Charlbury Patient Participation Group Newsletter Issue No.12 April 2021

CHARLBURY MEDICAL CENTRE PATIENT PARTICIPATION GROUP

Welcome to the spring edition of Charlbury patient participation group newsletter.

We welcome a new member of staff to Charlbury Medical Centre (CMC): Kathy Gale. Kathy is the recently appointed practice manager who works for three days per week: Monday, Wednesday and Friday ensuring the smooth running of the practice. In Kathy's own words:

"I have recently returned to the Cotswolds having spent the last 22 years working in general practices in Norfolk, Berkshire and Surrey. Alongside my role of practice manager, I have worked closely with Clinical Commissioning Groups, troubleshooting for other practices in need. I love the work and challenges that general practice brings and have an enormous amount of positive energy. I am so thrilled to have joined The Charlbury Medical Centre and look forward to working with you all."

The patient group is looking forward to working with Kathy to bring the patients' voice to the practice and to act as a bridge between the medical practice and the patients they serve. Wesley Rouse continues as finance manager. He and Dr Brookes-White are partners in the practice.

The medical centre continues to participate in the Covid-19 vaccination programme. Second vaccinations are well underway with those who received their first Pfizer vaccination in January having received their second vaccination already. As the weeks go by, all eligible patients will be called for their second vaccination approximately twelve weeks after their first. As before, the availability of the vaccine is out of the hands of individual GP practices who respond to information they receive about supplies, sometimes at short notice.

We are very grateful to the volunteers who welcome people as they arrive at the vaccination clinics. Their work and the contribution of the meet and greet volunteers at the surgery has a much-appreciated impact on the workload of the practice.

We also welcome the clinical pharmacist employed by the Rural West Primary Care Network of which CMC is a member. Sarah Dawson works in the Charlbury practice on Tuesdays. Amongst other duties, Sarah will respond to changes in patients' medication as directed in hospital letters.

We also print more information from Rhianon Stidever about her work as first contact physiotherapist.

"Did you know that coronary heart disease kills twice as many women in the UK as breast cancer? So why aren't more women aware of the risks and why do they take so long to get help?" This is the introduction to an article on women's heart health in this edition written by a patient of CMC. Following on from that we have news from Charlbury Community Centre about the benefits of exercise; and how yoga can help us in many different ways written by a local yoga teacher, Nikki Jackson. We also have an article about high blood pressure – hypertension – and how to monitor blood pressure at home.

Finally, we on the steering committee wish you well, and hope you can enjoy all that spring brings.

First contact physiotherapist at Charlbury Medical Centre.

We introduced Rhianon Stidever in our winter newsletter. Here is some more information about the service Rhianon provides.

What is the FCP service?

First Contact Physiotherapists are expert physiotherapists who reduce workload on GPs. This service is an assessment service where FCPs have the same ability as GPs to refer patients for investigations, to local community physiotherapy and secondary care (if required).

Is this the same as a physio service?

No this is a completely different service to a physio service. This service provides specialist assessment and diagnostics. This is for patients who have a problem with muscles, joints and bones and want to know what's wrong and how to make it better. The First Contact Physiotherapist can provide expert assessment, advice on self-management and/or exercise if needed as well as onward referrals to physiotherapy and other services.

Some examples of when you might consult Rhianon
Neck Pain e.g., Whiplash or "Stiff Neck"
Back pain e.g., Upper, middle or lower back pain
Spinal related pain that travels into arms, hands, legs, or feet including numbness or pins & needles
Disc problem e.g., Disc prolapse / herniation / bulge or "Slipped disc"
Trapped nerve e.g., Carpal Tunnel Syndrome or "Sciatica"
Bone or Joint Pain (any joint) e.g., Osteoarthritis
Pain or weakness after orthopaedic surgery such as a joint replacement
All sprains, strains or soft tissue injuries to muscle, ligaments or tendons e.g., Sports injuries, Tennis Elbow

To book an appointment to speak to Rhianon Stidever please telephone reception at the surgery. Rhianon works in the medical centre every Friday, and one Wednesday per month.

