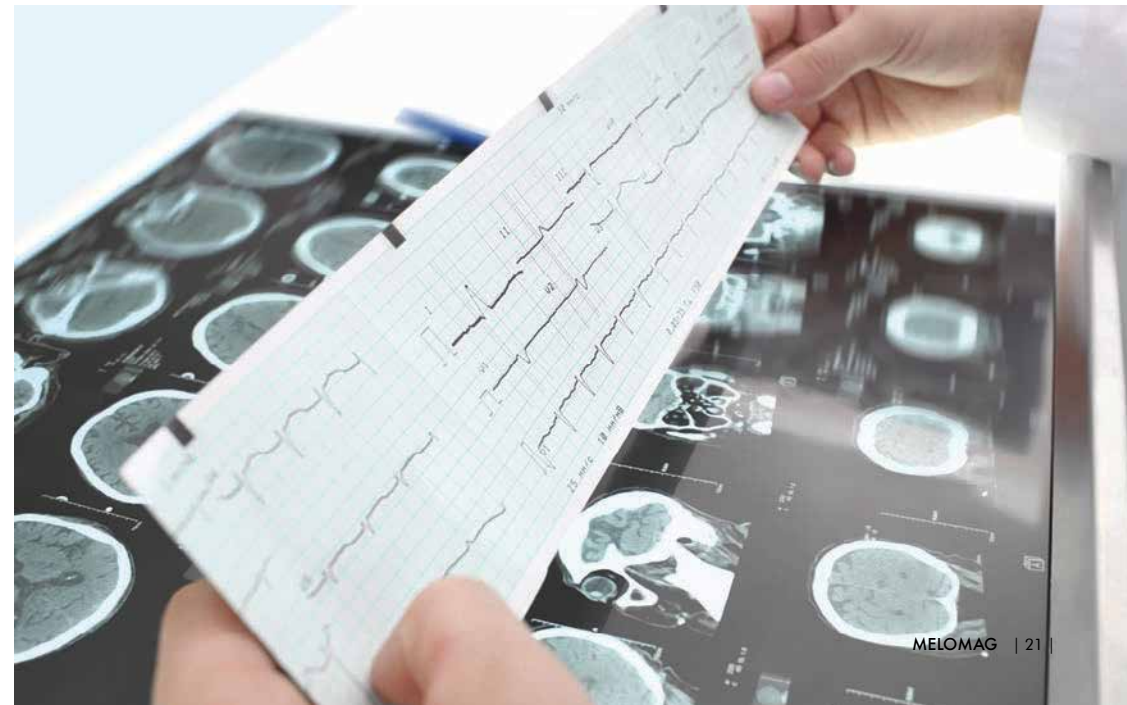
### TRANSCRANIAL MAGNETIC STIMULATION

Transcranial magnetic stimulation (TMS) is a non-invasive procedure that uses magnetic fields to stimulate nerve cells in the brain to improve symptoms of depression. TMS is typically used when other depression treatments have not been effective. During a TMS session, an electromagnetic coil is placed against your scalp near your forehead.

The electromagnet painlessly delivers a magnetic pulse that stimulates nerve cells in the region of your brain involved in mood control and depression. And it may activate regions of the brain that usually show decreased activity in people with depression.

As medical science develops, so too neurology will broaden its frontiers to offer patients new and effective treatments for problems that do not respond well to traditional therapies. As a neurologist, I am excited about what the future holds.

Perhaps neurology will always remain an arcane speciality, but it is truly inspiring to consider that what we can do in the future will be limited only by what the collective human mind can conceive. ■





**Spend More Time  
DOING WHAT YOU LOVE**

**FIND THE TREATMENT OPTION THAT FITS YOUR LIFESTYLE**

**HOME DIALYSIS OPTIONS**

Home dialysis patients control how to best arrange their treatment schedules, leaving more time for themselves, their families, their jobs and the activities they enjoyed before starting dialysis.

