

Your Health



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Bowel Cancer



The bowel makes up part of the digestive system. It is split into two parts - the small bowel and the large bowel. The large bowel includes the colon, the rectum and the bowel opening (anus).

Bowel cancer is cancer that starts in the large bowel (colon) or back passage (rectum). It is also known as colorectal cancer or cancer of the colon or rectum.

Cancer is when abnormal cells start to divide and grow in an uncontrolled way to form a tumour. The cells can grow into surrounding tissues or organs and may spread to other areas of the body.

Bowel cancer is the fourth most common cancer in the UK, with almost 43,000 new cases diagnosed each year.

Over the last decade, bowel cancer incidence rates have decreased by about 6% in the UK. Rates in females have decreased by about 4% and rates in males have decreased by about 9%.

Symptoms:

- Change in normal bowel habit, such as looser poo, pooing more often or constipation
- Bleeding from the back passage or blood in your poo
- The feeling of needing to strain in your back passage, even after opening your bowels
- A lump that your doctor can feel in your back passage or tummy (abdomen), more commonly on the right side
- Loss of weight
- Pain in your abdomen or back passage
- Tiredness and breathlessness caused by a lower level of red blood cells (anaemia).

Sometimes cancer can block the bowel. This is called a bowel obstruction. The symptoms include:

- Cramping pains in the abdomen
- Feeling bloated
- Constipation and being unable to pass wind
- Being sick.



Risk

Your risk of developing bowel cancer depends on many factors, the main ones including:

- **Age:** the occurrence of colorectal cancer is strongly related to age, with almost 40% of cases being diagnosed in people aged 75 or over
- **Family history:** your risk may be higher if you have a strong family history of bowel cancer
- **Sedentary lifestyle:** high levels of physical activity reduce the risk of bowel cancer
- **Genetics:** some rare, inherited conditions are associated with an increased risk of bowel cancer. Familial adenomatous polyposis (FAP) is responsible for less than 1% of all bowel cancers. However, if left untreated, all individuals with FAP will almost certainly develop bowel cancer by their 40s. Specialists recommend that people with FAP have bowel surgery to remove the colon in their 20s. Another condition with increased risk of bowel (and other) cancer is Lynch syndrome
- **Other medical conditions:** inflammatory bowel disease such as ulcerative colitis or Crohn's disease increases your risk; having either for many years increases your risk of bowel cancer. People with diabetes may also have an increased risk; however, more research is required to understand why. The risk of rectal cancers is also increased in people with gallstones compared to those without
- **Diet:** researching the link between diet and cancer is complex, but we know some foods definitely affect the risk of bowel cancer, e.g. eating lots of red/processed meat increases the risk. The government recommends the daily intake of red/processed meat should be 70g or less. Try to swap red meat for chicken/fish or use beans/pulses in meals instead of meat. Eating too little fibre causes around 30% of bowel cancer cases in the UK so reduce your risk by eating more fibre, e.g. choosing wholegrain versions of foods. Try swapping to brown rice, pasta, or bread, swapping your snack to low-calorie popcorn rather than crisps, choosing wholegrain breakfast cereals and eating more fruit and vegetables high in fibre such as peas and raspberries
- **Overweight/obesity:** some 11% of bowel cancers in the UK are linked to being overweight or obese
- **Smoking:** some 7% of bowel cancers in the UK are linked to smoking. The risk increases with the number

of cigarettes smoked a day. It's never too late to stop smoking but the sooner you stop the better

- **Alcohol:** around 6% of bowel cancers in the UK are linked to drinking alcohol
- **Bowel cancer is more common in white people than in Asian or black people**
- **Radiation:** some 2% of bowel cancers in the UK are linked to radiation exposure. Some are due to radiotherapy treatment for previous cancer. The rest are linked to radiation used in tests such as x-rays and CT scans, together with background radiation.