Please delay calling the centre until after 9am, when the morning rush for same day appointments with a GP or nurse should have abated.

A healthy heart.

https://www.nhsinform.scot

The human heart is roughly the size of a fist and sits in the middle of the chest, slightly to the left. It's the muscle at the centre of the circulation system, pumping blood around the body as the heart beats. This blood sends oxygen and nutrients to all parts of the body, and carries away unwanted carbon dioxide and waste products.

The heart pumps blood around the body all the time - about five litres (eight pints) of it - and this is called circulation. The heart, blood and blood vessels together make up the cardiovascular system (or heart and circulatory system).

The right side of the heart receives blood that is low in oxygen because most has been used up by the brain and body. It pumps this to the lungs, where it picks up a fresh supply of oxygen. The blood then returns to the left side of the heart, ready to be pumped back out to the brain and the rest of your body.

One heartbeat is a single cycle in which the heart contracts and relaxes to pump blood. At rest, the normal heart beats approximately 60 to 100 times every minute, and it increases when we exercise.

What can go wrong?

Problems with the heart and circulation system include:

- heart attack
- angina
- stroke

Heart disease can happen when coronary arteries become narrowed by a gradual build-up of fatty material - called atheroma.

If the coronary arteries are narrowed or blocked, the blood supply to the heart will be impaired. This is the most common form of heart disease, known as coronary heart disease (sometimes called coronary artery disease or ischaemic heart disease).

Eventually, the arteries may become so narrow they can't deliver enough blood to your heart. This can cause angina - a pain or discomfort in your chest, arm, neck, stomach or jaw.

If the fatty material breaks off or ruptures, a blood clot will form, which can cause heart attack (or stroke, if the artery affected is carrying blood to the brain).

Risk factors we can change (modifiable)

Some cardiovascular risk factors are concerned with lifestyle choices. Making changes to our lifestyle can improve our overall health and reduce our risk of heart disease. These 'lifestyle risk factors' include:

- smoking
- diet and weight

- diabetes
- exercise
- alcohol
- recreational drugs
- other issues, like high blood pressure and stress

Exercise

We should be fairly active for at least 30 minutes a day, but this doesn't have to be in one go. It can be divided into three lots of 10-minute sections or two lots of 15-minute sections.

Help to stop smoking

A new smoking cessation service for Oxfordshire, Stop for Life Oxon, has been launched offering free support and guidance to help people give up smoking for good. To find out more see www.stopforlifeoxon.org or call freephone 0800 122 3790.

Alcohol

It's important to watch our alcohol intake, because drinking more than is recommended can:

- increase blood pressure
- affect cholesterol levels
- cause weight gain

Binge drinking - drinking large amounts over a short period of time - is particularly harmful.

Diet: What is your "five a day" of fruit and vegetables?

Fruit and vegetables are a good source of essential vitamins and minerals. They contain lots of special nutrients called antioxidants that help protect the cells in the body from damage and illness.
As a rough guide, fruit and vegetables should make up about a third of everything we eat each day, or at least five portions a day (for example, two portions of fruit and three portions of vegetables).
Some examples of one portion:

- a banana
- two plums
- a couple of broccoli florets
- one carrot
- a handful of strawberries
- two tablespoons of peas
- fruit juice (beware – lots of sugar!)
- beans and pulses

All dried, canned and frozen fruit and vegetables count towards your daily portions. Potatoes don't count, as they're carbohydrates.

The heart and the head

We know that what is good for the heart is good for the head. Research suggests that improving heart health through diet and exercise can help to reduce the risk of dementia. The brain is incredible. Made up of around 100 billion nerve cells, it controls movement, our emotions and stores precious memories. It takes care of the small things too, like helping to find your keys in the morning.

Brain cells need a constant supply of blood and oxygen to work properly. In fact, even though the brain makes up a relatively small portion of our body by weight, it requires approximately one-fifth of the oxygen sent throughout our bodies. So, we should try to do our best to have a healthy heart and a healthy brain.

