Communications
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For further information about this or any Microlife product, please contact Microlife on 0845 2225 123, or visit www.microlife.uk.com

www.microlife.uk.com
Cover photo
Dave delivering our post, including a BCPA Journal, illustrating communication. He has been our usual postman for several years.

Richard & Pat Maddison

Think vegetables
Everyone now knows that they should be eating at least five portions of fruit and vegetables per day. Preferably this should be at least two pieces of fruit and at least three vegetables (not counting potatoes). So, rather than thinking about the meat content of our meals and what to put with it, we should think about the vegetable content. Try including more beans, pulses, nuts and seeds in the form of vegetarian soups, stews, curries, or nut roasts. From Nov 2001 Journal, edited

Olive oil
Olive oil has long been known as a multi-purpose commodity. It had been used as a food, a medicine and a beauty treatment. It can be used to enhance the flavour of all types of recipes and to replace other fats that are known to clog up the arteries.

It is the essential ingredient of a Mediterranean diet, along with onions, aubergines, peppers, artichokes, tomatoes, chicory, and many other lovely vegetables. Try olive oil and dried herbs as a dressing on salads. Following a Mediterranean diet could help to keep your arteries clearer and your heart healthier. From Dec 2000 Journal, edited

Donations
Our grateful thanks go to all those who have sent donations. We acknowledge here donations over £50 unless the donor wishes otherwise. The BCPA really needs the donations.

Mr & Mrs Stanley Pullinger of Bedford kindly raised £225 from donations at their Golden Wedding.

Paul Harris, from Brampton, Camb, ran the 2005 London Marathon in 3hrs 5 mins 25secs, his best time yet – as reported in the August Journal. He raised £627.15 for the BCPA and we now have his photo.
From Me to You

Keith Jackson, National Chairman

As some members know, my other main activity is organising large caravanning events. So I am writing this in the middle of a field of caravanners on Wednesday 31st August – a scorching hot day. Tomorrow, at Kent County Showground where Janet and I have been for just over a week, 3,000 caravans and 11,000 people will arrive. My role is to see that each has an allocated position ready for them and that they get to their correct locations. I am taking time out, sitting under a fan, to write this.

Prior to arrival here, Janet and I spent five weeks caravanning around Scotland mostly with good weather. We reached Glencoe, swan in Loch Lomond, and visited distilleries at Oban and Glenfiddich – being obliged to sample and purchase at both. Scotland has wonderful scenery; with the heather at its best, and we admired the similar heather on the Yorkshire moors as we drove south.

Grand Draw
By the time we arrive home on 6th September we shall probably have difficulty opening the front door due to the large number of Draw ticket stubs that you all will have returned. Selling tickets in aid of the Norma Jackson General Hospital Fund is just one way in which we can all help others, as the proceeds are used to purchase equipment for the use and benefit of cardiac patients. This opportunity to support the work of the BCPA still gives you plenty of time to complete sales and indeed request further tickets if you are able to sell them.

I am aware that we are all regularly being asked to purchase raffle tickets, and that sales are more difficult since the introduction of the National Lottery. However, this is the one time in the year when we all have the opportunity to contribute to the Association’s work. May I urge you to support the Grand Draw as much as you are able.

Awareness day on Sunday 25th September
A full report will be published in the December Journal. Hopefully you will have been aware of activities and supported them as far as possible. This date was chosen to coincide with World Heart Day, when activities worldwide will have drawn attention to the needs of looking after the heart.

Holiday Insurance
Recently I have been hearing both good and bad reports of heart patients and people with other medical conditions and/or those over 65 who have had difficulties in obtaining holiday or other insurance cover. On the good side it is encouraging to hear of members getting a good deal with the minimum of fuss from Chapman Hurst who regularly advertise their services in this Journal. Yes, even those who have had to make a claim have been pleased.

While as an Association we must be careful about promoting a particular service provider, it is encouraging to be able to pass on the reports received. We would encourage you to give consideration to all the advertisers who give their support to the Association when you are choosing a service provider. Please when you contact them also let them know where you saw their details or advertisement, as that helps them to monitor how effective their advertising is.

Merchandise
Please send orders for merchandise, with cheque payable to BCPA, to BCPA Head Office, 2 Station Road, Swavesey, Cambridge CB4 5EQ

Jacquard woven ties, navy, brown, or green 6.00
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BCPA Zipper Club car window sticker 0.50
Small red heart 13mm clutch pin 1.00
Gold heart stick pin 13mm 1.00
Standard red heart 22mm safety pin type 1.00
Standard red heart 22mm clutch pin 1.00
Key ring 1.00
BCPA teddy bear 2.50
Pens, green, or white outside; blue ink 1.00

Please support us by buying merchandise whenever you can.

PRUNES PROTECT
Prunes can help protect you against heart disease and cancer. A study by the US department of Agriculture found that prunes came top for their antioxidant power. As prunes are dried, their antioxidant power is more concentrated than fresh fruit. If you eat prunes, you will double or treble the levels of antioxidants in the blood compared with eating other fruit. However, the study stresses that prunes should be included in the five portions of fruit and vegetables that you should eat every day and not eaten instead of them. From Dec 2000 Journal

Jo Pointer and Derek Holley selling merchandise at Papworth fête

Keith Jackson and Richard Maddison at Papworth Hospital, where both are elected Governors. About 900 BCPA members have been Papworth patients
Communication

Richard Maddison

Why, and from whom to whom

One purpose of this journal is communication – to provide information to members and other readers.

People need communications to live, to do their jobs, health, happiness, intellectual interest and pleasure. Communications usually have a purpose – to inform the recipient, to ask them to do something, or to convey feelings. Information flows from the originator to the recipient. In many communications, such as conversation, recipients give feedback indicating understanding, pleasure, queries or whatever.

Different people need different information for different purposes, and each person’s needs and priorities may change. They get it from many sources.

This journal aims to provide certain kinds of information to BCPA members, to particular medics, and to those who for example may glance at a copy in a waiting room.

About half the employees in major developed countries mainly handle information. Some routine information tasks are nowadays done mainly or even entirely by computer systems – with people mainly dealing with exceptions, queries, decision-making, and where human interactions are needed. The BCPA maintains a computer system with a database of information about its members – needed for subscription reminders, labels for mailings, and other purposes.

What information, and journal content

Organisations should ensure that their staff, and appropriate other people – such as suppliers, customers, clients, consumers, guests, members or patients – receive the information they need. Similarly people have to supply information to relatives, friends, appropriate organisations and strangers.

So, in principle, the providers of information should identify who needs what information when, and aim to ensure that it is somehow given to or sent to the right person or people.

Authors and creators of information such as in this journal should be concerned with the likely impact on readers of what they write. The impact may be affected by the choice of words and the way that the information reaches the recipient.

Most people derive pleasure from receiving information, and even from the anticipation while waiting for it to come.

Ultimately, each reader selects what to skim and what to read more thoroughly. Most people look at most of the pictures and their captions, often without reading the adjoining text. It is likely that many people will spend relatively more time studying the pictures above for the minor differences than they spend reading this or other articles!

Unfortunately our journal authors generally cannot know what information each member wants or even what information would be most useful to the majority! So each author has to choose what he or she thinks would be useful, relevant or interesting to readers. The same printed pages go to everyone, so whatever they write should be chosen as suitable for all.

Information life

Some information has a short duration – yet may be relevant and useful to particular people for that short time. Information about future meetings in a particular area must reach the appropriate members so they can decide whether to attend and know when and where.

Some kinds of information are semi-permanent – eg on rehabilitation, exercise, diet, medical research, types of treatments, or new developments. Such information may remain valid or become useful to different people over many years – so worth printing as a leaflet. Some people keep back copies of magazines or cut out particular useful items. This journal includes reprinting some information from past issues.

Effective communication

A communication is effective if its purpose is achieved. Three processes and representations of information occur, each involving appropriate selections:

- think – the real idea in the person’s mind
- converse – sentences of conversation or writing as the discourse in an agreed language
- words, symbols, codes, abbreviations, nods, gestures, body movements and facial expressions with agreed meanings.

Effective communication combines these so the recipient forms the right ideas in their mind and the originator knows that that has been achieved. Efficient communication is not quite the same – it implies competence and not too much waste of time or effort.

To avoid misunderstandings, authors should normally try to get each sentence right – avoiding misleading or incorrect generalisations. Exceptions that the author does not want or need to explain can be covered by a qualifier such as ‘normally’.

