



Magazine Spring 2011

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

POOLE HEART SUPPORT GROUP

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

Dates for your Diary — Meetings and Social Events – Please see page 27

Chairman's Letter

I look at what I wrote last issue and realise how time flies. We were looking forward to the Christmas Dinner but that didn't happen. Christmas Fun and Games at Canford went ahead but was seriously hit in numbers. What a winter! I recorded -7C on Christmas Night. Anyway, we will try again with the dinner rearranged for March 31st with the same menu and the same band. Only a few people cannot make it and they have had a refund, but several new bookings have come in. We'll have a good evening as long as it doesn't snow. There are a few places left so if—you'd like to book, please give Rita, our Treasurer, a call.

Talking of the Canford Fun and Games, a lovely basket of fruit appeared mysteriously and nobody seemed to know who donated it. Thanks are due to that anonymous person and happily we raffled it to help Group funds.

One thing I notice at the exercise groups I attend is that the wearing of our PHSG shirts is not as common as it once was. Perhaps that is because the opportunities to buy them are too few, or because new members do not know they exist? I'm wearing mine in the picture on page 16 and they are most certainly available as George O'Leary tells you in his article inside this issue again on page 16.

PHSG has a policy of not publishing obituaries but there are exceptions when a well-known iconic person in the Group is the subject. Ivor Iles funeral at Poole Crematorium was well attended by his large family and many PHSG members. Jim Waine writes of Ivor's life on page 7.

Michael Paul is another member who died recently. Perhaps he was not so well known but he was instrumental in initiating Hearts on Seats. We are very grateful to his family for the generous donation of £345 to PHSG following his funeral.

Rehabilitation Phase 3 run by Poole Hospital at Canford School had a funding crisis last year and were helped over this by some funding from PHSG. We regard this particular rehab class as very important to PHSG. As it is run outside the hospital environment, it means that we recruit more new members into Phase 4 classes than from any other source. The funding crisis rattled on with the rehab team hunting out funding for 2011. First it was in place, then it wasn't, but now we can report that the hospital funding for this class is finally secure and the class will continue for the next year.

It was gratifying to receive a cheque for £450 from Waitrose recently as a result of being one of their December charities. What was particularly gratifying was that of the three charities, shoppers chose PHSG for their tokens, ahead easily of the other two, so we got the largest share of the £1000 on offer. We think it is because of the local element. Our Group supports Poole Hospital and people treated there. Finally, let me remind you that our President, Dr Andrew McLeod, will give his annual address to the Group on 24th February in the Graduate Centre at Poole Hospital. This is always a good talk and allows you to put those questions that you are just itching to ask. See you there?



Medicine and Cardiology News from Poole Hospital NHS Foundation Trust

Dear friends,

It is very nice for me to contact you again at this time of year with the promise of spring on the horizon after such a cold and bleak winter.

The Hospital has worked very hard over the winter period to ensure that standards remain high and that we continue to serve the people of Poole and the surrounding areas to the best of our ability. It has been a tough time with the reduction of beds made over the summer and autumn but in spite of this there has been very little need to escalate in-patient beds. In Medicine and Cardiology we have been working to improve our key indicators such as infection control, length of stay and estimated date of discharge. The discharging of patients has had a great deal of media coverage lately so I thought I would take time to explain one method we use. The NHS of the 21st century places a great emphasis on the timely discharge of patients and the estimated date of discharge (EDD) is a useful tool we are working with. For example when you arrive as an in-patient we look at the reasons for admission and the diagnosis to plan the time you will be in Hospital. This not only enables us to improve the movement of patients through the hospital, but also key diagnostic tests and treatments. It means also that you and your families are aware early on in the process when it is likely you will be going home. Often patients have said to us that they do not know what is happening and when discharge will occur, this process helps that, obviously we cannot guarantee this as changes in condition can elongate the time but it does help to plan on all sides. In Medicine and Cardiology we have white boards above each bed which will have this information on so all can see. It has such things as tests that are needed and transport to be booked, or if family are taking you home etc. I hope that you will view this in a positive way as we do as no person wishes to stay in hospital longer than necessary and this allows the patients to be at the centre of planning. It also means that as a relative you can plan for your loved ones return.

Our targets in cardiology are good and within what we have planned for, and the new nurse led cardioversion service is proving highly successful. CT Angiography continues and Professor Greaves specialises in this. We are also proud of the research projects we undertake and have papers published in many journals. The new day case heart failure service with Dr Bruce and in conjunction with the Medical Investigations Unit is going well.



continued on page 11

Heart News with Dr. Christopher Boos

Dear All

Happy New Year! I have been specifically asked, by a patient, to write a brief overview on the investigation and management of cardiac rhythm disturbances following a heart attack (myocardial infarction [MI]). This is huge and complex subject and hence very difficult to cover in brief, but I will try my best.

An arrhythmia refers to any abnormality in the rate (too fast or too slow) and/or rhythm (regular or irregular) of the heart. A MI is associated with an increased risk of future cardiac arrhythmias. In fact, following a MI, up to 90% of all persons will develop some form of cardiac rhythm disturbance. These arrhythmias originate in either the upper (atria eg atrial fibrillation) or lower (ventricles) chambers of the heart. In the majority these are usually more minor rhythm disturbances such as extra (ectopic) or missed beats, with more severe and sustained rhythm disturbances occurring less commonly. It is the very fast ventricular generated arrhythmias of ventricular tachycardia and ventricular fibrillation which are the most concerning and serious.

Estimating the future significant arrhythmia risk, in an individual patient, is a very difficult and highly inexact science, especially as these arrhythmias can appear at any time (hours, days, weeks, months or even years) following an MI. Nevertheless, there is increasing scientific evidence and clinical guidelines to help aid our decision making process and risk stratification. The last pre discharge ECG and echocardiogram are very useful in this regard. Patients with more severe damage to their heart muscle (eg an ejection fraction [proportion of blood ejected from the heart to the body in one beat] <35% detected on their echo) and associated major electrical conduction abnormalities (eg left bundle branch block detected on their ECG) are at a particularly increased risk of these serious ventricular arrhythmias. Standard post MI medication (eg beta blockers and ACE inhibitors) unquestionably improve survival (the scientific evidence is overwhelming) and may reduce the potential for rhythm disturbances. However, certain patients, such as those with ongoing palpitations *continued on page 30*



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.