Remember, being physically active doesn't have to mean running for 10k or exercising hard in the gym - it could be dancing, gardening or simply a brisk walk.

High blood pressure – what does it mean?

High blood pressure is medically known as hypertension. It means your blood pressure is consistently too high and means that your heart has to work harder to pump blood around your body. High blood pressure is serious. If you ignore it, it can lead to heart and circulatory diseases like heart attack or stroke. It can also cause kidney failure, heart failure, problems with your sight and vascular dementia.

Although your arteries are stretchy to cope with your blood pressure going up and down, if you have high blood pressure, your arteries lose their stretchiness and become stiff or narrow. The narrowing makes it easier for fatty material (atheroma) to clog them up.
If the arteries that carry blood to your heart get damaged and clogged, it can lead to a heart attack. If this happens in the arteries that carry blood to your brain it can lead to a stroke.

Signs of a stroke

Act F.A.S.T to recognise the signs:

Facial weakness: can they smile, is their face drooping?
Arm weakness – can they raise both arms?
Speech problems – can they speak clearly and can they understand what you're saying?
Time – it's time to call **999** immediately if you see any of these symptoms

It's called F.A.S.T. Because timing is critical to prevent further damage.

What causes high blood pressure?

There isn't always an explanation for the cause of high blood pressure, but most people develop high blood pressure because of their diet, lifestyle or medical condition.
Sometimes high blood pressure runs in families and can also worsen with age. You may be able to modify your blood pressure by improving your diet and becoming more active.

These can all increase your risk of getting high blood pressure:

- Drinking too much alcohol
- Smoking
- Being overweight
- Not doing enough exercise
- Eating too much salt

In a very small number of people, the cause of high blood pressure can be identified. Doctors sometimes call this secondary hypertension. For example, an abnormal production of hormones from the adrenal glands can lead to high blood pressure. If your doctor gives you treatment for the hormonal condition, your blood pressure should then return to normal.

Other causes of secondary high blood pressure include:

- kidney disease
- diabetes,
- some medicines, such as oral contraceptives and some over-the-counter and herbal medicines.

If you are concerned that any medicine or remedy might affect your blood pressure, ask your doctor or pharmacist about it.
Visit the NHS website for more information about the causes of secondary hypertension.

How to check blood pressure at home.

High blood pressure rarely has noticeable symptoms. That's why it's so important to check your blood pressure.

It is ideal to buy a simple blood pressure monitor, for instance the Boots one costs around £20.
There are clear instructions on how to position the cuff and you should be sitting down comfortably when taking it and not moving.

It's always higher in the morning and lower in the evening. (That's why you lie someone down when they faint and have very low BP, in order to raise it.) You can lower your BP by very deep breathing, 4-5 breaths per minute. Try it!

But you should always sit/lie down for 5 mins, read or relax, take deep breaths and then take it. The first one will always be higher because you are tense. Take 3 -4 in a row over 5 minutes or so and record the lowest one which is usually the third or fourth reading.

When your BP is taken at the surgery, it can be higher than normal because you are tense, nervous, or you've been rushing. This is known as « white coat hypertension » That's why it's ideal to have your own monitor and check it regularly.

How is blood pressure measured?

Systolic pressure: This is the highest level of your blood pressure – when your heart beats and contracts to pump blood through your arteries.
Diastolic pressure: This is the lowest level of your blood pressure – when your heart relaxes between beats.

What is a healthy or normal blood pressure?

Your blood pressure should be under 140/90 mmHg. Ideal blood pressure readings are below 130/80, but dependent on your age and the upper, systolic reading may be higher in old age.

Low
- Systolic: lower than 90 mmHg
- Diastolic: lower than 60 mmHg

Normal
- Systolic: lower than 140 mmHg
- Diastolic: lower than 90 mmHg

Possible hypertension
- Systolic: between 140 and 180 mmHg
- Diastolic: between 90 and 110 mmHg

Further checks such as home monitoring would normally be needed to make a diagnosis of hypertension and exclude white coat hypertension

Severe hypertension
- Systolic: higher than 180 mmHg
- Diastolic: higher than 110 mmHg

Medications and treatments for high blood pressure

If your blood pressure is considered to be high or very high, your doctor will offer you medicines to help lower your blood pressure, and then you will need to monitor it regularly to ensure you are on the right dose and type.

