John Wallwork retires
Derek’s new adventure
Unwelcome harvest mites
National Memorial Arboretum
UK’s first total artificial heart patient
Protect what makes a house your home
Generic immunosuppressants in transplantation
Cardiovascular disease in women – often silent and fatal
Cardiac Rehabilitation – would it be better in small community groups?
Recipes: Apple and sultana cake;
Baked cod with mushrooms and peppers; Seed cake
The Trustees, all voluntary officers of the Association, use all of the skills they have to maintain and promote the Association. They are aware that many more cardiac patients could be reached and gain benefit from being made aware of the Association. However, they all recognise a skills gap amongst their number. We do not have anyone with a professional background in marketing and promotion.

It is likely that within the membership and friends of the Association someone has the background and professional skills to meet this identified gap. If you are that person and are able and willing to help, in a voluntary capacity, to promote the work of the BCPA, please contact the Chairman, Keith Jackson, 01949 836430 or admin@bcpa.co.uk.

We can discuss how you could help the Association to move forward in supporting a greater number of cardiac patients and making more people, patients and health professionals alike, aware of the Association.

**NATIONAL HELPLINE – 01223 846845**

Do you have concerns or worries that you would like to talk to someone about? Our telephone helpline, as part of our national support services, normally operates 9.00am to 7.00pm Monday to Saturday. If you get no reply please leave your name and telephone number and we shall attend to your call as soon as possible.

If you have a question or issue that is best in writing, please first phone or email Richard Maddison as below, who will try to find an appropriate person to answer it.

All the people who answer our helplines have been patients or carers so are likely to understand your concerns because they have been there.

**Journal contributions and dates**

We invite members to send in items for publication – not only heart-related information and articles, but also lighthearted items and stories.

Please phone me, Dr Richard Maddison 01234 212293, to agree the easiest way to send it in – don’t send it to Head Office. Normal closing dates are 20th of an even month – 20 October, 20 December. Usually because of Christmas I ask for contributions by about 13th December, but as things stand I expect this year to be able to accept articles up to about 20th December. Please phone me before that date if you may be late.

I’m really appealing for articles from members.
My fingers are on the keyboard on the 16th August on a day that seems more like April, with showers and wind. Hopefully this has not been the experience for those of you having already been on holiday. Janet and I are away in the caravan from Friday for two weeks and clearly we are hoping for something of a summer. I have written before of our activities with the Camping and Caravanning Club. Being chairman of an organisation with over half a million members provides an interesting and challenging leisure time activity when coupled with our BCPA activities.

We are off to Newark Agricultural Showground to be part of almost 3,000 caravans. As often at these events I can well predict that we shall meet up with a number of BCPA members.

Grand Draw 2011
We are in the season of the Grand Draw. This is the one event in which everyone in the BCPA has an opportunity to support other patients by purchasing tickets for the draw. Proceeds from this go into the Norma Jackson General Hospital Fund. This fund assists in the purchase of equipment for cardiac units around the country.

Thank you to those of you who have already returned the ticket stubs. To those who have not yet done so there is still time up until the end of October. Perhaps do so while it is in your mind.

I am well aware that we are all regularly being asked to purchase raffle tickets and that sales are more difficult as people seem to prefer to purchase Lottery Tickets. This is the one occasion when we all have the opportunity to contribute to this aspect of the BCPA’s work. May I urge you all to support the Grand Draw, and in turn other patients, as much as you are able.

Peterborough Area Group will host the draw on the 17th November. Please see the Peterborough notes for details.

Membership Renewals
As always, a big thank you to everyone who supports the Association through membership. The vast majority of Annual members renew in April, which is a great help. There are always those who overlook doing this but then respond to the reminder sent out in August. To you a big thank you.

Holiday and other insurances
Thank you to those of you who have taken advantage of insurance through Unique. The back page of the Journal carries information on some of the insurances they provide, and they have written an article on page 6.

Even if they do not list in a particular journal the service you are looking for – be it car, household, travel or some other cover – please enquire and give them an opportunity to meet your requirements.

If you have not yet given them an opportunity to provide a quote maybe you could do so when next seeking to renew one of your current policies. It is encouraging to hear from members who, having previously been unable to get satisfactory travel insurance cover elsewhere, found that Unique could meet their requirements.

