

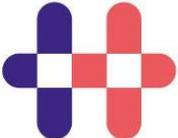
Now in
accessible
format!



YOUR HEALTH

Let's talk
holidays!



 Health Partners

We all love holidays...(1)



We all love holidays, but they have the potential to present certain health challenges, especially if you have pre-existing health conditions. These challenges may include, but are not exhaustive of:

- Infection
- Jet lag
- Deep vein thrombosis (DVT)
- Sunburn/heat stroke
- Accidents – hazardous sports, drowning, road traffic accidents
- Security issues.

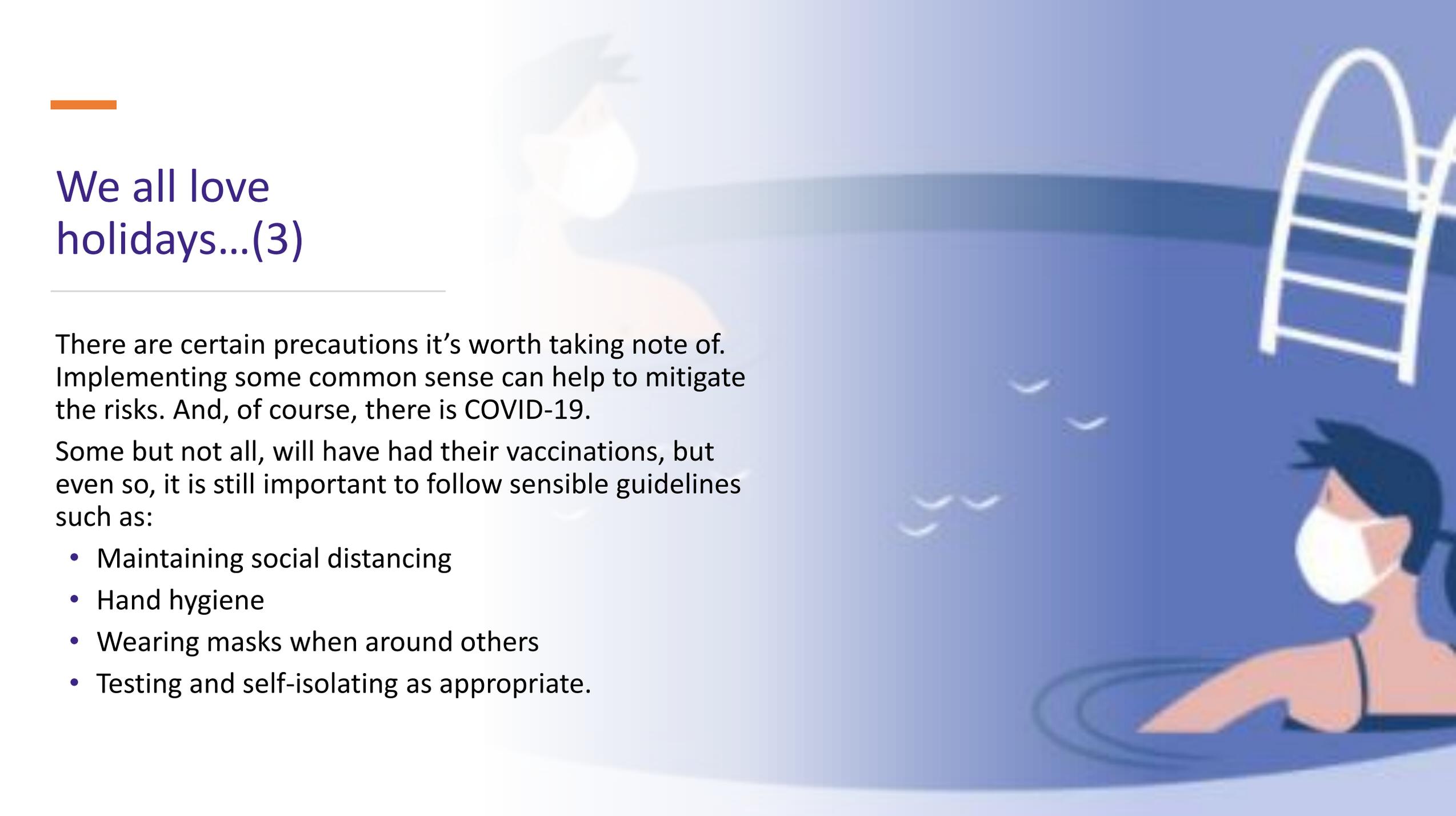


We all love holidays...(2)

Most trips will be low risk (and likely within the UK this summer), but the following factors increase risk:

- Travel to remote or undeveloped areas
- Poor local infrastructure
- Restricted access to medical facilities
- Extreme climatic conditions
- Transportation challenges
- The individual's behaviours.