IVOR HEDLEY ILES

31st July 1925 – 3rd January 2011

As many members will know, we lost Ivor early this year after a very long fight with health problems. His funeral was held at Poole Crematorium, with standing room only, with his family and friends, many from PHSG. The service was conducted by Reverend Tony Wood who was a personal friend of Ivors and who is also a member of PHSG.

Ivor and Joyce his wife, joined PHSG four years after the group started in 1991 and were both very keen and active in all aspects of the group and because of their interest helped the group to grow. Joyce became a member of the committee and Ivor would drive Joyce to the committee meetings and sit at the back of the room voicing his opinions and Joyce would spend most of the time telling him to hush. At any social meeting and regularly at the Annual General Meetings, he would be the first to jump in with questions or to query something in the report. He was well known for speaking out, but never with malice and was always concerned that his comments had not upset anyone.

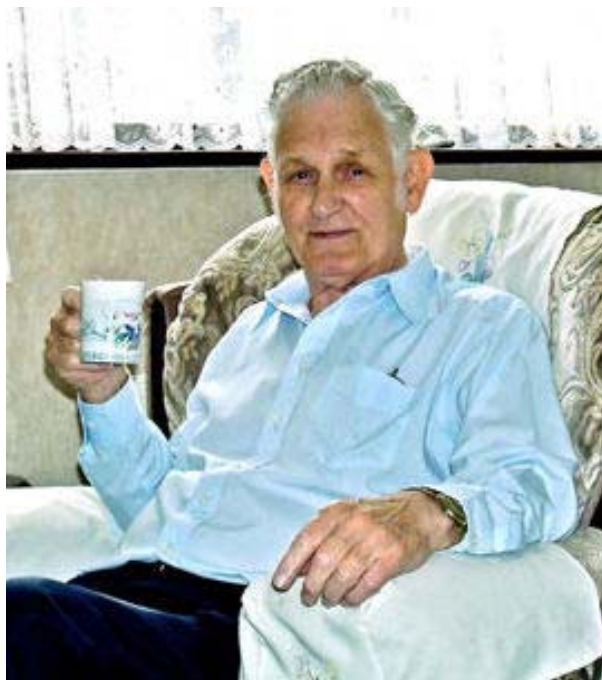
Ivor was always keen to help and support any members in any way he could and offered lifts to or from meetings to anyone who had difficulty in getting to the various functions. In his last years he attended the Hearts on Seats exercise classes at Broadstone on a Thursday afternoon and was keen to make the tea and coffee, always with biscuits! As one of the ladies said, and I think this sums him up, "he was a lovely man, and we will miss him and his chatter".

I, along with many other members of the group will certainly miss Ivor's banter and friendship at our future social gatherings and especially the biggest loss will be to his closest friend Geoff Lane who spent much time with Ivor enjoying their many interests together over many years.

Jim Waine
Vice President Poole Heart Support Group

Extract from the "The Blessing" read by Rev Tony Wood

"God knew that you were suffering, he knew you were in pain.
He knew you would never get well on earth again.
He saw the road was getting rough and hills were hard to climb
So he closed your weary eyelids, and whispered, "Peace be thine"."



NHS CHANGE EVENT

By Keith Matthews

22nd November 2010

I attended a two hour meeting today, an invitation to local community groups to discuss change in the NHS after the Government White Paper. For change, we should read "where can we save money" as that was the real thrust of the meeting aimed at filling the requirement to "consult". Does my background in private sector industry make me suspicious that this is a box ticking exercise? Does my immediate response of "well then, hold less meetings" make me sound too immediately cynical? Probably, so lets submerge those feelings and get the flavour of the day. Surprisingly, my sympathies sided with the presenter, a consultant in public health. He seemed to have a more candid view of the forthcoming problems than many of the gathering of volunteer group members who seemed to want to use the arena to air chronic grievances about NHS failings. I'm sure these were valid points, but that's not what we were there to discuss!

OK, the NHS spends £1.2B a year in Dorset now and this is not going to be cut. It isn't going to be increased either, at least for the next 3 years. We were told us that the NHS has become accustomed to a 5% expansion in budget each year and so, if we take this as continuing, then after three years there would be a £200M shortfall. Then our presenter surprised me by saying that the NHS had got used to quite a lot of funding over the last several years and become comfortable with the 5% increase. He said that Public Sector pay freeze should ameliorate some of that 5%, and also that he could take the view that the system was pumped up enough over these past years that it could possibly cruise a little now. He did surprise me again by saying that although waiting times and many things had improved with this 5% pa increase, there was little evidence that this had had any measureable effect on general levels of public health.

Its too big for me as a mere bystander to understand, but I was there for PHSG and so I must focus on what is important for PHSG. Interestingly, the consultation was clearly aimed in an appropriate direction. It was very strongly flavoured to question if tertiary care such as rehabilitation and community services could be a more cost efficient spend than secondary care, that is, hospitalisation. Locally, we have the highest spend on secondary care in the UK, while we have one of the lowest spends on tertiary. How does this affect us then? Well, the cardiac rehabilitation team at the hospital could be regarded as tertiary care (although they are funded by the secondary care spend) and we rely

Continued opposite

**Report for the Jan 2011 meeting/talk given by Richard Tipney
(supported by Frances Aviss).**

It was good to see the return of Frances Aviss who headed up a presentation on the revision of emergency response times in Dorset about a year ago. She explained that she was not directly involved in mental health provision in Dorset but keeps in close touch as she started her career some years ago in mental health. Frances then introduced Richard Tipney, the business manager for IAPT (Increased Access to Psychological Therapies) working for the Dorset Healthcare NHS Foundation Trust.

