

YOUR HEALTH

Newsletter May 2021

 Health Partners



- **ME/CHRONIC FATIGUE SYNDROME**
- **SUN AWARENESS/SKIN CANCER**
- **ASTHMA**

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ME/Chronic fatigue syndrome

Myalgia Encephalitis (ME) is more commonly known as Chronic Fatigue Syndrome (CFS). It is a long-term condition with a wide range of symptoms, the most common being extreme tiredness.

It is an emerging healthcare problem, and it is estimated that between 150,000 and 250,000 people in the UK are affected.

It is a condition where a person has prolonged and incapacitating fatigue, which is not caused by any other known medical conditions. It can be associated with muscular pains, joints pains, disturbed sleep, difficulties with concentration and headaches. It is more commonly seen starting in women between the ages of mid-twenties to mid-forties.

What causes ME? There is no definitive identified cause; however, there are several theories:

- Infections (viral and /or bacterial)
- Body's immune response
- Hormones
- Mental health
- Genetic predisposition
- Traumatic incident.

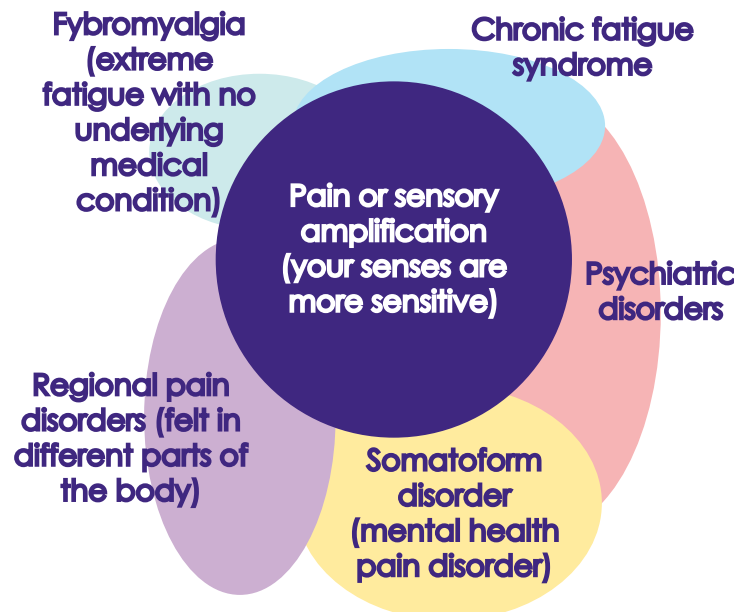
What are the symptoms? The main feature is relapsing or persistent unexplained physical and mental fatigue over several months' duration, which is unrelieved by rest.

A diagnosis is made after other possible diagnoses have been excluded and the symptoms have persisted for four months in an adult and three months in a child or a young person.

Feelings of fatigue generally start in the day or two following increased mental or physical activity and last several days or weeks. There may be a wide range of mental, emotional and physical symptoms. Physical symptoms include muscle pain, joint pain, sore throat, headache, dizziness, and/or a pins and needles/tingling feeling.

Mental and emotional symptoms include poor short-term memory and concentration, word-finding difficulty and inability to cope with multiple stimuli.

Interestingly, the symptoms of ME/CFS also overlap with other illnesses as evidenced in the following diagram:



Source: Neuroimmunomodulation 1997;4:134

Diagnosis: As per National Institute for Health and Care Excellence (NICE), CFS/ME should be considered in adults who **show the following fatigue symptoms:**

- Persistent (for four months or longer) or recurrent fatigue (currently under review and may change to three months)
- New/specific onset (that is, not lifelong)
- Fatigue unexplained by other conditions (including severe obesity with a BMI over 40, although this does not rule out CFS)
- Fatigue resulting in substantial reduction in activity level
- Worsening of symptoms following even minor physical or mental exertion (typically delayed, e.g. by at least 24 hours, with slow recovery over several days).