We all love holidays...(3)

There are certain precautions it's worth taking note of. Implementing some common sense can help to mitigate the risks. And, of course, there is COVID-19.

Some but not all, will have had their vaccinations, but even so, it is still important to follow sensible guidelines such as:

- Maintaining social distancing
- Hand hygiene
- Wearing masks when around others
- Testing and self-isolating as appropriate.

Before your trip (1)

- Read up about the local area, including any COVID-19 restrictions, etc
- Get medical advice about immunisations and prophylactic/preventative medication, e.g. for malaria, well ahead of the trip
- Discuss any outstanding concerns and the impact that travel may have on your pre-existing health conditions with your GP/practice nurse



Before your trip (2)



- Make sure you have enough medication for your trip, including medication rescue packs for those that may need them
- Consider buying a traveller's medical kit
- Take out travel insurance
- Ensure you have sufficient masks, alcohol hand wash and wipes for everyone with you.



Deep vein thrombosis (DVT)



To minimise the risk of DVT (increased risk for flights greater than five hours):

- Minimise alcohol intake and keep well hydrated
- Maintain mobility and exercise
- Wear compression stockings for those medically advised to do so, but note that poorly fitted ones can increase the risk of DVT
- Avoid tranquilising medication.

DVT risk increases with smoking, recent surgery (ten days), pregnancy, family DVT history, oral contraceptive pill and hormone replacement therapy.

On arrival

Take account of jet lag, traveller's diarrhoea (use strict hygiene measures and consider antibiotics in travel kits), mosquito/malaria prevention, sun protection and pay particular attention to sexual health/alcohol/drug use.



Get your pink
on

 Health Partners



What is breast cancer? (1)

- Breast cancer is the most common type of cancer among women (includes women, trans men, people who are non-binary who were assigned female at birth, and cis gender women) in the UK.
- Most women diagnosed with breast cancer are over the age of 50, but younger women can also get breast cancer.
- Over 55,000 new breast cancer cases are diagnosed in the UK each year. There's a good chance of recovery if it's detected at an early stage.



Breast cancer symptoms



Symptoms may include:

- A lump or area of thickened breast tissue
- A change in the size or shape of one or both breasts
- Discharge from either of your nipples, which may be streaked with blood
- A lump or swelling in either of your armpits
- Dimpling on the skin of your breasts
- A rash on or around your nipple
- A change in the appearance of your nipple, such as becoming sunken into your breast.

Be aware



Check your breasts regularly for any changes and speak to your GP about these.

This, plus regular physical exams by a doctor, mammography or other investigative screening tools are key.

Most breast lumps are not cancer. They are usually fluid-filled lumps (cysts) or a fibroadenoma, made up of fibrous and glandular tissue.

Breast pain isn't usually a symptom of breast cancer. However, it is important to get anything that is unusual for you checked by your GP.

The earlier breast cancer is treated, the more successful treatment is likely to be.

Risk factors

- Being female
- Increasing age
- Lifestyle factors: obesity, alcohol intake and the use of hormone replacement therapy (HRT) increases the risk
- (Physical activity and breastfeeding, protect against breast cancer)
- Genetic factors: 5% of breast cancers are due to inherited mutations in high risk genes such as BRCA 1/2 and p53.



Touch Look Check

- How to check your breasts: it only takes a few minutes.
- There is no special technique and you don't need training.
- Check the whole breast area, including your upper chest and armpits.
- Do this regularly to check for changes.

It is as simple as TLC: Touch Look Check:

- Touch your breasts: can you feel anything unusual?
- Look for changes: does anything look different?
- Check any changes with your GP.