Richard explained that IAPT has been in operation for several years and is now wishing to expand it's services to the public at large. It's objective is to help people with the minor forms of mental health, mainly depressive, through one to one sessions. Some 40 professionals are involved in providing the help and advice to alleviate the debilitating effects, and overcome the stigma surrounding mental health problems. Using a set of charts and illustrations Richard described the various forms that the expression of depression can take, lethargy, repetitive washing etc – some dozen or so categories, followed by the simple step function approach to achieving better life expectancies without the use of medication. Using relaxed and varied techniques, at 6 or so levels depending on severity, it is expected that help can be given to many people with lesser but continuing problems. Referrals into the system can be by either a GP or self-referral. By expanding the awareness of the facility of IAPT via GPs and talks such as that to PHSG members it is hoped to help many of the 1 in 10 people who have problems of this sort. The discussion session at the end of the presentation was followed by refreshments, in the usual way.

Gary Lee Social Events

on them as our liaison link. Without them, new heart patients would have no way of being guided through to us in PHSG. So we have the view from the consultation meeting that rehabilitation out of hospital is a good thing and this is certainly the PHSG view. However experience tells us that when funds are tight, things like rehabilitation are the first to go. The final bullet points showed good thinking to my point of view;

- Manage waste, including beds.
- More investment in early intervention and prevention, reducing hospital admissions.
- Reduce management costs

But, watch this space as they say.

CHAT STOPS

We held the second "Chat Stop" meet on the afternoon of the 1st February at St John's Church Hall, Broadstone. The success of the first one was built on and the photograph shows the gathered throng. The two hours just passed so quickly as members enjoyed a cuppa and cake.

We are aiming to offer something for everyone and so, if you cannot make the evening talks, then the afternoon "Chat Stops" are for you. The next day, your committee voted to continue the meetings on a monthly basis, except for the summer months. To keep consistency in your diaries, we are keeping to the first Tuesday in the month at St John's Hall, Broadstone, from 2:00 to 4:00pm. The next dates for your diary are:

1st March 5th April 3rd May

Alan Jefferies (alan@poolehsg.org.uk)



The happy gathering on 1st February



Doreen Tobitt and Pam Bailey serving the tea.

Patient satisfaction is high, which is good at these difficult times for the NHS. Cost savings are on everyone's minds however they do also allow opportunity to change things and services for the better. I will close now and hope that I meet many of you again in the coming months so until next time take care.

Geoffrey Walker OBE JP RGN
Matron Cardiology and Medicine.
Poole Hospital NHS Foundation Trust.

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 894792 Mobile 07736 275190.

ONE LINERS:

1. I saw a fat woman wearing a sweatshirt with 'Guess' on it. I said 'Thyroid problem?'
2. When I was a kid I used to pray every night for a new bike. Then I realised that The Lord doesn't work that way, so I stole one and asked him to forgive me.
3. I've often wanted to drown my troubles, but I can't get my wife to go swimming.
4. I was doing some decorating, so I got out my step-ladder. I don't get on with my real ladder.
5. I went to a restaurant that serves 'breakfast at any time'. So I ordered French Toast during the Renaissance.
6. A cement mixer collided with a prison van on the Upton Bypass. Motorists are asked to be on the lookout for 16 hardened criminals.
7. I was bullied at school, called all kinds of different names. But one day I turned to my bullies and said 'Sticks and stones may break my bones but names will never hurt me', and it worked! From there on it was sticks and stones all the way.
8. My Dad used to say 'always fight fire with fire', which is probably why he got thrown out of the fire brigade.
9. Sex is like playing bridge: If you don't have a good partner, you better have a good hand.
10. I saw six men kicking and punching the mother-in-law. My neighbour said 'Are you going to help?' I said 'No, six should be enough.'
11. If we aren't supposed to eat animals, then why are they made out of meat?
12. I think animal testing is a terrible idea; they get all nervous and give the wrong answers.
13. You know that look women get when they want sex? No, me neither
14. Politicians are wonderful people as long as they stay away from things they don't understand, such as working for a living.
15. I was the kid next door's imaginary friend.
16. Right now I'm having amnesia and deja vu at the same time. I think I've forgotten this before.

SOME GREAT QUESTIONS BROUGHT TO YOU COURTESY OF PETER KAY

1. Why does your gynaecologist leave the room when you get undressed?
2. If a person owns a piece of land do they own it all the way down to the core of the earth?
3. Why can't women put on mascara with their mouth closed?
4. Is it possible to brush your teeth without wiggling your bottom?
5. Why is it called Alcoholics Anonymous when the first thing you do is stand up and say, 'My name is Peter and I am an alcoholic'?
6. Why are they called stairs inside but steps outside?
7. Why is there a light in the fridge and not in the freezer?
8. Why does mineral water that 'has trickled through mountains for centuries' have a 'use by' date?
9. Why do toasters always have a setting that burns the toast to a horrible crisp no one would eat?
10. Is French kissing in France just called kissing?
11. Who was the first person to look at a cow and say, 'I think I'll squeeze these dangly things here and drink whatever comes out'?
12. What do people in China call their good quality plates?
13. Why do people point to their wrist when asking for the time, but don't point to their crotch when they ask where the bathroom is?
14. What do you call male ballerinas?
15. Why is a person that handles your money called a 'Broker'?
16. If quizzes are quizzical, what are tests?
17. If corn oil is made from corn, and vegetable oil is made from vegetables, then what is baby oil made from?
18. Why is it that when someone tells you that there are over a billion stars in the universe, you believe them, but if they tell you there is wet paint somewhere, you have to touch it to make sure?



PHSG Cycling Club 2011 Rides

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

Sunday 20 th Mar	Meet Wimborne Layby 0.5m N on B3078. Cranborne (20m)
Sunday 17 th Apr	Meet Upton Country Park. Squarely Round Holes (15m)
Sunday 22 nd May	Meet Shore Road Sandbanks. Back to front (18m)
Sunday 26 nd Jun	Meet Broadstone Leisure Centre. Upton & Lytchett Wander (15m)

Rides are 15 to 20 miles long, the rides 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

My First Ride with the PHSG Cycling Club

Sunday morning – and I'm going to join the PHSG Cycling Club for the first time on their ride. I'm a bit apprehensive: the route is billed as 15 miles and the most I've done in the last couple of years is 8 miles; and the picture in the Autumn Magazine shows a group of much more professional looking riders than I have ever been. They are all smiling though and it is a glorious sunny October morning – so I toddle to the start point in the Broadstone car park.

