

Your Health



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Ovarian Cancer Awareness

Ovarian cancer happens when cells in the ovaries grow and multiply uncontrollably, producing a lump of tissue called a tumour.

Ovarian cancer, or cancer of the ovaries, is the sixth most common malignancy in females in the UK. There are around 7,500 cases diagnosed across the UK each year. Ovarian cancer accounts for a quarter of all genital tract cancer but is responsible for more than half the deaths, primarily due to it being identified late, as symptoms are not always obvious until then.

Ovarian cancer mainly affects women* who have been through the menopause (usually over the age of 50), but it can sometimes affect younger women. The outcome for women with ovarian cancer is generally poor, with an overall five-year survival rate of 45% (England).

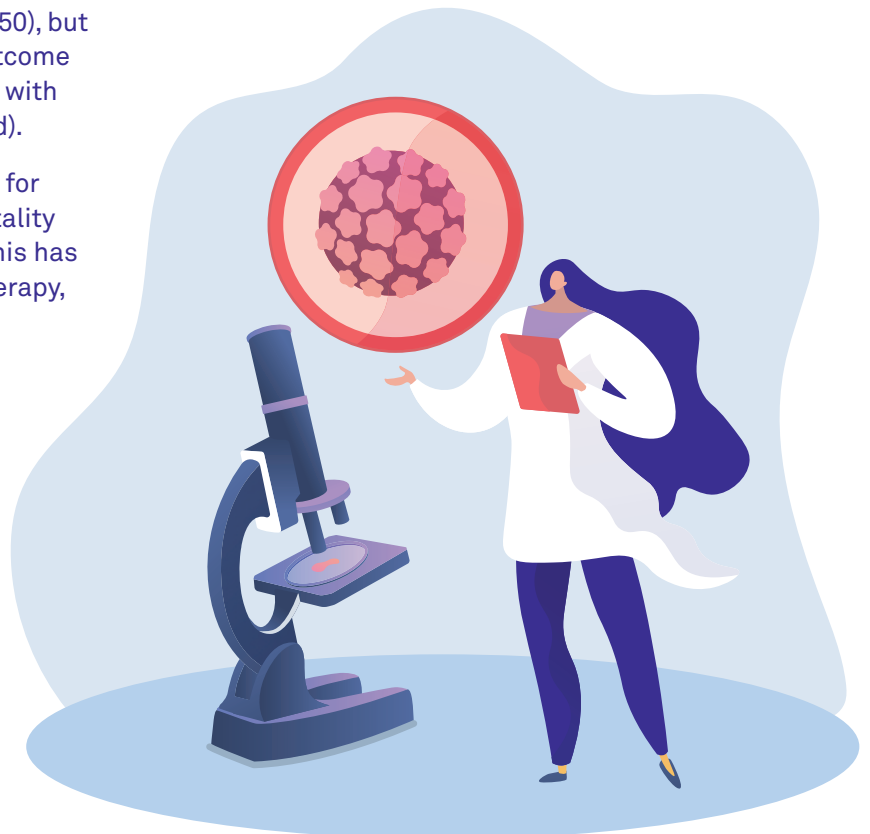
Despite the relatively poor overall survival rates for ovarian cancer, there has been a decline in mortality rates across the UK over the last 40-50 years. This has coincided with the advent of effective chemotherapy, as well as changes in surgical practice.

Symptoms and signs:

- Persistent abdominal distension (often referred to as 'bloating')
- Feeling full (early satiety) and/or loss of appetite
- Unintentional weight loss
- Pelvic or abdominal pain
- Increased urinary urgency and/or frequency.

When to see your GP

- If you have been feeling bloated, particularly more than 12 times a month
- If you have other symptoms of ovarian cancer that will not go away
- If you have a family history of ovarian cancer and are worried that you may be at a higher risk of getting it. Your GP may consider sending you to a genetics specialist
- If you have already seen a GP and your symptoms continue or get worse, go back to them and explain this.





Diagnosis

Your GP may ask about your symptoms, feel your abdomen, do an internal examination and ask about a history of ovarian or breast cancer.

A blood sample may be taken to test for the tumour marker CA125, which is produced by some ovarian cancer cells. A raised CA125 does not definitely mean that you have cancer as it can also be raised by other gynaecological conditions. Your GP may also arrange for an abdominal and pelvic ultrasound scan.

You may be referred to the hospital where further specialist tests may be undertaken including a CT scan, X-ray, ovarian biopsy or a laparoscopy - keyhole surgery using a camera to look inside the abdomen.

If you are diagnosed with ovarian cancer, it will be given a "stage" between one to four. This describes the size of the cancer and how far it has spread and allows the doctors to plan the best treatment for you.