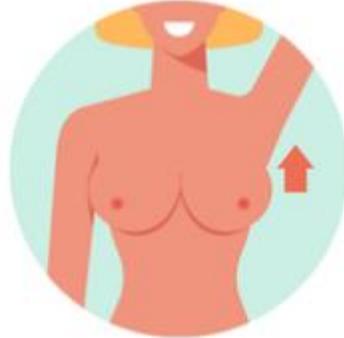


Breast check (1)



ONCE A MONTH,
ONE WEEK AFTER
THE END OF YOUR PERIOD

Once a month
after the end of
your period



EXAMINE BREAST AND ARMPIT
IN THE MIRROR WITH RAISED ARM

Examine breast &
armpit in mirror
with raised arm



USE YOUR
FINGERTIPS

Use your
fingertips

Breast check (2)



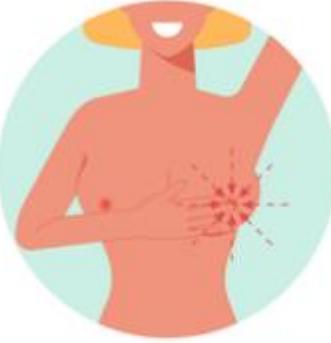
CIRCULAR MOTION

Circular motion



UP AND DOWN MOTION

Up & down



WEDGES MOTION

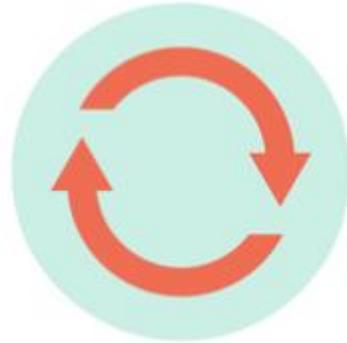
Wedges motion

Breast check (3)



SQUEEZE YOUR NIPPLE
TO CHECK FOR DISCHARGE

Squeeze nipple to
check for
discharge



REPEAT THE SAME PROCEDURE
TO THE OTHER BREAST

Repeat same
procedure to
other breast



CONTACT DOCTOR
IF YOU FEEL ANY LUMPS

Contact your
doctor if you feel
any lumps

What happens next? (1)

Mammogram and breast ultrasound:

- If you have symptoms and have been referred to a specialist breast unit by your GP, you'll probably be invited to have a mammogram, which is an X-ray of your breasts
- You may also need an ultrasound scan
- Ultrasound uses high-frequency sound waves to produce an image of the inside of your breasts, showing any lumps or abnormalities
- Women who are 50 to 70 years old are invited for breast cancer screening every three years.



What happens next? (2)

Biopsy:

- A biopsy is where a sample of tissue cells is taken from your breast and tested to see if it's cancerous
- The samples are taken from an area of the breast that may look abnormal on the mammogram (or other areas).



What happens next? (3)

Treatment: if you have breast cancer, you should be assigned a multidisciplinary team (MDT), which is a group of specialists working together to provide the best treatment and care. Your treatment depends on:

- Where your cancer is in the breast
- How big the cancer is
- Whether it has spread
- The type of cancer
- How abnormal the cells look under a microscope (the grade)
- Whether you have had your menopause
- Whether the cancer cells have proteins for targeted cancer drugs
- Your general health and level of fitness.



What happens next? (4)

The main treatments for breast cancer are:

- Surgery
- Radiotherapy
- Chemotherapy
- Hormone therapy
- Targeted therapy.

The type or combination of treatments you have will depend on how the cancer was diagnosed and the stage it's at.



What happens next? (5)

- Breast cancer diagnosed at routine screening may be at an early stage, but breast cancer diagnosed when you have symptoms may be at a later stage and require a different treatment.
- Your MTD should discuss with you which treatments are most suitable.



Links

Breast Cancer Now

<https://breastcancernow.org/>

MacMillan

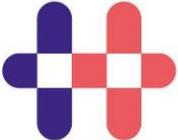
<https://www.macmillan.org.uk/cancer-information-and-support/breast-cancer>

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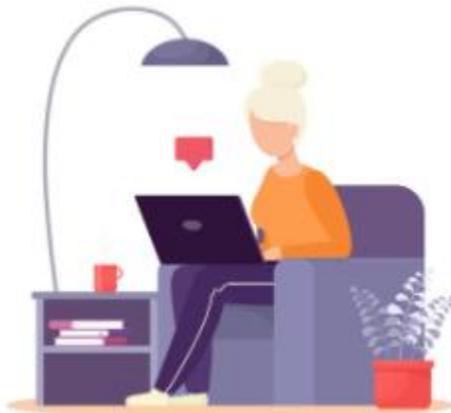
The ageing workforce



 Health Partners

The ageing workforce

- A workforce diverse in age offers numerous benefits - from an increased skillset and range of experience brought by the older worker, to improved employee retention rates.
- With the ageing population predicted to almost double by 2050 (with a third of all workers now aged 50 or over), we should consider the health and overall quality of life of this valuable resource.
- It is important we look after our health and wellbeing as we age. This helps us maintain our functional ability and minimises the risks associated with many age-related health conditions and diseases.



