



October 2008 Issue #05

osteoarthritis

DOES GLUCOSAMINE WORK?

cough and cold season

DO ANTIBIOTICS HELP?

tell us what you think!!!

WE WOULD LOVE TO KNOW WHAT YOU THINK AND WHAT YOU WOULD LIKE TO HEAR ABOUT.

Let us know - email Debbie Wilson, Business Relationship Manager at debbie.wilson@roodlane.co.uk with any suggestions and/or feedback.

managing osteoarthritis

GLUCOSAMINE IS A POPULAR SUPPLEMENT WIDELY TAKEN FOR OSTEOARTHRITIS, BUT DOES IT WORK?

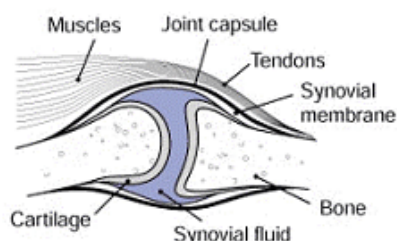
Osteoarthritis (OA) is the most common form of arthritis in the UK. It mainly affects the joint cartilage and the adjacent bone tissue; the cartilage which protects the end of the bone becomes damaged and worn, so it is often called the 'wear and tear' arthritis although the exact reason why this happens is unclear and remains the subject of much research.

OA becomes more common with increasing age and there may be an inherited tendency in some people. By the age of 65 at least half of the population have some OA in some joint(s) which is generally mild, but about 1 in 10 people over 65 have a major disability due to OA (mainly in the hip and knee). The cost to the UK economy is considerable with many lost working days and benefit payments.

The symptoms of OA include pain and stiffness of the affected joint, sometimes with swelling and inflammation. The joint may look larger than normal due to overgrowth of the bone next to the damaged cartilage but deformity is uncommon.

There are both drug and non-drug treatments to help relieve the pain and/or swelling. General measures include exercise to help strengthen the muscles around the affected joints (and also to help with weight control if this is an issue). Walking aids and shoe insoles may also be indicated and sometimes treatment from a physiotherapist or occupational therapist is helpful. Simple analgesics such as paracetamol often work well to ease the pain. Anti-inflammatory painkillers are also used although side-effects such as bleeding from the stomach are a potential problem. None of these treatments are curative and joint replacement may ultimately be necessary.

A Healthy Joint



In a healthy joint, the ends of bones are encased in smooth cartilage. Together, they are protected by a joint capsule lined with a synovial membrane that produces synovial fluid. The capsule and fluid protect the cartilage, muscles, and connective tissues.



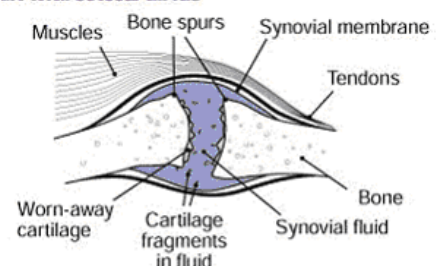
Glucosamine and chondroitin have become popular treatments and appear to be safe with no serious side effects. They are classed as food supplements and not as medicines and can be bought in health food shops and pharmacies. They are extracted from animal tissue: glucosamine from crab, lobster or shrimp shells; and chondroitin from animal cartilage, such as tracheas or

shark cartilage. They are both chemicals that are part of the make-up of normal cartilage and it is thought that taking them may help stop cartilage breaking down, build cartilage and decrease swelling. However there is debate about the effectiveness and the evidence so far has been conflicting.

Previous studies have suggested that glucosamine taken for 6 weeks decreases pain and improves function and there was also evidence that it may help to reduce progression of OA of the knee over a three year period. However results published in the New England Journal of Medicine of the biggest ever glucosamine trial (GAIT) in the US suggested that it is probably no more effective than placebo (fake pills). A recent update Cochrane review has looked at several newer better quality studies trying to assess the benefit of taking glucosamine and the conclusions are that pain improvement was the same whether people took glucosamine or placebo for 2 to 3 months and function may not improve at all.

Given the cost (typically £10 per month) and widespread use of this product for such a common problem it is a concern that it looks increasingly unlikely that there is any definable benefit. Unfortunately there is nothing new to offer patients as yet; some trials have shown promise for avocado/soybean unsaponifiables but without doubt further research is necessary before we can make any such recommendation.

A Joint With Osteoarthritis



With osteoarthritis, the cartilage becomes worn away. Spurs grow out from the edge of the bone, and synovial fluid increases. Altogether, the joint feels stiff and sore.

cough and cold season

As summer moves into autumn we see the return of coughs and colds and stomach bugs. GPs will tell you that there is “something going round” and 9 times out of 10 will tell you that “it’s viral”. This is usually an invitation to go to Boots and stock up on Beecham’s and Strepsils! Sometimes it also leads to discussions about antibiotics and whether they are likely to help?

There’s no doubt that antibiotics have changed the world. They have only been around for 80 years or so but have provided us with cures for some of the most dangerous diseases on the planet. Without them we would never have had major surgery, transplant surgery and cancer chemotherapy – antibiotics keep us safe from bacterial infection when we have these treatments.

