

Poole Heart Support Group



Support & Friendship

Magazine

Autumn 2009

£2
Free to
members

here to help

Affiliated to the British Heart Foundation and
Arrhythmia Alliance - The Heart Rhythm Charity

POOLE HEART SUPPORT GROUP

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**If you know a member who is ill, please tell us by contacting Mavis Terry,
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Magazines are published 1st March, 1st June, 1st September and 1st December.

Last date for articles to Editor is 10th day of month before publication.

Dates for your Diary — Meetings and Social Events – Please see page 19

Chairman's Letter

Now I'm settling into the job of Chairman, I am becoming increasingly aware that PHSG exists as it does with a lot of goodwill from the staff at Poole Hospital and it is time to make sure these links are maintained firmly. Recently it was noted that Dr McLeod our President, could be close to retirement and we asked Jim Waine, one of our Vice Presidents, to speak him to see what he intended. We are pleased to report that Dr McLeod expressed the view that he is delighted to continue as our President and that furthermore Jim reports that he would like to take a more active involvement. We plan that he will be addressing the Group at our February meeting next year. Watch the next edition for more details.



And finally, we must offer hearty congratulations to our Vice-President, Geoffrey Walker, who was recently awarded the O.B.E.

Cheers, Keith



Be Wise – Exercise!

Do you have a Personal Strainer, or even a Personal Trainer ?
PHSG have some super Exercise Trainers just waiting to put you through your paces at one of many group sessions at our exercise venues.

For further details, please contact Robin on 01202-884250.

Cardiology News from Poole

Hospital NHS Foundation Trust

Dear Friends,



It gives me great pleasure firstly to say that we were successful in Cardiology and Medicine in obtaining Practice Development Status with the University of Bournemouth. We have been working towards this for over 14 months now. Our assessment from the university was on the 29th June and they were delighted with the services and care we offer. They gave us the full 3 years recognition and no conditions were placed on this, and also suggested 3 recommendations which they felt would benefit our work. (1) To disseminate the good work we do both locally and nationally. (2) To succession plan new leaders to take over the service if necessary. (3) They were very impressed with our Quality Service Group and thought we should include more of this in service development.

So all in all an excellent result as it was one of the most complex assessments they have ever done as we have 9 areas ranging from out-patients to critical care in CCU and rehabilitation. So now we can move forward as a recognised centre of excellence. I would just like to thank all staff at all levels and especially the Quality Service Group (your voice) for all the hard work they have put in to achieve this.

The hospital has been very busy and like all organisations in this difficult financial climate we are having to look at how we can work more efficiently and cost effectively. We are achieving our targets and working hard to ensure that all our services are cost effective. In cardiology our echocardiography waits remain, for out-patients only, 7 days and the rapid access chest pain clinic again is only 7 days. We also have now three pacing sessions per week and they are going very well.

I am looking now at some new initiatives with our quality service group around the dignity and respect agenda as well as customer care, and I will keep you informed as to how this is going.

For myself I am now undertaking a Master's programme with the university in leading and developing services, its very interesting and really helpful in what I do, if not a lot of extra work too!

I am looking forward to speaking at your meeting in the autumn and have a good chat to you in person. Until then please keep well and take care.

Geoffrey Walker OBE
Matron Cardiology and Medicine.
Poole Hospital NHS Foundation Trust.
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Heart News with Dr. Christopher Boos



Dear All

Atrial fibrillation (AF) is the commonest sustained heart rhythm disorder. It affects 5% of people over the age of 65 years. In a recent key medical paper it was shown that the lifetime risk of developing AF is 1 in 4, whether you are a man or a woman. The significance of AF relates to its economic and health implications. The treatment of AF utilizes 1% of the entire National Health Service budget and this mainly relates to the cost of inpatient treatment and electrical cardioversion (to try to shock the heart back into a normal rhythm). This cost is likely to increase further as the prevalence of AF is set to increase by at least twofold over the next generation. This is because of an increasingly ageing population (where AF becomes more common) and the improved survival of patients with other heart conditions, which in themselves are risk factors for the development of AF (e.g. high blood pressure, heart attacks).

AF is associated with a number of symptoms such as fatigue, palpitations (subjective awareness of the heart beat) and shortness of breath and is associated with an increased risk of stroke. Key to the treatment of AF is being able to diagnose it in the first place. This is important as there are a number of treatments that can improve the outlook for this condition. In this regard there has been a huge national drive, by the Arrhythmia Alliance and other organisations, to educate the lay population in how to check their pulse. Checking your pulse is probably as important as seeing how much you weigh or checking your blood pressure. Hence you need to 'know your pulse'. Please see the following website for further information on how to check your own pulse. It really is very simple:
www.knowyourpulse.org/. I know you can do it!

Exercise News

Sense of smell

It is quite a common complaint that you may have a diminished sense of smell when suffering from a cold. The molecules in the air that carry smells to our noses may be stopped from reaching the smell receptors in the nose due to infection or inflammation. The mucus membrane that lines the nasal passages can become swollen and less effective and thus our sense of smell and odour recognition is impaired.

Colds, allergies and bacterial or upper respiratory tract infections all alter our sense of smell and if you're a smoker, your sense of smell can be reduced and it is with this in mind that I would ask everyone to be more aware of personal hygiene during the warm summer months, especially when exercising!

The problem is that if you can't notice an odour on yourself it doesn't mean that others can't. So, attention to detail is what is needed. Wash well, use soap, and deodorant **before** and **after** exercise and launder clothes that you exercise in every time you wear them. BO can be a real problem for individuals and their neighbours. Hopefully this will serve as a gentle reminder that more care is needed when being physical in close proximity to others. Keep well and keep exercising.

Fiona Keene Cardiac Rehabilitation Specialist Nurse

*Does your garden look a little tired?
Can't manage your garden like you used to?*



**General Garden Maintenance
at reasonable rates**



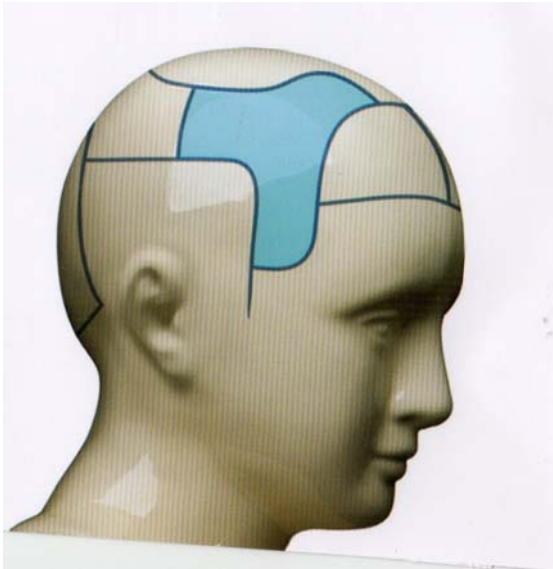
Susan Arnold — 01202 399529

Caption Competition

I've always been amused by this move at our exercise classes and when I saw David Barcock, the other day, an alternative image sprang to my mind's eye. Photoshop made the image real. Lets have a bit of fun. Can you think up an amusing caption for the picture? A nice bottle of white wine to the best entry.