The majority of colorectal cancers arise from polyps in the bowels, most of which are benign, but a few may develop into cancer over time. Find out more about the causes: <https://www.cancerresearchuk.org/about-cancer/bowel-cancer/risks-causes>

Screening

- **England** has a bowel cancer screening programme for men and women aged between 60 to 74, which aims to find cancer early. Those registered with a GP will be sent a kit to test for bowel cancer every two years. People older than this can ask for a screening kit every two years by calling the free helpline on 0800 707 6060.
- **Wales:** you receive a bowel cancer screening kit if you're aged between 58 and 74 years
- **Scotland:** you receive a bowel cancer screening kit if you're aged between 50 and 74 years. People aged over 74, can request a screening kit by contacting the bowel cancer screening programme on 0800 012 1833.
- **Northern Ireland:** you receive a bowel cancer screening kit if you're aged between 60 and 74 years.

You can find out more information about bowel cancer screening on the cancer research UK website: <https://www.cancerresearchuk.org/about-cancer/bowel-cancer/getting-diagnosed/screening>

If your GP suspects that you may have bowel cancer, they will arrange for you to see a specialist. Depending on your symptoms and other factors, this might be an urgent referral. With an urgent referral you should see a specialist within a few weeks.





Investigations

Tests to investigate patients with suspected colorectal cancer are likely to include:

- Digital rectal exam: examination of the back passage, which involves your doctor feeling inside your rectum using their finger
- Testing for blood in your poo
- Blood tests
- Barium enema: this is a test that helps to highlight the large bowel so it can be clearly seen on an x-ray
- Ultrasound of the abdomen and/or rectum
- CT, CT/PET scan or MRI scan
- Colonoscopy: this is where a flexible tube with a small light and camera on one end is placed into the back passage and passed along the bowel. The specialist can see pictures of the inside of the bowel on a television monitor. This method also has the advantage of obtaining a biopsy
- CT colonoscopy: a test that uses CT scans to check the large bowel (colon). It's also called a virtual colonoscopy
- Colon capsule endoscopy: which looks at the inside of your large bowel (colon)
- Flexible sigmoidoscopy: a flexible sigmoidoscopy is similar to a colonoscopy, in that a tube with a light and camera is passed into the back passage. However, it is different to a colonoscopy as it only looks inside your rectum and the lower part of your bowel, whereas a colonoscopy looks at your entire bowel
- Tests on your bowel cancer cells: to diagnose cancer and look for gene changes, important for determining treatment.

Treatment

Once bowel cancer has been identified a programme of treatment/care is created, depending on the site/extent of the cancer, taking into consideration the fitness of the individual to undergo treatment.

Treatment for localised disease may involve surgery, either laparoscopic (keyhole) and/or open abdominal surgery, the potential for stoma formation and possibly chemotherapy. Radiotherapy is not frequently used for the treatment of bowel cancer due to risk of damage to organs nearby.

Prognosis: Survival rates have improved over time, with almost 60% of people diagnosed with colorectal cancer surviving for at least five years. Survival is linked to disease stage at presentation, with better survival the earlier the disease is detected and treated.

People who have been treated for colorectal cancer may have long-term side effects of the treatments, which can have a major impact on quality-of-life and daily living.

The good news: more than half of all bowel cancers could be prevented through lifestyle changes. These include stopping smoking, being physically active (at least 30 minutes exercise five times a week), keeping to a healthy weight, eating smaller and fewer portions of red and processed meat, choosing wholegrain foods and at least five portions of fruit and veg a day and cutting down on alcohol.

The less you drink the lower the risk. If you do drink, try and stick within the government guidelines, that is no more than 14 units a week.

Sources/references:

- **Cancer Research, NHS.**



Great ways to deal with Stress

Stress is the body's natural reaction to feeling threatened or under pressure. It can motivate us to achieve the things we need to do and to meet the demands placed on us in our personal and working lives.

However, too much stress can result in us feeling overwhelmed and it can have a negative impact on our physical and emotional wellbeing.

When we experience stress, our body responds by releasing adrenaline and cortisol (our stress hormones), raising our blood pressure, heart rate and blood glucose levels. Over time, unmanaged stress can increase the risk of developing obesity, type-2 diabetes, cardiovascular disease, certain cancers and Alzheimer's disease.

Stress is also a key player in insomnia, burnout and auto-immune disease, as well as many mental health disorders, such as anxiety and depression.