Other symptoms may include:

- Difficulty sleeping, e.g. insomnia, excessively sleep during the day, unrefreshing sleep, or a disturbed sleep-wake cycle)
- Muscle or joint pain
- Headaches
- Painful lymph nodes
- Sore throat
- Mental/emotional difficulties, e.g. difficulty thinking, inability to concentrate, short-term memory problems and difficulties with word-finding, planning/organising thoughts and information processing
- Worsening symptoms on physical or mental exertion
- Generally feeling ill/flu-like symptoms
- Dizziness and/or nausea
- Palpitations in the absence of identified heart problems.

Diagnostic tests: there are none for ME. Investigations are carried out to exclude other possible causes which may mimic similar symptoms.

Treatment: there is presently no treatment or cure for ME. Treatments offered are aimed at managing the symptoms and require a tailored, individualised approach to care, allowing informed choices for the individual. Examples:

Behavioural and lifestyle changes:

- **Good diet:** maintaining a healthy diet helps with regulating bowel movements as well
- **Sleep:** maintaining adequate (but not excessive) sleep with any changes in sleep pattern introduced gradually. Current guidelines indicate that excessive sleep does not improve physical or mental functioning and may disrupt the sleep/wake cycle
- **Manage rest breaks** but to avoid prolonged periods of rest
- **Relaxation techniques** to be considered for pain, sleep and associated psychological strain
- **Physical activity:** it is suggested that any such programme should be flexible so people only do as much as they can. They should be offered as part of a supervised programme delivered by Physiotherapist/Occupational Therapists with training and expertise in ME/CFS. It is also suggested that such programmes should only be offered to those with ME/CFS in specific circumstances
- **Activity management:** this includes keeping a daily record of emotional/mental and physical activities to set a baseline level of activity. Activity is then gradually increased in line with the person's ability to increase their energy/activity levels.

Psychological therapies:

- Cognitive Behavioural Therapy (CBT): This can help individuals understand and manage their symptoms and improve their quality of life; however, it is not considered a treatment or cure for ME. It is also suggested that CBT can assist with coincidental anxiety, depression and mood disorders.

Medicinal treatments:

- Optimal pain management: medication can be commenced at a lower dose than usual and then gradually increased in line with the person's ongoing symptoms. For chronic pain, a referral to a pain management clinic may be considered
- Other treatment options for anxiety, depression and sleep may also be considered.

Functional implications: people with ME/CFS can be limited in their ability to undertake physical and mental tasks. Fatigue can limit the individual's ability to undertake even the basic activities of daily living including personal care and domestic chores. Psychologically, people with ME/CFS can have reduced psychological resilience. Where stress, infections or lack of adequate sleep/rest occur, this can also cause a flare-up of symptoms.



The severity of ME/CFS has three levels:

Mild:

- Can still undertake personal care and light domestic chores, although with some difficulty
- Can still work but with possible sickness absences for flare ups
- Some impact on leisure activities and days off are used to recover.

Moderate:

- Reduced mobility with restrictions in most activities of daily living
- Symptom severity often varies from time to time (peaks and troughs). This can result in prolonged periods of time off work
- Quality of night sleep is poor and disturbed.

Severe:

- Only minimal activities of daily living are managed
- Severe difficulties with concentration levels
- Mobility can be severely impaired
- Increased sensitivity to noise and bright lights.

Occupational implications: depending upon the severity of the symptoms, ME/CFS can mean that work patterns, working hours, tasks or timings need be altered to enable the individual to continue with their employment, within the limitations of their symptoms.

Support groups:

<https://meassociation.org.uk/>

The ME association is a charity that provides information, advice and support for people with this condition.



<https://meassociation.org.uk/information-and-support-line/localsupportgroups/>

This has information for local support groups in your local area)



Sun awareness/skin cancer

Too much sunlight is harmful to your skin. It can cause skin damage including sunburn, blistering and skin ageing and, in the long term, can lead to an increased risk of skin cancer. Skin cancer is one of the most common forms of cancer in the UK with over 50,000 new cases every year.