There is a very friendly welcome and I'm assured that the group will go at the pace of the slowest. We take the cycleway towards Upton Country Park – it's encouraging to start with a downhill bit. We cycle on through Upton and then tackle a long hill up into Lytchett Matravers. I drop into the lowest gear and I am aware that the ride leader and others are 'shepherding' me – making sure that, though slow, I am not quite at the back. We follow pleasant lanes across to Corfe Mullen and then to Merley. There are a couple more uphill sections and other riders take it in turns to talk to me – they are making sure I can still breathe!

Back in Broadstone, the various trip-meters agree that we have done 15 miles. I've really enjoyed the morning and plan to join in some future rides.

John Harvey



Cycle Group showing that sometimes they do "Do Rain"



Firstly I must thank our Chairman Keith (above) for his plug about the PHSG shirts. The profits from the sales go into the Group's funds.

FOR SALE

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

Sizes: Small, Medium, Large, and Extra Large

Styles: T-Shirt £6, Polo Shirt £10, and Sweatshirt £12

I do still have five of the old style logo shirts in Sky Blue. 3 Small and 2 XL T-Shirts. These will cost you just £3, half-price. Hurry while stocks last.

Available from me; George O'Leary TEL: 01202 743978 or george@poolehsg.org.uk

WANTED

A very big thank you to all who have flooded me out with your old greetings cards. One half of my garage is almost full of them. Please do not send me any more for at least the summer, if that ever comes! I am sure you can find another way to recycle them but please keep the used postage stamps and postcards coming. Thank you again.

George O'Leary TEL: 01202 743978 or george@poolehsg.org.uk



OPEN DAY AT THE DRAX ESTATE
Sunday 29th May 2011
2:30pm until 5:00pm

Charborough Park
Entrance from A31

Proceeds in aid of the
British Heart Foundation



The talk entitled "What's New" by Dr Bruce was marred to some degree by a disastrous start. Firstly the computer facility in the Lecture Theatre locked up and would not allow any access and secondly Dr. Bruce's smart new mini laptop had no outlet to connect into the display unit.

But Dr Bruce proceeded to give her talk, which was aimed at Atrial Fibrillation, a type of heart arrhythmia and its relationship with the occurrence of a Stroke, despite the lack of visual aid for her charts ... slides.

Starting with the existing services such as the Rapid Access Service ... clinic run by Dr Howard, Dr.B explained that the existing service is to be expanded with a shift in the range of the service offered. The symptoms of AF were covered and methods of detection. AF is caused by a defect in the electrical system of the heart, which causes irregular control of the function of the upper chambers of the heart. By nature AF is irregular and its effect on the individual are intermittent and not easy to monitor. Dr. B went on to describe a scoring system by which the severity of AF is assessed and then to medication, including Warfarin with its particular side effects, and some of the recent advances in the medicines and monitoring devices now being used. The current monitoring devices implanted into the body can record occurrences of irregularity and via a wireless link, pass the information for analysis – not cheap but effective for 5years or so. And of course there are pacemakers to keep people ticking more regularly. There are also some invasive actions such as irradiation to stop certain electrical impulses, cardiac resynchronisation and cauterisation of veins which are applicable in specific cases.

Most people are referred into the RAS by their GP when symptoms are observed, but many people live quite happily with minor defects, which are later exposed by other defects occurring in and around the heart. The talk given by Dr. Bruce was very interesting to the 50+ audience, particularly to some AF sufferers in the audience. It finished with a Q...A session, followed by refreshments.

Gary Lee

Dietry Advice . Gilda Baxter *Primary Care dietitian*

Does diet have a role to play, in Cardiovascular Disease (CVD), in the post-Statins era? Dietary intervention still remains at the heart of treatment to reduce risk of CVD.

Dietary advice is not just focused on cholesterol reduction, but also to reduce markers of inflammation, reduce blood pressure and weight management.

FRUIT AND VEGETABLES

Fruit and Vegetables, for example, has been extensively investigated in relation to their effects on blood pressure and their antioxidant properties, neutralizing free radicals (free radicals are implicated in the processes of both atherosclerosis and thrombosis, via various metabolic processes). Plant foods contain vitamins, minerals, fibre and phytochemicals that are believed to play an important role in cardiovascular health.

Studies show that for every portion of fruit and vegetables eaten, there is greater protection against strokes. We should aim to have a minimum of 5 portions per day.

What is a portion? : Fresh fruit: Medium-sized - one apple, banana, pear, orange, nectarine etc.

Small-sized - 2 plums, 2 Satsumas, 3 apricots, 2 kiwi fruit, seven strawberries, 10 grapes etc.

Large fruit - half grapefruit, one slice of melon (two inch slice), two slices of mango, one large slice of pineapple etc.

Dried fruit: One tablespoon of raisins, currants, sultanas, 3 prunes, 2 figs

Canned Fruit: Roughly the same quantity of fruit that you would eat as a fresh fruit portion.

Fruit Juice: one medium glass (150ml) of 100% pure fruit juice. Fruit juice only counts as one portion, no matter how much you drink.

Vegetables: Two broccoli spears, 6-8 cauliflower florets, 4 heaped tablespoons of cabbage, spinach, green beans, three heaped tablespoons of courgettes, carrots, Brussels Sprouts, swede.

One small bowl of salad. Pulses and beans:

Three heaped tablespoons of baked beans, kidney beans, cannelloni or butter beans, chick peas.

SOYA PRODUCTS

The soya bean is a good source of polyunsaturated fats (Omega 6 and Omega 3). It is low in saturated fat.

Studies have demonstrated that consuming 25g of soya protein a day can significantly reduce cholesterol levels (as part of a healthy diet).

Although soya protein cannot replace Statins, it can provide a useful added

benefit to Statin therapy, as well as an alternative for those who cannot tolerate Statins.

PLANT STANOLS/STEROLS (eg. Benecol, Flora pro-active yoghurt drinks and spreads)

They work by reducing total cholesterol absorption from the gut. Both have similar effect on cholesterol.

As part of a healthy diet, plant stanols and sterols can help to reduce total cholesterol and LDL-cholesterol (the bad type of cholesterol), by 10 - 20%.