Heart Disease in Women

Did you know that Coronary Heart disease kills twice as many women in the UK as breast cancer? So why aren't more women aware of the risks and why do they take so long to get help?

According to research published in 2019 by the British Heart Foundation around 100 women are admitted to hospital in the UK with a heart attack every day.

There are around 380,000 female heart attack survivors living in the UK today and many of these women are living with heart failure as a consequence of their heart attack. Women often delay seeking medical help, which can reduce their chance of survival or result in more damage to the heart.

The longer a heart attack is left undiagnosed and untreated, the more the heart muscle can be irreversibly damaged.
Chris Gale, Professor of Cardiovascular Medicine at the University of Leeds, co-authored a study part funded by the British Heart Foundation and published in the Journal of the American Heart Association into the investigation, treatment, and outcomes of cardiovascular disease in several countries including the UK. He has discovered huge deficiencies in the care provided for women compared with men. These gender disparities, combined with the fact that women have a higher burden of non-cardiac illnesses, lead to poorer outcomes for women.

The high death rate from cardiovascular disease in women reflects a worrying trend: women present later, are under-investigated, under-treated and have poorer outcomes from all forms of cardiovascular disease when compared to men. Moreover, the prevention and treatment of cardiovascular disease has historically focused on men's health. Typically, women are under-represented in clinical trials that test treatments. The majority of new drugs are tested on Caucasian men and then rolled out to everybody.
Women who think they're healthy often misread the symptoms of a heart attack because they don't think it could happen to them. That's why it's crucial to learn about heart attack, know your numbers and live heart-healthy.

Heart disease does not spare women and children, so it's important to be heart aware and know what to do if you have any symptoms and not to believe in common myths about women and heart disease.

Here are some of the common myths women believe about heart disease highlighted by the American Heart Association:

Myth: Heart disease is for men, and cancer is the real threat for women

Fact: Heart disease is a killer that strikes more women than men, and is more deadly in women than all forms of cancer combined.

Myth: Heart disease is for old people

Fact: Heart disease affects women of all ages. For younger women, the combination of birth control pills and smoking boosts heart disease risk by 20 percent. And while the risks do increase with age, factors like

overeating and a sedentary lifestyle can cause plaque to accumulate and lead to clogged arteries later in life. But even if you lead a completely healthy lifestyle being born with an underlying heart condition can be a risk factor.

Myth: Heart disease doesn't affect women who are fit

Fact: Even if you are super fit with a healthy lifestyle and diet, your risk for heart disease isn't completely eliminated. Factors like cholesterol, eating habits and smoking can counterbalance your other healthy habits. Some forms of heart disease prevalent in women such as Coronary Microvascular Ischemia and Takotsubo Syndrome are not related to life style at all.

Myth: I don't have any symptoms so I can't have heart disease

Fact: Sixty-four percent of women who die suddenly of coronary heart disease had no previous symptoms. Because these symptoms vary greatly between men and women, they're often misunderstood. Media have conditioned us to believe that the telltale sign of a heart attack is extreme chest pain. But in reality, women are somewhat more likely to experience shortness of breath, nausea/vomiting and back or jaw pain. Other symptoms women should look out for are dizziness, feeling lightheaded or fainting, pain in the lower chest or upper abdomen, and extreme fatigue.

Signs and symptoms of a heart attack in women

Heart attack symptoms can vary from person to person but the most common signs of a heart attack in women are:

- chest pain or discomfort in your chest that suddenly occurs and doesn't go away. It may feel like pressure, tightness or squeezing, but not always
- the pain may spread to your left or right arm or may spread to your neck, jaw, back or stomach
- pain or pressure in the lower chest or upper abdomen

If you get any of these symptoms you should get help immediately. Call 999 straight away.