**PERITONEAL DIALYSIS (PD)**

PD is a needle-free dialysis treatment that you can perform at home or even at work. Because PD exchanges can be performed several times a day, it is the treatment option most similar to your natural kidney function.

**HOME HEMODIALYSIS (HHD)**

HHD uses a machine with a

filter to remove fluid and waste from the blood. With the help of a care partner you perform HHD treatments on your own schedule and in the comfort and privacy of your home.

**IN-CENTRE DIALYSIS OPTIONS**

In-centre dialysis patients receive their hemodialysis treatments in one of our clean, friendly dialysis centres from a qualified renal practitioner.

**IN-CENTRE HEMODIALYSIS**

In-centre hemodialysis patients generally visit a dialysis centre to receive treatments three times each week. Many patients socialise, read, watch TV or nap during treatments.

**IN-CENTRE NOCTURNAL HEMODIALYSIS**

In-centre nocturnal hemodialysis patients receive overnight hemodialysis treatments in a centre three nights per week while they sleep. This allows you to keep your days open if you work or attend other activities.

**EXPLORE YOUR DIALYSIS TREATMENT OPTIONS**

**One size does not fit all when it comes to treating end-stage renal disease.**

Discover the treatment option that is right for your lifestyle by weighing the potential benefits on the next page. ■



**MELOMED RENAL CARE**

| HEALTH BENEFITS MAY INCLUDE                  | HOME |     | IN-CENTRE |      |
|--|------|-----|-----------|------|
|  | PD   | HHD | NOCTURNAL | HEMO |
| More likely to receive a kidney transplant   | X    | X   |           |      |
| Fewer infections requiring hospitalisation   | X    |     |           |      |
| Shorter recovery time after treatments       | X    | X   | X         |      |
| Improved appetites reported                  |      | X   | X         |      |
| Fewer medications required                   | X    | X   | X         |      |
| Better blood pressure control                | X    | X   | X         |      |
| Improved sleep reported                      | X    | X   | X         |      |
| More closely matches work of natural kidneys | X    |     |           |      |
| Preservation of remaining kidney function    | X    |     |           |      |
| Protection of vascular access                | X    |     |           |      |

| LIFESTYLE BENEFITS MAY INCLUDE                 | HOME |     | IN-CENTRE |      |
|--|------|-----|-----------|------|
|  | PD   | HHD | NOCTURNAL | HEMO |
| Convenience and flexibility                    | X    | X   |           |      |
| Needle-free treatments                         | X    |     |           |      |
| Less restricted diet                           | X    | X   |           |      |
| Greater ability to travel                      | X    | X   |           |      |
| Avoids 10+ trips to dialysis centre each month | X    | X   |           |      |
| Free days (by dialyzing at night)              | X    | X   | X         |      |
| No supplies to store at home                   |      |     | X         | X    |
| Minimised weight gain                          |      | X   | X         | X    |
| No care partner required                       | X    |     | X         | X    |
| More social time with other dialysis patients  |      |     |           | X    |

**TO LEARN MORE ABOUT YOUR TREATMENT OPTIONS, SPEAK WITH YOUR DOCTOR OR CALL OUR WESTERN CAPE RENAL CARE SPECIALIST NADIA FREDERICKS TODAY AT 083 530 8702.**

**MELOMED RENAL CARE:** For more information on the services offered by Melomed Renal Care please contact any one of our three dialysis units:

**MRC GATESVILLE:** +27 21 637 1702

c/o Melomed Gatesville Hospital

**MRC MITCHELLS PLAIN:** +27 21 392 3543

c/o Melomed Mitchells Plain Hospital

**MRC TOKAI:** +27 21 712 3624

c/o Melomed Tokai Hospital





YOUR GUIDE TO:



# BURNS: KNOW WHAT TO DO

Burning is the greatest cause of unnatural death in South African children under the age of five – it commonly results from the sun, scalding by hot liquids, fire, electricity or chemicals. Compiled by Health Bytes