The beneficial effect only impacts if the recommended dose of 2-3g per day is consumed. The beneficial

effect is lost, when you stop using the product. Follow the manufacture's advice on how to achieve the 2-3 grams/day.

Products containing plant stanols/sterols are not meant to be a substitute for lipid lowering medication prescribed by your doctor.

ALMONDS/NUTS

Epidemiological studies indicate that consuming five portions of nuts per week significantly reduce the risk of CVD.

One portion is roughly a handful.

OILY FISH

Fish oils, rich in Omega 3 have been found to be cardio protective, helping with cardiac arrhythmias, reducing the 'stickiness' of the blood and making it less likely to clot, protecting the arteries from damage.

Very good sources are herring, kippers, mackerel, pilchards, salmon, sardines and trout.

Vegetarian sources of Omega 3 are rapeseed oil, flaxseed oil (these are not as efficiently used by our body as Omega-3 from oily fish).

Alternatively you can get fish oil capsules, dosage of 0.5 to 1.0 grams/day over the counter (always inform your doctor and ask if it is ok for you to take Omega 3 capsules over the counter in particular if you are taking blood thinning medication).

People with heart disease should aim to have 2-3 portions of oily fish per week. A serving is roughly 100 grams (4oz) of fresh, frozen or smoked fish. There is no single cause of Cardiovascular Disease and many factors can contribute to its development. Some risk factors (such as genetic factors) are unalterable, but many are potentially modifiable.

To ensure a healthy, balanced diet and a healthy lifestyle continues to be the main aim for prevention and treatment of CVD.



Genes that keep us in bed

Do you sleep a little or a lot ? It may surprise you to know that the amount of sleep you need depends on your genes. Now, research using the fruit fly as an animal model has identified a few key genes.

Sleep occupies a third of a person's life. Why is it that, for millions of years, we have slipped daily into this state of partial unconsciousness that renders us so vulnerable ? Many of the mechanisms governing sleep are still a puzzle. Over the last ten years, there has been a surge of research into sleep, gradually unveiling it's mysteries. To discover how and why we fall asleep naturally each night, researchers are focussing on the genetics of sleep. Identifying the genes involved in sleep may not only provide answers to these fundamental questions, but also lead to new treatments for sleep disorders.

Sleep deficit, biological clock and DNA

Sleep has a regulatory system to compensate for loss of, or surplus sleep. The

timing, duration and quality of sleep are regulated by two processes: The homeostatic mechanism regulates sleep intensity, while the circadian clock regulates the timing of sleep. A sleep deficit elicits a compensatory increase in the intensity and duration of sleep, while excessive sleep reduces sleep propensity. This is why you need to catch up on your sleep the day following a sleepless night. Although the rhythm of the circadian clock is endogenous, it is reset regularly by daylight. Sleep is regulated by the duration and quality of the preceding period of wakefulness, as well as by your circadian clock. When the sleep/wake cycle is normal, the circadian clock produces a cycle lasting about 24 hours and determines the optimal times for sleeping and being awake. That is why we fall asleep more easily at night than during the day.

Although all human beings are subject to these two major sleep regulators, there are wide variations from one person to another. Some people are happy with just five hour's sleep, while others are still tired after eight. The time we go to bed and the amount of sleep we need to function properly also depend on the individual, because sleep is determined genetically. The electrical brain activity and physiological parameters recorded during sleep are two of the most hereditary of all human characteristics.

continued opposite

Fruit fly to the rescue

So your DNA determines whether you are a morning lark or a night owl, as well as, how much sleep you need. Scientists have a key partner in their study of sleep regulation: the common fruit fly. This little fly is one of the model organisms most commonly used in biological research, especially genetics. As fruit flies are small, easy to breed and have a very short generation time, they make ideal guinea pigs for observing their sleep behaviour. Studies show that the fruit fly's sleep patterns closely resemble those of humans. Just like humans, the fruit fly usually stays quiet and immobile for between 6 and 12 hours each night, during which time R loses most of its ability to respond to stimuli. When deprived of sleep, both humans and their winged counterparts will make up lost sleep the next night. Fruit flies also sleep more in their youth than in later life, when their sleep is fragmented, as with humans.

Sleep helps combat obesity

Chronic sleep deprivation disrupts our body's metabolic balance and eating patterns. So, how does sleep protect people from obesity ? At night, the body secretes the appetite-suppressing hormone, leptin, which stops us feeling hungry. During the day, secretes the hunger hormone, ghrelin, to encourage us to eat. In people who sleep little, ghrelin is secreted over a longer period, increasing their appetite.

Towards better hypnotic drugs ?

Sleep does not remain constant over a person's lifetime. Sleep disorders can appear with age, stress or illnesses such as sleep apnoea or depression, altering the quantity or quality of this state so crucial to human physical and mental well-being. Lack of sleep causes such effects as impaired performance and immune response, metabolic imbalances and diminished concentration. Understanding the function of sleep and the mechanisms that government could lead to the development of more targeted treatments for people with sleep disorders, to replace the sleeping tablets they are currently prescribed and improving their quality of life. Recent scientific discoveries have illuminated some of the murky depths into which most ordinary mortals sink every night, it will be a long time before the experts can collect and assemble all the pieces in the jigsaw and finally lay their weary heads to rest.

Since they failed when trying to teach me to write using a slate, I find computers marvellous - people can read my efforts ! But files, and letters, do have to be organised so that one can find them again. this is the time of year to make a couple of changes, so how do I do it ?

In Word I keep my letters in directories/files (yes, I know you do too) according to their subject, but not too many of them. Since there are for most subjects only a couple of letters, this group are put into a file called "letters 2010", with the filename specifying the addressee, and the subject, then the date. Thus "Bristow 0101" for this letter to our Ed. Why the date ? Well then I will know when I wrote it, and, providing I remember Mr. Gates puts his month first then all of my letters to Alan Bristow will be in chronological order this year, instead of a muddle. Then of course there is a file in "My Documents" labelled "BHF 2010" for letters to the British Heart Foundation, and others labelled ""Woodwork 2010" etc. My Wife also has a file in "My Documents" labelled Mary, and then labels her files similarly.