To contact Unique for a no obligation quote please call 01603 828246 or visit the BCPA website at www.bcpa.co.uk and take a look at the insurance section.

Please do not forget to mention that you are a BCPA member. The small commission the Association receive on policies taken out provides a valuable source of income to the Association. It helps to keep membership subscription levels low at no cost to individual members.

An Invitation
The BCPA Journal is your Journal. It is the main means of communication with Association members. Richard Maddison, Journal Editor, does his utmost to keep members informed on cardiac care issues. In addition, we publish items of more general information as they become available.

It is always pleasing to receive items for inclusion in the Journal from members or others who may be reading this copy. If you have suitable items or ideas and suggestions for future material please ring Richard to discuss possibilities. His phone number is 01234 212293. I know that he would like to hear from you. See the box on page 2.

Now a familiar part of the BCPA calendar, the weekend is to be held at the Menzies Hotel, Bar Hill, Cambridge, from 13-15th May 2012. Thirty years is worth celebrating and we hope that many members will come together for the weekend.

The hotel offers full leisure facilities, including golf. Access into the historic City of Cambridge is available every 20 minutes and is only 15 minutes away.

A very attractive package is available with the hotel at a cost of £135 per person for the weekend break Friday to Sunday including dinner on Friday evening and the Gala dinner and entertainment on Saturday.

The 30th Annual General Meeting will be held on Saturday 14th May commencing at 3.00pm. Prior to the meeting we will be delighted to welcome as our speaker Professor John Wallwork, who has just retired from Papworth Hospital, as reported on page 9. Book the date now and come along to celebrate 30 years of the BCPA.

Fuller details of the weekend will appear in the December Journal or are obtainable from Keith Jackson, tel 01949 836430.

It is with a real sense of regret that the Association Trustees at a recent meeting decided that there was no alternative but to formally close the Merseyside Area Group.

Since the mid-1980s the group was a major part of the Area Group structure of the Association. Indeed it was a major influence in the formation of Llandudno, Warrington, Wirral, Wrexham and Halton groups. This was largely as most cardiac patients from these areas travel to Liverpool for their surgical treatment.

Over the years the group did a large amount of fundraising and thus supported the purchase of equipment for the cardiac ward along with the patient conservatory and garden.

Considering all that has gone before, it is sad to report that although there are many BCPA members in the area there is not sufficient interest to maintain an active group.
What a contrast to my last group report for the Journal where I spoke of the very happy occasion we had all enjoyed with the Royal Wedding. Of course since William and Kate we have also seen Zara’s wedding in Scotland – not such a prominent affair but all the same most enjoyable. These two events were overshadowed by the recent riots in many towns and cities across the country – something we were all sad to see happening.

As I write we are looking forward to our visit to Southwold to the theatre, with lunch at the Fox in Darsham on the way. This year we are going to an Agatha Christie play called ‘Love from a Stranger’. We all look forward to meeting up once again with Brian, Nell, and their staff at the Fox for lunch, knowing we will all receive such a warm welcome.

Our last Group meeting in June was well attended, when we had a most interesting talk on bees by Mr Stephen Poyser, who is very connected with the bee society, as well as being a beekeeper for over 30 years. What amazing creatures they are with all their hard work, and the way they are able to trace the best sources of pollen from up to three miles away.

Our next Group meeting in just a few days is a talk by Barbara McGee from the East Anglia air ambulance this should prove to be an interesting evening.

You no doubt read in the last Journal that Cambridge may host next year’s BCPA AGM. This will be a very special occasion as it will mark 30 years since Fred Roach started the BCPA Zipper Club here in Cambridge, so the AGM is no doubt a date for your diary. We look forward to meeting up once again with Brian, Nell, and their staff at the Fox for lunch, knowing we will all receive such a warm welcome.

In August we had a lovely day out at Skipton in August. We had a boat trip on the canal, where we had a delicious lunch; then we had some time to look around the market later in the afternoon. We would like to thank Beryl for organising both trips.

