



POLMED®
OUR INVESTMENT · OUR HEALTH · OUR FUTURE

YOUR CARE

NEWSLETTER

MAY 2017



“The part can never be well unless the whole is well.”
- Plato

Dear Member

The POLMED YOUR CARE team is here to support you on your journey towards long-term health.

Remember though that improving your health status starts with you, i.e. your willingness to understand more about your condition, and doing your part to manage it. It also requires active involvement from your nominated General Practitioner (GP) to coordinate your care and guide you with maintaining and improving your health.

Our features this month:

- With World Hypertension Day observed in May, our main article looks at the link between **high blood pressure (hypertension) and your weight**.
- Hypertension and smoking are major risk factors for stroke. We shed some light on these and other factors you can control to **minimise the risk of a stroke**.
- Diabetes can cause a number of chronic complications if not adequately controlled. We share the most effective ways of **keeping type 2 diabetes in check**.
- Lastly, we uncover the causes of **neck pain** and offer some guidance on coping with this common condition.

Stay informed and happy reading!

POLMED YOUR CARE Support Team



Hypertension and your weight

Excess weight can either cause, or aggravate hypertension. If you're overweight, your risk for developing hypertension is six times greater. If you're obese, it's eight times greater.

[Read more ...](#)



Treating type 2 diabetes

When it comes to managing type 2 diabetes, lifestyle changes and medication are usually the most effective ways of keeping the condition in check.

[Read more ...](#)



Reduce your risk for stroke

A stroke is also known as a brain attack. Although it is life-threatening and can affect anyone, there are ways to minimise the risk of a stroke.

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Pain in the neck

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Hypertension and your weight

All your questions about hypertension and obesity answered.

What is the link between hypertension and obesity?

The seemingly inevitable rise in blood pressure as we age is much more pronounced in the developed world. Western diet and lifestyle habits seem to be the root cause. This is due to arteriosclerosis, the stiffening of blood vessels that is caused by elevated blood fats.

Excess weight can either cause, or aggravate hypertension. If you are overweight your risk for developing hypertension is six times greater. If you are obese, it is eight times greater.

Am I overweight?

It may sometimes be difficult to distinguish between a healthy weight, and the artificial ideal body image as portrayed by the media. Rather use the Body Mass Index (BMI) to assess your weight. This is a scientific tool that looks at your weight-to-height index. A BMI of 19 to 24 is within normal limits. 25 to 29 is overweight, and 30 and higher is seen as obese. If you are obese it means you are 20% or more above your ideal weight.

Use the
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What is the role of body shape?

If you tend to carry excess weight around the waist, you are more “apple shaped”. Men especially, tend to gain weight around the belly. The fat in this abdominal area is more metabolically active. The fats are released in the circulation and ends up in the blood vessels. This body shape is associated with greater health risks, particularly cardiovascular disease and diabetes. Measuring and keeping an eye on your waist circumference is very helpful. In the typical female shape, fat is mainly confined to the hips, buttocks and thighs. This “pear-shaped” body seems to have a lower health risk.



What factors commonly lead to being overweight?

Genetic influence is strong, and a family history of obesity makes you more prone to being overweight. It may determine your metabolic rate of burning fat. Keep in mind, however, that families also tend to have similar lifestyle habits. Some studies suggest that overfeeding during childhood can increase the amount of fat cells in the body.

Gender also plays a role, and being male is usually an advantage. Due to the male hormones, men tend to have more muscle. Muscle tissue is more metabolically active and burns more energy, even at rest.

A sedentary lifestyle, a modern-day trend, is a major contributor to weight gain. Alarming, this also accounts for the rising number of obese children. The other contributor is the high fat and refined food content in the Western diet. Over-eating and under-exercising inevitably leads to weight gain.

Does losing excess weight really help control my hypertension?

Dropping those extra kilos seems to be the most effective way of lowering blood pressure, without using medication. People with borderline or stage I hypertension, are often able to control their blood pressure with lifestyle modification alone. If added medication is needed, it can reduce the dosages required.

Hypertension cannot always be controlled with weight loss alone, because your genetic blueprint and other factors also play an important role. However, losing excess weight has many other advantages to offer your cardiovascular system. This includes the lowering of harmful blood fats, LDL cholesterol and triglycerides, that lead to arteriosclerosis. A healthy body weight also decreases the risk of developing adult-onset diabetes.

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contain
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What other lifestyle modifications are needed?

The correct body weight and composition is an indispensable part of maintaining physical fitness. To achieve the best result, however, it must be combined with a holistic health plan. This includes regular exercise, not smoking, avoiding excess alcohol, salt, saturated fat and refined foods. Eating ample portions of fruit, vegetables and low fat dairy helps supply minerals and anti-oxidants. Fatty fish like salmon, mackerel and tuna contain essential fatty acids that are good for the heart.

What diet should I follow?