Keith





The Minds of Men and Women

How we are different – Why we are different

Our remarkable minds are made up of billions of brain cells. At any time, 100,000 to 1,000,000 chemical reactions are taking place. The male brain has a different structure to the female brain. The male brain is larger and has more cells, but the female brain has more connections. So, does size matter?

Man is the traditional hunter-gatherer, he has front-focussed eyes to search out his prey. He needs to concentrate on the task in hand, and has developed tunnel vision. This is why he can't find his socks in the draw, or the butter in the fridge. He has a thicker skin and a higher pain threshold when distracted. Woman, the traditional home-maker, has 180 degree peripheral vision and takes a wider view, detecting more objects in her field of vision. She has less accidents to the sides of the car, but more to the front and back. She has greater sensitivity to touch and is more easily hurt.

A Man's Brain

Left side dominates and controls right side of body.
Better with maths, spoken and written language. Logical, lineal, factual with fine detail.
Practical, analytical and lyrical.

Men better at map reading, brain more focussed and departmentalised.
Concentrate on one thing at a time.

It is more dangerous for a man to use a mobile phone while driving than a woman. A man is watching television and the phone rings. He turns down the TV volume and makes a short phone call.

A Woman's Brain

Right side dominates and controls left side of body.
More creative, visual, intuitive, ideas. Imaginative, holistic, multi-tasking. Melodic.
Big picture.

Women more artistic, do more things at the same time.
Take a wider view.
More able to sing in tune.

A woman is watching television and the phone rings. She continues to watch and listen to the TV and at the same time talks for 20 minutes on the phone.

Man has no large communication areas in the brain. He communicates in a way that is short, structured and to the point. Woman's speaking accounts for 40% of her brain activity and she speaks 5,000 to 8,000 words a day, compared with his 2,000 to 4,000. Speaking is important to a woman and she uses the telephone far more than a man. She discharges and solves problems by talking them through and has a multi-tasking ability, being able to hold a number of conversations in her head at the same time.

Expression is far more important to a woman. She makes 7,000 to 10,000 gestures a day, compared with man's 2,000 to 3,000. Emotional differences go the same way, with man only having 2 emotional brain areas, compared with woman's 15, which are spread on both sides of the brain and allow simultaneous and complex thought and feelings. Her body language is more complex and she has more voice patterns.

It takes a man an average of 9 minutes to detect a silence in a woman, which indicates he has done something wrong.

Women keep the score and never forget. A man has to score 20 points a week to satisfy a woman, but the trouble is that men and women have different values. Examples of points allocated for men's actions include:

| Action | Man thinks it's worth | Woman thinks it's worth |
|---------------------------------|-----------------------|-------------------------|
| He gives her flowers. | 10 points | 3 points |
| He says she is beautiful. | 2 points | 6 points |
| He opens car door for her. | 5 points | 2 points |
| He leaves the toilet seat down. | 1 point | 5 points |
| He stays with her at a party | 2 points | 8 points |

Man has a dislike of failure and likes to provide a solution at all times. He does not like seeking help, which he sees as an admission of failure. He will ignore instructions supplied with new equipment and try to set it up by himself. If lost in a car, he will continue to drive round looking for the right road, rather than stop and ask the way.

Man keeps his work and home life separate. He will not discuss work problems at home, or home problems at work. Woman takes her work problems home and discusses her home problems at work.

Blair Watson

Holiday travel tips and travel insurance

This article is taken from the BHF web-site. BHF do not recommend the insurance companies in the list, which has been compiled from feedback received from heart patients. For the complete list of travel insurance companies, see the BHF web-site.

| | |
|---|--|
| Able2Travel 08707506711 | Single Trip (max 45 days) Age limit 79 years. Annual Multi Trip (max 31 days any one trip) Age limit 69 years. |
| AllClear Travel Insurance 08712 088 579 | Single Trip No Age limit. Severe conditions covered. Annual policies Age limit 70 years. |
| Bradford & Bingley 0800 169 4078 | Age limit 80 years. Medical screening. |
| Brunsdon Insurance 01452 623623 | Age limit 80 years. No patients on waiting list. |
| Bupa Travel Cover 0800 0010 22 | Age limit 79 years. Medical screening. Will only accept within 3 months of travel date. |
| Direct Travel 0190 381 2345 | Single policies up to 75 years. Annual policies up to 65 years. |
| Flexicover Direct 0870 990 9292 | Age limit 80 years. Medical screening. |
| Freedom Insurance Services 0870 774 3760 | For people with pre-existing conditions. Age limit 85 years. Mostly Medical screening. Will only accept within 6 months of travel date. |
| Getmy.com Travel 0845 0262441 | Single policies Age limit 85 years. Annual policies Age limit 79 years. |
| Global Travel Insurance 01903 203933 | Covers pre-existing conditions. Single Trip Age limit 90 years. Multi Trip Age limit 75 years. |
| Holiday Services 01623 407321 | No upper age limit for Single Trip, will be based on individual circumstances and health. Annual policies Age limit 69 years. Pre-existing conditions considered. |
| Insuremore Travel Insurance 0870 054 0162 | Age limit 65 years. Excess varies. Patients must be stable for 12 months and not on waiting list. Medical screening. |

| | |
|---|---|
| It's So Easy Travel Insurance 0845 222 4205 | Single Trip Age limit 85 years. Annual Europe Age limit 75 years. Annual world wide Age limit 65 years. Insurance designed for people with medical conditions or who are older. |
| Makesure Insurance Services 0870 156 6679 | Policies considered up to Age 99. Provides cover for most pre-existing medical conditions. Medical screening. |
| Manor Insurance 0800 027 6171 | Single Trip up to 18 months Age limit 74. Single Trip up to 90 days if 75 or over. Annual policies Age limit 79. Medical screening not always required. Discount if baggage is covered under existing home insurance. |

Companies not on BHF list, but worth considering.

| | |
|----------------------------------|--------------------------------------|
| Saga 0800 015 8055 | No upper age limit. |
| Stroke Association 01603 828 396 | No upper age limit for single trips. |

If you have a heart condition, you may be concerned about getting travel insurance or anxious about flying. You can get travel insurance if you have a heart condition, but you have to shop around. We advise that you consult with your GP before buying health insurance. You may find that the type and cost of cover offered will vary, depending on your individual condition and where you are travelling. When you contact the companies, you may be asked to call a medical screening number, who will give you a reference to quote to the insurance company. It is important to read any small print on any policy you are offered.

To get insurance, you will need to make a full health declaration. This means providing detailed information of conditions and medications going back years. These details will all be checked if you later try to make a claim. Any omissions or mistakes can be used as grounds to refuse your claim. This is equally true for conditions other than heart disease.

