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THE CURSE OF SKINNY JEANS:

A 35 year old woman arrived at hospital with severe weakness in both her ankles. The previous day she had been helping a relative move house, and had spent many hours squatting while emptying cupboards. The Journal of Neurology Neurosurgery & Psychiatry picks up the story: She had been wearing tight 'skinny' jeans and recalled that these had felt increasingly tight and uncomfortable as the day wore on. Later that evening, she experienced numbness in her feet and found it difficult to walk, which caused her to trip and fall. Unable to get up, she spent several hours lying on the ground before she was found.

Her calves were so swollen that her jeans had to be cut off her. She couldn't move her ankles or toes properly and had lost feeling in her lower legs and feet. Investigations revealed that she had damaged muscle and nerve fibres in her lower legs as a result of prolonged compression while squatting, which her tight jeans had made worse, the doctors suggest. The jeans had prompted the development of compartment syndrome – reduced blood supply to the leg muscles, causing swelling of the muscles and compression of the adjacent nerves.

She was put on an intravenous drip and after 4 days she could walk unaided again, and was discharged from hospital. The jeans, despite their tattered and ragged appearance after they had been forcibly removed from the patient in question, went on to set a new trend in ripped and distressed jeans. They set up their own clothing company and, as I write, the news has come in that they've just made it into The 'Forbes Jeans Billionaires' list ... so a happy ending all round.

I'm not sure what the moral of the story is as far as the Journal of Neurology Neurosurgery & Psychiatry is concerned. Is it: "Don't be a good Samaritan" ... or is it: "Don't wear skinny jeans"? Either way, the common sensical conclusion would seem to be: "If you're going to be a Good Samaritan, dress appropriately."

CANCER NEWS:

The NHS is near and dear to our hearts – and yet it lags behind other countries when it comes to the success of treatment for cancer. NICE says "Not enough is currently being done in England to identify cancer and treat it an early stage. Up to 10,000 people in England could be dying each year due to late diagnoses, according to research. Reasons why cancer diagnoses may be missed include that many different types of cancer exist, each with different symptoms, and that patients present at primary care with symptoms that are non-specific. For example, many people who smoke may have a cough associated with chronic lung disease, but the same people may dismiss those symptoms as normal for them."

NICE has been condemned recently for being unrealistic and out of touch when formulating its guidelines. One aspect of these guidelines, however, that will be of use to us GPs (who are, as ever, criticised) is better access to diagnostic facilities. We can order CT scans – but the last time I wanted an urgent CT brain for a patient we couldn't find a local hospital who'd do it in under 3 weeks. What is more, we have completely lost our ability to refer patients direct for MRIs 'on the NHS. This is largely due to the poor level of funding

patients in Mid Essex receive from the NHS .., and all the more reason why you should support your surgery's Patient Participation Group in the quest to improve the situation.

“BRITAIN’S FATTEST MAN”

Has died at home aged just 33. Loulla-Mae Eleftheriou-Smith writes in The Independent: “Carl Thompson weighed 65 stone and made headlines earlier this year when he was interviewed about his issues with food and his rapid weight gain. The police, ambulances and fire crews all attended his flat in Dofras Place, Dover on Sunday. Neighbour Ronald Williams told Kent Online it took several hours for emergency crews to remove Thompson’s body.” Elsewhere it was reported that a crane had to be used to lift him.

Carl was an extreme example of a national trend. Last year, Stuart Jeffries wrote in The Guardian: “Britain's last dedicated deckchair manufacturer is making seats an inch wider to accommodate the broader bottom. As well as making their single-seaters 23 inches wide, Southsea Deckchairs report more people buying their Wideboy range, originally devised for two persons, for single use.

SJ gives other examples of the 'obesity epidemic' both at home and abroad. Toilets seats are getting bigger too. “The Big John range of toilet seat is tested to withstand 380kg (60st).” Coffins are also reflecting this change. “Indiana-based Goliath Caskets supplies 20-gauge steel coffins with extra width, length, and depth.” Likewise airline seats: “Airplane manufacturer Airbus offers airlines the option of installing extra-wide seats measuring 51cm across, instead of the standard 46cm on its A320 jets because of what it calls 'trends in demographics”.