Some phrases have a widely agreed meaning that is different from the literal meaning.

Cost of information

The flow of information such as this journal’s contents from authors to members and others incurs costs – to authors, to the BCPA for printing and distribution, and to members as subscriptions. Since members’ subscriptions are not enough to meet the costs of the BCPA and journal, we need further income from advertisers and donors. Sometimes full details cannot be communicated. People may not be that interested or haven’t the time. Sometimes the details cannot easily be communicated by a particular method and people have to think what is the best way to communicate.

Attractive

As Editor and a Trustee, I hope that readers may find something that helps prevention of and/or treatment of heart related conditions. I also hope that the contents, together with the other benefits of BCPA membership, are sufficiently attractive for members to continue to belong and receive future issues – so annual members will renew.

Spot the differences between the two photos?
Answers on page 13

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The hectic programmes of spring and summer have passed and we are settling down to those for autumn and winter. The 10th October meeting will be the last one at the Community Centre in Barkers Lane, when we shall be having a talk and ‘Call My Bluff’ quiz on Bedford Museum.

The 19th December meeting and all thereafter will be at Putnoe Heights Church Hall. One important feature of Putnoe Heights Church is its limited parking – you will probably have to park in the carpark in Hartop Close, by Library Walk.

At that December meeting we hope to have carols with Jack Damon at his keyboard. Please bring a plate of food and a glass for your wine or soft drink which we will provide. We look forward to seeing you.

Donald Thelan

Don, who passed away on 12 July 2005 aged 71, had regularly attended Bedford BCPA meetings. Eileen Marriott attended the funeral on 22 July at which his sons Christopher and Justin paid tribute to him.

At 17 this charismatic American ran away from his parents’ farm and his seven brothers and sisters to join the US Air Force. He had 22 years service as a jet aircraft mechanic – planes and flying being one of his greatest loves.

When stationed at Alconbury he met Shirley in a pub, swept her off her feet, took her back to the US as his bride, and they have enjoyed over 40 years together. After 22 years in the Air Force he settled down in Oakley, near Bedford, to a career in civilian aviation. He had 25 angiograms, nine heart bypasses and eight stents. His doctor thought him indestructible. His life strategy was to live life to absolute capacity – and that is what he did right up to the end. RM

Honor Guard for the 21-gun salute at Don’s funeral

Bedford
Maurice Warren 01234 740309

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Bourne
Win Felstead 01778 423869

Our willing band of helpers once again pulled out all stops for the Tombola stall at Castle Bytham Fair, with excellent and varied prizes, making a net profit of £397 – not quite as high as in previous years, but we did not have so many tickets for customers to pick from. Nevertheless a worthy sum, considering the number of stalls competing for money. Thanks to all for their efforts. We also thank Vic Thomas who has been Treasurer for a dog club that was wound up and that made a donation of £100 to our funds.

Following on quickly from the fair we enjoyed an evening meal at The Bull, Rippingale – capably organised by Mim Maltby – a delightful evening with good food in a relaxed atmosphere. Thank you to Mim – when do we go again?

We have approached our National Treasurer, Derek Holley, for a grant from the Norma Jackson Fund to assist with the purchase of a state of the art Blood Pressure Monitor complete with stand for the Galletty Practice. Bless him, he said Yes; so we are eagerly awaiting news that it has arrived to enable me to arrange a press call for maximum publicity for our local group and the National Association.

On November 7th we shall listen to the Tea Man – sorry I do not have his name – I wonder whether he will bring samples – they would be wasted on me as I have an aversion to tea. No accounting for taste!

Cambridge
Bert True-love 01223 844800

Alan and Molly Ling have run several tombolas which have gone very well and raised money for our Papworth project. We thank everyone involved.

The August meeting was a fun evening with 60 attending, following the meeting about the proposed move of Papworth to the Cambridge Biomedical Campus.

By when you read this we shall have had 40 members going to Southwold, on the Suffolk coast, with lunch at The Fox at Darsham, and watching a matinee performance of Wait Until Dark by Frederick Knott, produced by Jilly Freud.

The Antiques Road Show on 26th October organised by John Coleman and friends promises to be interesting. We also look forward to the social on 30th November; the outing on 6th December to The Old Mill, Upwell, near Wisbech, for Christmas lunch; and the service of Lessons and Carols supported by the Zipper Society of Ringers.

Chester
Alan Luff 01244 373987

This has been a sad time for us as Bill Tunnicliffe died on 8th July [see Page 9]. He will be sorely missed. He gave us several years of help so he and Brenda will not be forgotten. Our Group sent a card. His funeral was on 18th July at the Parkgate & Neston United Reform Church, with family flowers and donations to cancer research. I still keep in touch with Brenda.

We are now looking for a new Secretary – I have been standing in till one is found. But I am afraid this cannot go on as I am due to go into hospital, and being without a Co-ordinator and Secretary will leave the Group in limbo.

I hope you have all had a good holiday. We need full attendance at our next meeting so we can get down to serious fund raising.
East Suffolk
Anita Postle & helpline 01787 370850

I hope you have all had a wonderful summer and enjoyed our typical English weather, although I cannot complain because all the time I’ve had off has been beautiful and the rain has been either at night or while I was in the office. I can now report that our first afternoon outing up the River Deben was brilliant as you can see from the photos. Everyone thoroughly enjoyed themselves and hopefully this will become a regular event.

You will see that I completed my Ladies Driving Challenge and hopefully in the process our team raised approximately £1,000 during the afternoon. I had the time of my life, the power I felt driving the big HGVs was fab, it didn’t matter for that afternoon that I was only 4ft 11ins because in the vehicles I felt so tall.

Earlier in August we were able to present Ipswich Hospital with a further two Heart Rhythm Life Recorders, which were very much appreciated.

Costing approximately £1,700 each, where there is a problem they can really help doctors to diagnose much quicker than in the past. Thank you to everyone who made this contribution possible and who helped us put just a little back into the local community.

I am sorry that at this point I am unable to report any more details on the Christmas Party at Suffolk College, as they are out for the school holidays, but I promise to get a local newsletter out to you very soon and hopefully you will have received before you get this journal. The local newsletter will have all the details and prices.

Don’t forget we are at Kesgrave on Wednesday 26 October for Graham Austin and his memories of All Stations to Memory Lane: please come along and support him and let’s give him a real welcome.

I hope those of you who are currently under the weather will feel better soon and enjoy the beauty of Autumn and nature’s beautiful colours.

Please always feel free to bring friends to our meetings, it is always great to see new faces and I promise we will be nice to them. With best wishes to you all, take care and look after each other.

Eastbourne
Dorothy Crook 01323 504851
Richard Austin-Cooper 01323 721933

At our Wed. 27th July meeting the Chairman welcomed 21 members. Apologies were received from Peter and Joyce Hoare. After refreshments and the raffle, which raised £16 towards Branch funds, a Minute’s Silence was held in memory of deceased member Peter Sheppard. His family have kindly donated to us funds received at his Requiem Mass which took place on the 4th August at St. Agnes’ Church in Eastbourne.

By the time you receive this, there will have been a Committee Meeting on 31st August at Peter Hoare’s invitation, with a lunch afterwards at the Horse and Groom, Polegate. The next branch meeting will have been on Wednesday 21st September at 4.45pm for 5.00pm when Roy Payton will have given a ‘Motivational Talk’. There will have been a presentation of £250 to the Cardiac Rehabilitation Trust Fund at the District General Hospital, plus £500 to the Ends Road Surgery for the refurbishing of cardiac equipment.

The Chairman represented members at a surprise ‘send-off’ party at the DGH for Sister Adey Evans of Cardiac Rehab who is moving to Perth, Western Australia. She gave us an excellent talk in March 2003 including a resuscitation session with her dummy Annie. Adey will be sorely missed.

We agreed that in future speakers’ expenses would be increased to £25. The Christmas Lunch will be on 14th December at The Lansdowne Hotel. The Social Secretary has requested payment at £13.95 per head (inc. tips) by 25th November at the latest.

Jill Parker gave a talk explaining her plans for ‘The JPK Project’, which is designed to assist people between the ages of 25 and 50 with learning disabilities by providing safe independent living accommodation, staffed by Carers, providing a home environment with on-site day activities, particularly when their parents are no longer able to cater for their needs.

Halton
Chris Foster 01928 567648
Sandra Probert, Secretary

Our Co-ordinator, Chris Foster, successfully applied for a grant from Halton Voluntary Action to be used in pursuit of gentle exercise for our members. We have since been enjoying weekly sessions of yoga in the chair, chair exercises, tai chi, and line dancing.