If your heart condition is stable and well controlled and you feel well, generally there should be no reason why you can't fly. But if you've recently had a heart attack, or heart surgery, or have recently been in hospital with any other heart condition you should check with your doctor before flying.

If you have a heart condition it is best not to travel to countries which are very hot or very cold, or to places at a high altitude. Avoid accommodation that is on

a steep hill or slope, unless you are confident that you are fit enough for that level of activity. Find out what local transport is available and how close the local facilities are.

Useful Organisations

British Insurance Brokers' Association
14, Bevis Marks,
London EC3A 7NT

Consumer Helpline 0901 814 0015 - calls charged at 25p per minute.
Email HYPERLINK "mailto:enquiries@biba.org.uk" enquiries@biba.org.uk
HYPERLINK "http://www.biba.org.uk" www.biba.org.uk

The British Association of Insurers
51, Gresham Street
London EC2V 7HQ

Telephone 0207 600 3333
Email HYPERLINK "mailto:info@abi.org.uk" info@abi.org.uk HYPERLINK
"http://www.abi.org.uk" www.abi.org.uk



Computer Club

Computers . . . Childs Play !

The Computer Club meets each month in Seminar Room 1 of the Postgraduate Centre at Poole Hospital. Meetings run from 7:15 pm to 9:00 pm and are normally on the second Tuesday of each month.

The remaining meetings for 2009 are on September 8th, October 13th, November 10th and December 8th.

Most meetings start with a discussion of problems but we are also interested in looking at software we haven't used before, and picking up tips and techniques for making life easier.

We have thirty people on the membership list, but no more than a handful have turned up to meetings since the club restarted.

Do come along to join us, we are a friendly bunch and always ready to welcome new members. If you have a laptop machine of your own, please feel free to bring it with you.

Laptops Wanted — We have seven old laptops available for computer club meetings, though one of those will only run Windows 95. If anyone has an old laptop machine they are no longer using, we would be very happy to take it from you. Obviously working machines would be preferred, but we can always try fixing broken laptops, if we get the option. Please contact Derek Pope on 01202 889070 or e-mail derek@poolehsg.org.uk

In Praise of Flirting

When I first arrived in Britain a few years ago, I suddenly felt that I had lost my feminine personality, my looks, my charm and most of the attributes of a young woman. I was not longer attractive. What had happened to me ? No more compliments, no nice words, no especial and preferential treatment. I was so used to being indulged and being shown admiration, that I could not understand what was going wrong..

At a party, when I complimented a man for his lovely (Italian) tie, he ran away, afraid that I wanted to seduce him ! The young women around me seemed to enjoy belittling themselves and insisting how incapable they were to do anything. Was this attitude meant to attract men ?

In Britain everything that is pleasurable is sinful: good food, comfortable and warm rooms, the right to mention what you like doing, the delight of men and women to get together in innocent and witty conversation, namely flirting. To flirt came from the French word "fleurter", meaning to touch lightly. It is still today enthusiastically practised in Italy, France, Spain, Greece, and in far away countries, like Argentina. Try a stay in Buenos Aires and you will learn not only to dance romantic tangos, but also how to flirt !

Flirting shows that love is not limited to sex. It is a mischievous, slightly naughty, but not taking the whole thing too seriously, game. It enhances life because it keeps the sexual polarity between men and women alive. It enhances life further because it motivates women to try to look good and so justify the compliments they expect to receive. It gives men a reason to address women with charm and grace.

The atmosphere so created puts both sexes at ease, favours a friendly dialogue, sometimes develops into friendship, love or nothing, but generates a lot of smiles and goodwill. There must be something in having your hand kissed, (Austria) or a serenade sung under your balcony (Italy).

Iris Roethke

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Healthy Eating Essentials

Eating a healthy, balanced diet can help to manage weight, reduce your risk of adverse conditions including heart disease, stroke, diabetes and some cancers. What is a healthy balanced diet?

A healthy diet includes a variety of foods, eaten in the correct proportions; as shown in the eatwell plate:

The eatwell plate



Use the eatwell plate to help you get the balance right. It shows how much of what you eat should come from each food group.



Base your meals around starchy carbohydrates such as bread, potatoes, rice, pasta and cereals, trying to include foods from this group at each meal. Choosing wholegrain versions of these foods where possible (granary bread, brown rice, wholemeal pasta) increases consumption of fibre, which can help you feel fuller for longer and reduce snacking.

Aim for 5 portions of fruit and vegetables each day. These can be fresh, frozen, tinned, or dried. Juices count too but only once. Try to eat a variety of fruit and vegetables.

Include 2 portions of foods high in protein such as meat, fish, eggs and pulses (beans and lentils) in your diet each day. Each week try to include 2 – 4 portions of oily fish (mackerel, trout, salmon, kippers, fresh tuna, sardines). Avoid frying these foods and instead opt for healthier cooking methods such as grilling, poaching or microwaving.

Have at least 2 sources of calcium containing foods each day, such as a glass of milk, a matchbox size piece of cheese, a small pot of yoghurt. These foods are naturally high in saturated fat therefore try to choose lower fat versions such as semi-skimmed milk, low fat, diet yoghurts, edam or half fat cheddar.

Limit intake of foods containing fat and sugar; choosing lower fat or reduced sugar products where possible. If you use a margarine spread or butter, swapping to an olive oil enriched spread can be beneficial, reducing the amount of saturated fat in the diet and helping lower your total cholesterol levels.

In addition, including physical activity (check with your GP first) combined with a healthy balanced diet can help maintain a healthy weight and reduce the risk of developing health complications.

Dael Hartley - Poole Hospital Dietitian

The Practice Development Unit (PDU) Quality Service Group

PHSG has a voice on the group representing Heart Support Group members. This exciting group, under the very capable chairmanship of Geoffrey Walker OBE, Matron Cardiology and Medicine, really gets things done! Positive changes are made to hospital procedures, as a result of patient feedback given to PHSG patient representatives. All PHSG members can feed back information to Poole Hospital in complete confidence about their treatment. So if you want to say anything good or bad about your experience in Poole Cardiac Unit, or its related departments, please forward your comments. You can comment by e-mail, letter, telephone, or via the web-site. All information will be treated in confidence. Looking forward to hearing from you.

Alan Bristow e-mail alan@poolehsg.org.uk.

Jim Waine e-mail jim@poolehsg.org.uk.

Do you have computer problems?

We can resolve your problems for you. Are you unsure what you are doing, do you need assistance, a helping hand or training? We can assist with home PC security, internet connection problems, advice and installation of Broadband, PC networks and supply and/or installation of secure wireless networks in your house. We undertake virus, spyware and ad-ware removal and can supply or install security programs to make your PC safe. Is your old PC slow, is it worth upgrading? We provide impartial advice and can perform upgrades or help with any new PC purchase and accessory quotes. We supply new PCs, install, configure your system and can transfer your existing data. Why not give us a call! Contact Efficiency Solutions — **Jeff on 01202 741881**

THE GREAT NORTH RUN

On 20th September this year, both Lesley and I shall be travelling all the way up to Newcastle, to take part in The Great North Run (13.1 miles). It is an event we've both always wanted to do in order to complete our list of Great British Runs!