Sometimes of course we all write notes that need to be kept for a day or so at most, but then do not matter. So I do have one directory called "Temp", and each time I write one of these notes I call it "temp", overwriting the last one thus named, or "temp2" etc. if I need two or three that day. This saves the filing system getting too cluttered, but I have learned the hard way always to save a letter until the printed copy has been read a couple of times. No, I never ever make mistakes, for I am a woodworker, but I do incorporate a little "accidental quality" into all my work - for quality is quality, is it not ?

Yes, of course there is also file called "Eternal" containing lists etc. to be used over the years, but not changing each year. If date is appropriate then of course the year is first, then the month, then day

"2011 12 25".

So my job for the New Year's Day ? To add a new file called "Letters 2011" etc.

David Reader

THE PERFECT HUSBAND

Several men are in the locker room of a golf club. A mobile phone on a bench rings and a man presses the hands-free speaker button and begins to talk. Everyone else in the room stops to listen.

Man: "Hello."

Woman: "Hi, it's me. Are you at the club?"

Man: "Yes."

Woman: "I am at the Mall now and I've found this beautiful leather coat. It's only £500. Is it OK to buy it?"

Man: "Sure, go ahead if you like it that much."

Woman: "I also stopped by the Mercedes dealership and saw the new 2006 models. I saw one I really liked."

Man: "How much?"

Woman: £175,000."

Man: "OK, but for that price I want it with all the extras."

Woman: "Great! Oh and one more thing, the house I wanted last year is back on the market. They're asking £800,000."

Man: "Well then, go ahead and make them an offer of £750,000. They will probably take it. If not, we can go the extra £50,000."

Woman: "OK. I'll see you later! I love you so much!"

Man: "Bye! I love you too!"

The man hangs up. The other men in the locker room are staring at him in astonishment, mouths agape. He smiles and asks, "Anyone know who this phone belongs to?"

A NEW LEASE OF LIFE FOR THE HEART

Stem cells obtained from bone marrow and adipose tissue could improve the cardiac function after a heart attack, according to studies carried out by scientists at the Centre for Applied Medical Research and Navarre University Hospital, Spain. Cardiac arrest is one of the most common complaints in the world. When a person suffers such an attack, the damaged muscular tissue dies and the residual scar tissue does not retract. As a result, the myocardium is unable to regenerate, with serious consequences for the workings of the heart, possibly ultimately leading to cardiac insufficiency. Experiments carried out on rats showed that stem cells obtained from bone marrow were able to repair the damaged tissue while the adipose cells were transformed to form blood vessels and cardiac cells. What is more, the results obtained were maintained over a long period.

More information - www.basqueresearch.com/index.asp?hizk=1

INSURANCE SCAM

It seems that those people that have insurance with SKY to cover their Satellite equipment, are being targeted with phone calls in an effort to get them to cancel their Direct Debit and pay for insurance with a new company. Their tactics are to get you to think that it is SKY on the phone and tell you that your policy has lapsed and you are not covered. They offer to reinstate your cover with a price that is considerably reduced if you pay £60 for a year or £120 for three years. They are able to quote your name and address to make it more viable.

I have had two phone calls of this type, but I was able to check my DD while they were talking on the phone. As soon as I confirmed that my DD were still being paid the caller rang off.

A friend of mine did take up their offer paying by Visa Debit card and later found that he was still covered by SKY.

He rang the 0800 contact number to cancel the insurance, but it was unmanned, so he was never able to speak to anyone. When the contract arrived he immediately cancelled it by letter via special delivery. He then got a telephone call trying to change his mind, but on refusal, he was promised a refund within seven days. It eventually took a letter with a threat of court action, to receive his refund by company cheque eight weeks later. This cheque bounced twice.

VISA CHARGEBACK SCHEME

At this point I would like to point out that had the payment been made by a credit card, there is a well known scheme to get your money back if the transaction is over £100.

What is not so well known is that a similar scheme is available if you pay by Visa Debit. In fact two employees in the telephone banking enquiry section, were not familiar with the Visa Chargeback Scheme, so my friend went to the local Poole branch for help. Within three weeks he received the £120 into his bank account, despite the firm being unable to honour the cheque.

PHSG Web Site

While I am writing, can I remind members that our Web Site (www.poolehsg.org.uk) contains information about all the activities and useful information relating to PHSG.. I try to keep it up to date with the help of the PHSG officers, sometimes mistakes are made, so if you spot anything that needs alteration, or think could be added, or any comment good or bad, please email me, max@poolehsg.org.uk.

Thank you, Max.
Web Master.

The Changing Role of the Kitchen Table

Once a family meeting place, now more of a workstation

The kitchen table used to be a place for the family to congregate round for breakfast, lunch, dinner and the Sunday Roast, but times have changed dramatically. But while fewer families sit down together to eat, the kitchen table is far from redundant and still remains the hub of family life.

A survey by Legal and General reveals the extent to which eating regularly round the kitchen table has become a minor activity. Only 11% of families have time to sit down for breakfast together before leaving the house and only 30% have dinner together each evening. The traditional Sunday dinner remains the highlight of the week for a mere 17% of people.

The research shows that our homes are changing to meet our different lifestyles. So what's happening at the kitchen table? It may not host as many family meals as it used to, but it still remains at the heart of the home. The kitchen table is commonly used as a study zone, with 40% of children using it to do their homework and 22% of parents catching up with home admin and paperwork. But the kitchen may also act as a distraction to serious study, with 1 in 5 family members - 20% - playing games around the table.

Perhaps not being able to afford a home with a separate study, dinkys - dual income no kids yet - young couples are most likely to work remotely from the office at their kitchen table, with 18% using it as an internet cafe, browsing the web and checking e-mails.

Older couples whose children have left home, enjoy the odd tippie at the kitchen table. These older couples, along with the retired and multi-generational families, are the people most likely to be boozing around the table, with almost 1 in 5 - 17% - having heart-to-hearts over a glass of wine. These older couples enjoy it as a quiet zone, where 42% like to read the newspaper and 13% using it to write letters.

The survey also found that 9% of adults use the kitchen table to make love, proving that the kitchen table is the most multi-functional item "in the home. Where else can you surf the net, pay your bills, have a glass of wine, read a paper or PHSG Magazine, occasionally eat something or make love?