Specifically young children have extremely sensitive skin and even a burn from a cup of coffee can prove fatal. If you know what to do when someone is burnt, you may be able to limit injuries. Better still, try to prevent a tragedy from happening in the first place. Pain is not an indicator of the severity of a burn. **Burns are classified into first-, second- and third-degree burns, according to the depth and size of the burn:**



● **FIRST-DEGREE** (*superficial thickness*). The least serious are those in which only the outer layer of skin (epidermis) is burned. The skin is red – looks like mild sunburn and may be a bit swollen and painful.



● **SECOND-DEGREE** (*partial thickness*). Both the first and second layers of skin (epidermis and dermis) are burned. Blisters develop and the skin takes on an intensely reddened, blotchy appearance. Second-degree burns are very painful.



● **THIRD-DEGREE** The most serious burns are painless and involve all layers of the skin. Fat, muscle and even bone may be affected. Areas may be charred black or appear hard and white. The burnt area will be swollen and may have burst open, but because of the extensive damage to nerve endings, it may not be painful.

## WHAT TO DO FIRST

### REMOVE THE SOURCE OF THE BURN.

For minor burns including second-degree burns limited to an area no larger than 5 cm in diameter, take the following action:



+ **Cool the burn.** Hold the burned area under running cold water for 10–30 minutes, immerse in cold water or cool with a clean cloth or sheet soaked in cold water. Cooling the burn reduces swelling by conducting heat away from the skin.



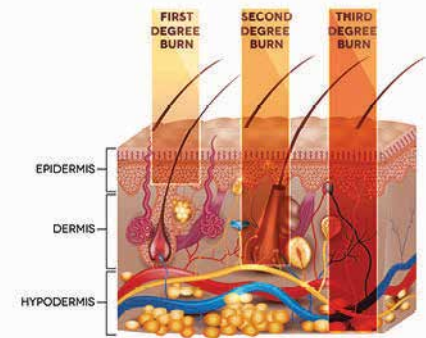
+ **Remove clothing and jewellery** from the burnt area as swelling could make it difficult to remove later.



+ **Cover the burn** with a sterile gauze bandage. Wrap it loosely to avoid putting pressure on burned skin. Bandaging keeps air off the burned skin, reduces pain and protects blistered skin.



+ **Take an over-the-counter pain reliever**, such as ibuprofen and paracetamol. Never give aspirin to children or teenagers.



### FOR MAJOR BURNS:



**CALL AN AMBULANCE.** In the meantime:

- Cover the burn.** Use a cool, moist, sterile bandage, cloth or towel.
  - Moisten the patient's lips with water** and keep him/her calm.
  - Check for breathing, coughing or movement.** If there is none, begin CPR if you are trained to do so.
- + **DON'T** remove burnt clothing near or at the site of the burn. However, make sure the victim is not exposed to smoke or heat.
- + **DON'T** immerse large burns in cold water as this could cause shock.

### CAUTION

+ **DON'T** use ice, butter, Vaseline or anything else. Putting ice directly on a burn can cause frostbite, further damaging the skin.

+ **DON'T** break blisters as they protect against infection.

+ **DON'T** remove clothing that sticks to the skin.

### CALL AN AMBULANCE OR GET HELP IMMEDIATELY IF:

- + the burn was caused by chemicals or electricity;
- + the burn is larger than the person's palm;
- + the burn is on the face, genitals, joints, hands or feet;

If the person  
 + has inhaled smoke;  
 + has a temperature or is in shock. ■



**MELOMED  
24-HOUR  
TRAUMA UNITS:**

- Melomed Gatesville Trauma Unit: 021 637 8100
- Melomed Bellville Trauma Unit: 021 948 6535
- Melomed Mitchells Plain Trauma Unit: 021 392 3126
- Melomed Tokai Trauma Unit: 021 764 7023

# NEW STATE-OF-THE-ART MELOMED RICHARDS BAY OPENING SOON!



## HOUSE CALL

MEET ONE OF  
OUR DEDICATED  
SPECIALISTS:



**Dr PM Thomas**  
Neurologist at Melomed Tokai Private Hospital

**1. What is your most memorable travel experience?**

My most memorable travel experience was touring through Namibia and tandem skydiving in Swakopmund. I wasn't planning on doing this but it was a spur of the moment, out of character decision! The vista of the desert rolling up to and kissing the Skeleton Coast, was breathtaking.