I shall be running in aid of The British Heart Foundation, which is a charity I have worked with before and am very fond of due to the work I now do as a Cardiac Exercise Instructor.

If you would like to sponsor me, you may donate online through Justgiving.com. It is quick, easy and totally secure.

www.justgiving.com/jensweetlove

And don't forget to look out for us on TV!

Many thanks.

Jenni Sweetlove

(Exercise Instructor)

Recent Social Events

21st May – The Dorset Wildlife Trust – A talk by Tony Bates

The joys of getting through the car park barrier and opening up the Graduate Centre at the hospital have always put strain on the heart. We are getting that nailed down now, so when it fell to me to open up and introduce Tony Bates, President of the Dorset Wildlife Trust, I had the keys to the centre, the keys to the room, the keys to the kitchen and the barrier code too. What I didn't have was a speaker!

Knowing he was on the way and running late, we didn't worry. When the chat died a little we had the raffle and then lo, Tony arrived at ten past eight. The barrier didn't work, his PC didn't work, his second PC did work sort of . . .

Well, that makes it sound like a total disaster, but it wasn't. Everyone was in good humour and the talk on the work of the trust was worth it and given to an appreciative audience of about 30. Thanks to Janet, Viv, Di and team for doing the teas.

Keith Matthews

Canny Chef

Healthy Eating Mackerel Pate

Preparation time 15 minutes. No cooking.

Serves two.

120g (4 1/2oz) can mackerel in oil.

2-3 tbsp virtually fat-free natural fromage frais.

2 tsp horseradish sauce.

1 tsp finely grated lemon zest.

2 tsp finely chopped fresh flat-leaf parsley (optional).

Freshly ground pepper to taste.

Method

Drain mackerel, discarding the oil. Place mackerel in a bowl and mash well.

Add 2 tablespoons of fromage fresh, the horseradish sauce, lemon zest, parsley and black pepper. Mix well and serve spread on top of French crusty bread, hot toast or crackers, or serve as a dip with fresh vegetable crudités and breadsticks.

Variations

Use other canned fish such as sardines or pilchards and vary the seasoning to taste.



Recent Social Events

11th June – The Development of Kingston Lacy – talk by John Hallett

On a lovely summer's evening nearly 40 members of PHSG almost filled the Postgraduate Centre. They were treated to a very enjoyable talk given by Mr John Hallett. Lots of very interesting detail about the house, the grounds and the artefacts in the house, especially the paintings, backed up by slides taken by John.

John has been giving his talks for more than 10 years and his love for Kingston Lacy really shines through. I believe I speak for all present when I say it was an excellent talk.

Gary Lee

Credit Crunch Jokes

What is the capital of Iceland ? - About £3.50

The Credit Crunch has helped me get back on my feet. The car's been repossessed.

Recent Social Events

Treasure Hunt 16th July - Jean's Thank You:-

Last year, despite my fears of compiling and running the annual Treasure Hunt, it all went very smoothly with many complimentary comments afterwards. So, being asked to do another one this year came as no great surprise to me. I agreed to do it on the understanding that it would again take place in Wimborne (it has so much of interest) being fairly accessible to all, including myself who has to make many trips there in order to compile and double check the clues and answers.

No one watches the weather forecast more avidly than me in the week of the Treasure Hunt. So, imagine my horror when I saw what was in store for us that evening. For once, the forecast was spot on and it duly started to pour down just as we arrived to hand out the clues.

What to do? Cancel it, or make the best of it?

Momentarily, the rain eased, so I decided to go ahead with the understanding that should it become too wet, those taking part could abandon it and make their way to the White Hart in order to fulfil my booking of said venue for the evening.

Those present on that evening know exactly what happened and all I can say is Thank You to all those who made the effort to take part and make the most of what could have been an embarrassing and disastrous evening all round for me.

Jean Robinson

In Praise of "The Few"

There were those that didn't come at all. Those that came and went away. Those that decided to make the best of it and retired to the pub soon after a dispiriting start. Those that braved the most appalling deluge and did the whole Treasure Hunt despite it - eleven valiant souls in all. Robin, Maggie & friends, Maureen & friend and Chris/Norman & wives & Jean returned to the White Hart clutching soggy remnants of Clue Sheets and answers that were barely legible as the ink had run disastrously in the pouring rain.

They had all done very well (as young Mr Grace would have said) and the scores, after decoding the barely discernable answers, were very close. I was most impressed by those that had 'demonstrated' their Latin (only they will understand that comment).

The Winners were 'Pringle's Pride' - a mere two marks ahead of the others. In my estimation they were **all** winners and Jean was most grateful to them and the eleven that came to the pub for turning what could have been a disaster into a very convivial evening.

No one managed to find a rabbit although a certain lady did her best to persuade us that it was an alternative name for the Snapdragon that she had uprooted. She might be right.

An Impartial Observer

Future PHSG Meetings and Events

17th September – “Power to the People” – Improving Heart Services by listening to Patients and seeking your views on the future provision of 24/7 Primary PCI in Dorset.”

A brief introduction by Frances Aviss, of the Dorset Cardiac & Stroke Network, on Patient and Public Involvement with the Dorset Cardiac Network. The importance of Patient and Public Involvement has been recognised for some time and Poole Heart Support Group members already make a major contribution to this. Frances describes the new developments and changes that are taking place and the opportunities for local people to become involved. This will be followed by a presentation from Anne Swan (Director of Commissioning for NHS Bournemouth and Poole) about a number of options available for the future provision of Primary Percutaneous Intervention (or Angioplasty) 24 hours a day, 7 days a week across Dorset – giving you the opportunity to ask questions and provide your views. 7.00pm for 7.30pm, Postgraduate Centre, Poole Hospital. Raffle and refreshments.

8th October – talk – “Fund raising for OXFAM”

A talk by a local fundraiser with particular insight into her experiences working on behalf of Oxfam. It helps to see the funny side of things, some of which she recalls from memories. Her fee, per person, is the donation of a clean pair of socks, which go to a local charity, which helps the homeless people in the Poole area. 7.00pm for 7.30pm, Postgraduate Centre, Poole Hospital. Raffle and refreshments.

12th November – talk – “Where have all the Carrots gone ?”

A thought provoking talk to be given by our very own Geoffrey Walker OBE (Matron - Cardiology & Medicine).

All will be revealed on the night! 7.00pm for 7.30pm, Postgraduate Centre, Poole Hospital. Raffle and refreshments.

Thursday 3rd December - Christmas Party 2009

Our Christmas Party is again to be held at Hamworthy Engineering Social Club at Canford Magna. We do hope as many members as possible will attend and make this a memorable evening. The meal will be served at 7.30pm and members and friends are asked to meet at 7pm for 7.30pm.