We arranged a visit to our local historic site, Norton Priory, where we were given a guided tour and where we had a leisurely stroll around the beautiful grounds. The very civilised refreshments added to the lovely afternoon. We have joined our local Asda supermarket who have been running a healthy eating programme to enjoy short walks, and they have generously supplied our weekly exercise classes with fruit.

We meet at 7.00pm on the second Wednesday of each month at Halton Hospital Post-Graduate.
**Llandudno**

Paul Williams 01942 540073 or 07717 474242

We hope you have all enjoyed this lovely summer, as we in North Wales have done – several weeks of warm sunny days. No, I don’t work for the Tourist Board, but seriously, if you have never been to North Wales, I am sure you would not be disappointed.

There were so many people on holiday in July that the few who attended the meeting were able to sit and chat and enjoy quality time.

August saw us on a River Trip down the Conwy River to the estuary and we did espy a heron. Afterwards we partook of some liquid refreshments at the local hostelry.

For September 10th we have arranged a minibus to take us to Caernarfon Airport where we hope to do some plane spotting. There is also a small museum there so it should be an interesting outing. By the time this magazine appears that will have been a memory and we shall be towards the season of darker evenings around the fireside again. Ah! Well! Regards to all!

**Martlets, Sussex**

George Beer 01903 763902

On 25th June we had a sponsored walk organised by the Worthing & Southlands Hospital Cardiac Rehab Team. They held one last year which was meant to be a one-off event, but some of those who took part requested another one this year. About 60 patients who had been attending Rehab sessions during the year took part, including some of our members.

The walk was along the sea front for a distance of 5 miles, and we were pleased the weather was comfortable. Some of our members were unable to do the walk but helped distributing bottles of water along the route. Our walkers were sponsored to the tune of £455, and the grand total raised was over £7,000 – which exceeded last year’s event. The money raised will be spent on purchasing equipment for educational purposes in the Rehab Units. Donations have also been made to the two support groups. I would like to say thanks to those who took part, and also to everyone who sponsored the walkers. There was some interest shown in our display stand on the beach, manned by Alex McGregor and his wife Prim.

On 17th July we enjoyed a BBQ at the Scout Campsite behind Lancing College. Everyone was able to mix and take part in the jolly banter. A repeat next year on the same lines has been requested.

At the 17th August meeting the only refreshment was tea, but we did learn a lot about Pub signs from Cyril Selby who showed slides of many interesting, amusing or strangely named signs with a story behind them. These included The Board & Elbow, The Hot Tub Pub, The Constance Service, and The White Mouse Inn.

In October we shall be visiting three venues – East Preston, Worthing, and Shoreham – to give awareness talks to Cardiac Rehab Education classes. Our regular meeting on the 19th

**October will have an illustrated talk on Italy.**

**Merseyside**

Douglas Broadbent 07751 254444

We are saddened to report the passing of Tom Neild on 18 June 2005. He was a longstanding member of this branch of the BCPA Zipper Club, and will be sadly missed at the Cardiothoracic Centre for his support and generosity in buying equipment for the wards to help the patients. Bernard Radcliffe

Monthly BCPA Zipper Club meetings are on the first Wednesday of each month at 7.30pm in the Out-Patients Department (OPD) at the CTC, Broad Green.

**Peterborough**

Gordon Wakefield 01733 577629

At our July Meeting we had competition from the football club – Peterborough were playing a friendly with Manchester United and the pub where we meet is used by the public to have a meal and a drink before the match so the place was full when we arrived.

We had Papworth Hospital come to tell us all about the proposed changes and perhaps a move to the Cambridge Biomedical Campus. We had very mixed feelings about this as the journey to Addenbrooke Hospital can take, and does, over two and a half hours at times, plus all our members have a great fondness for Papworth.

After our success at Papworth Fête with the book stall, which left us with two car loads of books left over, we had a stall on Bretton market and added another £84.70 to the £430.00 made at the fête. Thanks to everyone who cleared out their bookcases.

On the 14th of September we joined forces with the Anglia Cardiac Network, together with Peterborough and Stamford Hospital on their Healthy Heart Day in the Queensgate Centre at Peterborough. A good crowd passed through and we handed lots of leaflets and information out about the BCPA. Our thanks to Dave, Vic and Sonja who gave their time to help me.

**South East London & Kent**

Julia Westall 020 8466 5449

Professor and Mrs Weber – Wilfred and Brenda to their friends and fellow members – celebrated their Golden Wedding at our meeting on 15th July 2005. Keith Jackson, National Chairman, and his wife Janet also attended this lovely occasion. Prof Weber, a neurologist, has been our Hon President for nine years and has entertained us with many interesting talks.

Shirley Brooks

At our next meeting on Friday 15th October we hope to have Dr Wood as speaker.

Bob & Shirley Brooks
Bill Tunnicliffe
Bill Tunnicliffe passed away on the 8 July 2005 peacefully in hospital aged 74, leaving Brenda and five daughters – Joan, Linda, Carole, Dawn, and Anne.

Bill joined the Wirral group about 16 years ago after Brenda’s heart operation. Bill became Co-ordinator of the Wirral Group about 2 years after joining and with push and pull he took to it like a duck to water.

Over the next 12 years Bill with the help of the committee built the membership up from 18 to 85, and he didn’t stop there. Bill went on to form Chester and Wrexham and give a helping hand to Llandudno to set up their group. His effort to develop these groups shows today with the groups still up and running.

In his last few years of being Wirral Co-ordinator he also did the job of Co-ordinator for the Chester group. The running of two groups takes some doing; ask any co-ordinator, they will tell you what it takes to run a group never mind two. His support, effort and hard work for the Zipper Club was outstanding. Sadly, in 2001 Bill stood down as Co-ordinator of the Wirral group due to ill health. Well done Bill. R.I.P.

Our thoughts are with Brenda and the family at this sad time. They have asked that we put a note in the Journal thanking everyone. Brian Norman, Wirral Group Chairman

Bill Tunnicliffe day at Ashton Park, West Kirby

Thanks to Jim O’Neal for his 13th June slide show and talk on windmills, including some local ones. Irene’s excellent buffet at the 11 July Quiz night complemented Martin’s quiz won by Sylvia Lawrence and her friends, who picked up the shield and a bottle of wine each. We may have another Quiz around Christmas.

On Sunday 7 August we had 50 bowlers taking part. Stan has run the Zipper Cup for the last five years, but this year he’s not very well. We thank him for his help and wish him a speedy recovery. Mrs B Skurray and Mr P Miller won, with B Dood and A Favager as runners up. Stan Ridgway made the presentations. We thank this year’s sponsors, J Cubbin and Sons, Dispensing Chemists, and S Legge Garden Services. We also thank Brian Buck who ran the bowls at short notice; everyone who helped on the day with food, drinks, and raffle tickets; and all the bowlers. We made a total of £303.45 for our hospital fund.

On 8th August Debbie Wilson explained Patient and Public Involvement, and she and the PALS Manager answered questions and have since dealt with some members’ issues. Norman is to set up a meeting in September of a subgroup to help with fundraising ideas and social trips.

The canal trip on sunny 20th August reached Lymm for lunch at the village pub. We are hoping to have some more trips in 2006: if you would like details please contact Norman Witt 0151 653 8997.

I had the sad job of reporting the sad loss of Bill Tunnicliffe. For over 12 years Bill was the Wirral Group Co-ordinator and the Group owe him a lot for helping to keep it running as long as it has. My memory of Bill is that he would never say No if there was any way he could help you. He showed me the way forward with the BCPA Zipper Club. When I first phoned, he took the call and showed me there were other people on Wirral in the same boat as myself. He helped me to move forward with my life by inviting me to come to meetings, and later becoming social secretary. Bill is sadly missed by us all who knew him.

God Bless.

If you know of any member who is not very well please pass tell Norman Witt on 0151 653 8997: he will contact them to see how they are doing.

Take care, wrap up and keep warm, and book your flu jab. For the Christmas dinner to be arranged, please ring me, Martin, nearer the time.

Wirral bowls day at Ashton Park, West Kirby

Bowls contest winners Mrs B Skurray and Mr P Miller receiving the cups from Stan Ridgway, with Martin Legge

Wirral
Martin Legge 0151 625 6529
We hope that you all had a good summer and are looking forward to a cozy winter! We were disappointed about the small number of people that wanted to go on the Deben Valley Boat Trip. Only 9 people booked and we needed a minimum of 20.