My daughter, Laura, tells me that getting useful information from many scans is made much harder if there is an ample covering of fat – and CT scanners are no exception. SJ reports: “An NHS hospital in the north-east recently spent £1m on a CT scanner that can penetrate five times as much as fat as current models and can support patients weighing up to 300kg (47st), rather than the previous limit of 160kg (25st). Stretchers, corridors and hospital doorways have also been widened to accommodate bigger patients.” Whilst costing the NHS (and therefore the taxpayer) a fortune, the obesity epidemic "has created an on-going business opportunity to make fat profits."

As has been said many times, the slide into obesity (which is now so massive and so rapid it might more aptly described as an avalanche) is due to the fact that we eat too much and take too little exercise ... and which is the more important has been debated over the years. (At present the fashionable view is that gluttony is the major factor.)

This week in GUT the possibility that a microbe found in the intestine may play a significant role in metabolic health and leanness in overweight/obesity is discussed. The bug revels in the name of Akkermansia muciniphila – and an abundance is linked to lower glucose, blood fats, and a healthier body fat distribution. We are reminded that lower levels of fasting blood glucose and fats are key factors involved in the avoidance of diabetes and heart disease.

In healthy people Akkermansia muciniphila ... “that's a bit of a mouthful – it's nearly as long as Loulla-Mae Eleftheriou-Smith. Do you mind if I call you A muciniphila?”

“Yes that's perfectly alright – but most people call me Akker – like Acker Bilk but without the C.” “Thank you!”

In healthy people Akker makes up around 3-5% of the gut's bacterial ecosystem and is associated with a diet rich in insoluble fibre. The bug ... "Do you mind if I call you a bug?" "I prefer 'microbe' if that's OK with you. The word 'bug' tends to be used in a somewhat derogatory manner." "OK, that's fine by me."

The microbe has already been linked to healthier glucose metabolism and leanness in mice, but it has not been clear whether this also applies to people. The researchers wanted to find if it does. This is how they went about it. (Those among you who don't like to be bombarded with facts should skip the next two paragraphs.)

They – the researchers, that is – assessed levels of gut Akker and other bacteria, as well as fasting blood glucose and blood fats, and indicators of body fat distribution – waist:hip ratio and the amount of fat beneath the skin – in 49 obese or overweight adults. These assessments were made before and after a dietary intervention: 6 weeks of a low calorie diet with extra protein and fibre followed by 6 weeks of a stabilisation diet. Calorie restriction is known to alter the composition of gut bacteria. They found that at the start of the dietary intervention, those with evidence of abundant Akker in their guts had lower fasting blood glucose and insulin levels, a smaller waist:hip ratio, and a smaller fat cell volume beneath their skin than those with low levels of the microbe.

Those who had abundant Akker as well as a greater diversity of microbes in their gut to start with, had the healthiest metabolic profile – particularly for fasting blood glucose, triglycerides (blood fats), and body fat distribution. After 6 weeks of calorie restriction, those with a greater abundance of Akker to start with showed stronger improvement in their metabolic profile and body fat distribution than those with lower levels. Calorie restriction was associated with a reduction in the abundance of Akker across the board, but these levels still remained 100 times higher in people in whom the microbe was more abundant to start with.

The researchers suggest that the by-products of Akker may act as a fuel for other beneficial gut bacteria. They suggest that Akker warrants further investigation to see whether it could have some potential as a treatment for insulin resistance – the precursor to type 2 diabetes – and whether it might be used as an indicator of the likely success of dietary interventions. To put it another way, in those who are overweight and those heading towards diabetes, the Akker is knackered. The key to improving your 'Akker profile' is to eat a healthier diet – but I'm sure that won't stop Danone and its rivals from marketing 'Akker rich' products in the near future.

"That's it then – have I missed anything?"

"Well, you didn't really emphasise the point about me producing a variety of fermentation products which may serve as energy sources for other bacteria and the host. And I thought you rather skipped over the possibility that, through this cross-feeding, I may contribute to the expansion of other beneficial species, while I may, all by myself and entirely through my own efforts, have a direct effect on host metabolism, consistent with the aforementioned rodent studies."

"Oh do shut up!"

Dr John Cormack