We have bowed to the request to revert to a Turkey and Trimmings meal, but there will be a Vegetarian alternative. There is a Bar and a Wine List will be available on each table of 10. It is suggested that members get their applications for tickets in as soon as possible, using the flier in this magazine and every effort will be made to ensure that we meet with your requests to sit with friends. Entertainment this year comes by way of a highly recommended group known as ‘Peter Pod and the Peas.’ There will be the usual Raffle held to defray expenses.



PHSG Cycling Club

2009 Rides

An activity of Poole Heart Support Group - ALL STARTS at 10:00am

Sunday 23rd Aug. Meet Shore Road Sandbanks. "Oil Roads Special" (20m)
Sunday 20th Sep. Meet Upton Country Park. "Squarely Round Holes" (15m)
Sunday 18th Oct. Meet Shore Road Sandbanks. "Back to front" (18m)

Rides are about 15 miles long, they are open to all members of the PHSG as long as your doctor approves. For help, advice, weather check and bike maintenance call Keith Matthews on 01202 855001

We don't do RAIN!! If the weather looks "iffy", call before 9:00am to see if the ride is going ahead.

Organisers: David Anderson, David Curtis, Keith Matthews

Regularly updated details on www.poolehsg.org.uk and
www.bournemouthctc.org

Randonnee Cri de Couer 19th July 2009

The weather forecast was shaky, and maybe some knees were too, as nine stalwarts turned up for the 50km (32mile) ride, our "big one" of the year. We all actually enjoyed a fine weather ride, a leisurely half hour tea stop at the "Sticky Bun" at Alderholt, and the fierce headwind on the way home was not too bad with the shelter of the hedgerows. Two of our number got calls on their mobiles and slipped off home but the remaining seven all finished together and enjoyed tea and muffins as a reward.

Keith Matthews

Why is a woman like a tea bag ?

It's only when she is in hot water that you realise how strong she is.

FOR SALE AND WANTED

Free to good home – One green circular plastic compost bin with lid. 40 inches high, 24 inches wide at base. 01202 694886.

For Sale - One table and six chairs £100 ONO. 01202 871532.



For Sale - PHSG Shirts. They are grey with our new logo (as on the front cover of this magazine) on the left hand side breast pocket area.

The sizes are small, medium, large and extra large in the T-shirts, the Polo shirts and now Sweatshirts. The T-shirts cost £6, the Polo £10 and the Sweatshirts £12.

They will be on sale at each social meeting or event and also at Canford School on Mondays and Thursdays. You can contact me, George O'Leary on 01202 743978. email george.oleary@lbsq.org

Wanted -Your old greetings cards/postcards/calendars and used postage stamps. I share these between two charities – The M.S. Society and the Hearing Dogs for the Deaf. Both these charities have written thanking PHSG for the support we give them. It's another way of recycling and at the same time it makes money for two worthwhile causes.

DON'T BIN 'EM – SAVE 'EM! Also please DO NOT CUT THE STAMPS OFF THE POSTCARDS. THE POSTCARD IS WORTH MORE THAN THE USED STAMP.

The M.S. Society makes note pads from these cards. I have received from them a receipt for £18.80 from the sale of mini notepads in December. Please contact me at any of the monthly meetings, or at Canford School exercise class each Monday and Thursday. Or phone George O'Leary on 01202 743978.

Something wanted? Something to sell? Give the Editor a bell - on 01202 694886.

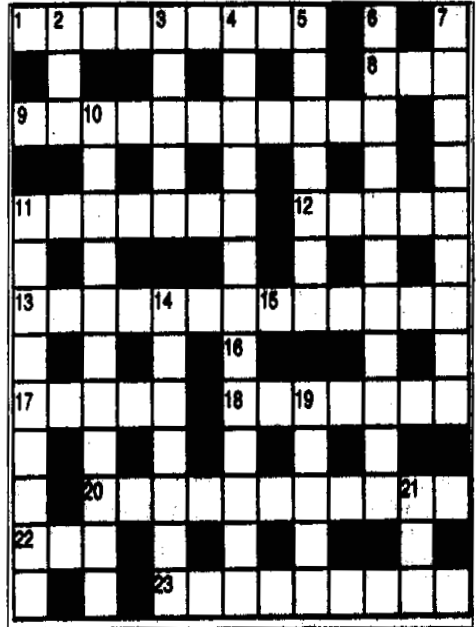
Crossword by Beppo

ACROSS

- 1 Walk along the seafront (9)
- 8 Period (3)
- 9 Cause of ruin (11)
- 11 Algebraic rule expressed by formulae (7)
- 12 Viperous mathematician? (5)
- 13 Calm under adverse circumstances (13)
- 17 Singer Lily, named after East Dorset River? (5)
- 18 Talent (7)
- 20 Livelihood (11)
- 22 Be a candidate at examination (3)
- 23 Concurrent symptoms in disease (9)

DOWN

- 2 Regret medicinal shrub? (3)
- 3 Mistake (5)
- 4 Lodgings (13)
- 5 Words composed for late departed (7)
- 6 Blessing (11)
- 7 Of course (9)
- 10 People devoted to particular branches of profession (11)
- 11 Fanciful hedge trimmer (9)
- 14 Public transport, literally, conveyance for all things to all places (7)
- 19 Deposit, prior to receiving 5 down (5)
- 21 Signal to speak (3)



Answers page 30

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Harry Cartwright MBE CBE

Harry was an exceptional man, although you would not be aware judging by his quiet gentlemanly demeanour. By way of illustrating his modesty, when he first attended the Purbeck exercise sessions during 2001, I asked him about his employment before retirement, to which he



responded being involved in the Nuclear Energy industry, finishing his working life at the Winfrith Research Establishment. I later found out that Harry was the Director in charge and Consultant on nuclear reactors for the UKAEA and President of European Nuclear Energy Development, for which he was awarded the CBE in 1979.

His son Philip told me at Harry's funeral recently, that he was born in Manchester and obtained a double First at Cambridge, where he also won a Blue at Lacrosse. During the war Harry was involved in ground radar, resulting in his first visit to the Purbecks that he grew to love and share with his wife, Kate, and two sons in later life. In 1944 he led a specialist RAF team that set up mobile radar navigation masts close to the front line, to enable our Air Force to accurately bomb enemy targets. As his unit pushed deep into southern Germany they ran into a SS tank patrol, narrowly escaping capture by withdrawing under cover of darkness, an action for which Harry received his MBE.

Harry and Kate regularly attended local functions and worked tirelessly for the Corfe Castle Society whose activities made it possible to provide sufficient funds to construct low cost housing for local families, as well as being a leading light in the Probus club.

He will be sadly missed at our exercise sessions and Christmas dinners, having left a lasting impression as a really genuine person who always had a kind word to say.

Roger Ridout - Purbeck Exercise Coordinator

From a Retired Bee-keeper

It Takes Two To Tango !



Also to re-start a Cardiac Arrest. One person goes for skilled help – the most important part – whilst the second person keeps the person alive. It is as simple as that, no defib. or equipment needed to keep the casualty alive, and hardly any knowledge.