Sensory changes (1)

Hearing loss is a common problem experienced by the ageing population. It can cause difficulties with:

- Following or understanding conversation (as words can be misheard or missed)
- Hearing everyday sounds such as traffic, the television or alarms.



Sensory changes (2)

- Additionally, hearing loss can impact on an individual's emotional wellbeing: with hearing loss, communication can become more challenging and individuals often worry about what the future may hold.
- Approximately one third of people aged between 65 and 74 have some level of hearing loss, rising to half of people aged 75 and over.
- There are a variety of reasons why we may experience hearing loss.
- It is, therefore, important to seek medical advice as soon as possible if you think you have hearing loss, so any treatable causes can be addressed.

Sensory changes (3)

- Age-related hearing loss occurs gradually over a period of time.
- It can be difficult to recognise as we tend to adapt to changes we experience.
- It usually occurs in both ears at equal levels and can also result in a reduced tolerance to loud noises.
- If you experience sudden hearing loss, this may be a medical emergency, so you should seek medical attention immediately.



Protecting your hearing

You can protect your hearing by:

- Wearing ear protection, such as earplugs, when exposed to loud noises
- Routinely ensure your ears are clear of wax. Where fully blocked, use a home irrigation kit or olive oil to soften the wax and gently wash it out (do not use ear buds as this can push the wax deeper into the ear)
- Having a hearing test if you notice any changes
- Stopping smoking – yes, smoking makes us more likely to experience hearing loss.



Hearing loss in the workplace



It is important to consider the impact of any hearing loss within the workplace. If you notice that you begin to have difficulties hearing, speak to your manager as soon as possible. Some other helpful tips include:

- Let people know about your hearing loss and ask them to face you, speak slowly and clearly and at an increased volume (but not too loud!)
- Ask your colleagues to repeat themselves if you have not heard something
- Find a quiet place to communicate
- Be mindful of body language and facial expressions. Watching somebody's mouth as they speak can often be helpful.

Visual changes (1)

Visual changes can be distressing and impact on our emotional wellbeing.

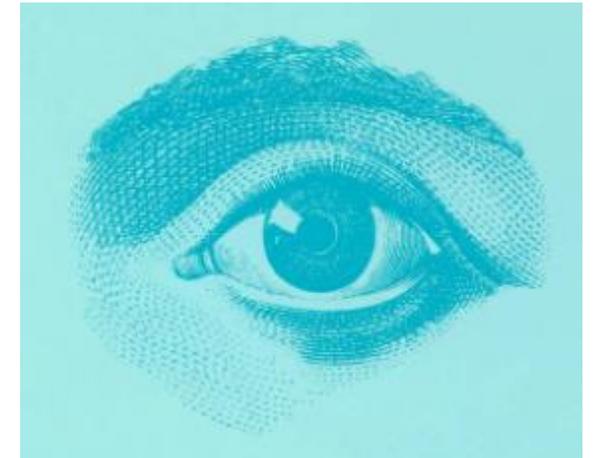
Their causes can vary from glaucoma, age-related macular degeneration and diabetes-related visual changes (retinopathy).

Similar to hearing loss, age-related visual changes often occur gradually.

People most commonly notice a gradual deterioration in their close or long-distance vision.

You may notice you are having difficulty recognising familiar faces or completing tasks, such as reading.

You may experience 'floaters' in your visual field or have watery eyes.

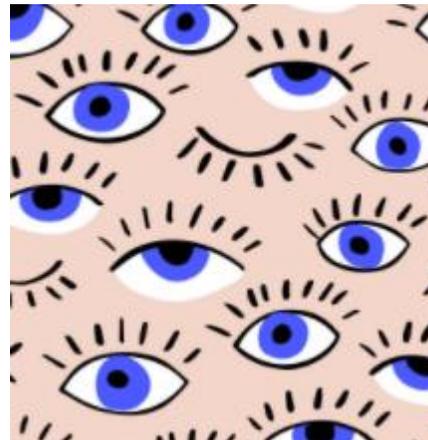


Ensuring eye health

People over the age of 60 are eligible for free eye checks every two years (every year if you have a diagnosis of diabetes or a family history of glaucoma). Contact your local optician to see if they provide free eye tests and to arrange an appointment.