**2. What is the funniest thing that's ever happened to you?**

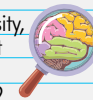
I was the most unlikely recipient of the undergraduate final year class prize in orthopaedics at Stellenbosch University. The surgeon that handed over the reward to me was about 1.9 m tall, very muscular and towered like the Hulk over me. I am about 1.5 m tall and can hardly lift a hammer – not quite the typical student to do well in orthopaedics!



This set off the whole auditorium laughing and it was very embarrassing. Little did they know that the reason I won the prize was because my final examination was a case that had an orthopaedic problem that caused a neurological abnormality. I had been fascinated with neurology even as an undergraduate, so I aced the case.

**3. What accomplishment are you most proud of?**

As an undergraduate medical student at Stellenbosch University, I was the first student in the history of the university to obtain 9 distinctions from 11 clinical domains. Hard work pays!



**4. How do you think people will remember you?**

People are likely to remember me as someone that just talks too much! Family, friends, patients, colleagues et cetera – I am sure sometimes they wish

I would just stop talking. This is quite ironic as I was very introverted as a child. I apologise to my fellow colleagues for the impromptu lectures and meandering explanations in response to simple questions.



**5. Whose biggest fan are you?**

I am an undying fan of the deceased English scientist Michael Faraday, who lived in the 1800s and who I think single-handedly revolutionised the way human beings live by virtue of the questions he asked and the discoveries he made. He had little formal education, but was curious, passionate and dedicated. After Faraday, I am the biggest fan of my father who similarly, with passion and industry and despite very little formal schooling, achieved many significant things in his lifetime. ■





**WELTEVREDE RETIEF RESIDENCE, STELLENBOSCH**

*Average price: from R1050 per night (2 people)*  
 Weltevreden Estate has a proud heritage and this revamped manor house will remind you of just that. The majestic Simonsberg Mountain Range and picture-perfect Stellenbosch are the background to this elegant estate.

**THE OAKS ESTATE, GREYTON**

*Average price: from R1380 per night (3 people)*  
 This charming farm-style accommodation in Greyton is a nature lover's dream. Come and get a taste of how a traditional fruit and cattle farm is run while you stay in one of the luxurious suites with antique furniture.



**AUGUSTA DE MIST, SWELLENDAM**

*Average price: R1320 per night (2 people)*  
 This national monument was built in 1802 and has a rich history boasting original pieces that stayed kept over the years. The luxurious cottages are decorated beautifully and it is the perfect sanctuary to recharge.

**ONSE RUS GUEST HOUSE, PRINCE ALBERT**

*Average price: R1140 per night (2 people)*  
 If you are longing for the Karoo, Onse Rus Guest House is just the place for you. This guesthouse is located centrally close to all of the lovely restaurants, quaint shops and art galleries.



**ORANGE GROVE FARM, ROBERTSON**

*Average price: R2600 per night (2 people)*  
 If the countryside is calling, you definitely have to head to Orange Grove Farm in the Boland! There are many activities for adventurers on this wine and olive farm. You can also wind down and enjoy the breathtaking views or explore the farm by foot or on a bicycle.

**CHARMING**



**CAPE DUTCH HOMES**

Are Cape Dutch homes just as charming to you when you drive past?

Or have you ever wondered how people used to live in these houses centuries ago?

