

**16 March 2015**

## **A WEIGHTY SUBJECT**

The BBC reports: “Figures from Cancer Research UK found obese women in the UK have 40% greater risk of being diagnosed with a weight-related cancer” and adds that “obesity increases a woman's risk of at least seven types of cancer, including bowel and post-menopausal breast.” One tip - waist measurement for a woman should be no more than 32 inches as fat around the waist is metabolically active – it produces hormones which are diabetogenic (making it far more likely you'll end up with diabetes) and carcinogenic..

Jenny Hope in The Mail hits us with a few stats. She says that the increased risk applies to 7 cancers. "These include bowel, post-menopausal breast, kidney and pancreatic. Researchers said 8.2% of cancers in UK women were caused by being fat. 18,000 women develop cancer as a result of being overweight each year."

All this reinforces the advice contained in the World Cancer Research Fund (WCRF) report published in 2007. The Independent's John von Radowitz wrote at that time: “A specific strong link is said to exist between fat around the abdomen and bowel cancer. There is also a probable connection between body fat and gall bladder cancer, and abdominal fat and pancreatic, post-menopausal breast, and endometrial cancer, the evidence suggests.” He quoted Professor Sir Michael Marmot, Professor of Public Health at University College London, who chaired the expert panel: “We are recommending that people aim to be as lean as possible within the healthy range, and that they avoid weight gain throughout adulthood.” Ouch!!! This is tough advice. There's an ancient Japanese proverb about how good medicine is always bitter to the taste ... and this is just the sort of thing those wise men of old must have had in mind.

## **MAKING SMOKING LESS ATTRACTIVE**

The tobacco industry has a problem – it kills off its loyal supporters, the smokers, at an alarming rate. A recent casualty was Mr. Spock (aka Leonard Nimoy) who described his decision to take up the habit as “illogical.” In order to maintain its profits the industry has to continually recruit new members. So how do we counter its appeal to the young? The House of Lords this week backed the vote by MPs to introduce standardised packaging for tobacco products in the UK from May 2016. Henceforth cigarettes will come in plain brown packs. The publication 'Tobacco Control' (from the BMJ stable) looked at the Australian experience to see if this measure is likely to work over here. We're told that “over the last 50 years the avenues open to tobacco companies to market their products have been closed off, and the pack itself remains one of the last promotional opportunities. Legislation requiring standardised packaging, where the pack carries only the brand name and the make, alongside a raft of graphic photos accompanying health warnings, was introduced in Australia in 2012.”

They looked at the results of a series of studies that have evaluated the success of the policy 'down under'. “Some of these studies suggest that standardised packaging is severely restricting the ability of the pack to communicate and create appeal with young people and adults. Others show that there is little evidence that standardised packaging is having unintended consequences, such as lowering tobacco prices or increasing the use of illicit tobacco. Key findings include:

- Standardised packaging was associated with increased thinking about quitting and quit attempts.
- School children aged 12–17 years found standardised packaging less appealing.
- Smokers were more likely to conceal their packs from view in outdoor venues after the introduction of standardised packaging.
- Although there was a shift to value brands following the introduction of standardised packaging in Australia, retail prices for cigarettes actually increased across the board (value, mainstream and premium brands).
- The percentage of smokers purchasing cigarettes from convenience stores did not fall after standardised packs were introduced and there was no indication of an increase in overseas, online or duty-free purchases.
- There was no evidence of an increase in the consumption of illicit cigarettes following the introduction of standardised packaging.”

So – despite the warnings of this measure turning into a 'smuggler's charter' it rather looks as if it will damage the tobacco industry's recruitment drive ... which will better enable forthcoming generations to “live long and prosper”.

## **POPULAR STATIN UNDER SCRUTINY**

It is widely acknowledged that statins have enabled millions of people worldwide to postpone the ravages of cardiovascular disease and, in so doing, to live longer. Now, however, one of them is under attack. Writing in *The BMJ*, Dr Sidney Wolfe, founder and senior adviser to the Health Research Group at Public Citizen, says the evidence of rosuvastatin's health benefits has always been weak - and there is now growing evidence that the drug carries a higher risk of harmful side effects.

Statins are big business. Last year, rosuvastatin was the most prescribed brand name drug in the US, with 22.3 million prescriptions filled and \$5.8bn (£3.9bn; €5.5bn) in sales. Worldwide 2013 sales were \$8.2bn, the third highest for any branded drug.

The cholesterol lowering potency of rosuvastatin exceeds all other statins, explains Wolfe. However, its later approval to prevent heart attacks in a very selected group of people, was based on the results of a study which was stopped early, prompting concern that the treatment effects may have been overestimated. There is also growing evidence that the drug carries a higher risk of serious adverse effects compared with other statins, such as an increased risk of developing diabetes.

As ever, the advice to those who are taking rosuvastatin is: don't panic – you're probably taking it because there is no viable alternative and your doc has decided that the benefits far outweigh the risk of side effects. Do discuss it at your next medication review, however, as it's always good to know what the position is on such matters once the dust has settled.

## **HEALTHCARE LOTTERY**

Headteachers have this week criticised the way schools are funded, saying it's a 'postcode lottery'. Josie Gurney-Read writes in *The Telegraph* that “Schools across the country are struggling to reach their potential due to 'inadequate' funding, with those in the most poorly

funded areas of England each receiving £1.9 million less than those in the best-funded areas." BBC News adds: "Schools in the worst-funded areas of England each receive the equivalent in funding of 40 teachers less than those in the best-funded ones." Critics say the whole system is in dire need of fundamental review as it is a clear case of discrimination.

Much the same applies to the funding of healthcare – in reverse (in that the better off and 'healthier' areas are supposed to get less than the worse off ones – but the system is so ramshackle and the people running it are so inept that it is, in effect, a lottery.) Mid-Essex is a case in point – it is surrounded by areas which, on the face of it, do not look to have markedly different needs and yet its funding is consistently much lower than anywhere else. It is not the 'lowest funded' area in the NHS in terms of £s per capita per year - but it's not far off. The old Mid Essex Primary Care Trust, which has now been laid to rest (thank the Lord) published 'How Your Money was Spent on Services 2012/13.' It concludes: "The PCT's funding per head of population is amongst the lowest in the country and in 2011/12 (the last year for which the information is available) the PCT was funded £24.2m below target funding (i.e. below the amount deemed necessary to fund a uniform level of service, as determined by the Department of Health formula). Mid Essex Hospitals NHS Trust also faces financial pressures due to its comparatively high premises costs. The mid Essex health economy is therefore one of the most challenged in the country."

MPs who have an interest in these matters, such as John Whittingdale, ask for figures from time to time and these are forthcoming – but, although we know the extent of the problem, it seems impossible to alter the situation. This remains the case whether the government of the day is Tory, Labour or Coalition.

So the national situation reflects what we know to our cost takes place under our noses here in SWF where there are huge differences between the funding of the practices in the town despite the fact that they all do exactly the same work and cater for exactly the same population.

The underfunding situation in Mid Essex affects not only your access to primary care – how many doctors and nurses there are here, how many services can be provided for you in the town – it also has a relevance to your hospital treatment. So it will influence, for example, how many treatments are 'not covered' by the NHS in this area, how many times you will have your out-patient appointment postponed' in a desperate attempt to massage the waiting time figures ... etc.

Why has this gone on for so long? What can be done about it? Tune in for next week's exciting episode.

**Dr John Cormack**