Someone collapses, not breathing, appears dead – often a small “fit” and wet themselves as they collapse – **send the other person for help.**

Then place heel of one hand in the centre of casualty’s chest and the heel of t’other hand on top, and interlock fingers. Depress and release breastbone 4 to 5 cms. (1-2”) thirty times to the rate of “*Nellie the Elephant packed her trunk and said goodbye*” That tune gives a rhythm of about 100 to the minute, no need to think, rhythm will come naturally.

That “thirty times” will circulate blood to brain, (and heart), so now check airway, remove false teeth, extend head, pinch nose, and placing lips to seal their open mouth, breathe deeply into casualty, checking that their chest rises, and falls when you remove your mouth. Repeat this once – i.e. two “rescue” breaths only – and then thirty further chest compressions again. And so on. Of course if you still have a spare person then they should give continual “rescue breaths” at the same time, but thirty chest compressions and two breaths are sufficient to keep the brain alive until professional help arrives.

The heart may restart spontaneously, and patient show signs of life. What signs ? Well, breathing for them becomes more difficult, for it is unbelievably easy if their heart has stopped. *Then* they start moving etc...

Does it work ? Yes, I’ve even done it myself. It took about 50 minutes before the person got to the defibrillator, but they made a complete recovery. That’s about 5000 Nellies, but I did have help after the first ten minutes..

Q. Where does the Tango come in ?

A. 1) To make you read this **today** – time is vital. *And* you did, too !
2) It will make you think Tango or Nellie time, with staccato compressions. No worry over a broken rib, better to be alive.

Q. I thought I should do it the on floor ?

- A. Correct, must be on the floor, not a bed or sofa – can you tango on a bed ?
- Q. I thought I checked airway first, removed false teeth, and should give four breaths before compressions ?
- A. Used to be four, but remember the victim was still breathing when their heart stopped. Two breaths are quicker than four, and have been proved to suffice – DO NOT WASTE TIME.
- Q. It might be me who collapsed – where can I get a reminder for someone else ?
- A. BHF supply f.o.c. credit card reminders for your wallet, and there is one for you in this magazine.

Last time I asked you to send in the longest medical word you knew, to win a bottle of the Editor's wine.

The winner was Derek Pope with
 'pneumonoultramicroscopicsilicovolcanoconiosis,'
 a lung disease caught by desert dwellers !

If Derek contacts the Editor he can choose his colour – Red, white or rose

Diagnosing abnormal heart rhythms with an Implantable Loop Recorder

Diagnosing abnormal heart rhythms can sometimes pose a challenge for a cardiologist. Some patients experience blackouts, also known in the medical field as syncope episodes. These episodes normally self-resolve and when an electrocardiogram (ECG) is performed, this often appears to be normal. In such circumstances a device, such as an Implantable loop recorder (ILR), may be of benefit.

This device is small and rectangular and sits under the patient's skin in the same way as a pacemaker does. The difference being that this device has no leads running from it into the heart as it works on transmissions. The device can stay in up to three years. Along with this device the patient is given an activator. This activator is placed over the ILR in order for the patient to download information from the ILR. If the patient experiences a blackout, then once they are recovered they can use the activator to download the information. This allows the cardiologist to review the episode and identify any abnormal heart rhythms. If a significant heart rhythm abnormality is identified, then this can either be treated with a pacemaker, an electrophysiology procedure such as an ablation, or medicines, or may-be even a combination of them. *(continued overleaf)*

(from page 25) Post implantation care is similar to that of a pacemaker. The wound site needs to be kept clean and dry. Patients can enjoy normal everyday living, although swimming should be avoided for a few weeks until the wound has fully healed. The patient should not raise the left arm above the head for the next week. Cardiac technology and treatments are improving all the time, which ultimately is beneficial to the patient. Accurate diagnosing is another key aspect.

Peter Uren (Arrhythmia Nurse Specialist)
Royal Bournemouth Hospital

Walking Group

A Walk on the Wild Side

“Your esteemed Editor has begged me to ask if any one will write an article from the Walking Group for the Magazine” said Cyril at the commencement of our walk today.

I was moved by his plea and being one of the keenest members of the Group decided to put pen to paper to give my account of the typical walk that we had today.

I say ‘typical’ but it wasn’t typical on account of the fact that it wasn’t raining and the walk purported to being only 3.5 miles long instead of the more usual 10. Also, there were to be no hills to climb or styles to clamber over. Being an optimist, I thought ‘that’s the walk for me’ and begged my dear wife to take me there. It was to be a leisurely stroll in the New Forest, however, it started badly on account of the herd of wild horses that blocked the road and refused to budge. Eventually, I had to get out of the car and lure them out of the way. A goodly crowd had gathered and after the usual exchange of insults and pleasantries, we got underway.

Cyril excelled himself with several false starts but after going round in circles for a few minutes we got underway again. I soon discovered that my optimism was misplaced. It was debatable as to whether one would walk into a bog or merely put one’s eye out on a low branch or trip over the numerous bits of trees that littered the ground and break a leg. I assume there was a view somewhere, but I was too busy trying to preserve myself from injury to notice. I had forgotten that Cyril measures distance in nautical miles and 3.5 miles eventually became 4 miles. It was particularly arduous for Michael on account of his wooden leg that had become infested with death watch beetle. However, with the help of his good friend, Frank, he stumbled along without complaint. In fact, there was no need as I complained enough for the two of us.

My day was complete when we discovered on the return journey that the

A31 from the Linford turn to Poole was gridlocked. The subsequent detour that I pioneered via Fordingbridge and Cranborne took up most of the rest of the day.

My bottle of fine Burgundy went down very well at teatime.

Rambling Rob

Post Script:-

I have just returned from another walk in the New Forest – the one which precedes our annual picnic. Our members had packed their rabbit food as usual in preparation for the fun and games, but it was not to be. Much as I feared, the walk was more typical of a bad day on the Somme on account of the endless deep mud that had resulted from the incessant rain of the days before. I kept thinking of that harrowing scene from ‘The Hound of the Baskervilles’ where Jack Stapleton gets sucked down into the foul and bottomless depths of the mire.

We all staggered into The Red Shoot Inn at the end of the walk, mud spattered and weary, for a much needed rest and cup of coffee. We emerged only to find the rain returning and so the picnic was reluctantly abandoned.

Once again, the weather had defeated us and we returned home – sadder and wiser. I would not like you (dear Reader) to think that all our walks are a disaster. I recall one that I nearly enjoyed.

(Please enjoy, dear Reader, but don't necessarily believe - Editor)

WINTER WALKS MEETING 2009

For those interested in walking this winter, a meeting to arrange dates and times will take place on Tuesday 6th October at the Postgraduate Centre, Poole Hospital. 7pm for 7.30pm.

Cyril, Walks Co-ordinator

For those who are interested in the Walking Group, we walk every 10 days on Wednesdays and Saturdays from 2 to 5 miles. Some of us round off the day's walk with a Pub lunch – Pleasure after pain! If you require more information or the Walking Book (£3) please contact me on 01202-733956.

