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YOUR CARE

NEWSLETTER

AUGUST 2017

Good health
and good sense are
two of life's greatest
blessings.
- Publilius Syrus

Dear Member

More South Africans are dying from **heart disease** than ever before. In most cases, these deaths could have been prevented. This month, our main feature examines the risk factors you can change to prevent heart disease.

We also take a closer look at **chronic obstructive pulmonary disease (COPD)**, which manifests itself with symptoms that make it hard to breathe.

Maintaining a stable and healthy weight is one of the biggest coping mechanisms for **diabetes**. We look at the common symptoms of diabetes, and offer you some advice for healthy, good living while managing this condition.

Do you suffer from excessive, unusual aches, pains and discomfort? It may be chronic **muscle pain**. We explore the possible causes of this pain, and advise on when it's time to see a doctor.

Stay informed and happy reading!

POLMED YOUR CARE Support Team



Are you at risk for heart disease?

There are many risk factors associated with heart disease. While some cannot be changed (non-modifiable risk factors), there are others that can be controlled (modifiable risk factors).

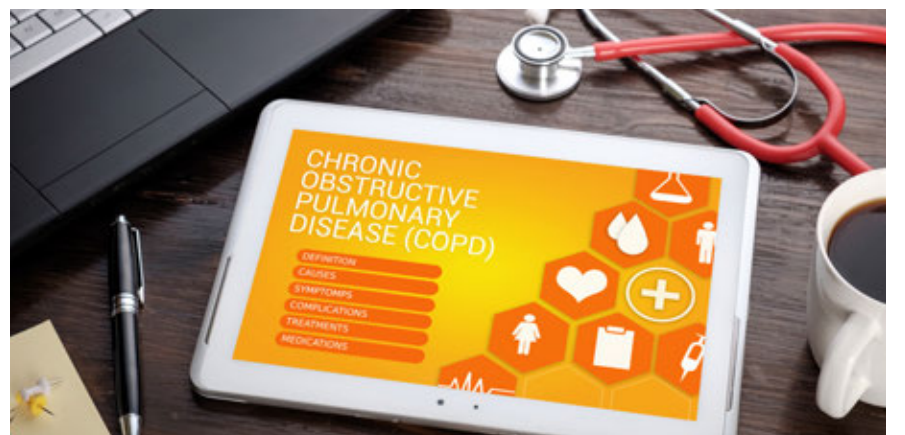
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Symptoms of diabetes

There are three types of diabetes. Knowing the symptoms of each type can help with early detection and treatment, and positively impact your long-term health.

[Read more ...](#)



Breathe easy

Chronic obstructive pulmonary disease (COPD) is a condition that makes it hard to breathe. It can be mild, moderate, severe or very severe depending on the amount of airflow to the lungs.

[Read more ...](#)



Ouch! What's that pain?

Muscle pain may originate from any of the muscles in the body. It is often less intense than that of bone pain but can be very unpleasant, even debilitating.

[Read more ...](#)

If you have any questions or need more information,
please call POLMED on 0860 765 633 (select the option for the Disease Management Programme),
or send an email to polmeddiseaseman@medscheme.co.za with your membership number and contact details.



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Are you at risk for heart disease?

Understanding your risks for heart disease can save your life.

More South Africans are dying from heart disease than ever before. In most cases, these deaths could have been prevented.

There are many risk factors associated with heart disease. Some cannot be changed (non-modifiable risk factors), while others can be controlled (modifiable risk factors).

The more risk factors you have and the more uncontrolled they are, the greater your risk for a heart attack.

Modifiable risk factors

- High blood pressure (hypertension).
- High cholesterol. This may include high total cholesterol, high levels of triglycerides, high levels of LDL cholesterol, or low levels of HDL cholesterol. Triglycerides are the 'bad' fats in the blood. High triglyceride levels can increase your risk for heart disease. High levels of LDL cholesterol, 'bad cholesterol', can lead to plaque build-up in your arteries, which can increase your risk for heart attack and stroke. HDL is the good cholesterol which flushes out bad cholesterol, reducing your risk for heart disease. If your levels of good cholesterol are low, your risk for heart disease is increased.
- Smoking.
- Not getting enough exercise increases your risk of heart disease and stroke up to 50%.
- If you are diabetic, you are twice as likely to develop cardiovascular disease in comparison to a non-diabetic.
- Too much fat, salt and sugar in your daily diet can increase your risk for hypertension, obesity and diabetes, which are risk factors for heart disease.
- Stress, anxiety and depression.
- Too much alcohol.
- Certain medications, such as the oral contraceptive pill and hormone replacement therapy (HRT), may increase your risk for heart disease.

