



skin cancer

6% INCREASE ON LAST YEAR

back pain

OFFICIAL APPROVAL GAINED FOR ALTERNATIVE THERAPIES

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ALL OUR PREVIOUS NEWSLETTERS AS WELL AS LATEST ADVICE ON H1N1 FLU CAN BE FOUND ON OUR WEBSITE: WWW.ROODLANE.CO.UK

H1N1 flu - latest news

AS OF 3RD JUNE, 66 COUNTIES HAVE OFFICIALLY REPORTED 19,273 CASES OF INFLUENZA A(H1N1) INFECTION, INCLUDING 117 DEATHS. THERE HAVE BEEN 339 CASES REPORTED IN THE UK.

Over the summer months we can expect low levels of transmission due to continued public health measures and environmental conditions which do not favour the spread of the virus. As we go into winter however we might expect increased numbers of cases.

Scientists are concerned about possible changes in the virus that could take place as the virus spreads. Pandemics have a tendency to travel round the globe

in at least two and sometimes three waves. The severity of subsequent waves can differ dramatically from earlier waves, so the next wave may be more serious.

Companies are starting preliminary work on a vaccine for the influenza A(H1N1) infection and should begin clinical trials in the coming months. The new vaccine would probably not be ready for widespread use until December 2009.

concern at skin cancer increase

AS WE HAVE FINALLY HAD SOME SUNNY WEATHER, IT IS A TIMELY REMINDER THAT EXPERTS HAVE ISSUED A WARNING ABOUT THE HAZARDS OF THE SUN AFTER CASES OF THE DEADLY SKIN CANCER, MELANOMA, JUMPED BY SIX PER CENT LAST YEAR.



More than 10,000 people were diagnosed with the disease in Britain, an increase of 650, according to Cancer Research UK. The charity warned that, at present rates of increase, the annual number of new cases would reach more than 15,000 in 15 years. The incidence of the disease has already quadrupled in 30 years. More women than men are being diagnosed with the disease - reflecting the link to tanning.

Sara Hiom, of Cancer Research UK, said: "With the

rates of malignant melanoma in the UK rising faster than any other cancer it's more important than ever that people are aware of the dangers of getting burnt, either in the sun or from using sunbeds.

"Most melanoma skin cancers are caused by over exposure to UV rays given off by the sun and sunbeds. But, crucially, if people are careful not to redden or burn, especially if they have fair, freckly or moley skin then most cases of malignant melanoma could be prevented."

Roodlane Medical offers a mole screening service using the latest screening technology (SIAscopy). The service is available by direct booking on 0845 437 0691 where you can ask to book a mole screen or it can be included with a routine medical screen at a discount. Prices are £140 if booked individually, or £70 as part of a medical. Our nurses can do screening days at corporate clients seeing a maximum 20 patients per day for a flat fee of £1,400.

official approval for alternative therapies for back pain

ACUPUNCTURE, CHIROPRACTIC AND OSTEOPATHY ALL GAINED OFFICIAL APPROVAL IN BRITAIN LAST WEEK AS TREATMENTS FOR BACK PAIN.

The National Institute for Health and Clinical Excellence (NICE) said the three complementary therapy treatments could be

offered to patients with pain in the lower back.

NICE's guidance suggests a range of therapies, including manipulative physiotherapy, but warns doctors to avoid drug-based treatments and x-rays.

First and foremost patients should be told that the most important treatment for low back pain is staying physically active. It said patients who chose acupuncture should be offered a course of no more than ten sessions over 12 weeks. When therapies fail,

patients should be offered a programme involving intensive exercise and psychological treatment, it said.

The guidance is aimed at GPs trying to treat people who have been suffering pain from the joints, muscles and ligaments of the back for at least six weeks but less than a year.

Earlier this year a study confirmed that Alexander Technique lessons were effective for chronic (long term) or recurrent low back pain at 1 year after treatment.



Aspirin not recommended for routine heart protection

NEW RESEARCH PUBLISHED LAST WEEK DOES NOT SUPPORT THE ROUTINE USE OF ASPIRIN TO PREVENT HEART DISEASE AMONG HEALTHY PEOPLE.



For patients at high risk, long-term aspirin therapy is widely used as it reduces the risk of serious vascular events (heart attack, stroke, or vascular death) by about a quarter, although raising the risk of internal bleeding from the gut. Current guidelines also recommend wide use of aspirin for primary prevention in those at moderately raised risk.

Researchers at Oxford assessed the evidence by carrying out an analysis of six trials (95,000 people) at "low average risk" and 16 trials (17,000 people) at "high average risk". In the first group, long-term aspirin reduced serious vascular events by 12 per cent, mainly due to a reduction in non-fatal heart attack; but it increased major internal bleeds by about a third. In the second group, aspirin had a greater effect, reducing the risks of stroke and coronary events by about a fifth. Reductions in

vascular risks were similar for men and women in both groups.

The authors state that aspirin is "of uncertain net value" in primary prevention, as the benefit needs to be weighed against an increase in major bleeds. They conclude: "The currently available trial results do not seem to justify general guidelines advocating the routine use of aspirin in all healthy individuals above a moderate level of risk for coronary heart disease."



The Antithrombotic Trialists' (ATT) Collaboration. Aspirin in the primary and secondary prevention of vascular disease: collaborative meta-analysis of individual participant data from randomised trials. The Lancet, Vol. 373, May 30, 2009, pp. 1849-60.

Algra, A. and Greving, J. P. Aspirin in primary prevention: sex and baseline risk matter. The Lancet, Vol. 373, May 30, 2009, pp.1821-22.

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