Derek and Elaine presented some knitted baby clothes to Warrington Hospital. The staff said they were very grateful to receive these items, which were knitted by the Arts & Crafts Group. Derek, Stella and I attended a Community Day at The Heath Business and Technical Park. The event was organised to open the refurbished offices, conference rooms and restaurant. Voluntary groups were invited to promote their services. It was a good opportunity for us to meet other voluntary groups in our area. We also met Ken Dodd who opened the event.

In August we had a Strawberry Tea in Bill and Doris Mounfield’s lovely garden. Apart from raising funds for our group, it was also a great opportunity for us all to get together and enjoy the afternoon. We would like to thank Bill, Doris and Raymond for holding the event and their family and friends who helped.

We had some excellent raffle prizes including a voucher from Athina Hair Salon, a voucher for a night in a Village Hotel and a product from Lakeland. We would like to thank Maureen Leech for making and donating the delicious scones.

Also in August we had a stall at the Grangeway Summer Fayre. The event was called “Pooches on Parade” and we were entertained by the H & M Dog Display Team. The Mayor and Mayoress of Halton attended the event.

We meet every Thursday at The Grangeway Centre in Runcorn from 1pm until 3pm for line dancing, tai chi and gentle exercise. New members are always welcome.

On Saturday 24th September 2011, we visit Southwell Ploughing Match & Show. The attractions include horse vintage tractor ploughing, cattle, sheep, pigs, carriage driving, horse jumping, shire horses, etc. The coach park is at the side of the main ring. Entry, coach and lunch £15.00 for members, £19.00 non-members.

On Tuesday 18th October 2011 at 7.30pm, Alan Dixon will talk on Special Edition Chocolates at the Methodist Church, North Hykeham.

In November and December we hope to...
have afternoon meetings – to be confirmed.

Our best wishes to Ann and Brian from the Committee and members hoping you continue to progress.

Peterborough
Gordon Wakefield
01733 577629

The BCPA Grand Draw will be on Thursday 17th November 2011.

We heard the sad news that Daphne Hill, one of our long time members died, following a discovery of bone cancer, and then on her 70th birthday suffered a massive stroke, she moved away to be near her daughters for her last four months.

Daphne’s husband Alan Hill served on the Executive committee for a number of years before his death in 2003.

We all miss her good company at the group meetings.

Meetings are continuing at the Cherry Tree lunches, numbers have been down slightly, due to holidays and illnesses.

South East London & Kent
Chris Howell
01689 821413

Plenty of strawberries, scones and cream where consumed on the 15th July, this was once again a success with a good attendance – although I think some of our cholesterol levels will see an increase; but never mind – the statins will take care of that or so I’m told.

As both Ray and I were able to get time off work, we joined members and friends for a lovely day at Clarence House, London, on 10th August. This is the official home and working residence of Prince Charles and the Duchess of Cornwall, and Prince Harry whilst in London.

At the time of writing this we are all looking forward to another meal at the Toby Carvery on Tuesday 23rd August, I wonder whether by changing the day the food will be any different! Will have to wait and see.

Our next meeting will be Christmas Lunch in December. Details will be issued once this has been arranged.

Staffordshire
Eddie Coxon
01782 416143

Lee Baker completed the Pottery’s ‘Arf Marathon in 2 hours 2.54 mins raising £300; and Kath Steel completed the race in 2 hours 10 mins raising £185.08. Congratulations, thank you and ‘well done’ to you both. Thank you to everyone who supported the event this year.

Shopping Trip
On Thursday 24th November a coach will be going to the Trafford Centre in Manchester for a Christmas shopping trip. Tickets cost £10 and are available from Malcolm and Mary Lyth on 01782 398676. Please call them as soon as possible to reserve your seat this is always popular. Departs Joiners Square 9.00a.m, Newcastle Brunswick Street 9.15 a.m.

Christmas Lunch
The Christmas Lunch will be at the Borough Arms, Newcastle, on Tuesday 6th December. The price is £16.95 per person and a deposit of £10 was required by 30th September. Please contact Mary or Malcolm on 01782 398676 to reserve a place and obtain a copy of the menu.

Our thanks for their kind donation go this month to: Family and friends of Mr and Mrs Ken Baylay in lieu of anniversary presents, £140; Greens Health and Fitness £2.15; Red House Public House collecting box £13.82; Bradwell Pharmacy collecting box £14.49; and Keith Salmon and the Co-Op for donations and lollipops for Midsummer Mayhem stalls £100.66.