By the time you read this we shall have had a lovely lunch at the Bushell Public House, Bury St Edmunds, on 13 September – lovely to see all of you who came. We have yet to decide on a venue for our Christmas lunch, I shall let you know in good time.

We also thank Mr. Ian Parker, representative of the Mouth & Foot Painting Association, who kindly came along to one of our recent social nights and gave us a talk and demonstration on mouth painting – his specialist subject. This was a marvelous presentation of his ability to overcome his disabilities and to produce a work of art by holding a paintbrush in his mouth. Ian and his wife Mary also donated a finished painting on the night for us to use as a special raffle prize: it certainly was a very pleasant evening enjoyed by all who attended.

The weather was brilliant on our most enjoyable coach trip to Whitby and Heartbeat Country. Whitby is a lovely fishing town with a lot of history attached to it. We also enjoyed the shopping areas with their quaint little streets and shops.

With plenty of fish caught there, most people had fish and chips for lunch at one of the excellent restaurants. Then on to Heartbeat country: for those who had not been there before it turned out to be quite a treat, as they were filming a scene outside the Aidensfield Arms for an episode of Heartbeat.

It certainly has been a very active year so far with carnivals, coach trips, awareness days, our bowling event, coffee mornings and enjoyable social evenings. I thank everyone who has made all this possible; with all their hard work and dedication – it’s good to have very special people working together for a better quality of life.
If you were ill or had an accident at home or abroad who would know your medical details?

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**JNRMediPAL©**

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*Each card ordered via this advertisement will result in a donation to the BCPA.*
**Herbs for hearts**

Afifah Hamilton MNIMH

H erbs are humanity’s oldest, indeed original, form of medicine; and for the medical needs of 80% of the earth’s population are still the first port of call.

Herbal medicine should not be confused with homeopathic or nutritional medicine. It involves the use of leaves, flowers, bark, fruits and roots of many hundreds of medicinal plants tested over countless generations – plants that have evolved alongside the animal kingdom over millennia and been used in every culture and era in our collective history. The extremely low incidence of side effects and the gentle effectiveness of these materials is no doubt due to this evolutionary background.

**Conditions**

In the treatment of heart conditions modern medical herbalists are in demand and remarkably successful. Not only does the heart itself respond well to such treatment; but the concurrent treatment – as appropriate – of the veins, arteries, lungs, lymphatic system, kidneys, liver and/or blood itself can make huge differences to clinical outcomes, reliance on drugs, and the patient’s overall well-being.

From simple high blood pressure to acute myocardial infarction, herbs play an invaluable role for many patients – young and old. This includes angina, arrhythmias, heart failure – left and right sided, heart enlargement – including valvular disease, and circulatory insufficiency. It also includes resulting conditions such as varicose veins, leg ulcers (arterial and venous), haemorrhoids, Raynauds and Alzheimer’s disease, capillary insufficiency and tachycardia, and the full range of nervous heart symptoms that GPs see so much of.

**Herbs**

Practitioners of the western tradition of herbal medicine, phytotherapy as it is also known, will frequently be using such herbs as hawthorn, prickly ash, cramp bark, lily of the valley, broom, night blooming cactus, motherwort, sage, borage, ginger, linden, valerian, and dandelion in the treatment of the above conditions.

One of my most valued herbs, cayenne pepper (chilli), is not only readily available but requires only small doses to be highly effective, and is therefore very cheap. In fact a small dose of chilli – in the form of powder or for example in Tabasco sauce – can be a life-saving measure when administered promptly in the event of a heart attack. The speed at which it causes the coronary arteries to dilate is almost as fast as the taste being registered on the tongue; and negative side effects are virtually unknown. In fact any hot substance – e.g. biting on a peppercorn or some horseradish sauce or ginger – will have a similar effect: this is something that should be taught to the public and to 999 switchboard operators.

Herbs may be prescribed in the form of teas, juices, powders, and creams. Very often tinctures are used, as they are easy to take and the practitioner can readily combine some to achieve an appropriate prescription. A tincture is made by extracting both the alcohol and water-soluble components of the herb, which ensures maximum medicinal benefit while sterilising and preserving the resulting product indefinitely.

A consulting herbalist of the western tradition prescribes combinations of medicinal herbs for each individual patient. We do not use formulae but rather our training in physiology and the herbal pharmacopoeia to discern which herbs to employ. In this way we differ from the eastern traditions that are based on formulae, many of which were devised centuries ago.

Homeopaths, on the other hand, seek out a single remedy – many of which are made from herbs but reduced to infinitesimally small doses – to fit a pre-described symptom picture; and nutritionists usually seek to correct vitamin and mineral deficiencies with tablets, not with appropriate food as many of their clients expect and which our bodies have evolved to metabolise.

**Two case histories**

Two months before writing this a man took the first step to heart surgery. He presented with symptoms of coldness, lack of energy, arthritis of the hip joint, and pain in the soles of his feet with numb toes. He was taking a beta-blocker, an angiotensin-II receptor antagonist, a calcium-channel blocker, and a non-steroidal anti-inflammatory.

Previously his blood pressure had been high and was now steady at 155/85 with a pulse rate of 48 beats per minute. I prescribed herbs in the form of tinctures for the next two weeks. Two days later he called to say he felt warm again and had some energy back – fast working chilli!

A fortnight later, at the next visit, he was feeling much better with far less joint pain. Sensation had returned to his toes, and he felt more energetic. The coldness had not returned, so we decided to start the gradual reduction of the drugs. Over the following month this was achieved and the patient is now far happier; no longer grey in the face, and is able to drive without the hip pain that had nagged him for the preceding two years.

In coming off the drugs that kept his blood pressure down I had to take care to continue to keep it under control. It began to creep up after the first month, but with adjustment of the herbs and the addition of a tea it has been brought down to 145/85. He is also seeing a physiotherapist who exercises for the plantar fasciitis – the cause of the pain on the soles of his feet. Herbs used in this case included: cramp bark, mistletoe leaf, celery seed, yucca, and chilli.

A few years ago a 37-year old mother of three school age children presented with severe and life-threatening symptoms of angina. In the preceding few years three relatives – two of her siblings one of whom was pregnant with her fourth child, and a teenage niece had died of similar heart malfunction. She was at extremely high risk if she ever had a raised temperature or exercised suddenly.

The cardiologist in charge had put her on Amiodarone – a drug given to treat abnormal heart rhythms and prevent recurrent atrial and ventricular fibrillation. Unfortunately that drug has several unusual serious side effects. It had, among other things, damaged her thyroid gland, leading to over three stones weight gain, which put further strain on her heart. Heart symptoms however had
continued with frequent pain, blackouts, and anxiety. Herbs were prescribed, including chilli tincture in an emergency dropper bottle which the patient carried everywhere for use in the unpredictable anginal episodes. The herbal treatment rapidly reduced the incidence of blackouts, pain, panic, and danger.

Over the subsequent year the patient was able to make a clearer assessment of the options. She chose, with her cardiologist, a new style pacemaker that she had previously rejected because she had previously fared poorly after surgery – always getting infections and high temperatures leading to further heart strain and risk. She reassured me that herbs could be employed to prevent infection and assist recovery. For the first time she had no post-operative complications. She has now lost the excess weight and is living a normal life again. The pacemaker switches on a few times each day and she no longer has to take her herbal medicine. During the period of her herbal treatment she contracted full-blown influenza with a dangerously high temperature and subsequent dread. She was given emergency anti-viral herbs and the symptoms subsided.

In 1992 I had open-heart surgery comprising eight coronary artery bypass grafts. Is this a record?

I was told the repairs would last five to seven years. Here I am some 12 years on. Is this another record?

Yours sincerely,

A

On the second question, I have not needed any surgery since my CABG in 1991, and I know of others from then or earlier.

Can anyone add any more to this? RM
Kids and adults

Those of you with children or grandchildren may be aware of this expression – ‘BORING’ – which many children use as a reply to a question. If you have heard this a lot – possibly more since the last issue of the Journal, I know that you had some babysitting duties during the summer holiday. It does get very annoying too when every suggestion gets the reply ‘BORING’.

During my time as an exercise instructor I have taught many children many differing activities and I have now got a stock answer or two to throw back if I hear the word ‘BORING’. The first is ‘Boring is as Boring does’, which normally knocks these younger members of our society sideways. But one that I hear myself saying is ‘Boredom is a state of mind’. So if you think something will be boring then you have already convinced yourself that it is boring or it will become boring.