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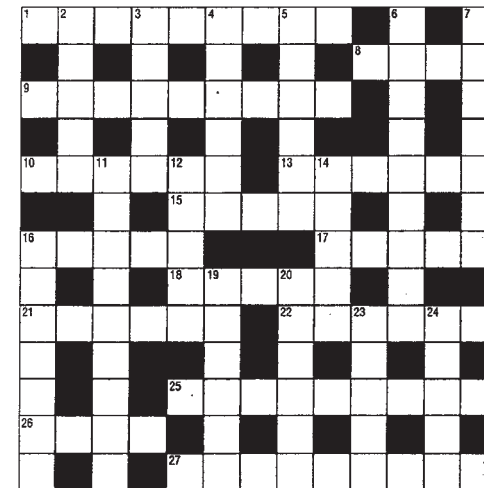
Crossword

ACROSS

- 1 Rascal (9)
- 8 Crooked (4)
- 9 Very valuable (9)
- 10 Military display (6)
- 13 Conquer, beat (6)
- 15 Mark - - -, American author (5)
- 16 Skill (5)
- 17 Yearn for (5)
- 18 Painting stand (6)
- 21 Place inside (6)
- 22 Believe (6)
- 25 Home (9)
- 26 Cooking fat (4)
- 27 Daring experience (9)

DOWN

- 2 About (5)
- 3 Valid (5)
- 4 Daffodil'colour (6)
- 5 Town of St Francis (6)
- 6 Home of Blackburn Rovers FC (5, 4)



- 7 Cleanliness (7)
- 11 Convey from one place to another (9)
- 12 Aquatic mammal (5)
- 14 Male relative (5)
- 16 Maim (7)
- 19 Accompany (6)
- 20 Judge's robe fur (6)
- 23 Top of a wave (5)
- 24 Happen (5)

**Answers
page 30**

Spetisbury / Tarrant Crawford



On the 10th May 2010,
24 people walked the 4 miles on a very muggy day

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.



We are affiliated to the Arrhythmia Alliance and they contacted us recently to tell us that they were updating their website. They have put in a page on the site listing all their affiliated groups and offered each a page for our own information. Check it out on <http://www.thehearhythmcharity.org.uk/>

APHORISMS

AN APHORISM: A Short pointed sentence that expresses a general truth.

- The nicest thing about the future is . . . that it always starts tomorrow.
- Money will buy a fine dog, but only kindness will make him wag his tail.
- If you don't have a sense of humour, you probably don't have any sense at all.
- Seat belts are not as confining as wheelchairs.
- A good time to keep your mouth shut is when you're in deep water.
- How come it takes so little time for a child who is afraid of the dark to become a teenager who wants to stay out all night?
- Business conventions are important . . . because they demonstrate how many people a company can operate without.
- Why is it that at class reunions you feel younger than everyone else looks?
- Scratch a cat . . . and you will have a permanent job.
- No one has more driving ambition than the teenage boy who wants to buy a car.
- There are no new sins; the old ones just get more publicity.
- There are worse things than getting a call for a wrong number at 4 a.m. - it could be the right number.
- No one ever says "It's only a game" when their team is winning.
- I've reached the age where 'happy hour' is a nap.
- Be careful about reading the fine print . . . There's no way you're going to like it.
- The trouble with bucket seats is that not everybody has the same size bucket.
- Do you realize that, in about 40 years, we'll have thousands of old ladies running around with tattoos in strange places? (And rap music will be the Golden Oldies!)
- Money can't buy happiness - but somehow it's more comfortable to cry in a Lexus than in a Fiesta.
- After 70, if you don't wake up aching in every joint, you're probably dead.
- Always be yourself because the people that matter don't mind . . . and the ones that mind don't matter.
- Life isn't tied with a bow . . . but it's still a gift.

NAME THIS MAGAZINE?

Our Magazine is just called "Magazine" and we are looking to see if we can come up with a name for it. To this end we announce a competition for the best name. Rack your brains and submit your suggestions (clean ones please) by the end of March.

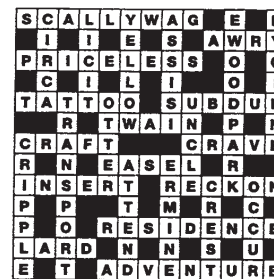
Title your email "Magazine Competition" and send to keith@poolehsg.org.uk or by snail mail to "Magazine Competition", 10 Hill View Road, Ferndown. BH22 9QY
A bottle of Champagne for the winner – and lasting fame too.

GRANDMA'S BIRTH CONTROL PILLS

A doctor who had been seeing an 80 year old woman for most of her life, finally retired. At her next check-up the new doctor reviewed the medicines she had been taking. His eyes grew wide as he saw she had a prescription for birth pills. The doctor asked, "Mrs. Smith, do you realise that these tablets are BIRTH CONTROL pills?" The old lady said that she did, and they helped her sleep at night. He responded, "Mrs. Smith, I assure you there is absolutely NOTHING in these tablets that could possibly help you sleep!" She reached out and patted the young doctor's knee. Then she said, "Yes dear I know that. But every morning I grind one up and mix it into the glass of orange juice that my granddaughter drinks. And believe me, that helps me to sleep at night!"

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Crossword Answers



Continued from page 5
or light headedness, despite standard medication, may require further investigation (eg 24 hour heart rate monitor/tape). A minority of all MI patients (<30%) will require more potent anti-arrhythmic therapy (eg amiodarone) to suppress their arrhythmia symptoms and an even smaller fraction (<15%) may need to be ultimately considered for complex device therapy (eg implantable cardioverter defibrillators [ICDs]) but that is a subject for another day.