You now have the opportunity to find out exactly what is hiding behind these white-washed walls! TravelGround scouted 11 of the most beautiful Cape Dutch homes so that you too can share in the heritage of these gorgeous houses.

**OAK COTTAGE AND MANOR HOUSE ROOMS, FRANSCHHOEK**

*Average price: from R850 per night (2 people)*  
 If you want to get away from the city and relax between the vineyards, olive groves and mountains, Oak Cottage and Manor House Rooms is just the place for you. This working farm's tranquility and breathtaking views will definitely charm you!







## BASSE PROVENCE COUNTRY HOUSE, FRANSCHHOEK

Average price: from R1416 per night (2 people)  
This historic guesthouse was built in 1855 and is situated against the slopes of the Franschhoek mountains. When you are not exploring the unique town of Franschhoek, you can relax under the 300-year-old oak trees.

## LEEU HOUSE, FRANSCHHOEK

Average price: from R6000 per night (2 people)  
The attention to detail at Leeu House will leave you breathless. It is an exclusive hotel in the heart of Franschhoek and the excellent location allows you to relax after a busy day in the Cape Winelands.



## DE KLEIJNE BOS COUNTRY HOUSE, PAARL

Average price: from R750 per night (1 person)  
De Kleijne Bos Country House will take you back to a bygone era. The house was built in 1692 and it is situated in the heart of the Drakenstein Valley with various attractions and breathtaking scenery.



## GRAND DÉDALE, WELLINGTON

Average price: from R2640 per night (2 people)  
Grand Dédale is a picture-perfect place in the valley beneath the Bainskloof Pass in Wellington and it is part of the area's rich history. The beautifully renovated house was built in 1707 and was once the owners' Doolhof Wine Estate's private residence. The separate thatched cottage is ideal for a couple and there is a spa for a lovely retreat.



## DIAMANT ESTATE, PAARL

Average price: from R1400 per night (2 people)  
Peace and quiet rules at Diamant Estate and the views are gorgeous. This house was built in 1821 and it is ideal if you want to explore Paarl and the surrounding area. There is an old chapel and two other venues on the premises – ideal for weddings or functions. ■



Fast. Effective. Flexible.



ACTICOAT® Flex is the perfect antimicrobial partner for NPWT.<sup>2,3,4</sup> Whether being used on an infected chronic wound or to prevent infection on a high risk surgical incision it provides all of the benefits of ACTICOAT alongside NPWT. Available in a range of sizes to enable you to select the most complimentary for the wound and NPWT system you are using.



In a comparison study on infected chronic wounds clinical signs of infection were **nearly twice as likely to resolve** during the first 4 weeks of treatment with ACTICOAT compared to other silver dressings.<sup>9</sup> Patients using ACTICOAT were **nearly three times more likely to heal** at any time during the study versus patients in the other treatment groups.<sup>9</sup>

A study using ACTICOAT Absorbent demonstrated a **64% reduction in post-surgical wound complications** following leg revascularisation surgery with subsequent **cost saving**.<sup>8</sup>

Nanocrystalline silver is the common technology used across the whole ACTICOAT range.

ACTICOAT Flex has been proven, *in vitro*, to be effective against a broad spectrum of wound pathogens<sup>6,7</sup> including multiple MRSA<sup>6,7</sup> strains and NDM-1 Carbapenemases<sup>10</sup> in 30 minutes.<sup>5,10</sup> ACTICOAT dressings have been shown to reduce bacterial load in the wound which is a causative factor of prolonged inflammation and increased MMP levels.<sup>6,7,11,12,13,14</sup>



### ACTICOAT Flex 3

| Size         | Carton | S&N Code |
|--------------|--------|----------|
| 10cm X 10cm  | 12     | 66800399 |
| 10cm x 20cm  | 12     | 66800409 |
| 20cm x 40cm  | 6      | 66800419 |
| 40cm x 40cm  | 6      | 66800432 |
| 10cm x 120cm | 6      | 66800435 |

### ACTICOAT Flex 7

| Size          | Carton | S&N Code |
|---------------|--------|----------|
| 10cm x 12.5cm | 5      | 66800397 |
| 15cm x 15cm   | 5      | 66800420 |

ACTICOAT Flex size availability differs by country.