Causes of stress

Stress affects everybody differently and what one person considers to be stressful, may feel like an easy undertaking for another. This is because our upbringing, environment, life experiences and genes can all influence how we respond to challenges and opportunities.

Some common causes of stress can be:

- Relationships: such as personal relationship difficulties, divorce, or caring responsibilities
- Life changes: such as traumatic events, bereavement, changes in usual lifestyle and routine, and changes to your housing, COVID-19 worries
- Health difficulties: such as illness or injury and the impact these may have on your day-to-day life, or concern regarding the health of a loved one

- Finances: such as debt, unexpected outgoings, and changes to your income
- Work: such as unemployment, retirement, changes to your usual workload and routine, e.g. working from home due to the pandemic.

When we experience symptoms of stress, we are also more susceptible to unhealthy behaviours such as procrastination, increased use of alcohol, cigarettes or recreational drugs, sleeping or eating too much or not enough, or isolating ourselves from others. These behaviours, in turn, can impact on our bodies' ability to manage stress, creating a downward spiral.

Stress symptoms: the first step to managing stress is often recognising the symptoms; it can be common for us to further exacerbate stress symptoms by telling ourselves things like, "I should be able to cope with this", "nobody else appears to be struggling", or "why do I feel this way; what have I got to be stressed about?"





Symptoms of stress can present themselves both physically and emotionally:

Physical symptoms:

- Changes to your appetite
- Changes to your sleeping pattern
- Fatigue
- Headaches
- Stomach upsets or indigestion
- Muscle tension, aches and pains
- Rapid heartbeat and/or chest pains.

Emotional symptoms:

- Becoming more easily overwhelmed
- Irritability or frustration
- Constant worry
- Difficulty relaxing or calming your mind
- Feeling lonely, low in mood or anxious
- Experiencing negative thoughts about yourself or self-doubt.

You may also start to notice cognitive symptoms such as difficulty concentrating, retaining/recalling information, or making decisions.

So, what can you do to reduce stress?

Why not complete the 'Every Mind Matters' quiz? This involves just five questions and will give you a tailored plan for improving your wellbeing based on your answers: <https://www.nhs.uk/oneyou/every-mind-matters/your-mind-plan-quiz/>

Exercise has been shown to have a positive impact on our ability to manage stress. Engaging in physical activity promotes the release of endorphins, our "feel good" hormone, which, in turn can lift mood and reduce anxiety and worry. Try to get some form of exercise each day, even if only for ten minutes.

Stress can impact on our ability to have a good night's sleep and, in turn, getting a good night's sleep can help alleviate the symptoms of stress. Make time to unwind before bedtime and maintain your sleep routine.

Eating a healthy, balanced diet can have a positive influence on how our bodies respond to stress. Try to maintain a healthy, balanced diet, with plenty of nutritious foods, even in times of stress.

Spending time outdoors and amongst nature can

reduce stress, as it is understood to lower our heart rate and blood pressure. Try and make time to go outdoors every day – even if only for a short walk.

This could be just what you need to improve your stress levels!

Spending time with the people you love, such as family and friends can be an effective stress-busting strategy. Take time to nurture your relationships (and avoid those that drain you!)

Relaxation techniques can help to activate the body's natural relaxation response to help combat the negative effects of stress. Take time each day to focus on something you are grateful for and/or practice mindfulness or meditation

<https://www.nhs.uk/conditions/stress-anxiety-depression/mindfulness/>

Engaging in hobbies can be a great way to practice mindfulness without even realising. Learning something new or volunteering can also offer distraction, give us a purpose and help reduce stress. Consider doing the things you enjoy or trying out something new!

Learning to say no can help us to maintain realistic and achievable goals; recognising our own limits and not expecting too much from ourselves can be a great first step to managing stress. If you feel like you have too much to do already – say no to any new requests for help and perhaps ask for help from others.