Helpful for maintaining eye health:

- Have a diet with lots of green leafy vegetables and food rich in omega-3 (such as oily fish and nuts/seeds)
- Wear sunglasses in bright sunlight
- Stop smoking.



Workplace tips

- Tips to help within the workplace if you experience visual changes:
 - Speak to your manager and make them aware, so that they can offer support if needed
 - Use bright lighting
 - Use large print documents (there are also large print clocks, watches, telephones...the list goes on). You could also consider using a magnifier
 - Use the accessibility functions on your computer, e.g. adjusting the font size, brightness, contrast or appearance of your mouse pointer.



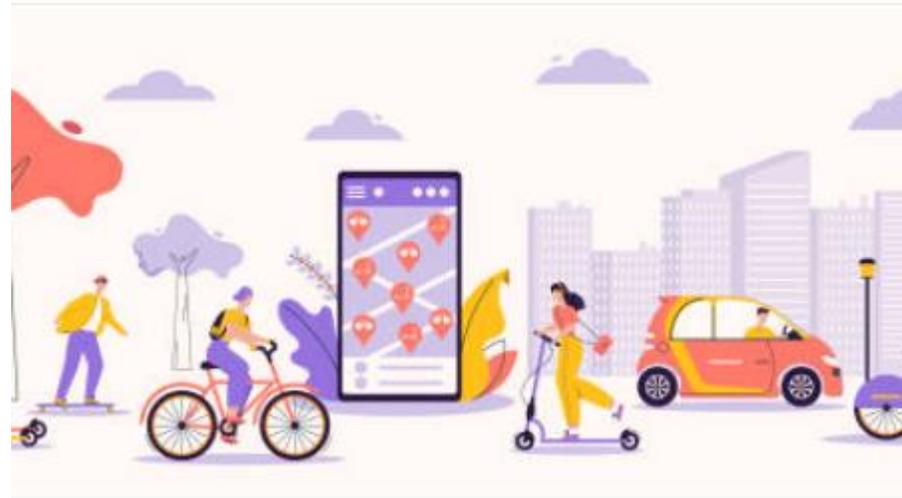
Mobility (1)

- Older people with better mobility report a higher quality of life when compared to those with mobility restrictions (Shafrin et al, 2017).
- As we age, it is important to maintain the health of our bones, joints and muscles.
- This helps reduce the risk of decreased mobility impacting on our ability to participate in the activities we enjoy.



Mobility (2)

- A loss of mobility can affect our health in many ways, not only physically but also emotionally.
- In addition, people with reduced mobility are at a greater risk of falls resulting in injury or disability, hospital admissions and an increased requirement for pain relief (Musich, et al 2017).



Osteoarthritis

- The most common cause of mobility difficulties as we age is osteoarthritis, a condition causing joint pain and inflammation.
- Symptoms are caused by wear and tear of the joints.
- They often include pain and stiffness, with some restricted limb movement.
- Sometimes, individuals will also experience swelling and tenderness of the joint and a popping or grinding sound on movement.



Mobility (3)

- If you have any concerns about your mobility, pain or stiffness in your joints, speak to your GP as soon as possible.
- They can then determine if additional support may be appropriate and available to you.
- Additionally, maintaining a healthy weight, eating a balanced diet and getting plenty of exercise can all help you stay mobile as you age.



Mobility in the workplace

Restricted mobility can impact on us within the workplace in many ways. However, there are numerous adjustments that may help mitigate this such as:

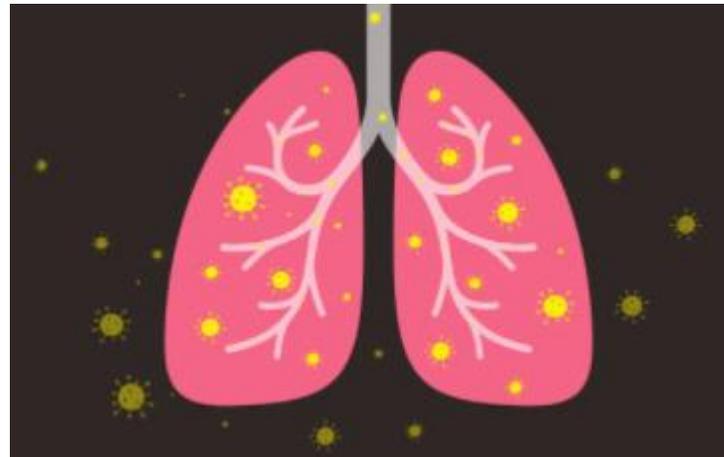
- Temporary adjustments to your role
- Training
- Equipment provision.