A tan is a sign that the skin has been damaged. The damage is caused by ultraviolet (UV) rays in sunlight. **Make sure you:**

- Spend time in the shade between 11am and 3pm when outdoors
- Make sure you don't burn
- Cover up with suitable clothing and sunglasses
- Take extra care with children's exposure when outside in the sun
- Use at least factor 30 sunscreen (against UVB) and at least a 4-star UVA protection. UVA protection can also be indicated by the letters "UVA" in a circle, which indicates that it meets the EU standard.

You should **take extra care** in the sun if you:

- Have pale, white or light brown skin
- Have freckles or red or fair hair
- Tend to burn rather than tan
- Have many moles
- Have skin problems relating to a medical condition
- Are only exposed to intense sun occasionally (for example, while on holiday)
- Are in a hot country where the sun is particularly intense
- Have a family history of skin cancer
- Are on any prescribed medication that makes you more susceptible to sun and heat (check the patient information leaflet that comes with the medicine).

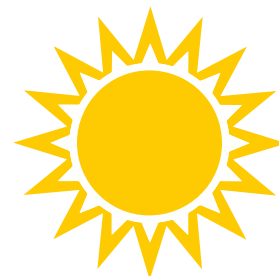
Find out more about skin cancer at <https://www.macmillan.org.uk/cancer-information-and-support/skin-cancer/types-of-skin-cancer>



When **working outdoors**, hot weather may have an adverse impact on employee health if not managed correctly. Simple ways to minimise harm include:

- Rescheduling outdoor work to cooler times of the day
- Providing more frequent rest breaks and introduce shading to rest areas
- Providing free access to cool drinking water
- Supplying shade in areas where individuals are working
- Encouraging the removal of personal protective equipment when resting to help encourage heat loss
- Educating workers about recognising the early symptoms of heat stress.

The law does not state a minimum or maximum temperature for indoor working. However, if a significant number of employees are complaining about the heat, your employer should undertake a risk assessment and act on its results.



All about asthma

Asthma is an inflammatory disorder where the airways become hyper-responsive and constrict easily in response to a wide range of stimuli.

It is a common long-term condition, with 5.4 million people in the UK currently receiving treatment.

It is particularly common in developed countries where up to 10% of children have the disease.

Symptoms: There is an increased probability of an asthma diagnosis if you have:

- More than one of the following: wheeze, shortness of breath, cough, chest tightness
- Worsening of symptoms in the night or early morning
- Symptoms that vary over time and in intensity
- Symptoms which are triggered by viral infections (colds), exercise, allergen exposure, changes in weather, laughter or irritants (smoke, strong smell).

Types: There are different types of asthma, e.g. allergic asthma, non-allergic asthma, late-onset asthma, asthma with obesity and work-related asthma.

COVID-19: your GP may have advised you to take particular precautions to ensure your safety. Make sure you take these steps and follow appropriate social distancing and hand hygiene.



SHORTNESS OF BREATH



DIFFICULTY BREATHING



DRY COUGH



NIGHT COUGH



WHEEZING



CHEST PAIN OR TIGHTNESS

If you develop symptoms of COVID-19 and you have asthma:

- Stay at home until you are no longer contagious to others
- If your COVID-19 symptoms don't go after seven days, get worse or you are having difficulty breathing, call 111 for advice, or 999 if you need emergency care
- If you get symptoms and are not sure whether they are related to COVID-19 or related to your asthma, please speak to your GP, use the online 111 service or call 111 to ensure that you get the right care
- Keep following your asthma action plan so you know what to do if you get worse:

<https://www.asthma.org.uk/advice/manage-your-asthma/action-plan/>



Carry on taking all your usual asthma medicines as normal.



Risk factors: these include both *host* and environmental factors:

- Host factors: genetics, obesity, sex – in childhood boys have a higher risk while in adults the prevalence is greater in women
- Environmental factors: exposure to allergens, infections, microorganisms, smoke, pollution, diet, paracetamol and stress can all increase the risk.

Management: the main aim is disease control - to avoid exacerbations and to reduce the risk of morbidity and mortality.

In most patients, asthma control can be achieved through:

- Avoidance of triggers
- Stopping smoking
- Exercise
- Healthy diet and lifestyle
- Medical interventions (inhalers and medication).