Cyril - Walks Co-ordinator.



Drivers Beware – Five Car Scams to avoid

Today, crimes involving vehicles make up almost one in five of all recorded crimes in England and Wales. Here's how five of the fastest growing car scams work and what you can do to protect yourself.

Crash for Cash – Criminal drivers cruise around until they see a motorist they think will be easily shaken, fully insured and quick to admit liability, then they box him in, surrounding him with their cars, as he drives along. In some cases, their brake lights are disconnected, so the victim has no warning that the car in front is stopping. After the crash, the crooks submit inflated insurance claims.

What you can do – If you see a driver behaving erratically, particularly as you near a roundabout or junction, slow down and give the car ahead a wide berth. Don't depend on its brake lights to warn you. Stay at least three car lengths behind.

If you're involved in an accident, try to record as much detail as possible, but never put your safety at risk. If you can, use your mobile phone to photograph the car, driver and passengers. Get the registration number, names and addresses of everyone in the vehicles and contact details from any witnesses. The Insurance Fraud Bureau runs a free, confidential helpline for anyone with information on 'crash for cash' or other insurance frauds: 0800 328 2550.

Attack of the Clones –

Criminals steal or copy your number plates and fix them to a model identical to yours, then use it to break the law. CCTV footage fingers you for the crime. Around 40,000 sets of number plates were copied or stolen for criminal purposes last year.

What you can do – Take a digital photo of your car with a creation date stamp as evidence. If you do receive a ticket for an offence you haven't committed, any distinctive feature such as a sticker in your window can help prove the vehicle was not yours. Inform the police. They will flag up your registration number on the Police National Computer to record that it may be being used by another car. They can also give you a document to confirm that you are the legitimate owner. If your number plates are stolen, inform the police. Consider protecting yourself against theft by using DVLA approved anti-theft plates that break into pieces when removed. Your local garage can supply and fit plates for £30 - £40. See also www.secureplate.com.

Lock Jamming –

As you pull up, a thief hiding nearby uses a simple radio-powered device, such as a wireless doorbell button, to block the frequency that operates your car locks. You get out, hit the lock on your key fob and assume the doors are locked, but they're not. You leave the vehicle unlocked and

something is stolen. Because there is no sign of forced entry, insurance companies are extremely reluctant to pay out.

What you can do – Don't assume that just because you've pressed the lock button in your key fob that it's worked. Look for the flash of indicator lights, or listen to the beep to confirm that the signal from your fob has reached its target. If in doubt, go back and physically try the car door. Once it's locked, the thief's doorbell device is useless.

Chipping In –

A van drives into the car park. The scammer places a leaflet under your wipers, warning you he's spotted a chip in your windscreen. His repair service is on hand to fix it – and it's free. You pay nothing until your insurer pays you. But the miracle fixer with no qualifications can leave you with a horror story. Chips have been 'fixed' with superglue, damaging visibility, and resin been put in with such force that the windscreen has been damaged.

Until the mid-1980's, windscreens were made of glass designed to shatter in a crash. Insurers started encouraging customers to repair windscreens when modern laminated glass versions, with a polyvinyl inter-layer came along. These chip and splinter rather than shattering. Repairing costs less than replacing, so insurance companies told their comprehensive policyholders that fixing chips would be free and no-claims bonuses would not be affected. But with cowboys charging £100 for a bad job, insurers realised that a botched repair may cost more in the long run. Many are introducing a charge to customers for fixing chips. Some refuse to pay anything at all if you use an unauthorised repairer.

What you can do –

Don't be panicked into a quick fix and always contact your insurance company first to check what they'll pay for – it may have changed since your last renewal. Small chips don't need to be fixed immediately. But if bigger than ten millimetres – large enough to fail your MOT, go to an authorised company such as Auto glass or RAC Auto Windscreens. Do you really want your car worked on by a stranger in a van?

Sat-Nav suckers –

You tuck your Sat-Nav out of sight in the glove compartment, but a thief notices the cradle left on your windscreen. You come back to find your window smashed and your Sat-Nav gone. Even if you take the Sat-Nav away with you, the tell-tale mark can tempt a thief to smash your window and look for it.

What you can do -

At your destination, remove the Sat-Nav and the cradle, then use a cleaning cloth to remove any sucker mark. Consider security marking your Sat-Nav. Go to www.immobilise.com and record the serial number for free.

Crossword Answers from page 22

ACROSS:

- 1 Promenade
- 8 Era
- 9 Destruction
- 11 Theorem
- 12 Adder
- 13 Philosophical
- 17 Allen
- 18 Ability
- 20 Subsistence
- 22 Sit
- 23 Syndromes

DOWN:

- 2 Rue
- 3 Error
- 4 Accommodation
- 5 Epitaph
- 6 Benediction
- 7 Naturally
- 10 Specialists
- 11 Topiarist
- 14 Omnibus
- 19 Inter
- 21 Cue

What to do if you become unwell When your GP surgery is closed

Medical help and advice is available if you become unwell when your GP surgery is closed. You should:

Dial 999 or go to A & E as soon as possible if you are worried about the sudden onset of new symptoms or have suffered a serious Injury or illness.

A & E departments are open 24 hours a day, 365 days a year. They are for a critical or life threatening situation, for example chest pain, suspected heart attack, severe breathing difficulties, severe loss of blood, loss of consciousness, deep wounds and suspected broken bones.

They are not for minor injuries or health problems, nor an alternative to seeing your GP or for a 'second opinion' if you have already seen your GP.

Call the **Dorset Out of Hours Medical Service** on **0845 600 10 13** if you are unwell but not facing a life-threatening emergency and you think you cannot wait until your GP surgery opens.

Go to an **NHS Walk-In Centre or Minor Injuries Unit** with a minor injury or illness. Find your nearest one by calling **NHS Direct** on **0845 46 47**.

You can also call **NHS Direct** on **0845 46 47** if you are feeling unwell and are unsure what to do, or need information about finding a pharmacist, dentist or other service.

**REMEMBER IF YOU HAVE CHEST PAIN
DIAL 999 WITHOUT DELAY**

Allergy or side effect?

After making a diagnosis, a doctor will decide which drugs to prescribe and considers the benefit of the drug versus any adverse effects. Patients may be allergic to some drugs and this further limits the choice.

But is it a drug allergy or an adverse effect?

A genuine drug allergy is quite uncommon. Some drugs, e.g. penicillin, are more likely to cause allergic reactions. If you suffer a fairly severe adverse reaction to a drug, or repeated reactions on different occasions, this may be considered to be an allergy.

Most allergies are very specific - if you react to one antibiotic this does not mean you are more likely to react to other antibiotics, although you should not be given one of the same type.

If you are allergic to a drug, take responsibility for making sure everyone knows. Tell people looking after you and ask if the allergy has been recorded in your notes. You should be given an allergy bracelet in hospital. If your allergy is severe, consider wearing your own allergy bracelet.