If you are experiencing mobility difficulties, which are impacting on you at work, speak to your manager straight away, so they can offer support if needed.



Respiratory (1)

- Ageing affects the health of our respiratory systems.
- We see a natural decline in lung function over time, due to a weakening of the respiratory muscles and a reduction in our lungs' defence mechanisms.
- Ordinarily, we don't notice any specific symptoms, although we may notice a decrease in our ability to undertake certain tasks over time.



Respiratory (2)

- Whilst changes in our respiratory system occur naturally and gradually as we age, if you develop a persistent cough that does not improve over time or notice significant or sudden changes in your breathing, speak to your GP straight away. This may be an indication of an underlying health condition.
- Additionally, if you experience symptoms, which impact your day-to-day life or bother you in any way, speak to your GP for support.



Protecting your lung health

You can help protect your lung health by:

- Stopping smoking
- Maintaining physical fitness
- Managing your weight
- Ensuring you have your flu and pneumonia vaccines, if offered.

If you are experiencing difficulties within the workplace in relation to your breathing, speak to your manager straight away.

They may be able to offer support, such as temporary workplace adjustments.



Cardiovascular (1)



- As we age, our heart ages with us and we are at an increased risk of heart disease.
- This is often due to a build-up of fatty deposits on the walls of the arteries over many years.
- Stiffening or hardening of the larger arteries (arteriosclerosis) causes high blood pressure.
- This puts us at greater risk of plaque build-up on the walls of the arteries (atherosclerosis), which limits the flow of oxygenated blood and increases our risk of heart disease.
- If this plaque develops in the coronary arteries, we are at greater risk of having a heart attack or developing angina.



Heart disease (1)

The term “heart disease” also includes:

- Conditions such as arrhythmias (changes in our heart beat due to electrical signal changes)
- Changes in the heart valves resulting in a disrupted blood flow
- Increases in size of heart chambers with thickening of chamber walls so blood capacity and flow is restricted.



Heart disease (2)

- Atrial fibrillation is a condition in which the electrical impulses in the top heart chambers fire chaotically. This causes us to experience irregular and/or fast heartbeat(s).
- It can occur spontaneously and last for a very short period of time or may be more persistent.
- Although it is not life threatening, it can be distressing.
- Treatment may be required to minimise the risk of blood clots in the heart, which can be dangerous.
- If a blood clots travels to the brain, it can cause a stroke.



Neurological (1)

The most commonly heard of neurological disorder associated with ageing is dementia. However, dementia is actually the term used to describe a number of different disorders affecting the brain; there are different types of dementia.

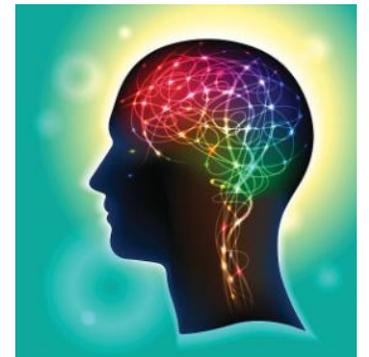
Common signs of neurological difficulties can include:

- Memory problems
- Difficulty processing information
- Communication difficulties
- Changes in mood and behaviour.



Neurological (2)

- Due to the nature of these symptoms, often, it is those closest to us who recognise the first signs of neurological difficulties.
- If you notice any of these changes or if somebody close to you expresses concern, see your GP as soon as possible.
- Similar symptoms are commonly caused by other, short-term health conditions, which are easily addressed with appropriate treatment.
- With the ageing workforce population, dementia is affecting more people within the workplace.
- Support is available if needed so please speak out if you experience difficulties.



Ageing well (1)

- Ageing starts when we are young.
- Living a healthy lifestyle whilst we are younger can greatly influence the way we age and our health when we are older.
- However, it is never too late to start!
- Whilst medical support should always be sought for health conditions or concerning symptoms, there are plenty of self-management techniques we can engage with to keep ourselves fit and healthy as we age.