West Suffolk & South West Norfolk
Brian Hartington
01284 762783

Hello everyone. I had an apology from a lady in Bury St Edmunds who advised me that her husband died three years ago, but was still receiving the journal. Charles Culley explained in a letter that he felt we should carry on with the BCPA. In another letter Mr. Bowcher, Vice-President, suggested we should join with another group. Finally, Peter Morton, a long-term member, phoned me to say he and his wife would support us – but not on the committee.

We had our extraordinary general meeting on the 11th July at the Risby Bowls Club. Keith Jackson was due to come but the traffic in Suffolk was so bad he had to go back home. He wished us a good meeting attendance. Only two people turned up but we also had three letters from sick people awaiting operations who urged us to carry on with the BCPA – or join with another group, which I declined.

It looks as if we had postal support although only two of us attended. We both wished to carry on with the BCPA. I will ask my daughter to help with liaison between Papworth Hospital and us at S.W. Norfolk and West Suffolk. She attended Prof. John Wallwork’s retirement, and there was a card from his patients wishing him all best wishes on his retirement. I am sure you saw his party on the eastern channels.

Please note we will be having our Christmas Dinner in December at the W.S. Restaurant, Bury St Edmunds – time and date to be advised.

Reply
This report on the extraordinary general meeting presents a mixed picture.

While it is extremely regrettable that only two members turned up on the appointed day, Brian received a number of apologies. Admittedly, some of these were from members unlikely ever to attend a group meeting. Nevertheless, it does illustrate that they value the Association and know of the group in the West Suffolk area.

The BCPA of course continues to send journals to life members if for example Head Office is not notified of someone passing away.

We commend Brian’s willingness to continue to offer support to members and hope that the group will continue.

Knowing that he has a small number of events planned for the future, may I urge members in the West Suffolk area to support them as they appear. The lunchtime gatherings have been a success in the past and hopefully will continue into the future.

Keith Jackson

Wirral
George Bird
0151 653 4530

From Barrie Harding
0151 608 6212

Hello everybody from the Wirral Group.

The summer has all but disappeared and as I write in mid-August it is getting darker earlier now and I think most of us will have already resorted to turning the heating on as the evenings become chilly.

As a Branch we have had a fairly low-key summer. Our last meeting was in June and we do not meet again until September.

We held a meeting in July albeit at a temporary venue whilst our usual venue was undergoing restoration work but only five members arrived on the night. Fortunately, and as fate would have it, our speaker was unable to attend which got us out of what would have been an embarrassing situation.
We decided that there was no point holding the meeting with only five of us present and so we went home. We did not hold a meeting in August due to our summer break and so, by the time of our meeting in September when the diabetic nurse will have been our speaker, it will have been three months since we last met. Overall, our attendances have fallen considerably and several of our ‘regulars’ no longer attend. The situation is giving cause for concern and it is not a good reflection on the Branch when speakers have given their time and effort to address just a few people – as happened recently. So come on you Wirral members: let’s see you back at our meetings again and giving us your support which we badly need.

By the time you receive this Journal we will be just a few days away from our next meeting on 10th October – 7.30pm back at our usual venue in Heswall Hall, Heswall. Our speaker will be Dr Peter Currie, Consultant Cardiologist at Arrowe Park Hospital. Dr Currie is a very popular visitor to our meetings and has spoken to us on several previous occasions. His visits have always been very well attended, and many of our members have been treated by him at Arrowe Park Hospital. He is always very welcome, so please come along and join us on that night.

Looking further ahead, we have a visit from local pharmacist, Dr Ian Cubbins, on 14th November who will speak to us and answer our questions on medications. Dr Cubbins has also visited us previously and is always a popular speaker with plenty of questions and answers.

This is followed by our meeting on 12th December, which will be our Christmas social evening with a buffet and mince pies. Please let us have your confirmation that you will be attending this meeting in order that we can supply details to our caterer. So, once again, come on Wirral members and give us your support. There is plenty to interest everybody at our meetings and you will be in the good company of your friends and enjoy a cuppa. Our meeting dates are always advertised in the What’s On Guide in the Wirral Champion, which is delivered locally each month, so look out for us there.