The DASH (Dietary Approaches to Stop Hypertension) diet is a user-friendly eating plan. It includes foods with a low salt content and rich in potassium, calcium and magnesium. High fibre, wholegrain products, low fat dairy, lean meat and fish, legumes, nuts, fruit and vegetables are recommended. In a recent trial, patients showed significantly reduced systolic and diastolic readings after eight weeks on this diet. In the group with more marked hypertension, the reduction of systolic and diastolic blood pressure was 11.4 and 5.5 mmHg respectively. If the general population were to achieve such reductions, it is estimated that heart disease will decrease with 15% and stroke with 27%.

What is the deadly quartet?

The consequences of obesity are many and can vary from arthritis in the weight-bearing joints to hypertension. For people with a genetic predisposition, it may lead to a dangerous constellation of risk factors - hypertension, obesity, abnormal blood fats and diabetes or insulin resistance. Abnormal blood fats refers to raised LDL cholesterol (bad cholesterol), low HDL cholesterol (good cholesterol), and high triglycerides. Insulin resistance means a decrease in the body's ability to metabolise and store sugar in the muscle. The cells do not respond to insulin and more insulin is secreted in response. The blood levels of insulin become elevated. Eventually it leads to adult-onset diabetes or diabetes mellitus type II.

The quartet of (upper body) obesity, hypertension, abnormal blood fats and insulin resistance or diabetes, is a health hazard. It leads to cardiovascular damage like heart attack, stroke, heart- and kidney failure, retinal damage (sight) and blood vessel abnormalities.

How should I go about losing weight?

Firstly, you should know exactly what you want to achieve. Do your BMI and determine how many kilograms you need to lose. Remember that body composition is very important, which means that lean muscle must be preserved. Muscle adds to weight and therefore you need not become a slave of the scale. How your clothes fit, and your mirror are good progress tools.

- Your goals must be written down, not only your target weight but also your goal blood pressure. Keep your goals realistic and manageable, but not static. Be prepared to adapt to changing circumstances.
- Focus on improving your health in general, and not only on being “slim”. Add to your list the other benefits you can achieve by losing excess fat. These are things like more energy, greater productivity, a better sex life and keeping up with the children.
- Have a written plan of action. This will look at effective time management to accommodate your new lifestyle. Always talk to your doctor before starting an exercise routine, and then start moving.
- Do not despair if you dislike the “health-club” scene. Find any form of movement that you could enjoy, and do that regularly. That could be walking the dog, tap dancing or martial arts. Commit yourself to exercise at least four times a week from the start, even if you can manage only 10 minutes at a time initially. Some people enjoy the support of a group, which has the added benefit of social interaction. Join or start a group.
- Study the dietary options available. The DASH eating plan is a good starting point. There is no shortage of diets or nutritionists that can help you. Motivation, however, can be elusive at times. That is why you have to determine your goals first, and write them down.



Do not give up if you defaulted on your masterplan. It is not about putting in a huge effort for a week. It is about making small, permanent, consistent changes to your lifestyle habits. Over-commitments that are not sustainable could just erode your self-belief.

(Written by Dr Kathleen Coetzee, MBChB.)



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Reduce your risk for stroke

A stroke is also known as a brain attack and without your brain, you wouldn't be able to function. The brain attack happens when the blood supply to your brain is disrupted. Although a stroke is life-threatening and can affect anyone, there are ways to minimise the risk of a stroke.

Controllable risk factors

- Get your **blood pressure** under control. It's estimated that about 40% of strokes are attributed to high blood pressure (hypertension).
- Quit **smoking** now. A smoker has a 50% higher chance of suffering a stroke.
- Several **heart conditions** increase a person's risk of having a stroke, because the heart does not pump blood efficiently enough, which leads to pooling and clotting of the blood. These conditions include a previous heart attack causing congestive heart failure, heart-valve disease and irregular, rapid heartbeat (such as atrial fibrillation).
- **Diabetes** doubles a sufferer's risk of having a stroke because it increases the severity of atherosclerosis. Diabetes also interferes with the breakdown of a blood protein called fibrin, which forms and holds blood clots together.
- Working towards a healthy **weight** and lifestyle will decrease the risk of a stroke significantly. Being overweight or obese can lead to a build-up of plaque in your arteries. Eventually, an area of plaque can rupture, causing a blood clot to form. If the clot is close to your brain, it can block the flow of blood and oxygen to your brain and cause a stroke. The risk of having a stroke rises as your BMI increases.
- Also known as "**bad cholesterol**", LDL puts you at risk for experiencing a stroke as it narrows your arteries, which makes it easier for them to become blocked. A poor diet, lack of exercise and smoking increases high LDL cholesterol levels.

Stick to no
more than
**one alcoholic
drink a day**

Nourish with good nutrition

- Stick to a diet that is low in salt, fat and cholesterol.
- Get your prescribed intake of potassium, magnesium, Vitamin E and essential fatty acids. Selenium is also a good anti-stroke vitamin.
- Stick to no more than one alcoholic drink a day.
- Try to buy food with a fat content lower than 3g/100g.
- Opt for lean cuts of meat, fish and chicken.
- Cut down on other foods containing cholesterol if you eat egg yolk.

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Treating type 2 diabetes

Type 2 diabetes is when the specialised “beta” cells in your pancreas either make too little insulin or your body can’t use it effectively. When there isn’t enough of this hormone in your body, or it’s not used as it should be, sugar (or “glucose”) can’t be moved to your other body cells to supply them with energy. This results in higher than normal amounts of glucose in the bloodstream.