Other symptoms:

- you may also feel sick, sweaty, light-headed or short of breath or feel like fainting
- Indigestion; the symptoms of a heart attack can be very similar to indigestion.
- extreme fatigue
- a sudden feeling of anxiety that can feel similar to a panic attack
- excessive coughing or wheezing

If these symptoms are unusual for you or they continue, call 111 for advice

Rapid treatment is essential, and the aim is to restore blood flow to the affected part of the heart muscle as soon as possible. This helps to limit the amount of damage to the heart.

Can women reduce their risk of having a heart attack?

As a woman, your hormones might give you some protection from coronary heart disease in your pre-menopause years. Post menopause, your risk rises and continues to rise as you get older.
As you get older it is increasingly important to be aware of the risk factors that can affect your risk of developing coronary heart disease. The more risk factors you have, the higher your risk. Risk factors include:

- high blood pressure

- high cholesterol
- diabetes
- smoking
- being overweight
- not doing enough physical activity.

Identifying and managing risk factors early on could help lower your risk of a heart attack in the future.
There are some types of heart disease which particularly affect women even if you seem very fit and healthy.

Coronary Microvascular Disease/Coronary Microvascular Angina

(sometimes called small artery disease or small vessel disease or cardiac syndrome X)

What is it?

This is a heart disease that affects the walls and inner lining of the tiny coronary artery blood vessels that branch off from the larger coronary arteries. These tiny arteries within the heart muscle play a crucial role in regulating blood supply to the heart. When blood supply to the heart is reduced patients may feel chest pain.

Who gets it?

This under diagnosed condition most often effect women, particularly around or after the menopause, are more likely than men to get microvascular angina. There are biological reasons why it's more common around the menopause, because there may be a connection between oestrogen reduction and development of abnormalities of the micro vessels. Oestrogen also affects how the brain reacts to pain: when oestrogen levels are low, the pain threshold falls.

What causes it?

It can be caused by essentially two mechanisms. Either the micro vessels are unable to dilate (open up) in the normal way to allow increased blood flow, for example during exercise, or at times of stress, or they go into spasm (severe constriction), reducing the blood flow to the heart muscle, even without obstructions in the large coronary arteries (coronary artery disease).

What are the symptoms?

A patient can experience any of the following symptoms

- chest pain when the heart is under increased workload, such as during exercise, walking up stairs, walking uphill
- shortness of breath
- chest pain for no apparent reason, such as when resting.

How is it diagnosed?

Normal tests undertaken in A&E cannot test for microvascular angina and micro vessels are not visible with an angiogram and therefore cardiologists do not always think about them as a source of the patient's chest pains. There is a lack of awareness as to how common the condition is and abnormalities of the coronary micro vessels are difficult to spot. As angiograms are 'clear' in patients with microvascular angina the majority of patients are told that there is nothing wrong with their heart. It is therefore important to increase patient's awareness of this debilitating condition and to encourage patients to discuss with their GP or cardiologist the possibility of microvascular angina being responsible for their symptoms. For a positive diagnosis tests such as MRI and stress echocardiography need to be undertaken.

Takotsubo Cardiomyopathy

What is it?

Takotsubo is a disease of the heart muscle. It causes the heart to balloon (become enlarged) and weakened, and so it works less well than normal. This can lead to symptoms such as chest pain that can feel like a heart attack. This condition was first described in Japan in 1990. Takotsubo is the name of a Japanese octopus trap, which is a similar shape to a heart with this condition. This happens because the left ventricle of the heart (the main pumping chamber) becomes weakened, particularly at the tip, and appears enlarged. Mortality rate can be as high as 6% and it was originally thought that after the acute presentation people made a full recovery from Takotsubo. However recent research has shown that 50-60% of sufferers have long term ongoing effects which compromise their health and quality of life.

Who gets it?

It was initially thought that Takotsubo only occurred in post-menopausal women, but cases have been recorded in men, younger women and children. Although it appears in both males and females across their lifespan 90% of reported cases to date are in post menopausal women, Although thought to effect 2,500 people per year a significant increase in cases has been noted during the Covid 19 pandemic.

What causes it?