Support: further information regarding stress management can be found at

<https://www.nhs.uk/conditions/stress-anxiety-depression/reduce-stress/>

<https://www.mentalhealth.org.uk/publications/how-manage-and-reduce-stress>

Further support to help resolve some of the stressors in life can be accessed via the following services:

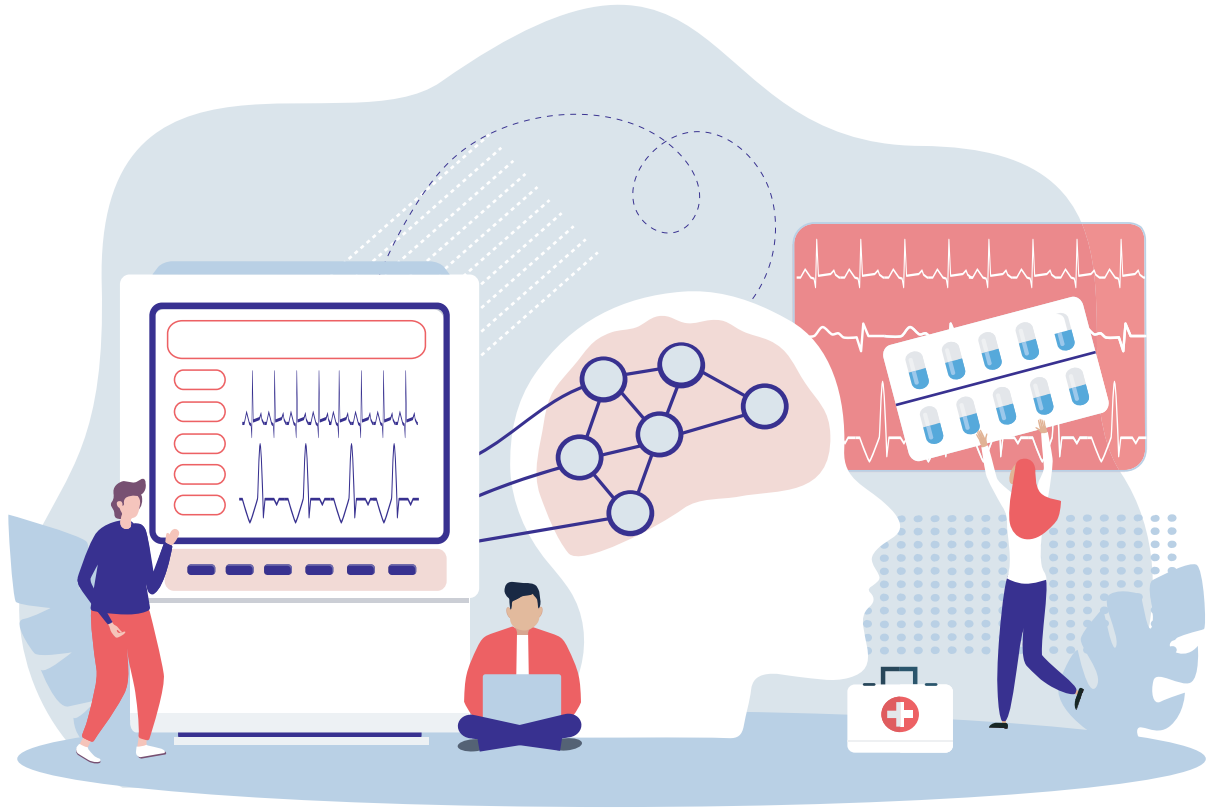
- The Citizens Advice Bureau can help support you regarding matters relating to finances, housing, work, family and more. They can be contacted via <https://www.citizensadvice.org.uk/>
- Step Change provide free and confidential advice regarding debt and finances. They can be contacted on 0800 138 1111 or see <https://www.stepchange.org/>
- A list of further support services that may be of help, can be found here: <https://www.nhs.uk/conditions/stress-anxiety-depression/mental-health-helplines/>

Sources/references: NHS, Stepchange, Citizens Advice, Mentalhealth.org.uk





Multiple Sclerosis



Multiple sclerosis (MS) is a condition that can affect the brain and spinal cord, causing a wide range of potential symptoms, including problems with vision, arm or leg movement, sensation or balance.