#### References

1. Demonstrable.
2. Lumb, H. The Antimicrobial Activity of ACTICOAT and ACTICOAT Flex 3 while Under Negative Pressure.
3. Sanhiser, N. NPWT Summary.
4. Carpenter, S. Investigation into wound bed pressure under ACTICOAT using an in-vitro model, report reference DS/09/09/91.
5. Driffield, Data on File Ref. 0810016.
6. Driffield, Data on File Ref. 0810016.
7. Driffield, Data on File Ref. 0810017.
8. Childress BB, Berceli SA, Nelson PR, Lee WA, Ozaki CK. (2007) Impact of an absorbent silver-eluting dressing system on lower extremity revascularization wound complications. *Annals of Vascular Surgery* 21(5): 598-602.10. Hope R, et al. (2012) The in-vitro antibacterial activity of nanocrystalline silver dressings against bacteria with NDM-1 carbapenemase. Poster at EWMA, Austria, 2012.
9. Gago M, et al. A comparison of three silver-containing dressings in the treatment of infected, chronic wounds. *Wounds* 2008; 20 (10): 273-278.
10. Hope R, et al. (2012) The in-vitro antibacterial activity of nanocrystalline silver dressings against bacteria with NDM-1 carbapenemase. Poster at EWMA, Austria, 2012.
11. Singer AJ et al. Persistent wound infection delays epidermal maturation and increases scarring in thermal burns' *Wound Repair and Regeneration* Vol 10, No. 6 372-377.
12. Ovington L.G., Update on Today's Tissue Healing Technologies. [www.surgicenteronline.com/articles/331/leat6.html](http://www.surgicenteronline.com/articles/331/leat6.html).
13. Bowler PG. Wound pathophysiology, infection and therapeutic options' *Ann Med* 2002; 34: 419-427.
14. Walker M, Bowler PG, Phil M, Cochrane CA. In vitro studies to show sequestration of matrix metalloproteinases by silver-containing wound care products. *Ostomy Wound Management*. Vol 53, Issue 9: 18-25.

Select the perfect size to compliment your NPWT choice.

For patients. For budgets. For today.\*

Advanced Wound Management  
Smith & Nephew  
30 The Boulevard  
Westend Office Park  
Westville 3629

[www.smith-nephew.com/wound](http://www.smith-nephew.com/wound)

\*Trademark of Smith & Nephew  
™ All trademarks acknowledged  
© Smith & Nephew April 2013  
20 ACT.01

T +27 (0)31 242 8111 F

# VEGGIE SIDE DISH BUTTERNUT AND CHICKPEA SALAD

A flavourful way to add colour and variety to your plate is to roast butternut with aromatic spices.



pharma dynamics  
EFFECTIVE AFFORDABLE HEALTHCARE



DIABETIC- AND  
HEART-FRIENDLY



**SERVES:** 4

**READY IN:** 1 HOUR 30 MINS

## Method of preparation

1. Preheat oven to 180 °C. Place spices, half the oil, salt, lemon juice, water and butternut in a large bowl and mix well.
2. Season with black pepper and place in an oven dish. Roast for 30 minutes or until butternut is tender. Allow to cool. Stir in chickpeas.
3. Spoon onto spinach or lettuce and drizzle with remaining oil. Enjoy as a salad. Serve with oven-baked or roasted fish, chicken or meat. Fill your plate with green veggies, fruit or a tomato salad.