When it comes to managing type 2 diabetes, most find that a lifestyle change is usually the most effective way of treating the condition. This includes weight management, better nutrition and quitting smoking. Along with a lifestyle change, some may still eventually need medication to keep type 2 diabetes in check.

Lifestyle changes

Type 2 diabetes can be prevented or delayed by lifestyle changes such as weight loss, increasing the amount of fruit and vegetables in the diet, and exercise. These lifestyle changes are important because people who are most at risk of type 2 diabetes are those who are obese, do not exercise, have an abnormal lipid profile and a family history of the disease.

It is also very important that you regularly have your blood glucose checked, particularly if you are over 40 or you have multiple risk factors.



5 ways to manage type 2 diabetes:

- 1. Know your numbers:** Aim for an HbA1C result less than 7 or as recommended by your doctor. Above 7 spells danger. A regular finger prick test will become part of your life. Well-controlled blood glucose levels will remain between 4 and 7 mmol/L before a meal, and 5 to 8 mmol/L after a meal. When a random glucose blood test or a two-hour plasma glucose test is done, the number should always be below 11.1 mmol/L.
- 2. Get active:** Start slowly with at least 20 minutes of brisk walking each day, and slowly work your way up. Take special care of your feet and ensure you don’t give them a hammering because your feet may be more insensitive to pain (a complication of diabetes).
- 3. Say no to salt:** Replace salt with other herbs and spices, cut out commercial soups and gravies which have a very high salt content, and use a salt substitute. The average South African consumes about 9 g of salt per day (mainly from bread and processed foods), but the ideal intake is no more than 5 g (one teaspoon).
- 4. Watch your protein:** Many protein foods are also rich in total fat, particularly saturated fat. Stick with lean meat with all the visible fat removed. Eat white meat or poultry without the skin, eat more fish, use fat-free milk and dairy products, and rely on legumes to provide at least half your daily protein needs.
- 5. Eat more fresh fruit and veggies** and cut down on fatty foods, foods with high sugar content (high GI carbohydrates), salty foods and processed carbohydrates like pies, cakes and canned beef.



Medication

Along with lifestyle changes, your doctor will also prescribe medication, depending on your needs. Your blood sugar levels will also be reviewed by your doctor on a regular basis.

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Pain in the neck

We've all had the odd crick in the neck, but neck pain can become debilitating when it goes unchecked. Sometimes the pain can be experienced as a stabbing sensation in the neck and to the back of the shoulder, often accompanied by stiffness and severe discomfort. This is because muscles in the neck have gone into spasm.

First, let's understand why neck pain is so common:

- The neck is less protected than the rest of the spine, making it vulnerable to injury.
- Neck pain is usually a symptom of abnormalities in the soft tissues of the neck, the muscles, ligaments and nerves.
- Serious, persistent neck pain may be indicative of disease or damage to the vertebrae or discs in the neck.
- If the pain doesn't subside in a few days, this may be indicative of a more serious problem that needs attention from a doctor or orthopaedic surgeon.

Causes of neck pain

- Strain is the most common cause of neck pain, usually from sleeping on a lumpy pillow or over-exertion. This can also be caused by sitting for too long in front of the computer. A spasm is an uncontrolled, very strong contraction of the muscle. This causes pain because it puts pressure on the nerve endings around the muscles.
- There are a number of degenerative diseases that can cause neck pain. Osteoarthritis usually occurs in older people and results in a wearing down of the joints between the bones in the neck. Rheumatoid arthritis can also cause destruction of the joints in the neck.
- Neck pain can occur with the flu and is accompanied by fever, muscle aches and a headache.
- German measles, glandular fever and in rare cases, malignant tumours can cause neck pain.



Treatment

Your doctor will first need to conduct a physical examination that includes an evaluation of neck motion, tenderness and the function of the nerves and muscles in your arms and legs. X-rays will often be taken to get a closer look at the bones in the neck. In most cases, medical history and a physical examination are enough to determine the cause of the pain and to prescribe effective treatment.



Some of these treatments will include:

- Warm or cold compresses to treat muscle strain.
- Over-the-counter anti-inflammatory medication to reduce swelling and lessen the pain.
- Rest and in certain cases, a neck collar may be prescribed. Neck pain may be slow to improve, taking several weeks to completely go away, so be patient.
- Exercise or physical therapy for chronic forms of neck pain.
- In few cases, patients may need surgery to relieve neck pain. Surgery may only be necessary to reduce pressure on the spinal cord or a nerve root when pain is caused by a herniated disc or bony narrowing of the spinal canal.

A supple neck

- The best prevention is stretching. Gentle neck stretches for a few minutes each morning can reduce cricks in the neck. Gently tilt the head from side to side and forwards and backwards.
- Be sure to stretch after a workout.
- It is never too late to correct your posture. Tummy in, shoulders back!
- If you feel uncomfortable lying down or sitting for a short while, you might need to change your furniture. In the office, check that your computer is at eye level. Ideally you should sit upright with both feet flat on the floor, without resting your arms on arm rests.

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