**Diabetics
are twice as
likely to develop
cardiovascular
disease**

Non-modifiable risk factors

- Ageing. The risk of stroke doubles every decade after the age of 55.
- Family history. If a blood relative has had a heart attack or stroke, your risk is increased.
- Gender. Men are at greater risk of developing heart disease than pre-menopausal women. However, once past menopause, a woman's risk is similar to that of a man.
- Ethnicity. People with African or Asian ancestry are at higher risk.

Love your heart

Many of the risk factors for heart disease are 'silent', so you must go for regular check-ups to determine your risk.

If you are diagnosed with one or more of the above risk factors, reduce your risk for heart disease by:

- cutting out foods high in fat, salt and sugar from your diet.
- eating healthier fats like nuts, seeds and avocado.
- exercising for at least 30 minutes a day, five times a week to maintain a healthy weight.
- quitting smoking.
- limiting your alcohol intake to no more than one drink a day if you are a woman and two drinks a day if you are a man.



References:

1. Dr Cameron Meyer (MBChB, BSc), Business Manager, Intercare Centre for Lifestyle Management.
2. The Heart and Stroke Foundation, SA

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Breathe easy

Learn how to manage chronic obstructive pulmonary disease (COPD)

What is COPD?

Chronic obstructive pulmonary disease (COPD) is a term used to describe lung conditions that are characterised by obstructed airflow from the lungs due to inflammation (swelling) of the airway walls or the alveoli (air sacs) where gaseous exchange takes place. COPD makes it hard to breathe and worsens over time.

COPD can cause coughing which produces large amounts of mucous (a slimy substance), wheezing, shortness of breath, chest tightness and other symptoms. The condition can be mild, moderate, severe or very severe depending on the amount of airflow to the lungs.

What happens when you have COPD?

- The airways and air sacs lose their elastic quality.
- The walls between many of the air sacs are destroyed.
- The walls of the airways become thick and inflamed.
- The airways make more mucous than usual, which can clog them.

Common causes of COPD?

- Tobacco smoke (including second-hand or passive exposure)
- Biomass fuels and coal used for cooking and heating (mostly in low-income communities)
- Asthma
- Air pollution
- Industrial dust and chemical fumes

Treatment and monitoring

Quit smoking

Most people who have COPD smoke or used to smoke.

- Quitting smoking will stop the fast decline in lung function experienced by smokers with COPD.
- Avoid secondary cigarette smoke as much as possible.
- Steer clear of fumes, gases and dust.

Get a shot

COPD patients are more likely to contract respiratory infections like sinusitis and the common cold.

If you're at risk, get a vaccination for extra protection against viral infections.

Open your airways

Bronchodilators are medications used to open the bronchial airways. Inhaled corticosteroids are mainly used to reduce inflammation and can be used to further help with breathing. Your GP will advise what is best for you.

Get physical

- Exercising your muscles helps to cope with the low oxygen levels in the blood.
- Cardiovascular exercise involves steady aerobic activity that uses large muscle groups and strengthens your heart and lungs. This type of exercise improves your body's ability to use oxygen. Over time, your heart rate and blood pressure will decrease and your heart won't need to work as hard during physical activities, which will improve your breathing.
- Stretching and flexibility exercises like yoga and Pilates can enhance coordination and breathing.



Oxygen therapy helps many people function better and be more active

Breathe in

Oxygen therapy helps many people function better and be more active. This therapy has been shown to increase life expectancy in sufferers with chronically low blood oxygen concentrations. After regular monitoring and follow-up, your doctor may consider prescribing oxygen therapy for you. Oxygen is supplied in a metal cylinder or other container. It flows through a tube and is delivered to your lungs. Oxygen therapy helps severe sufferers cope with the symptoms of COPD.