Never did I ever think that I would hear an adult tell me that ‘Exercising is boring’, but that is exactly what I heard just the other day. To be honest I was speechless for a split second – I know that will be difficult to understand for those of you that know me well, but I was. After I had answered the questions that this person had and they had left, I began to think about what had just occurred.

Why

‘Exercise? Boring!’ How could anyone think that? To me exercise is the most liberating and exciting things people can do with their time. Was I so wrong to think this? I then began to worry that I had got the wrong idea about exercise altogether, and thought that my whole outlook to my career was wrong.

Then I shook myself and realised that I am unusual in enjoying exercise. One reason I think that people do not enjoy exercise is because they see it as a chore – a bit like cleaning or washing up. But exercise is so good for your heart – so why are so many people in the world avoiding exercise at all costs? There are some people I know who probably expend more energy avoiding exercise than they would expend if they took a 30-minute walk.

A second reason is that people make exercise boring. If I had a pound for every time someone told me that walking around the town or village where they live was boring, I would be somewhat better off.

Think positively

So how can you make exercise less boring? Well to begin with try to think of exercise as something fun that you can do. Treat every session as an adventure. Clare, my wife, has found running a great source of fun and fitness – a winning combination in my view, and now runs three or four times a week with friends, which keeps her fit and healthy.

Having positive thoughts towards exercise goes a long way to changing exercise to a happy and enjoyable experience.

What if you have difficulty in convincing yourself that exercise is not boring? Well with a little thought and application you can begin to jazz up exercise and have a bit of fun. The following ideas are only off the top of my head and may not hit you full in the face and make you want to get out and exercise. But give them a go and if you can think of any other ways to get yourself motivated please let me know, as it could be an angle that could prove useful in helping other people in the future.

Strategies to alleviate boredom when exercising

Walking or jogging. Count your steps over a certain distance. Take a short distance of say 100m and count how many steps you take to complete it. Then the next time you walk that distance try to walk it with one less step. Obviously a time will come when you cannot safely reduce the number of steps taken – then you could increase the distance you walk and count the steps.

On the face of it this strategy sounds very easy. But believe me when you get to walk 2 to 3 miles and you are trying to count the steps that you take, it needs concentration: it can be very frustrating if and when you forget how many steps you have taken. So for these long distances you could invest in a pedometer to take the guesswork out of the measuring. However, there are so many pedometers on the market that you do need to do a spot of research to find the one that will best suit your needs.

Another mathematical way of keeping the mind occupied is to count the number of public houses you pass – please do not stop in every one to partake in a tipple or two. There are a number of games you can play with the pub names, such as Pub Cricket. If you want to find out how this is played, contact the Editor or Head Office and I will write a rules sheet for them to publish or distribute.

Use parked cars you pass to spell out your name, or a friend or relative’s name, or a hobby that you enjoy, or a place you know. The numbers of a number plate are also very useful in your walks – adding them all up together and making a note of the total. Each time you walk the same route you can have a competition to see what is the highest number you can reach. Variations could be never ending. Look out for wildlife: how many dogs on leads, how many cats, how many starlings, how many robins do you see every day without really taking any notice of them? Note them down and you could then compare each session and season.

If you own a digital camera take it with you on your walks and take a few snaps of pubs, shop windows, or a scene from a bridge. Then in a few months time take the same shots again, and see how the world around you has changed and how much notice you take of these changes. You may surprise yourself with how exciting the world is, with those BORING blinkers removed.

Exercising at Home. Put some of your favourite music on

to help the time go by as you walk or the exercise bike or walk on the treadmill.

Pick a times table and recite it to yourself as you complete the latest exercise video in your lounge. Start with an easy one, but do persist and challenge yourself a bit. If you learnt tables up to 12, try the 13 times table: it is easy to begin with but when you get to 13 x 15 it gets a bit tougher; (It’s 195).

While exercising in your lounge, use visualization to imagine yourself on each corresponding step of your normal walking route. This is a visual journey of the walk that you take regularly. So as you sit in the chair or stand in the lounge you visually walk your normal route, stepping up or down every curb.

Hopefully the above should have given you food for thought that can break up the monotony in our lives.

One person said that they had been walking the same route the same way round for the past five years and was bored of it. When I asked them if it was the exercise that was boring or that they could not be bothered to find a new route or were too lazy to get in the car and drive the large country park in their town, they just winked at me and walked off. Something I must do now, so wink, wink, I’m off for a run.
With nearly 80 percent of cardiac arrests occurring in the home…

… it is important to have defibrillation technology in locations where it can do the most good. That is why Philips is offering its HeartStart Home Defibrillator directly to you.

“Around 270,000 people suffer a heart attack in the UK each year, about a third of whom die before reaching hospital due to cardiac arrest. A cardiac arrest most often occurs as a result of a heart attack, when the heart is starved of oxygen,” according to the British Heart Foundation in September 2004.

**Fast defibrillation saves lives**
Rapid defibrillation has been identified as the standard of treatment for cardiac arrest resulting from ventricular fibrillation. Nearly 80% of sudden cardiac arrests occur in the home. Fewer than 5% of victims survive largely because a defibrillator does not arrive in time.

**Easy to use HeartStart Defibrillator**
The Philips HeartStart Home Defibrillator is the first of a new generation of defibrillators specifically designed for use in the home by virtually anyone. Designed around the user, it provides clear voice instructions that guide responders through every step of the defibrillation process. It even reminds them to call for emergency help and offers instructions for administering CPR. Basic user training is included in the purchase price of the unit.

**Peace of Mind**
A Philips HeartStart Home Defibrillator provides you and your family with the peace of mind that comes from being prepared for Sudden Cardiac Arrest. In the case of an emergency this device helps you do exactly what must be done until the emergency medical services arrive.

**Remarkable value**
The HeartStart Home Defibrillator is remarkable value and is available now at an excellent price. You can even pay monthly. For more information or to place an order for immediate delivery, contact our UK dealer for the Philips HeartStart Home Defibrillator via www.homeheart.co.uk or call directly: Home HeartCare 01663 732587.
### Dates for your diary