The significance of the “virus” versus “bacteria” distinction is that viruses cause nearly all of the infections that we see each winter, including flu’s, coughs and colds and “chest infections”. Antibiotics are entirely ineffective against viruses and so won’t help these infections.

The body treats the infection itself. In fact it is the powerful chemicals which our bodies make to fight viruses (called Interferons) which cause the fevers, chills and aches of these self-limiting infections.

Bacteria on the other hand cause pneumonias, bronchitis and more serious throat infections (“strep” throat and tonsillitis). These infections are rare in healthy young people and an average GP will see only a handful of these infections each year in people of working age. Even for bacterial throat infection we know that antibiotics make us

99% OF COMMON WINTERTIME INFECTIONS (INCLUDING THE FLU) ARE CAUSED BY VIRUSES AND ANTIBIOTICS ARE NOT INDICATED – THE BEST APPROACH IS TO TREAT THE SYMPTOMS OF THE INFECTION WITH OVER THE COUNTER REMEDIES.

feel better a day or two sooner but get better on their own without antibiotics.

Medical experts worldwide are now talking about a return to the “pre-antibiotic era” if antibiotic resistance continues to grow at its current level. Prescribing antibiotics when they aren’t needed encourages the emergence of resistant types of bacteria and increasingly doctors are being called upon to prescribe fewer antibiotics. A number of countries have reduced antibiotic prescribing with good effect. Sweden and Chile have both restricted antibiotic use significantly – by 35% in the case of Chile – and seen no negative health effects but a reduction in bacterial resistance.

By using fewer antibiotics we not only reduce the growth of antibiotic resistance globally but also reduce our own chances of becoming long-term carriers of resistant bacteria, which could cause problems to us later on.

Antibiotics also disturb the natural balance of healthy bacteria in our bodies and often lead to problems such as diarrhoea, skin problems, thrush and digestive issues.

It is useful to remember that all antibiotic use “uses up” some of the effectiveness of that antibiotic, reducing the effectiveness of the antibiotic in the future – both at an individual and a population level.

ROODLANE MEDICAL IS RUNNING FLU VACCINATION CLINICS THIS FLU SEASON. FOR MORE INFORMATION OR TO MAKE A BOOKING PLEASE CONTACT flu@roodlane.co.uk

Victorian diet - better than we thought

THE TRADITIONAL VIEW IS THAT THERE HAS BEEN A STEADY IMPROVEMENT IN NUTRITION SINCE THE NINETEENTH CENTURY AND THAT THE VICTORIANS ATE A RELATIVELY POOR DIET COMPARED TO TODAY’S STANDARDS. RECENT STUDIES OF RECORDS, HOWEVER, SHOW THAT URBAN MID-VICTORIANS ATE A NOTABLY GOOD DIET AND THEREFORE HAD A LIFE EXPECTANCY SIMILAR TO THAT OF TODAY.

Their diet included significant amounts of vegetables and fruit and was consumed not just by the middle class but also by the working class.

Current concern about the state of the nation’s health is certainly not original and was first recognized in the mid-nineteenth century when it was attributed to the nation’s diet. In the nineteenth century the public health policy focused on reducing mortality rates and it was suggested that an improved working class diet would improve resistance to infectious diseases.

It is widely and mistakenly believed that the mid-Victorian urban poor had an inadequate diet, which contributed to increased morbidity rates. In fact mid-Victorian nutritional standards were significantly better than generally realised and it was comparatively rare to die from starvation. Instead it was noted that infectious diseases, brutality and accidents were the most common causes of ill health and death.

A lesson we have learned from the Victorians is that it is more effective to promote standards of nutrition by encouraging informed personal choice via education rather than legislation and medical intervention. This has resulted in the recent government push for ‘five portions of fruit and vegetables per day’ but it still leaves the question of whether a sensible and balanced diet can today be achieved without the assistance of supplements, given the current levels of physical activity, food consumption patterns and the nutritional content of most modern foods.

It appears that the Victorians ate a diet vastly superior to that consumed today and that reverting to the nutritional essentials of the Victorian diet and lifestyle would improve well-being in Britain today. The availability of foodstuffs increased and the cost fell dramatically towards the end of the 19th century which led to the increase in consumption of sugar, processed food and canned fruit in heavy sugar syrups. This increased sugar intake resulted in damage to the nation’s teeth and the inability to chew tough foods, thereby reducing their intake of vegetables, fruits and nuts. There was a clear decline in general health by the turn of the century as a consequence.



The calorific requirements from the Victorian age were also greatly different to those of today due to a reduction in physical labour and general activity. Mid-Victorian working class men and women must have consumed between 50 and 100% more calories than we do today to maintain their ability to work and survive. Their diet was also much richer in vegetables, fruits, nuts, whole grains and omega three fatty acids than the modern diet. There were very few processed foods and therefore very little salt.

Alcohol was considered less of a problem then (at least financially) than it is today with most mid-Victorian men spending up to a fifth of their income on beer (which calculates to around 3 – 4 pints a night). Tobacco consumption was much lower than it is today.

The mid-Victorian working class therefore appear to have been following the modern advice about healthy lifestyles far better than it is generally followed today!

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