The exact cause of the condition is unknown but people with Takotsubo syndrome are usually found to have high levels of catecholamines in the blood stream. Catecholamines are substances made in the brain, adrenal medulla and the nerve tissues. When a person experiences physical or emotional stress they are released into the blood stream to help deal with stressors. This is known as the 'fight or flight' response and it is generally accepted that catecholamines play a major part in the development of Takotsubo syndrome. There are many known triggers reported by patients with Takotsubo such as cumulative stress, a happy event such as a wedding or birth of a grandchild, physical activity, undergoing medical procedures, reaction to a drug, or bereavement. The last of these led to the disease sometimes being calling Broken Heart Syndrome.

What are the symptoms?

Typically, symptoms are very like those for a heart attack and initially patients are considered to be having a heart attack by clinicians. Symptoms can include any of the following:

- sudden, intense chest pain often radiating into the jaw and arms
- nausea, fainting
- shortness of breath - caused by the heart not being able to pump properly which causes fluid to build up in the lungs; and
- arrhythmia (abnormal heart rhythms) - where the heart beats either too fast or too slowly, or may beat irregularly.

How is it diagnosed?

This condition is usually diagnosed when:

- the heart muscle, and the pumping action of the heart, is found to be weakened;
- the cause is shown to not be a heart attack (from a blocked artery);
- the heart has the typical Takotsubo shape (with narrowing at the middle and base of the heart and ballooning at the tip); and
- when any other conditions that could explain the symptoms have been ruled-out.

Where can I get more information and support? See a list of useful websites at the end of the newsletter.

CHARLBURY
Community Centre

Benefits of Exercise in the Older Generation

As we grow older, it becomes increasingly important to remain active, stay healthy and maintain independence. A large percentage of 65's and over spend more than half their day sitting or lying down, making them the most sedentary age group. Interestingly, weakness and poor balance associated with older age is linked chiefly to inactivity, rather than to old age itself. At the Community Centre Gym the majority of our members are aged over 60.

Exercise for older people does not have to mean intense workouts; just becoming a little more active can improve overall wellbeing significantly. At Charlbury Community Centre I tailor exercise to suit all fitness abilities, in addition we offer all kinds of other classes and activities (see the end of this article for some examples).

Listed below are some of the most important benefits of regular exercise in the older generation:

Improvement in bone density, muscle mass and reduced risk of falling or fracturing bones.

Regular exercise helps to increase muscle strength, bone density and coordination. This can be helpful for reducing the risk of falls as a result of increased balance. Furthermore, weight-bearing exercise such as walking or jogging can help to increase bone strength and reduces the risk of developing osteoporosis and fracturing bones, if you do happen to fall. The WHO (World Health Organisation) suggest that regular exercise can reduce the risk of fracturing a hip by 40%.

Reduced risk of stroke, heart attack and other physical diseases.

Engaging in regular cardiovascular exercise, such as brisk walking or cycling, increases blood flow to the heart. This makes the heart muscles stronger, reducing the risk of high blood pressure and other coronary related diseases. Studies also show that taking part in regular exercise can help benefit many chronic conditions including diabetes, high cholesterol and arthritis.

Increased overall happiness and well-being.

Staying active and taking part in some form of regular exercise not only improves your physical health, but boosts your mental health and overall well-being too.
Studies have found that those who undertake regular exercise have a lower risk of developing depression. Moreover, increasing your physical activity also heightens your pain tolerance, and gives added peace of mind and increased confidence that you are physically fit enough for activities such as walking to the local shops alone or playing with your grandchildren.

Increased sociability, confidence and independence.

Studies examining exercise in older generations have found that regular physical activity led to improvements in functional reach and balance, and reduced participant's fear of falling.
Furthermore, as many older people report feelings of loneliness and isolation, undertaking regular exercise such as a walk round the park is a great way to catch up with friends or meet new people. Exercise therefore greatly increases both independence and sociability.

Reduced risk of developing Dementia and Alzheimer's disease.