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>Bedford</td>
<td>M 10 Oct 7.30pm</td>
<td>Talk &amp; ‘Call My Bluff’ quiz on Bedford Museum, at Community Centre</td>
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<td></td>
<td>M 19 Dec 7.30pm</td>
<td>Social evening at Putnoe Heights Church: see Maurice’s column</td>
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<tr>
<td>Bourne</td>
<td>M 7 Nov 7.30pm</td>
<td>Meeting, All at Red Cross Hall, Harrington Street</td>
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<tr>
<td>Cambridge</td>
<td>W 26 Oct 7.30pm</td>
<td>Meeting at Shelford Memorial Hall</td>
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<td></td>
<td>W 30 Nov 7.30pm</td>
<td>Christmas social at Shelford Memorial Hall</td>
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<tr>
<td>Chester</td>
<td>M 17 Oct 2.30pm</td>
<td>All at Hoole Community Centre, Westminster Road</td>
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<tr>
<td>Eastbourne</td>
<td>W 30 Nov 4.45pm</td>
<td>Pre-Christmas Carols &amp; Quiz by Rosemary Austin-Cooper</td>
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<td></td>
<td>W 14 Dec</td>
<td>Christmas lunch, The Lansdowne Hotel. See Page 7</td>
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<tr>
<td>East Suffolk</td>
<td>W 26 Oct 7.30pm</td>
<td>Graham Austin. All Stations To Memory Lane</td>
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<td></td>
<td>Th 15 Dec 6.30</td>
<td>Sit down meal, Suffolk College, Ipswich. All except Dec at Kesgrave</td>
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<tr>
<td>Halton</td>
<td>2nd Wed of month</td>
<td>All at 7.00pm at Post-Graduate Centre, Halton Hospital</td>
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<tr>
<td>Havering Hearties</td>
<td>2nd Th of month</td>
<td>All at 7.30pm at Conference Centre, Oldchurch Hospital</td>
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<td>King of Hearts,</td>
<td>7.30pm</td>
<td>All at 7.30pm at Ford Sports and Social Club</td>
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<td>Redbridge, Essex</td>
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<td>Llandudno</td>
<td>Tu 18 Oct 7.15pm</td>
<td>Speaker. At Deganwy Castle Hotel</td>
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<td>Tu 15 Nov 7.15pm</td>
<td>Speaker on RSPB, At Deganwy Castle Hotel</td>
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<td></td>
<td>Tu 20 Dec 6.30 for 7</td>
<td>Christmas meal. At Clemence Rest, Conwy</td>
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<td>Martlets</td>
<td>W 19 Oct 2.30pm</td>
<td>Italy. Lancing Parish Hall</td>
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<td>W 16 Nov 12.30pm</td>
<td>To be arranged</td>
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<td></td>
<td>W14 Dec 2.30pm</td>
<td>Party. Lancing Parish Hall</td>
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<td></td>
<td>W 18 Jan 06 6pm</td>
<td>Dinner. Lancing Leisure Centre</td>
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<td>Merseyside</td>
<td>W 5 Oct 7.30pm</td>
<td>Presentation Evening</td>
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<td></td>
<td>W 2 Nov 7.30pm</td>
<td>The Royal Heart Emergency Centre Team</td>
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<td></td>
<td>W 7 Dec 7.30pm</td>
<td>Carol Service &amp; Christmas Party. All at OPD at the CTC, Broad Green</td>
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<tr>
<td>Peterborough</td>
<td>Tu 20 Sept</td>
<td>All 7.15 at Cherry Tree Public House, Oundle Road</td>
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<td>Tu 15 Nov</td>
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<td>Tu 17 Jan 06</td>
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<td>Tu 21 Mar</td>
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<td>Staffs &amp; District</td>
<td>Tu 25 Oct</td>
<td>Mr J Kolbert 200 years of gossip at Keele Hall</td>
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<td></td>
<td>Tu 29 Nov</td>
<td>Mr John Wain Coroners, Cranks &amp; Crime</td>
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<td>Tu 13 Dec 7.30 for 8</td>
<td>Group Carol Service, at City General University Hospital Chapel</td>
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<td></td>
<td>Tu 31 Jan 06</td>
<td>Potters Picnic. Meetings 7.30 for 8 at Bulls Head, New Inn Lane, Hanford</td>
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<td>SE London &amp; Kent</td>
<td>Fri 15 Oct 7.15pm</td>
<td>Dr Wood. Victory Social Club, Kechill Gardens, Hayes</td>
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<tr>
<td>Take Heart, Southend</td>
<td>First Th of month</td>
<td>Orchard Rooms, Southend Hospital Social Club</td>
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<td>West Suffolk &amp; SW</td>
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<td>Norfolk</td>
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<tr>
<td>Warrington</td>
<td>7pm</td>
<td>All 7pm at Post-Graduate Centre, Warrington Hospital</td>
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<tr>
<td>Wirral</td>
<td>M 10 Oct 7.30pm</td>
<td>Lynn Tabbernor. Rapid access pain clinic at Arrowe Park Hospital</td>
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<td></td>
<td>M 14 Nov 7.30pm</td>
<td>Jim O’Neil. Reduce! Reuse! Recycle!</td>
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<tr>
<td></td>
<td>M 5 Dec 7.30pm</td>
<td>Social. All at Heswall Hall, Telegraph Road, Wrexham</td>
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<tr>
<td>Wrexham</td>
<td>3rd Tu of month</td>
<td>All 7pm at AVOW, Egerton Street, Wrexham</td>
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### Angiograms and Angioplasty

Some people have asked what these are.

People with coronary artery disease usually have tests to find the exact diagnosis.

An **electrocardiograph** (ECG) shows the heartbeat patterns obtained as tiny voltages at electrodes on the chest. The voltages are amplified and shown either on a screen or as wavy lines on paper.

A **coronary angiogram** allows doctors to view and record the blood flows in the coronary arteries – showing any narrowing or blockage. A fine flexible tube, called a **catheter**, is inserted through the skin – usually in the groin – and guided along arteries into the heart. A harmless dye shows the blood flows, and hence the sites of narrowing or blockages.

Depending on the results, the doctor may decide to treat the narrowed section by **angioplasty**. This involves threading a guide wire and a small balloon to the site. When the balloon is inflated the plaque is compressed against the artery wall, thus opening up the narrowing and improving the blood flow. A small wire tube, called a **stent**, is guided into the artery and expanded to prevent the narrowing from reoccurring.

Some past patients fitted with stents developed excessive growth of tissue around the stent – making the artery narrow again. Newer stents, called **drug-eluting stents**, are coated with a drug that reduces the risk of renarrowing, so nowadays renarrowing is rare. **RM based on a past BCPA information leaflet.**
A research trial has compared treating patients who had particular identifiable high-risk heart conditions either with a new strategy of rapid assessment and surgery, or with the standard conservative strategy. Identifiable here means observing a particular shape in the waves from an electrocardiograph (ECG) – where electrodes are stuck to the patient’s chest and the heart voltage patterns shown.

The results showed that in the next five years significantly fewer of those who had the new intervention strategy either died or had a non-fatal myocardial infarction (MI). MI means destruction of an area of heart muscle as a result of obstruction of a coronary artery.

So the best strategy would be for all appropriate patients to have the angiograph and appropriate surgery as soon as possible and within a few days of their first hospital admission.

The new early-intervention strategy was routine angiography within 48 hours of the ECG followed within 72 hours by an operation that restored the blood supply – the operation being whatever was indicated by the angiography findings. Angiography means under local anaesthetic a fine tube is passed into an artery in the groin and along the body’s arteries to the coronary arteries; and a dye is injected to give an X-ray picture of the blood flow and arteries, indicating any narrowing or blockage. The operation might be a coronary arteries bypass graft (CABG) or inserting a stent or stents. A CABG is an operation that replumbs the coronary arteries to bypass their blocked parts.

The conservative strategy was symptom-driven – so the patient was not operated on until the symptoms showed that there was narrowing of and/or restricted blood flow to the coronary arteries and heart muscles.

The trial had 1810 patients from 45 UK hospitals and whose ECG results showed acute coronary syndrome. They were allocated randomly to either of two groups. In each group the aim was to provide the best medical treatment; but one group was given the interventional strategy (895 patients); and the other group had the conservative strategy (915 patients).

After one year the differences between the two groups were not statistically significant.

But after five years only 142 (16.6%) of the patients who had had the intervention treatment had either died or had non-fatal myocardial infarction. By comparison 178 (20.0%) of the conservative group had either died or had non-fatal MI. The benefits of the immediate intervention were mainly seen in those patients who had a high risk of death or MI.

Conclusions
This all means that if all patients with the ECG identifiable pattern were given the early invasive strategy they would long-term have significantly lower risk of death or MI; and this would be particularly so for certain high-risk patients.

This supports needing national and international guidelines more carefully distinguishing acute coronary syndromes and their treatment strategies.

Each year about 155,000 patients are admitted to UK hospitals with acute coronary syndromes. Doctors have estimated that if the new strategy were adopted for all patients with the relevant symptoms, that would save more than 5000 lives a year.

**Two case studies**

When in 1994 Derek Holley’s GP referred him to a specialist he had an angiograph that showed his arteries were blocked and he had a CABG the next day. He is sure the rapid treatment saved his life. He said ‘I am certain that I would be dead today or would have had a severe heart attack if they hadn’t done the investigation and operation there and then. Within weeks I was able to walk three miles a day and ride my horse again. I have not had any serious heart problems since.’

In 1990, when I, Richard Maddison, first had angina pain my GP prescribed GTN, glyceryl trinitrate, and referred me to Bedford Hospital who gave me an appointment in three months time. But a month later I collapsed after ringing a quarter peal on my local church tower bells and was taken by ambulance to Bedford Hospital. I had a week in the coronary care unit (CCU) and an adjacent ward. I was lucky to survive. I was referred to Stephen Large at Papworth and – with normal NHS waiting – over the next months had angiography, two emergency readmissions to the CCU with a week in hospital each time, and eventually had the CABG after nine months.

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**BCPA Christmas cards**

BCPA Christmas cards are available from Head Office, and from some Co-ordinators. They are in packs of five with five different designs.

From Head Office they cost £1.50 for five including packing and postage £2.70 for ten including packing and postage £5.30 for twenty including packing and postage.

Please send a cheque, payable to BCPA, and a note giving your address, to Jo at:

BCPA Head Office, 2 Station Road, Swavesey, Cambridge CB4 5QJ.

Tel 01954 202022.

Where available from Co-ordinators at local meetings without packing or postage they are £1.00.

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This article is based on the results published in The Lancet 10/9/05 and speaking to Derek Holley, RM
Is your home affecting your health?