Physical activity (1)

Physical activity is perhaps the most important aspect of healthy ageing. It not only helps to increase life expectancy but it also helps improve our quality of life.

Exercise is widely understood to be an effective way of preventing or reducing the risk of many age-related health conditions such as:

- Arthritis
- High blood pressure
- Heart disease
- Type 2 diabetes in people of all ages.



However, did you know, it can also help delay the onset of dementia? (Febbraio, 2017).

Physical activity (2)

A combination of balance, strength and flexibility exercise is ideal.

It can help prevent falls, which can lead to injury and disability, muscle loss and stiffness.

Additionally, activity such as cardio exercise is ideal for improving heart and lung health.



Diet (2)

- A well-balanced diet including plenty of fibre from fruits and vegetables, wholefoods/grains and healthy fats from oily fish and nuts can help us maintain good health as we age.
- Reducing our intake of salt and trans/saturated fats is also recommended. Remember, these are often hidden in processed foods, so dig out those recipe books and enjoy cooking from scratch!
- Another dietary tip includes increasing water intake. We should aim for a minimum of 1.5 litres per day. Reducing caffeine can help us stay hydrated as caffeine is a natural diuretic.
- Additionally, drinking alcohol in moderation can help improve general health and sleep.



Stress management

- Stress management can also be key to maintaining good health.
- Stress is a natural reaction to life experiences.
- We will all experience stress to some extent at different times in our lives.
- This can be a good thing, motivating us to do the things we need to do.
- However, when stress becomes severe or chronic, it can have an impact on both our physical and mental health.
- This can cause symptoms such as frequent headaches, difficulty sleeping, changes in our thoughts, feeling and behaviours and rises in our blood pressure.



Information sources



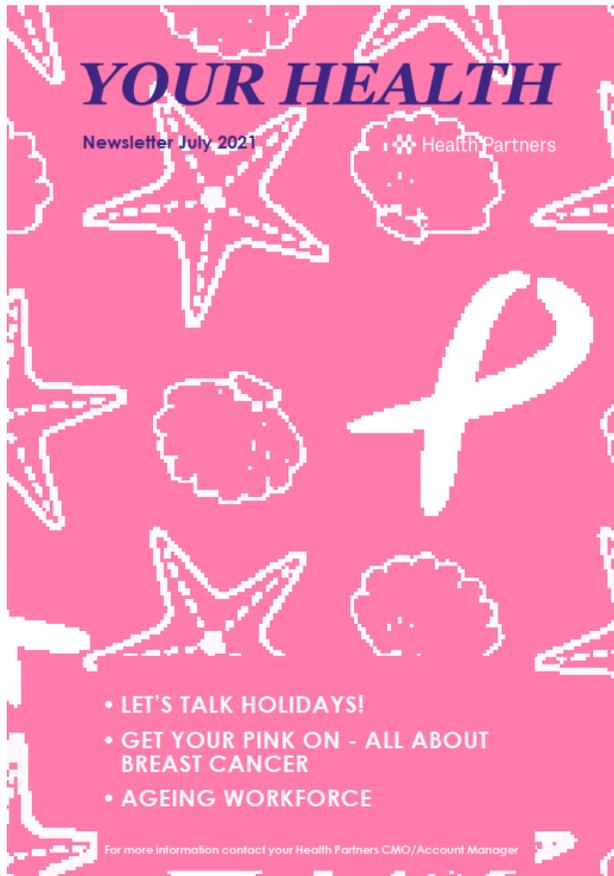
Stress and emotional wellbeing: <https://www.nhs.uk/every-mind-matters/>

Common age-related health conditions: <https://www.ageuk.org.uk/information-advice/health-wellbeing/conditions-illnesses/>

Dementia within the workplace: <https://www.dementiauk.org/get-support/dementia-at-work/>

Maintaining a healthy diet and physical fitness: <https://www.nutrition.org.uk/nutritionscience/life/older-adults.html> <https://www.nhs.uk/live-well/exercise/exercise-as-you-get-older/>

Support and information to help us age in a healthy way: <https://www.ageuk.org.uk/information-advice/>
<https://www.ageing-better.org.uk/health> <https://www.england.nhs.uk/ourwork/clinical-policy/older-people/healthy-ageing-caring/>



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