Despite age being a risk factor for developing dementia, evidence from Alzheimer's Society shows that completing regular physical activity is one of the best ways to reduce the risk of dementia.
One study of 716 older healthy people with an average age of 82, found that people who were in the bottom 10% of daily activity were more than twice as likely to develop Alzheimer's disease than those in the top 10%. (www.alzeimers.org.uk and https://www.alzheimersresearchuk.org/ have more information.)

Some of the Activities you can do here in Charlbury.

There are so many different ways to improve your activity levels here in Charlbury – something to suit every age and ability level, whether you prefer to do it in private or in a sociable group, as a sport, dancing or gentle strength and balance exercises with people of a similar age. Below are some examples, but do have a look at Charlbury Community Centre's website (www.charlburycommunitycentre.org.uk) or call in and pick up a What's On leaflet when we reopen, or speak to Jason:

- Community Gym – open every morning. Tailored exercise programmes are made for each individual
- Line Dancing – gentle exercise for mind and body that's also fun. Two classes a week (currently on Zoom)
- Circuit Training and Body Conditioning Classes – more vigorous but can be done on different levels. Five classes a week (currently on Zoom)
- Table tennis, badminton, pickleball, volleyball. All have sessions where you can play with others and should be restarting outdoors in April, indoors in May
- Walking Football. A gentle version of the beautiful game! Two sessions a week
- Strength and Balance classes, supported by Age UK
- Yoga, Pilates, Barre Fit, Feldenkrais and other classes

Obviously, some of these activities are suspended during lockdown and others are being done online, but the Community Centre should be up and running again soon, all being well.
If you would like some more advice on getting started with an exercise programme and what might be suitable for you, please get in touch:
Jason@charlburycommunitycentre.org.uk or ring 01608 811878
Jason Biles

Community Wellness Manager

Yogafocus

The benefits of yoga and yoga therapy by Nikki Jackson

Since the pandemic of Covid 19, many people have been left suffering from anxiety, low mood, depression, feeling lonely, fatigued and from the absence of health care and support. There are of course those who have been left with a multitude of symptoms from 'long covid' which research now suggests is much like symptoms of Chronic Fatigue Syndrome.

Yoga Therapy is a holistic therapeutic practise that does not require you to turn upside down or tie yourself in knots! Instead, yoga therapy can be practised sitting in a chair, lying on the floor, standing or for some, lying in bed also. It is practised in a supportive and social group where a smile is used to create a sense of 'ease' both in the mind and body.

Yoga Therapy is fast becoming a well-recognised therapeutic intervention for rehabilitation from a disease, surgery or chronic ill health. The NHS is already bringing yoga therapy in as a resource and there are now

health training schools being set up to provide post graduate courses in Yoga Therapy for Health Professionals. It is also an excellent pre-habilitation, meaning that practising yoga therapy will keep you healthy and strong physically and mentally and will prepare and support you as you get older or if you become unexpectedly ill or damage your body such as in a fall.

A Yoga Therapy class is gentle as well as compassionate based. It includes the following main practises:

Good Posture is very important for good health. It not only aligns the spine, the central structure of the body but it helps to create space inside the body, around and inside organs so they don't feel so compressed and around and inside joints so they don't feel so cramped and stiff. When the body is upright and aligned it will be much more relaxed and at ease.

Corrective Breathing which is essential for good health and well being. When we learn how to breathe correctly we will breathe more efficiently. Most people breathe in the upper and middle parts of their lungs and not deeply enough in the lower parts. This means that the amount of oxygen entering the body is reduced and organs and cells are not rejuvenated enough by each breath. Deep breathing exercises not only improves your respiratory system but they also help you to reduce anxiety and stress which, if not addressed will cause tension both in the mind and in the functions of the body.

Gentle stretches can be practised in a chair and help to improve your lymph flow throughout the body which will boost your immune system. They also help to improve your circulation and the 'oil' in your joints known as 'synovial fluid'. In yoga terms, stretches improve 'prana' flow which means that it creates a flow of energy within your body that stimulates stagnant areas such as a sluggish digestive system.