David Miles, Senior Energy Projects Officer
Wiltshire Energy Efficiency Advice Centre

Over the last 5 years, between 26,000 and 54,000 people have died each winter in Britain from preventable illnesses that were brought about or aggravated by living in cold, damp or mouldy housing. These include heart attacks and strokes, as well as respiratory and bronchial illnesses, asthma and hypothermia. This is a shocking statistic in this day and age, but there are ways of ensuring that neither you nor a loved one is at risk. And how does the condition of your home actually affect your health? Certainly living in a cold or damp home is unpleasant, but can it really be harmful to you as well? The simple answer is yes!

Temperature and health

The World Health Organisation recommend that we should all be heating our homes to 21°C (70°F) in living rooms and 18°C (65°F) in other rooms such as kitchens, bathrooms and bedrooms.

If temperatures drop below 16°C (61°F) our bodies’ resistance to respiratory infections such as bronchitis is reduced. Below 12°C (54°F) the blood thickens, putting more strain on the heart as it pumps the blood around the body, hence increasing blood pressure and the risk of heart attack and stroke. Exposure to temperatures below 9°C (48°F) for several hours increases the risk of hypothermia.

Cold indoor temperatures also increase the likelihood of condensation forming, which can lead to mould growth. Mould produces invisible spores that have been shown, when inhaled, to increase the incidence of allergies, respiratory infections, and asthma, as well as stomach upsets and diarrhoea. People who are especially vulnerable to cold indoor temperatures are those who spend longer in the home — including older people, the disabled, young children, the unemployed, and those with a long-term illness.

Tackling the problem

Warming up the home does not automatically mean turning up the heating. In fact, there is little point doing this if 60% of the heat is escaping through the walls and loft! The most cost-effective thing you can do is to make sure your home is properly insulated. The diagram shows how a typical home loses most of its heat through uninsulated walls and lofts.

Insulating your loft (to 270mm or 11 inches) can cost as little as £200 yet can save you between £30 and £80 a year on your fuel bills. 9 million homes in England have uninsulated cavity walls, yet £300 spent on insulating these walls would significantly reduce the amount of heat escaping from these homes. A wise investment as it will save a further £70 to £100 on the fuel bills year on year!

Mrs Jones (name changed) of Swindon was one householder who gained help through the scheme. Her heart condition meant she found it very difficult to cope when her only source of heat, a gas fire, broke down. She had also been without hot water for over a year. Her home was cold and damp, causing great discomfort when she was feeling ill. Her home was already insulated, so Health Through Warmth used its Crisis Fund to put in some additional heating and replace the hot water cylinder. Mrs Jones now has heating and hot water again, making life much easier. She says ‘I couldn’t have asked for more, once I talked to one person, the ball was rolling again, making life much easier. She says ‘I couldn’t have asked

How you can get help

There is a network of local Energy Efficiency Advice Centres (EEACs) across the UK, staffed by trained Energy Efficiency Advisors. They provide free, impartial and independent advice to all householders on all aspects of reducing energy use in the home. They also advise on financial assistance for making homes warmer and more energy efficient. Many EEACs manage projects that help people in poor health access funding to make their homes warmer and healthier.

One such scheme operating in Wiltshire is the npower Health Through Warmth initiative. Managed by the Wiltshire EEAC, this scheme has trained 377 frontline workers since 2003 (such as health visitors and district nurses) to identify householders who are at risk from ill health due to cold, damp homes. Over 400 people have been referred to the Wiltshire EEAC to look into improving the insulation in their homes as well as ensuring there is adequate heating present. Home visits are also carried out to help people get the most out of their heating systems and reduce problems with dampness and condensation.

There are many grant and discount schemes available to householders to help them install energy efficiency measures at little or no cost. If you would like more information on this or any aspect of saving energy in the home, contact your local Energy Efficiency Advice Centre on Freephone 0800 512 012.

Wiltshire Energy Efficiency Advice Centre is part of Wiltshire Wildlife Trust, Registered Charity 266202. RM
Should you raise your Cholesterol?

Dr Derrick Cutting

You hear a lot of advice about lowering blood cholesterol but very little about raising it. Remember that your total cholesterol level is made up of LDL-cholesterol (the baddy), and HDL-cholesterol (the goody).

LOW-density lipoprotein (LDL) cholesterol should be LOW.
HIGH-density lipoprotein (HDL) cholesterol should be HIGH.

What’s so special about HDL?

HDL collects excess cholesterol from artery walls and transports it to the liver where it can be processed and passed into the bile. So, while LDL carries cholesterol from the liver to the lining of arteries, where it adds to fatty deposits, HDL-cholesterol goes in the opposite direction.

Another way that HDL protects arteries is by carrying antioxidant enzymes. These enzymes can reverse the damage that makes cholesterol stick to artery walls. HDL calms down the inflammation that leads to the narrowing of arteries.

So is there any evidence that raising HDL-cholesterol protects people against heart disease? Yes. Trials consistently show that as HDL rises, rates of heart disease fall. The Veterans Affairs High-Density Lipoprotein Cholesterol Intervention Trial (VA-HIT) found that:

- increasing low HDL levels by 6% reduced heart attacks and strokes by 24%.

And yet, currently, all the effort is focused on reducing LDL-cholesterol.

Getting the low down

Perhaps you have been given dietary advice by a health professional and tried your best to eat a low-fat, high-fibre diet. Radical changes may have produced a satisfying drop in your total cholesterol level. If so, well done. But spare a thought for your HDL-cholesterol. What’s happened to that?

A very low-fat, high-carbohydrate diet is likely to reduce HDL as well as LDL-cholesterol.

Maintaining the high

Naturally you’re elated when your total cholesterol level comes crashing down. But it is important to maintain your HDL in the process. The combination of low HDL-cholesterol and high triglycerides, so commonly seen in the metabolic syndrome and diabetes, is particularly bad for arteries.

Aim to keep your HDL-cholesterol above 1.0 mmol/l. It’s much harder to raise HDL than to lower LDL. Statin drugs which are so useful for lowering cholesterol are not very good at raising HDL. Some people will benefit from addition of a new form of modified-release nicotinic acid, Niaspan™.

Whatever drugs you are prescribed, there is a lot you can do for yourself.

- Having cut out as much saturated fat as possible, include good sources of mono-unsaturates such as olive oil, rapeseed oil, avocados, hazelnuts and almonds.
- Go easy on polyunsaturates (eg sunflower oil, corn oil, sunflower spread) and try to avoid trans fatty acids (found in hydrogenated vegetable oil, hard margarines and manufactured cakes and biscuits).
- Choose low-GI carbohydrates such as mixed-grain breads, porridge and pulses.
- If you smoke, don’t. Apart from all the other harmful effects, smoking depresses HDL-cholesterol.
- Lose weight. Trimming a tubby tummy can reverse metabolic changes that push down HDL.
- Take more exercise. Aerobic exercise has lots of positive effects and one of them is raising HDL. Brisk walking (more than 4mph) for 30 minutes a day will make a significant difference; occasional bursts of activity won’t.
- Enjoy a little alcohol. Drinking one or two units of alcohol a day will help to raise your HDL levels; if you drink much more than this, you’ll do more harm than good.

Is it worth it?

If a lot of effort produces a tiny rise in HDL-cholesterol, take heart. A small change in HDL makes a big difference to risk.
EECP - new hope for heart failure patients
Dr Richard G Charles BSc FRCP FACC FESC
Emeritus Consultant Cardiologist,
The Cardiothoracic Centre, Liverpool

Heart failure may mean different things to different people. Many equate the term with a ‘heart attack’ or a ‘sudden cardiac death’, but it is neither of these. Whilst even doctors may disagree on a precise definition, we can reasonably adopt that used by the National Institute for Health and Clinical Excellence (NICE).

Heart failure is a condition resulting from damage to the heart that impairs the ability of the heart to function as a pump to support a (normal) circulation. The syndrome of heart failure is characterized by symptoms such as breathlessness and fatigue and signs such as fluid retention.

In most cases it results from underlying coronary heart disease. Heart failure is an increasingly common problem that may reduce life expectancy and certainly results in a reduced quality of life for those who suffer it.

**Therapy**

A greater understanding of heart failure, and the results of large clinical trials, have resulted in major improvements in its treatment. The management of heart failure requires a team approach to achieve the best results. The foundation of heart failure treatment is **drug therapy**. Optimal therapy will often include several different classes of drugs. However, some patients will gain insufficient relief from drugs or may be unable to tolerate adequate doses. Some patients may further benefit from a new method of pacing the heart electrically, called **cardiac resynchronisation therapy** (CRT). Again, many heart failure patients will not be suitable for CRT, and about 30% of CRT recipients do not respond beneficially.