Risk factors

Factors associated with an increased risk of ovarian cancer include:

- Family history of ovarian cancer: sometimes this may be because you have inherited a faulty version of a gene called BRCA1 or BRCA2. These genes increase your risk of developing both ovarian and breast cancer. The charity Ovarian Cancer Action has a tool to help you check whether your family history puts you at risk of ovarian cancer:
<https://ovarian.org.uk/risktool/>
- Increasing age
- Prolonged periods of uninterrupted ovulation, e.g. not having had a child or having the first child after the age of 35 years, late age of menopause
- Being of white ethnicity
- HRT: it has been suggested that taking HRT may increase your risk of ovarian cancer; however, studies looking at this have, so far, had conflicting results. If there is any risk, it is considered small and it is thought to decrease after you stop taking HRT
- Endometriosis: research has shown that women with endometriosis may be more likely to develop ovarian cancer

- Other factors: obesity and smoking increase your risk. Exposure to asbestos may increase your risk, although asbestos is no longer used. Some research suggests that using talcum powder between your legs could increase your risk of ovarian cancer. However, the evidence for this is inconsistent and any increase is likely to be very small.

Oral contraceptives are thought to be protective as they suppress ovulation. A history of infection with the mumps virus may also have a protective effect.

Treatment

Treatment depends on how far the cancer has spread, your general health and whether you are still able to have children. Most people have a combination of surgery and chemotherapy. The aim of treatment is to get rid of the cancer if possible. However, if it is too advanced to be cured, treatment aims to relieve symptoms and control the cancer for as long as possible.

Patient information

Useful information describing symptoms and signs of ovarian cancer is available on the website

<http://www.ovarian.org.uk/>

References

- NICE (March 2011). **Ovarian cancer: The recognition and initial management of ovarian cancer**
- <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/ovarian-cancer>



Prostate Cancer Awareness

Prostate cancer is the most common cancer in UK males** (27%), primarily affecting men aged 45 and over.

The prostate is a walnut-sized gland, whose function is to produce fluid, which mixes with sperm during ejaculation to create semen. Prostate function is governed by the male hormone testosterone. The prostate sits just beneath the bladder and the urethra (the tube from the bladder to the penis) runs through the centre of the prostate gland. Hence, the most common symptoms experienced relating to prostate health are related to urination, e.g.

- Not being able to urinate or difficulty doing so, such as straining or delay
- Poor urinary flow
- Increased frequency or urgency to urinate, particularly during the night
- Leaking following urination
- A feeling like the bladder has not been emptied fully and/or
- Pain on urination.

These symptoms can be worrying, but in most cases are not due to cancer. They are most commonly due to an enlarged prostate (commonly caused by benign prostatic hyperplasia (BPH) - a non-cancerous growth of cells) and can be easily managed with lifestyle changes, medications if required or occasionally surgery, if this is deemed necessary.

Other causes can also include prostatitis (infection of the prostate gland) or prostate cancer, so it is important to seek advice from your GP as soon as possible if you develop any symptoms.

About 52,300 men are diagnosed with prostate cancer a year and it is becoming more common.

Prostate cancer is most common in older men. On average each year 34 out of 100 (34%) of new cases are in men aged 75 and over. It is more common in black Caribbean and black African men than in white men. It is less common in Asian men. A man's risk of developing prostate cancer depends on many factors, and it is more likely if you have a close male relative who has had prostate cancer.

References:

<https://www.cancerresearchuk.org/about-cancer/prostate-cancer/about>

*May include women, trans men, people who are nonbinary who were assigned female at birth, and cis gender women.

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Getting A Good Night's Sleep

What is sleep and why is it important?

Sleep is as essential to our physical and emotional health as air, food and water, with the average person spending 36% of their lifetime asleep.

Normal sleep consists of four stages and each of these stages is equally important. During sleep, the brain continues to work hard; memories are processed; learning is consolidated; waste is removed, detoxifying the brain of harmful proteins; and hormones are released to aid tissue growth and repair.

Our circadian rhythm (internal body clock) follows a 24-hour cycle and uses information from our environment, such as lighting levels, to tell the body and brain when to perform certain functions, including falling asleep and waking up.

When not disrupted, our circadian rhythm promotes a consistent and restorative sleep/wake cycle. However, if disturbed, it can create sleeping problems, e.g. when we are jet lagged.

Potential impacts of lack of sleep

Insufficient sleep can adversely affect both our physical and emotional wellbeing. As well as the perhaps expected impact of fatigue and lethargy, a lack of sleep can lead to overeating. As the regulation of hormones is disrupted, As such, the chosen foods tend to offer high energy value but very little in the form of nutritional quality.