Key facts:

- It's a lifelong condition that can sometimes cause serious disability, although it can occasionally be mild
- In many cases, it's possible to treat symptoms. Average life expectancy is slightly reduced for people with MS
- It's most commonly diagnosed in people in their 20s and 30s, although it can develop at any age. It's about two to three times more common in women than men
- MS is one of the most common causes of disability in younger adults.

There are three types of MS

Relapsing remitting MS

- More than 80% of people with MS are diagnosed with the relapsing remitting type
- Someone with relapsing remitting MS will have episodes of new or worsening symptoms, known as relapses
- These typically worsen over a few days, last for days to weeks to months, then slowly improve over a similar time period
- Relapses often occur without warning, but are sometimes associated with a period of illness or stress
- The symptoms of a relapse may disappear altogether, with or without treatment, although some symptoms often persist, with repeated attacks happening over several years
- Periods between attacks are known as periods of remission. These can last for years at a time
- After many years (usually decades), many, but not all, people with relapsing remitting MS go on to develop secondary progressive MS





- In this type of MS, symptoms gradually worsen over time without obvious attacks. Some people continue to have infrequent relapses during this stage
- Around half of people with relapsing remitting MS will develop secondary progressive MS within 15 to 20 years, and the risk of this happening increases the longer you have the condition.

Secondary progressive MS

- Many people with relapsing MS go on to have secondary progressive MS. It means they have a build-up of disability, independent of any relapses.
- Secondary progressive MS can be hard to diagnose. To get this diagnosis you must have had relapses in the past, and now your disability has been getting steadily worse for at least six months. Things getting worse mustn't be linked to any relapse you've had.
- It's possible that, when you're first diagnosed with MS, you could be told you have secondary progressive MS. This is rare but can happen if symptoms of the relapsing phase of your MS weren't diagnosed correctly or were ignored.
- Secondary progressive MS is different from primary progressive MS, which is progressive from the beginning.

Primary progressive MS

- Just over one in ten people with the condition start their MS with a gradual worsening of symptoms
- In primary progressive MS, symptoms gradually worsen and accumulate over several years, and there are no periods of remission, though people often have periods where their condition appears to stabilise.

What causes MS

MS is an autoimmune condition. This is when something goes wrong with the immune system and it mistakenly attacks a healthy part of the body – in this case, the brain or spinal cord of the nervous system.

In MS, the immune system attacks the layer that surrounds and protects the nerves called the myelin sheath. This damages and scars the sheath, and potentially the underlying nerves, meaning that messages travelling along the nerves become slowed or disrupted. Exactly what causes the immune system to act in this way is unclear, but most experts think a combination of genetic and environmental factors is involved.

MS symptoms

The symptoms of MS vary widely from person to person and can affect any part of the body. The main symptoms include:

- Fatigue
- Difficulty walking
- Vision problems, such as blurred vision
- Problems controlling the bladder
- Numbness or tingling in different parts of the body
- Muscle stiffness and spasms
- Problems with balance and co-ordination
- Problems with thinking, learning and planning
- Pain.

Depending on the type of MS you have, your symptoms may come and go in phases or get steadily worse over time (progress).

Seeking advice

Diagnosing multiple sclerosis isn't easy. It's a complex condition with many different symptoms. Tests for MS could include blood tests and magnetic resonance imaging (MRI). But if you think you might have MS, the first thing to do is talk to your GP.

Outlook

MS can be a challenging condition to live with, but new treatments over the past 20 years have considerably improved the quality of life of people with the condition. MS itself is rarely fatal, but complications may arise from severe MS, such as chest or bladder infections, or swallowing difficulties. The average life expectancy for people with MS is around five to ten years lower than average, and this gap appears to be getting smaller all the time.

Treatments and advice

There's currently no cure for MS, but a number of treatments can help control the condition. The treatment you need will depend on the specific symptoms and difficulties you have. Speak with your GP or take a look at the following support sites:

Living with MS:

<https://www.nhs.uk/conditions/multiple-sclerosis/living-with/>

MS Society care and support:

<https://www.mssociety.org.uk/care-and-support>

Sources/references: MS Society, NHS.