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**

BOOK REVIEW Bad Science – Dr Ben Goldacre

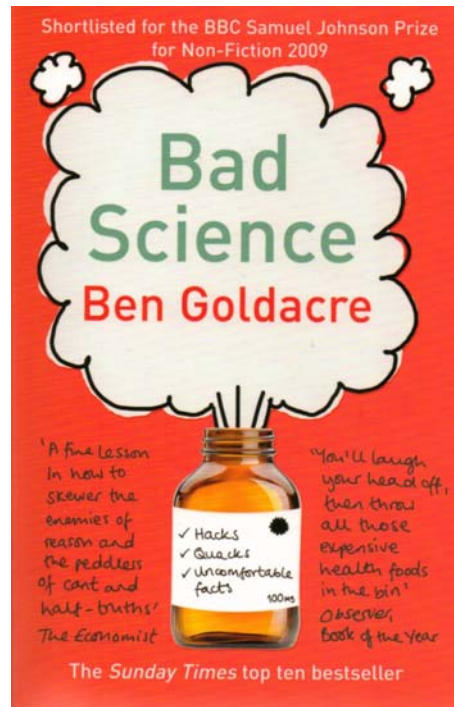
When I first joined PHSG I started hearing the phrase “evidence based medicine”. This puzzled me, my scientific training made me ask why would there be anything other? The book “Bad Science” starts from here, for it turns out that loads of treatments have no evidence, or worse, bad evidence.

If you ever read a headline like “Doctors say . . .”, “Reports prove . . .”, or “Increased health risk from . . .” then you need this book to open your eyes on how these and some scare stories get propagated.

This book concentrates on medical issues and deals with how statistics are manipulated, how surveys and trials can be flawed, and how data can be selectively chosen. Homeopathy and various alternative treatments come in for some scathing treatment in these statistical respects. The key point the book makes is that if someone is trying to sell you a pill, then beware! Mainstream medicine is not absolved either because after all, “Big Pharma” is also trying to sell you a pill too, via your doctor of course. Ben Goldacre’s book looks into some of the tricks that are used in helping to market pharmaceutical products. It is often stated that new pharmaceuticals are so expensive because the companies need to recover their development costs but Ben Goldacre reveals that high as these are, far more is spent on promotion and marketing than development.

“Bad Science” deals with cases of suppression of data by big pharmaceutical companies and how media scares develop making particular reference to the MMR vaccination scare of the last few years. It also covers the placebo effect in some detail. Statistically, it is proven that placebos can be effective, that if you believe something is helping you then it probably is, all of which just adds to the complication of designing accurate statistical trials.

A good read, I recommend it to you.
Keith Matthews



Thank Goodness - From a Retired Bee Keeper

Frusamide (now called furosemide) was invented when I was a little doctor - the makers called it Lasix. Why Lasix? Because it only LaSted Six hours, unlike the weaker drugs available before then. Why thank goodness? Because I did not really like getting out of bed for an hour when a patient had acute pulmonary heart failure - or fluid on the lungs causing uncontrollable fast breathing, such that without treatment patients would literally drown. The treatment of heart failure - better called pump insufficiency - was revolutionized, and I slept better.

Why is it should it be called pump insufficiency? Failure implies that the heart has failed, which is not true. Yes, the heart has lost much of its pumping efficiency, but the human body is wonderful, and tries to compensate. When our muscles are active, or we have a full stomach after a meal, blood can be diverted from organs not needing it at the same time, such as the kidneys, skin, etc., so that catch-up can occur later when we are at rest. An early symptom of 'pump insufficiency' is needing to pee large quantities of urine at night, when full kidney blood flow can occur.

Of course we had "diuretics" or fluid losers before the middle of last century, but they were much less effective, less dramatic, and the effect would last for longer. Thus they were always prescribed to be taken in the morning. Logically furosemide will work better when kidney blood flow is at its greatest, i.e. after the day's activities are finished. Many doctors prescribed it to be taken at 5.00 or 6.00 pm., so that it worked well, but I admit that a certain retired bee-keeper chooses the time of day that suits his "pump" aka heart, and also social programme, better.

Why do our bodies retain fluid, our legs swell, and if we lie flat at night the fluid tend to level out and enter our lungs? If our body suspects that our pump is insufficient it tends to retain sodium, the chief component of common salt, and cause water to be held back. This should increase our blood

volume, our body thinks; in fact the extra fluid causes our ankles to swell, and many other problems. Furosemide causes the sodium to be excreted by the kidneys (if blood flow is sufficient), and so corrects this. Thus salt should be avoided at all costs; the first line of treatment is a low salt diet, because if you take any salt at all it means you need extra drug. Finally don't forget that the licensed trade does not want to sell you a pint of beer - it wants to sell you several. Thus all "long" drinks contain lots of salt to keep you thirsty, and shorts don't. So stick to shorts.

Of course I must stress that you should never alter your drug regimen without consulting your physician, but do talk to them if you feel that altering the timing will help you - it may well do so.

A QUICK GUIDE TO THE STOCKMARKET

Once upon a time, a man appeared in a village and announced he would buy monkeys for £10 each. So the villagers went out into the forest and started catching them. The man bought hundreds at £10 each, As supplies of monkeys began to diminish, the villagers ceased their efforts. The man then announced that he would buy monkeys for £20 each. So the villagers started catching monkeys again.

Soon the supply of monkeys diminished even further and it was an effort to even see a monkey, let alone catch one. But the man then announced that he would buy monkeys at £50! But since he had to go to the city on business, his assistant would now buy on his behalf.

When the man had gone, the assistant said to the villagers "Look at all these monkeys in the big cage that the man has collected. I will sell them to you for £35 each and when the man returns from the city, you can sell them to him for £50."

The villagers thought this was a great idea, so they spent all their savings and bought all of the monkeys. They never saw the man or his assistant again. But they had plenty of monkeys.

Now you have a better understanding of how the stock market works.



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Football fans 'at risk' due to lack of stadium defibrillators

Many football stadia in Europe do not have defibrillators to treat spectators who suffer a heart attack, research reported in the European Heart Journal has found. A study of 187 top sporting venues in ten countries found that more than a quarter did not have on-site defibrillators and even more had no medical action plans or CPR training programmes in place. The study claimed that the lack of preparedness was due to poor attention to safety procedures rather than financial constraints as they had only looked at top clubs with good resources. At present, there are no formal recommendations about cardiovascular safety procedures at sports arenas in Europe. Ellen Mason, speaking for the British Heart Foundation, said that early access to a defibrillator increases the chance of survival in the event of a heart attack.

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

BHF urgently need a Treasurer- can you help please?

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

Jan Mesher
PHSG Office Co-ordinator.