We may also be more susceptible to minor illnesses such as the common cold, as sleep is understood to affect our white blood cells and therefore the function of our immune system.

Poor sleep increases the risk of certain health conditions, e.g. it is understood to increase blood pressure and impact the potential to gain weight,

increasing the risk of heart disease and stroke. Some evidence has also linked poor sleep to an increased risk of developing certain types of cancer and Alzheimer's disease.

A lack of sleep may also result in reduced emotional resilience and wellbeing, e.g. we may experience rapidly changing moods, or may notice a detrimental effect on social function and relationships. We may be more likely to misread facial expression and body language, resulting in us potentially interpreting such information as threatening or negative.

It is likely that if we don't have sufficient sleep, we may also recognise some negative cognitive affects such as a reduction in concentration and memory and difficulty learning new information, making decisions or solving problems more difficult. Our perception and judgement may be altered, and motivation may decrease; this in turn may result in an increase in symptoms of stress, along with a decreased ability to respond to stress.

Sleep enhances our memory, our ability to learn, our creativity and our ability to solve problems. It also impacts on our overall productivity and safety. With insufficient sleep, comes an increased risk of accidents and incidents within the workplace, higher levels of absence and reduced performance.





How much sleep do I need?

The National Sleep Foundation suggests that adults of working age require between seven and nine hours of sleep per night.

However, there is no exact 'right or wrong' when it comes to how much we need to sleep; some people function well on a little less, whereas others require a little more. It is also recognised that our sleep requirements change throughout our lifespan, with younger adults often requiring more sleep than older adults.

You may wish to consider how healthy and happy you feel after your usual amount of sleep. Do you feel rested and refreshed? Are you productive or do you depend on caffeine and sugar to get you through the day? Significant and unwelcome changes to our sleep pattern over prolonged periods may be suggestive of an underlying cause.

If sleep duration continues to be far outside the recommended parameters for longer periods, this can pose a risk to an individual's health and wellbeing. If you experience any changes to your sleep pattern which you cannot explain and that last for prolonged periods or impact on your ability to function, then it is recommended you speak to your GP.

How can I improve my sleep?

Sleep hygiene is the term used to describe good sleep habits. It is understood that one of the key principles of sleep hygiene is to maintain a regular routine regarding our sleep/wake cycle.

Ideally, we should go to bed and wake each day at the same time, to help maintain our circadian rhythm. Consider monitoring your sleep routine to see where changes could be made. You can download a free Sleep Diary here: <https://thesleepcharity.org.uk/information-support/adults/sleep-diary/>

Prioritise sleep!

Whilst we all push sleep back a little when extra demands are placed on us, this is only likely to have a negative impact on our ability to meet those demands. Make sure you prioritise your sleep. Consider keeping your bedroom just for sleeping, creating a comfortable and soothing environment and making some time for yourself to 'wind down' before bed, such as having a warm bath, listening

to some relaxing music or meditating.

Try and keep your bedroom cool. A room that is too hot or too cold may result in restlessness and difficulty falling or staying asleep. Make sure your bedroom is dark! When it's dark, we release melatonin, a hormone that relaxes the body and helps us to drift off. Try blackout blinds, an eye mask or an alarm clock, with a light that dims gradually. Additionally, blue light, which is emitted from smart phones, tablets and computers stimulates brain activity, so avoiding this for the hour before bed can have a positive effect on sleep quality.

Minimise caffeine intake, avoiding it completely after lunchtime and avoid smoking for 90 minutes before bed. Caffeine and nicotine are stimulants, which increase blood pressure and heart rate. The more caffeine and cigarettes we consume during the day, especially in the afternoon or evening, the greater the risk that this will impact on our sleep. Aim to consume no more than three caffeinated drinks per day; perhaps swap your afternoon coffee for decaf or herbal tea. Consider discussing smoking cessation with your GP or local pharmacist.

Avoid heavy meals for 90 minutes before bed. Eating a heavy meal may make you feel sleepy; however, going to bed soon after eating can increase the risk of acid reflux and heartburn. This is because gravity no longer aids the transition of the food when we lay down and the stomach is working harder to digest the meal. Both of these can result in difficulty falling and staying asleep. If you are used to eating a snack in the evening, aim to make this healthy and light.

There is a wealth of evidence to suggest that physical activity can impact our sleep. Moderate to vigorous exercise is understood to help reduce the amount of time we take to fall asleep and also decrease the number of times we wake during the night. However, performing intense exercise too close to bedtime may have the opposite effect by increasing heart rate, body temperature and adrenaline levels. Consider altering your exercise routine and monitoring the impact it has on your sleep quality.

For further advice about sleep and tiredness please visit:

<https://www.nhs.uk/live-well/sleep-and-tiredness/>

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