**EECP**

What can be offered when drugs and CRT offer insufficient relief and quality of life remains poor?

Heart transplantation is certainly an option but its availability is limited. But there remains a simpler cause for hope which is underused and often not even suggested — **EECP**, or Enhanced External CounterPulsation. This ‘Squeezy pants’ treatment was described in the June/July BCPA Journal for patients with refractory angina — ie angina that does not respond to treatment.

Recent research shows similarly increasing promise for patients with difficult heart failure. EECP is widely used in the United States and is available in the UK through the Bradford-based company Vasogenics Ltd. Cuffs are attached around the calves, thighs and buttocks. A computer-controlled compressor, synchronised with the ECG, inflates and deflates the cuffs with each heartbeat — reducing the workload of the heart and improving its coronary blood supply. The therapy is delivered for an hour each working day over 7 weeks — longer may be needed for heart failure.

A recent major trial conducted in the USA and in one UK centre (Hull) tells us that a significant proportion of severe heart failure patients may enjoy a valuable reduction in symptoms and an improved quality of life as a result of EECP.

EECP is currently available in only a few NHS and private hospitals, but has the potential to benefit many angina and heart failure sufferers. EECP is currently under evaluation by NICE and it is to be hoped that their recommendations will increase the awareness and availability of EECP for the benefit of many more British cardiac patients.

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Here are second copies of the crossword and wordsquare from page 22, so two people can have a go at them. Fold back page 22 vertically down the middle to see only the clues and hints.
Cardiac surgery can be performed on the elderly with good results, but costs more than for younger age groups. Our first research aim was to examine the patterns of short-term and long-term outcomes in those patients who had heart operations and were over 80, called octogenarians. Secondly, we aimed to analyse the patterns of which patients of which ages had which heart conditions and which treatments – looking for patterns that were statistically significant.

We studied the records of 12,461 consecutive patients operated on at Papworth between 1996 and 2003. Of them, 706 were over 80 years. We analysed the data on the patients, their heart conditions, their treatments, and outcomes such as recovery, survival or death – looking for patterns. We also compared them with the corresponding survival patterns of groups of the UK national population matched for age and sex. We thus calculated the patterns of base hospital mortality, risk-stratified using logistic EuroSCORE and of long-term survival. We calculated the probability of the observed patterns occurring by chance if there were no associations. Where one of these probabilities, p below, is small, we deduce that the results are statistically significant.

We found that octogenarians more frequently had impaired ventricular function, pulmonary hypertension, and valve operations. They also included a higher proportion of females, had a higher serum creatinine, and a trend towards more unstable angina.

We found that younger patients (under 80) had a higher prevalence of previous cardiac operation, previous myocardial infarction and diabetes. The Papworth hospital mortality rate for all patients was 3.9% (whereas the EuroSCORE predicted 6.1%, p<0.001). In other words 3.9% of all the Papworth patients died, whereas one would expect 6.1% to die; and this difference is significant. Similarly the Papworth octogenarians overall mortality was 9.8% (against predicted 14.1%, p=0.002) – again significant. Long bypass time and non-elective surgery increased the risk of death over and above EuroSCORE prediction in both groups.

We also found that a greater proportion of octogenarians stayed in intensive care more than 24 hours (37% against 23% for those younger; p<0.001). Long-term survival was significantly better in the study patients compared to a general population with the same age-sex distribution (survival rate at 5 years 82.1% vs. 55.9%, p<0.001).

So we concluded that cardiac surgery on UK octogenarians produced excellent results. Elective referrals should be encouraged in all age groups.

**Cholesterol, statins and the forgotten 50%**

HeartUK, the cholesterol charity, has recently published a report by nine experts saying that as many as 50% of patients on statins to reduce or control their cholesterol may be getting doses that are not achieving the goal of reducing the cholesterol enough. The report urges that treatment be changed where the goal is not being met.

In summary, 78,600 patients had a diagnosis of CHD. Of these about half (48%, 37,967) had a valid cholesterol measurement. Of these, about half (55%, 20,965) were prescribed a statin. Of these, about half (53%, 11,161) had total cholesterol below the desired 5mmol/l.

The ‘Forgotten 50%’ are patients with coronary heart disease (CHD) or at high risk of CHD who are being treated with lipid-lowering therapies, eg statins, but may still not be reaching target levels. This includes patients who may be started on treatment but are not followed up. In the UK, average statin doses are less than those used in the research studies outcomes and recommendations.

So there are patients who are unnecessarily at risk of undesirable coronary cardiac events, in spite of receiving treatment. See www.heartuk.org.uk and click on the Forgotten 50 to get the 12-page report. **RM based on the report**
Dear Ed,

Starting from Dover, we took it easy and lunched at the Bell Inn, Eton, where we picked up Jack Dawling and Earnest. One chatted on and on, so the time passed swiftly.

But rain on the motorway was a grave nuisance. I managed to steal an hour’s sleep though awkwardly curled up on the back seat, before reaching Ullswater at midnight in gale force winds.

Our hostel in Scotland is in as fine a glen as I have seen, with rushing streams at the bottom of a steep lovers’ lane. It is all that is left of an old mill, but it is now renovated and very smart inside, with no other one for miles around.

Eric rows the boat, leaving Anne to doze in the stern. It has excellent food and whiskey, which is no good for taking off inches from the waist or keeping sober. Nothing is wanting except perhaps regular kilts and pipers.

Love from all

Arden

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**PUZZLES**

Answers to all three items are on page 13

**Find over 30 hidden birds**

**Crossword**

*Italics* means cryptic, anagram, rhymes with, sounds like, or hint.

**Across**

1. White food powder *for stiffening* (6)
2. Single-celled organism *oddly aims over beak* (6)
3. Automatic external D *or fat ill bride* (13)
4. Climb to *hear of permission* (6)
5. Food in container *ready for soldering* (6)
6. Alcohol *from the loan* (7)
7. Even *leans boil all of the lips* (6)
8. Tiny tree *for carbon sailboard* (6)
9. Current corrects heartbeat pattern *to do arc revision* (13)
10. How much medicine *does a good patient take* (6)
11. Richard's job when they *rioted* (6)

**Down**

2. To cause a change in *a style or manner* (6)
3. Woodworking *to form government ministers* (13)
4. Collide with *tumour and many paints* (13)
5. Feeding *with gin at tea* (6)
6. Shake medicine *sociably with friends* (3)
7. Half blood pressure (9)
8. Radioactivity *may contaminate* (9)
9. Private patients do (3)
10. She miscarries *what she has bought* (6)
11. Carer help as *sisters do* (6)
12. Night before *first woman* (3)

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**Wordsquare**

Fill in letters so each row, each column, and each 3x3 contains each of the nine letters exactly once. Finally, somewhere gives a word.

Hints: List all the nine letters.

Look at each group of three rows and each group of three columns for places where two rows have cells that have the same letter and the third 3x3 square has a space for that letter. Eg of the top two rows, two contain a D and the third does not. So cell 1 or one of the next two cells to its right must be D; and one of them has a D in its column and the other already has a letter, so cell 1 must be D.

Where you have inserted a letter that may create another similar pattern in the other direction.

Look at a blank cell in a 3x3 square where most of the cells are done and that cell has several other letters in its row and/or column. You may be able to fill in that cell by elimination, or perhaps deduce that it is one of two possibilities.
MEMBERSHIP

If you are sending in your application for membership and have any questions that we can help you with please write them on a separate sheet of paper and we will do our best to help you.

We partly rely on donations to help us support cardiac patients and their families or carers. We aim to provide advice, information and support to help anyone who has had a heart condition, and aim to help reduce or prevent heart-related troubles.

Your generosity could help us to help others to live a fuller and healthier life.

If you do not have a group near you and would be willing to help start a group in your area, please contact our Head Office for an informal discussion.

The address is: BCPA, 2 Station Road, Swavesey, Cambridge, CB4 5QJ
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Email: admin@BCPA.co.uk

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Mr/Mrs/Ms ............................................ Date of birth ............................................
Forename(s) .........................................................................................................................
Surname .................................................................................................................................
Address .................................................................................................................................
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Joint member .........................................................................................................................
Name ......................................................................................................................................
Is there anything you would like help with or information about? ........................................
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