On a sad note we have to report that Ella McMullen is still poorly and we send her our love. We have also been informed that Alan Smith is unwell and has been in hospital. It has not been possible for Alan to attend meetings for some time and we send him our thoughts and good wishes for an early recovery.

On the fund raising side we will have held a collection day at Tesco, Bidston Moss, on 20th August and we thank our members who represented us on that day.

At the present time we have been unable to obtain any further collection days this year from our local supermarkets but we are still hoping that we may be offered dates at some point.

That is about all our news for the present time and so we look forward to seeing you at our last three meetings of the year. Please do try to come along and see us.

How the year has flown by. It will soon be time for making plans for Christmas. Somebody will always tell you exactly how many days there are to go.

On that note we send our good wishes to all our BCPA members and their families and friends everywhere. So, until the next time, please take good care and look after yourselves – from your friends in the Wirral group.

Protect what makes a house your home … and with 25% discount on renewals!* - Unique Insurance staff

Next time you’re arranging your household insurance, either buildings or contents – or both as a combined policy – take a moment in your home that you’re keen to protect, and consider your options. Why simply go for an ‘off the shelf’ insurance package, when there’s something else out there that may be more suited to your needs? Hopefully we’ll improve your peace of mind. Also, have you ever considered that taking out an insurance policy will help others too? Every policy sold will mean funds are donated to the charity (and at no cost to you). Now that’s ‘Unique’.

Unique, in partnership with The British Cardiac Patients Association, provides insurance for people affected by heart disease as well as supporters of the charity. Unique covers prescribed medication stored in your fridge freezer, along with ramps, stair lifts, bathing and bedroom equipment. In a medical emergency that damages your home by forced access, you’ll be covered for repairs too.

However, in challenging financial times we know it’s important to save what you can and if you’re a new customer and take out a policy before November 15th, we’ll give you a 25% discount on your renewal to welcome you*.

Call the Unique team on 01603 828 246 (quoting ‘pro’), or visit bcpa.co.uk

We are also able to offer you Travel, Life, Motor, Annuities, Funeral Planning, Estate Planning and Equity Release.

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* = also subject to a minimum premium of £138.00 and underwriting criteria.

Crossword answers


Down 1. Nailfile anagram LIFE below A LINE 2 Steel anagram SLEET 3 anagram ORE ROE 4 Lea anagram ALE 5 Artist anagram TRAITS 6 Bitten rabBIT TENaciously 9 Gospel anagram Son Of God LEPers 12 Onto ONTariO 14 Riders anagram DRIERS 15 Yoga YO, Grandma 16 Governor George OVER NORman 18 Noodle anagram ON DOLE 19 Lapels LAPS around eEL 21 Plans PLAS around N 24 Eat anagram TEA 25 Two anagram TOW

Gold

First

Winners

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Here in Spain I have been told two things that have both insulted me and spurred me to action. First I was told I was too old to learn Spanish and then too old to learn to fly. The Spanish I have achieved, and I can read and write it, and I am beginning to speak reasonably well. The second, flying, I have just started to do following an article in a local English Language magazine.

My villa in Spain backs onto a small local airstrip used for pleasure plane and balloon flights, largely at weekends. As they have passed over my place, I have looked up with some envy. Years ago, I wanted to learn to fly but had neither the time nor the money.

Imagine my pleasure when one of the local magazines published an article and an advert for a new flying school that had been set up about 70kms away in a small town called Pinoso. I read the article by the Editor who had been taken up on a trial flight, describing the views and the feeling he had. So, intrepid as I am, I picked up the phone, asked Chris, the school owner, for some details, and arranged to go for a trial pleasure and assessment flight the following week.

What a beautiful day and what an incredible experience to be fortunate enough to have had. The plane is a small (dual control) Moragon M1 Stela with single engine and high fixed wing. Technically it is described as a Microlight (defined mainly by the gross weight not the type) but it looked to me like any other similar plane of that size. We took off from Chris’s airstrip at what seemed a long distance to the airstrip, Chris decided whether we lifted off or not. Sitting in the cross breeze and it was touch and go as to the runway at about 90 knots and gently lifted into the air – no power lines to worry about this time. The journey back to Chris’s strip was spectacular, if uneventful for me.