References:

1. Prof J.R. Joubert, MSc, MBChB (Stell), FCP (SA), MMed (Int. Med), MD (Stell.)
2. Dr Greg Calligaro, physician at the Lung Unit, Groote Schuur Hospital and University of Cape Town, August 2010.
3. <http://www.nhlbi.nih.gov/health/health-topics/topics/copd>
4. <http://www.healthline.com/health/copd/and-exercise>
5. <https://www.gbhealthwatch.com/oxygentherapy-details.php>
6. <http://www.who.int/respiratory/copd/causes/en/>

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Symptoms of diabetes

Diabetes is a medical condition that affects the body's ability to produce or use insulin – this, in turn, causes high blood sugar (glucose) levels in the body. Insulin is a hormone released by the pancreas when we eat food. Insulin allows sugar to go from the blood into the cells. If the cells of the body are not using insulin well, or if the body is unable to make any or enough insulin, sugar builds up in the blood.

The three types of diabetes are type 1, type 2 and gestational diabetes. Type 1 diabetes affects the body's ability to produce insulin. Type 2 diabetes affects the body's ability to use insulin well. Gestational diabetes impacts the body's ability to use blood sugar during pregnancy. Knowing the symptoms helps with early detection of the disease, which will help with treatment.

Type 1 diabetes

This type of diabetes occurs when the body's own immune system attacks and destroys insulin-producing beta cells in the pancreas. While type 1 diabetes can occur at any age, most patients are diagnosed as children or young adults. People with type 1 diabetes must take insulin daily to manage their condition.

Common symptoms of type 1 diabetes:

- Excessive thirst
- Increased urination
- Fatigue
- Blurred vision
- Weight loss
- Tiredness
- A coma can occur as the sugar levels in your blood are too high
- Increased urine production
- Nausea and vomiting
- Ketoacidosis - a serious complication of diabetes that occurs when your body produces high levels of blood acids called ketones.

Type 2 diabetes

This type of diabetes is characterised by insulin resistance in the body (i.e. the cells of the body stop being able to use insulin effectively). Because of this resistance, the body's fat, liver, and muscle cells are unable to take in and store glucose, which is used for energy. The glucose remains in the blood. The abnormal build-up of glucose (blood sugar), called hyperglycemia, impairs body functions. Type 2 diabetes occurs most often in people who are overweight and sedentary (inactive). Family history and genetics play a major role in type 2 diabetes.

Type 2 diabetes
occurs most
often in people
who are
overweight

Common symptoms of type 2 diabetes:

- Excessive thirst
- Increased urination
- Blurred vision
- Weight loss
- Fatigue
- Being overweight or obese
- Vulnerability to illness and poor wound healing
- Erectile dysfunction in men
- Vaginal candida (overgrowth of yeast in the vagina that causes irritation).

Gestational diabetes

Gestational diabetes is defined as blood-sugar elevation during pregnancy. Left undiagnosed or untreated, it can lead to problems such as high birth weight and breathing problems for the baby. Pregnant women should be tested for gestational diabetes between the 24th and 28th week of pregnancy, as this is when the problem usually develops. Gestational diabetes usually resolves in the mother after the baby is born, but statistics show that women who have gestational diabetes have a much greater chance of developing type 2 diabetes within five to 10 years. Sugar levels also need to be routinely checked. Classic signs of diabetes are often confused with the effects of pregnancy.

Common symptoms of gestational diabetes:

- Gaining excessive weight
- Feeling hungrier than usual
- Urinating more often.

Good living tips:

1. Maintaining a stable and *healthy* weight is one of the biggest coping factors for diabetes. Healthy doesn't mean skinny; it means getting rid of spare fat around the waist and dropping excess kilos that may be putting more pressure on your joints and bones.
2. Add more fibre to your diet. Research shows that dietary fibre can protect against type 2 diabetes. Bulk up your diet with wholegrains (unprocessed), root vegetables, nuts and fruit.
3. As far as possible, stick to three meals a day. Forgetting to eat or skipping a meal could cause your blood sugar level to drop, triggering a range of unpleasant symptoms – you could even land in a diabetic coma. If your appetite has taken a nosedive, stick to small regular meals and snacks.
4. Drink safe. Some doctors feel that one alcoholic drink a day or on a social occasion is fine. Steer clear of soft drinks and drinks that are high in sugar (e.g. flavoured water, energy drinks and sweetened fruit juices). Opt for beverage blends made with 100% fruit juice and sparkling water. Try spritzers that contain nothing more than sparkling water and natural flavours.
5. Diabetics are often more prone to infections, viruses and germs. So, get your routine flu shots, and be diligent against infections. Use a hand sanitiser regularly.
6. If you have diabetes, nerve damage, circulation problems, and infections can lead to serious foot problems. Help prevent foot problems by following a good foot care regimen, and contact your doctor immediately if you discover any sores, redness, cuts, blisters or bruises. Diabetes-related foot problems can worsen very quickly and are difficult to treat, so it's important to seek prompt medical attention.
7. Work closely with your doctor and take your medication (tablets and/or insulin injections) as prescribed.
8. Control your blood glucose levels carefully through your diet and lifestyle. Your HbA1c level reflects your average blood glucose control over the last three months. Most diabetics should aim for a value of less than 7%. It's best to chat to your doctor about your specific target level.



References:

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2. <http://www.healthline.com/health/diabetes>
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Ouch! What's that pain?

Excessive, unusual aches, pains and discomfort? It may be chronic muscle pain.

Muscle pain may originate from any of the muscles in the body. The medical term for muscle pain is myalgia. Muscle pain is often less intense than that of bone pain but can be very unpleasant. For example, a muscle spasm or cramp in the calf is an intense pain. Depending on the cause, muscle pain can be mild or severe and debilitating.

What's causing the pain?

- Muscle pain may arise due to injury or overexertion, infections of the soft tissues, or inflammatory conditions.
- A spurt of exercise is usually the most common cause of muscle pain. This pain is simply the result of excessive loading and tension on the muscles which leads to microscopic tears. These tears usually heal quickly, but you may have pain and inflammation.
- A sudden tear in the muscle. In this case, the pain will be localised to a very distinct point. In both these cases, the pain develops suddenly.
- An illness like the flu, malaria, polio and roundworm.
- Examples of muscle pain related conditions include **fibromyalgia** (a condition that causes widespread muscular pain in the body); **rhabdomyolysis** (a breakdown of muscle fibers); **polymyalgia rheumatica** (an autoimmune disease causing muscle pain in the hip, shoulder or neck); and **lupus** (an autoimmune disease with chronic, long-term inflammation causing muscle pain). An autoimmune disease is an illness that occurs when the body tissues are attacked by its own immune system.

Certain drugs can also cause muscle pain, including ACE inhibitors used to lower blood pressure, statins used to lower cholesterol, and cocaine.



Ease the pain

If the cause is easily identified as unaccustomed exercise or sudden muscle injury, you should be resting and limiting the cause of the pain. Ice and other anti-inflammatories will also help. Just beware of prolonged use of anti-inflammatories.

According to the National Kidney Foundation in America, some over-the-counter NSAIDs (non-steroidal anti-inflammatory drugs) may be unsafe particularly if you have kidney disease. "Heavy or long-term use of some of these medicines, such as ibuprofen, naproxen, and higher dose aspirin, can cause chronic kidney disease known as chronic interstitial nephritis. The warning labels on over-the-counter analgesics tell you not to use these medicines for more than 10 days for pain and more than three days for fever."

It's time to see the doctor if:

- The pain is persistent, lasts longer than three days and does not have any obvious cause.
- There is any indication of infection, such as swelling, inflammation, or rash.
- The muscle pain is one of a collection of symptoms that may also indicate fever or infection (as with flu and malaria).

Treatment

The focus will be on gathering a history and diagnostic tests to identify possible injury. In some cases, further testing, including blood tests, may be called for. These tests look at markers in the blood for muscle damage and possible causes. Finally, the doctor may refer you to a physiotherapist for treatment.

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2. <http://www.health24.com/Medical/Arthritis/About-Joint-Pain-Arthritis/Joint-tendon-and-muscle-pain-20130311>
3. <http://www.healthline.com>
4. <http://www.medicinenet.com/script/main/art.asp?articlekey=2402>

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