

2015-11-02 Focus

The BMJ and its sister journals is a good source of material this week, so I have unashamedly nicked a couple of stories for your delectation.

LOW MORALE

There's been an alarming drop in morale in both the Police Force and in general practice. Even places where normally it would be all too easy to recruit - pleasant and sought after areas - are struggling.

Take Frinton for example. Throughout most of 2015 there hasn't been a single full-time GP there. Moreover the Daily Mail reports that Frinton residents are paying £100 each year for a private security firm to patrol the streets as the town has no police stations – and the nearest one, which is 8 miles away, is also set to close. Here in SWF it's rumoured that the Police Station is scheduled to close – so we're not immune to this trend.

When it comes to primary care, the rest of Essex fares little better than Frinton according to the Chronicle – “the county has one of the lowest numbers of GPs per patient in England, with 1,235 serving 1,824,130 residents, while eight practices have closed in the past year. In 2012, 1,236 GPs served 1,785,197 residents.”

One reason for the woes of both the Police Force and general practice is ‘the cuts’. Another, of course, is the spiralling bureaucracy – and the fact that both the police and the GPs are constantly hammered in the Press. Often this is just destructive criticism which does nothing but harm – but sometimes, of course, there is justification. For example, the Telegraph reports this week that a: “Quarter of cancer patients (are) dead in six months due to late diagnosis” adding “Too many cancer patients are turning up at Accident and Emergency units with late stage disease”, according to researchers based at ‘London Cancer’. (London is bad – I suspect the figures are much more favourable in SWF.) Other newspapers have picked up the same story.

Here's a study from the BMJ which suggests another problem where there's room for improvement. We're told that around one in 100 patients in a study of over 500 UK general practices are at risk of receiving an inappropriate prescription and around one in 250 have no record of monitoring within the recommended time period.

Older patients and those receiving multiple repeat prescriptions were at highest risk, the findings show. The results “emphasise the need to give due consideration to the risks of prescribing multiple drugs and the importance of regular drug reviews, especially for patients with multiple conditions,” say the researchers.

What's the problem? Prescribing errors in primary care can cause considerable harm, with adverse drug events accounting for around 7% of hospital admissions in the UK, and half of these are judged to be preventable.

Again I think that, in South Woodham Ferrers, standards are higher than in many other places – which is surprising in that the funding situation here is a great deal worse than in many, many other places (so staff are stretched to the limit and beyond.)

ANOTHER 'PRESCRIBING PROBLEM

we face is that patients often don't take their medication as recommended. This is often the case with older patients – and it's hardly surprising as many of these are on a complex cocktail of pills and potions. The common-sensical advice is, whenever you visit an elderly relative, it's not a bad idea to make diplomatic enquiries. It's not uncommon to find cupboard-fulls of unused medication.

SUGAR IN THE MORNING, SUGAR IN THE EVENING

Downing two or more glasses of sweetened drinks every day is linked to a heightened risk of heart failure – at least in men – according to a large study published online in the journal *Heart*.

Heart failure is thought to affect more than 23 million people worldwide, nearly 6 million of whom live in the US, and more than half a million of whom live in the UK. Only around half of those diagnosed with heart failure are still alive five years later. Men and the elderly seem to be most at risk.

Sweetened drinks are popular around the globe, particularly among the young. And their regular consumption has been associated with changes in blood pressure, insulin levels, and inflammatory markers, as well as weight gain – factors that are implicated in metabolic syndrome, diabetes, coronary heart disease and stroke.

In a bid to assess whether there might be a link between heightened heart failure risk and sweetened drink consumption, the researchers tracked the health of 42, 400 men residing in two counties of Sweden between 1998 and 2010, using national registry data.

All the men, who were aged between 45 and 79 when they entered the study, had been born between 1918 and 1952. They were asked to record their average consumption of 96 food and drink items over the preceding year in a food frequency questionnaire, to include daily and weekly standard servings (200 ml or one glass) of sweetened drinks.

No distinction was made between drinks sweetened with sugar, fructose/glucose, or artificial sweetener; neither tea/coffee nor fruit juice were included in the study.

During the monitoring period, which averaged 12 years, 3604 new cases of heart failure were diagnosed, and 509 people died of their condition. After taking account of other potentially influential factors, the data analysis indicated that consumption of at least two daily servings of sweetened drinks was associated with a 23% heightened risk of developing heart failure compared with no consumption.

Are you with it so far? Good! Now here's the complicated bit. To try and exclude reverse causation – whereby those with undiagnosed heart failure drank more sweetened beverages, so inflating the findings – the researchers carried out a further analysis to exclude all those diagnosed with heart failure during the first five years of the monitoring period. This showed similar results, increasing the associated heightened risk to 25%.

This is helpful info for older white men ... but more work is needed before any definitive conclusions can be drawn about anyone else.

In an accompanying editorial two Spanish Profs point out that heart failure is a complex condition, and it's not clear if there is any difference between sugar sweetened drinks and those sweetened with artificial sweetener. What is more, high consumption of sweetened drinks is usually an

indicator of a poor general diet, which is probably a more reliable determinant of disease development than any one component. Even so, they remind us that: "The well known association of sweetened beverages with obesity and type 2 diabetes, which are risk factors for heart failure, reinforces the biological plausibility of (the study authors') findings."

And they conclude: "Based on their results, the best message for a preventive strategy would be to recommend an occasional consumption of sweetened beverages or to avoid them altogether."

The authors point out that the findings exclude natural fruit juice and women. So this would seem to imply that having more than two glasses of natural fruit juice (or more than two women) a day is not harmful to the health.

VOTE FOR BETTER HEALTHCARE!

All this talk of financial problems and cuts in funding reminds me to encourage you to 'vote' for better funding for Mid Essex, the 'poor man' of the NHS. Go to <https://petition.parliament.uk/petitions/110663> ... or Google '*e-petition Mid-Essex NHS*' (which will take you to the website and petition via the Moulsham Lodge Surgery website – which isn't nearly as complicated as it sounds!) Do this for yourself and for your family – and, while you are at it, pass the link on to them and to your friends (if you've got any.)

Dr John