During the journey Chris showed me all the controls and explained the theory of flight. I handled the plane nearly all the way back and upon arrival at his place, he taught me to circle and bank the plane as we came in to land. Fortunately, the landing was not my job and Chris wanted his plane in one piece. All this instruction and practice was in the first 45 minutes of flying!

After an appraisal with Chris, he told me my reactions and handling techniques were good enough to take a formal course of lessons and I signed up on the spot. I have been for a medical in Alicante as a pre-requisite and have started the course, completing five lessons in all. I have done my first assisted take-off, learnt to climb and dive as well as general level flying and turning control. I will not say it is easy but it is interesting and great fun. We start our lessons early in the morning to avoid the thermal heat of mid to late morning. The air is fresh, the skies are clear and blue and the views in all directions are spectacular. On one of the lessons, Chris took me out over the Mediterranean and we spent 45 minutes circling, ascending and descending to different heights. I made a “low level” fly pass of the local aerodrome to practice the method of landing but am not quite there yet. Plenty more to learn, a lot more practice to do and, hopefully beautiful scenery and enjoyment along the way. I can recommend it to anyone. Chris told me he learnt to fly because he was afraid of heights – so no excuses for anyone. He started 7 years ago and became an instructor within three years.

The last time I went, there was a strong cross breeze and it was touch and go as to whether we lifted off or not. Sitting in the plane for a few minutes, it began to rock in the wind. However, as I had driven the long distance to the airstrip, Chris decided to fly and see how the weather panned out. When we reached our cruising height, the wind became less fierce and I spent most of the lesson circling a small private airfield, descending as if to land and then flying straight (nearly!) above the runway without landing. At the end of the runway, I had to lift the nose, accelerate and ascend once again. As Chris explained to me, most of the actions are by sight and we have to look out for other traffic (no radar!) and on the fourth circle, he spotted a small crop-duster below us that landed on the airfield and proceeded to park midway and halfway down the runway. That was the end of my practice for the day and we made our way home. The remainder of the flight was uneventful until I reached his private field. I circled, more or less correctly.

But I made a complete hash of the descent by allowing the plane to slow down too much and Chris had to grab the controls. He was going to land anyway but it was, momentarily, a hairy moment.

Some mysteries have been explained. With this plane you fly mainly on line of sight, not by instruments. Chris says it is a better way to learn. You set your eyes on your chosen horizon and use that to determine your direction, height, and whether you are level or not. Of course, all the normal instruments are there as well and have to be watched and used. Unlike a car, you have to constantly check the panel and you use your feet and arms far more than in a car. Sometimes it is arm aching, seriously intense at times but extremely exhilarating. Chris tells me the plane can glide to land and that a no-engine approach is both part of the training and the test. I cannot, in all honesty, say I am looking forward to that. However, so far nothing has scared me or put me off. Altogether I have now logged 7 hours in the cockpit, the nerves are still there and I know that I still am making mistakes but slowly I think I am improving.

I hope to be able to get my Private Pilot’s Licence by the end of this year.

I have been reminded by an old friend from the RAF: there are old pilots; there are bold pilots but there are no old bold pilots. I intend to be old not bold!

Watch this space!
Generic immunosuppressants in the specialist area of transplantation – consensus on implications and practical recommendations

Executive Summary
Solid-organ transplants are the best possible treatment for most people with organ failure, but the survival of the graft – and frequently the patient – depends on treatment with immunosuppressive medication to prevent rejection of the transplanted organ. Following patent expiries, the last two years has seen the introduction of an unprecedented number of generic immunosuppressants – notably for ciclosporin, tacrolimus and mycophenolate mofetil – for use in transplantation.

When used appropriately in the specialist transplant setting, generic immunosuppressants could help reduce NHS costs. However, the prime concern for all stakeholders – including transplant specialists, GPs, specialist hospital and community pharmacists, and commissioners – must be to ensure patient safety by avoiding inadvertent switching from immunosuppressant formulations on which patients have been stabilised by their transplant unit. Such medication errors not only risk potentially serious consequences for patients in terms of drug toxicity or graft rejection, but the financial cost of such complications could also outweigh any potential savings for the NHS resulting from the introduction of generic immunosuppressants.