Relaxations and simple meditations help to calm the mind. Anxious thoughts create stress which is harmful to both the mind and body. Deep relaxations, help us to find a more natural pace in life, to settle into the 'here and now' and to find a sense of contentment amidst our sufferings. This can help the body to settle too, the heart rate to slow down and the functions and organs of the body not to be so pressured and hurried but instead able to find their natural pace too.

One to Ones and weekly groups

Ones to ones are a way to explore the underlying issues of your health condition, how your lifestyle is affecting your health and what simple day to day practises you could do independently to make a significant positive change.

Weekly groups provide a sociable environment that is both supportive and fun. Together you explore practises that help to ease pain and stress associated with your health condition. Yoga Focus runs a weekly on line yoga therapy group on Wednesdays at 11.30 – 12.30pm. Anyone can join from the comfort of sitting in a chair at home. To join please contact Nikki@yogafocus.co.uk

The Trainer:

Nikki Jackson, from Yoga Focus, Chipping Norton, has been teaching yoga and yoga therapy for 30 years having trained and worked as an occupational therapist in NHS. She is a Mindfulness for Health Trainer, teaching ways to manage pain and stress on a daily basis. She now runs a Yoga Therapy Professional Training School, teaching yoga teachers to become professional yoga therapists.

For further information contact

Nikki@yogafocus.co.uk

www.yogafocus.co.uk

Symptoms of a heart attack: The British Heart Foundation

Heart attack symptoms vary from person to person. They can include:

- pain or discomfort in your chest that happens suddenly and doesn't go away
- pain that spreads to your left or right arm, or to your neck, jaw, back or stomach. For some people the pain or tightness is severe, while for others it's uncomfortable. It may feel like heaviness, or a burning pain similar to indigestion
- feeling sick, sweaty, light-headed or short of breath.

It's possible to have a heart attack without experiencing all these symptoms, and it's important to remember everyone experiences pain differently. This is common in the elderly or people with diabetes, as the condition can cause nerve damage which affects how you feel pain.

Whether or not you have coronavirus symptoms, it's essential to dial 999 if you have symptoms that could be a heart attack, or if your heart symptoms get worse.

Don't delay because you think hospitals are too busy - the NHS still has systems in place to treat people for heart attacks. If you delay, you are more likely to suffer serious heart damage and more likely to need intensive care and to spend longer in hospital.

Symptoms of stroke: The Stroke Association

https://www.stroke.org.uk/what-is-stroke/what-are-the-symptoms-of-stroke

Stroke is a medical emergency. The FAST test can help you recognise the signs.

- **Facial weakness:** Can the person smile? Has their mouth or eye drooped?
- **Arm weakness:** Can the person raise both arms?
- **Speech problems:** Can the person speak clearly and understand what you say?
- **Time to call 999:** if you see any of these signs.

Other symptoms of stroke

The FAST test helps to spot the three most common symptoms of stroke. But there are other signs that you should always take seriously. These include:

- Sudden weakness or numbness on one side of the body, including legs, hands or feet.
- Difficulty finding words or speaking in clear sentences.
- Sudden blurred vision or loss of sight in one or both eyes.
- Sudden memory loss or confusion, and dizziness or a sudden fall.
- A sudden, severe headache.

If you spot any of these signs of a stroke, don't wait. Call 999 straight away.

Heart health - Helpful websites

British Heart Foundation

https://www.bhf.org.uk/

https://www.bhf.org.uk/informationsupport/heart-matters-magazine/medical/women-and-heart-disease

https://www.bhf.org.uk/what-we-do/news-from-the-bhf/news-archive/2019/september/heart-attack-gender-gap-is-costing-womens-lives

Cardiomyopathy UK

https://www.cardiomyopathy.org/

https://www.cardiomyopathy.org/peripartum-cardiomyopathy/intro

Takotsubo Network

https://takotsubo.net/

https://www.cardiomyopathy.org/takotsubo-cardiomyopathy/intro

Coronary Micro Vascular Disease

https://www.inocainternational.com/

https://www.bhf.org.uk/informationsupport/heart-matters-magazine/medical/all-about-microvascular-angina