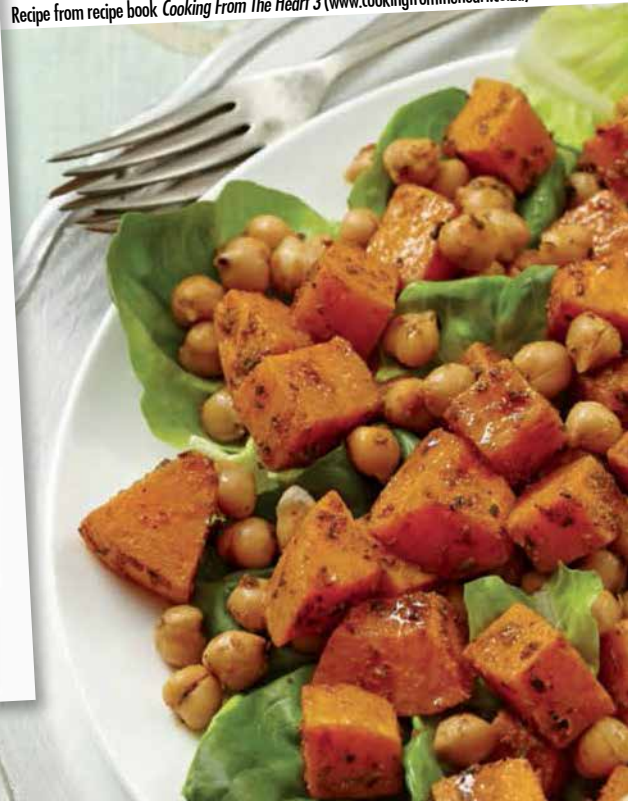
### TIPS:

1. Crumble 1 slice of feta over the salad for more flavour, but omit the salt.
2. For added texture, serve with raw pumpkin seeds.
3. The spinach can be stirred into the hot butternut to soften the leaves a little. Serve as above.
4. Add any fresh ingredients of your choice like tomatoes, cucumber or green beans to the salad.

## WHAT YOU WILL NEED

- 1 tsp (5 ml) ground coriander
- 1 tsp (5 ml) paprika
- 2 tsp (10 ml) dried oregano
- 1 tsp (5 ml) ground cumin
- ½ tsp (2,5 ml) curry powder
- 3 tbsp (45 ml) olive or canola oil
- ¼ tsp (1,2 ml) salt
- 2 tbsp (30 ml) lemon juice
- 3 tbsp (45 ml) water
- 500 g butternut, peeled and cubed
- Black pepper to taste
- 1 x 410 g tin chickpeas, drained
- 4 small spinach leaves or 2 handfuls lettuce leaves, roughly torn

Recipe from recipe book *Cooking From The Heart 3* ([www.cookingfromtheheart.co.za](http://www.cookingfromtheheart.co.za))



# JOIN US, STAY WITH US CHANGE IS COMING

SAMWUMED is transforming and the eminent change is positioning the brand to be accessible to all local government employees and agencies.

**AS THE CHANGE DRAWS NEAR, SAMWUMED IS  
PROUD TO SERVE, PROUD TO GROW, PROUD TO PROVIDE FOR YOU.**

## SAMWUMED

Real Heritage. Real People. Real Health Care.

Customer Enquiries Tel: 0860 104 117 | P.O. Box 134, Athlone, 7760 | Cnr Trematon & Lascelles Streets, Athlone, Cape Town, 7760

[www.samwumed.org](http://www.samwumed.org) | Facebook: Samwumed | Twitter: SamwumedHealth

### (PSA) TESTING PROMOTION

**Invest in your Health and get tested today.**

PSA testing is available at any PathCare branch during CANSA, November Men's Health initiative at a cash price of R110.00

#### Testing Recommendations:

- From Age 40 in men with a positive family history in a first degree relative
- From age 45 for all other men.
- Men with a history of lower urinary tract symptoms regardless of age group.

For more information on PSA testing please contact your doctor or CANSA.  
Toll-free line: 0800 22 6622 or website: [info@cansa.org.za](mailto:info@cansa.org.za)