Some people are more affected by drugs than others, so a dose of a drug that suits one person might not be right for another. Doses prescribed take account of this variation and allow a wide margin of safety. However, it may be that a sedative that makes someone sleep for a few hours might make another person sleep for much longer. This is an increased effect rather than an allergy.

All medications may have side-effects. The majority of people get none or very few, but some people are prone to them. The most common side-effects are nausea, vomiting, diarrhoea, tiredness, rashes, headaches and blurred vision. All the known side-effects are listed in the patient information leaflet (PIL) in order of frequency, so the most common will be first on the list.

In children, many rashes experienced while taking antibiotics are thought to be due to the underlying illness.

If you think you have had a drug reaction, keep a diary of what happens. When did it start? How long after taking the drug do you experience the effect? Is it listed in the PIL?

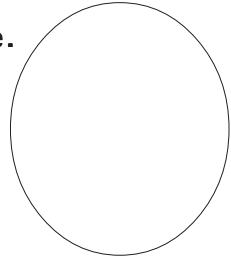
If the effect is severe or you experience sudden pain or shortness or breath, discuss it with your doctor as soon as possible. For less severe side effects, you could wait till your next appointment. Some medicines should not be stopped suddenly so check with your doctor before doing so. Most side effects listed in the PIL will get better as your body gets used to the drug but sometimes a reduction in dose may be needed.

Linda Porter – Antimicrobial and Medicines Information Pharmacist

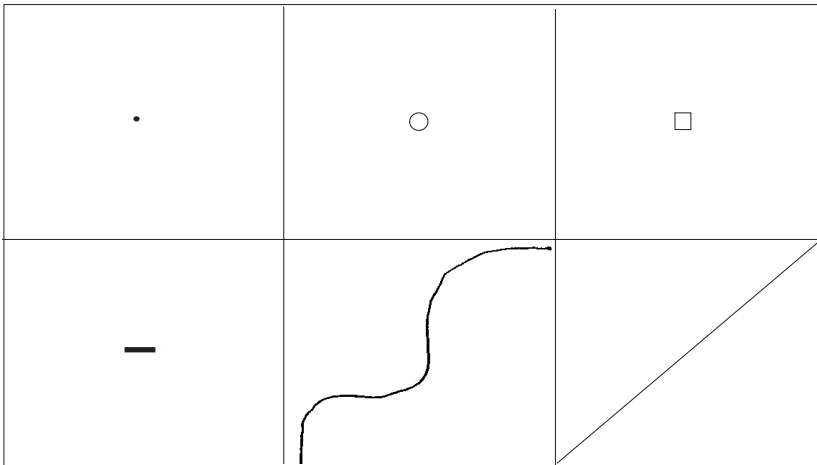
Discover Your Own Personality

**Take this light-hearted personality test
and discover the real you.**

(1) First, make this circle into a face.



**(2) Next, do a doodle or drawing in each of the six squares,
using whatever's there and then go back and give each box a
title (like a painting in an Art Gallery).**



**(3) Finally draw 3 circles in the space below – one to
represent your past, one to represent the present and one to
represent your future.**

When you've finished, turn to page 34 for the results.

Why I swear by Pain Relief

Cursing has been around for a long time – and a damn good thing too.

The wheels of progress are regularly oiled by simple observation. And now scientists have pursued a seemingly trivial aspect of human behaviour and squeezed something positive out of it. Why do we utter expletives when we hurt ourselves ?

From this study emerged the highly entertaining finding that swearing helps us to deal with pain.

The scientists asked students to plunge their hands into buckets of icy water, while chanting their chosen curse. The experiment was then repeated without the volunteers turning the air blue and it was found that the expletives extended endurance. On average, a person could keep his or hand submerged in the icy water for two minutes while swearing, compared with one minute and fifteen seconds while not swearing. But how is it that we can put off pain through profanity ?

Swearing switches us into aggressive mode, triggering the 'fight or flight' response. In this adrenaline pumping mindset, we are better able to deal with adversity, such as a frozen hand or other pain. This might explain why cursing has been around for centuries and why we should avoid casual swearing, lest its overuse diminish its painkilling powers.



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Results to “Discover your own Personality”

Look at what you put on page 32.

(1) What sort of face have you drawn ? Happy, smiling, sad, serious ?

What does your face say about you ?

(2) Now look at the six squares you have completed:

What do you see in them ?

Square One is how you see yourself.

Square Two is how you believe other people see you.

Square Three is how you see your home or an important relationship.

Square Four is your general philosophy of life.

Square Five is how you feel about sex.

Square Six is how you see the future.

You decide the answers – Beauty is in the eye of the beholder !

(3) Finally, look at the three circles you have drawn, for your past, present and future

Consider the size and shape of the circles.

The one that stands out most is the most important to you.

The one that stands out least is the least important.

Or are all three the same?

We're on a seafood diet.

When we see food, we eat it.



LETTERS TO THE EDITOR

Dear Editor

I think that PHSG does a wonderful job and I'm definitely renewing my membership.

Angie O'Plasty



Dear Editor

I purchased an Induction Hob recently which involves using special utensils, pots and pans, which have to be Ferro-Magnetic. To my horror I discovered a note in the instruction book that people with Pacemakers were advised not to use these Hobs. The book also stated people with Hearing Aids may experience some discomfort when using the Hob. I checked with the staff at Comet who sell these products and they were not aware of these facts. I feel our members should be made aware of these problems. Also, is there anything PHSG can do to encourage retailers to label their displays with a suitable warning to their customers ? I feel I had a lucky escape.

Phil Church.

From the Editor's Desk

Hearty greetings from your Editor as we go live with the Autumn Magazine. Delivered with your magazine is the Christmas Party form – do complete and return ASAP !

Also, a credit card sized Heart Resuscitation aide-memoire, for you to carry in your wallet or handbag. For full details, see 'From a Retired Bee-keeper' on pages 24 and 25. Page 25 also gives details of the winner of our bottle of wine and on page 7 there is another chance to win one, so do have a go !



Only two letters to the Editor received this time, so do write in and tell us what floats your boat. If you are interested, chances are other people will be as well !

Alan

All letters, e-mails and other submissions received are assumed to be for publication and free of copyright restriction. They may be edited for space or clarity and are not necessarily the views of the Editor or PHSG

Poole Heart Support Group operates under the umbrella of the British Heart Foundation who rely on voluntary help for fund-raising events.

At the moment we urgently need a Treasurer.

We also need occasional supporters for fundraising.

Please contact:

*Pam Bailey BHF Rep.
4 Knighton Heath Close
Bearwood BH11 9PP.
Telephone
01202 574944*

We would be pleased to hear from any members who would be prepared to play a more active role in the Poole branch of BHF. We meet once a month at Poole Hospital to plan forthcoming events.

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If you need some information,
Exercise or walking club,
(Cyril says they ramble
and then end up at the pub!).

We distribute magazines
and sign in each new member.
We are on the go all the time
from January to December

Jan Meshier
PHSG Office Co-ordinator.