The situation is particularly complicated in paediatric patients, who may be on various capsule, liquid and granule formulations of their different immunosuppressants. The potential for medication errors within such regimens is even more acute.

Despite previous warnings concerning the potential dangers for transplant patients\(^1\)–\(^3\), inadvertent medication switches are still occurring, especially in the community setting. For this reason, we believe that it is essential to reinforce current advice by issuing clear, succinct and practical recommendations that can be universally applied:

1. The only practical way to ensure safety of transplant patients, both adults and children, is for any change in immunosuppressant treatment to be initiated in secondary care under specialist medical supervision, with appropriate monitoring.
2. All prescriptions, and related correspondence, should specify the brand on which the patient is stabilised, the dose and the frequency – be it the originator brand or a generic immunosuppressant.
3. Everyone in a position to influence safe prescribing of immunosuppressants, from transplant consultants through to the patients themselves, should be aware of these recommendations and seek to reinforce their implementation.

Background – licensing of generics
Generic products are not licensed on the basis of clinical assessment in the relevant patient group, but on simple bioequivalence assessment, generally in a small number of healthy volunteers. Thus licensed bioequivalence does not automatically mean clinical equivalence in practice\(^4\).

There may be no implications for patient safety when switching between branded and generic versions of many drugs in common use. But there are special considerations when using immunosuppressants in transplant patients. Not only is it critical to avoid any risk to the patient and the graft that may result from inadvertent medication switches, but it is also important to avoid potential drug-drug interactions in patients stabilised on medications for co-existing conditions.

Background – evidence in practice of risks to patient safety
Marked differences have been reported between different formulations in clinical practice, including:

- Need for dosage changes following a switch between formulations, to maintain appropriate blood levels – which necessitates additional patient monitoring\(^1\)
- Increase in biopsy-proven acute rejections which will require active patient management\(^2\)
- Reduced long-term graft survival, which could mean a return to dialysis, the need for repeat transplantation or death\(^3\).

Background – ciclosporin, tacrolimus and MMF/ECMPS
Ciclosporin is a calcineurin inhibitor (CNI). It is well established that it is a pre-eminent example of a critical dose drug, and consequently should always be prescribed and dispensed by brand.

Tacrolimus is, like ciclosporin, a CNI and a critical dose drug. As well as recently introduced immediate-release generic versions, the originating company has produced different immediate-release and prolonged release formulations. It is a particular cause for concern that some of these original and generic brand names sound very similar. For example, by the end of February 2010, the MHRA had received 12 case reports involving prescribing/dispensing errors in association with the originating manufacturer’s formulations of oral tacrolimus. Some of these had serious consequences such as acute rejection\(^6\).

Mycophenolate mofetil (MMF) is from a different class, that of the proliferation inhibitors. It is important to note that another form of mycophenolate is available as enteric-coated mycophenolate sodium (ECMPS). Since MMF is not interchangeable with ECMPS, it is essential to differentiate between the two drugs when prescribing and dispensing. (The patent on ECMPS has also not expired, and hence no generic versions are available.)

Background – costs of transplantation in context
Solid organ transplantation is highly cost-effective for the NHS\(^1\). For example, 3% of the NHS budget is currently spent on treatment for kidney failure. The average cost of kidney dialysis is £30,800 per patient per year. This compares with the indicative one-off cost of £17,000, for a kidney transplant, with costs for immunosuppression of £5,000 per patient per year. As a result, over 10 years (the median transplant survival time) kidney transplantation saves the NHS £241,000 or £24,100 per year for each year that the patient has a functioning graft. Acute rejection that may result from inadvertent medication switches clearly negates these cost savings if it leads to a return to dialysis. But successful treatment of acute rejection is also expensive, costing anything from circa £8,000 to £20,000 to manage, depending on whether or not a patient responds to steroids or requires more expensive antibody therapy.

Conclusion
Potential cost savings derived from substitution of generic immunosuppressants in transplantation must be weighed against risks to patient safety and the costs to the NHS arising from inadvertent switching.

Given past evidence of serious medication errors, the only practical way to ensure patient safety is for these immunosuppressants, including new generic versions, to be initiated only within the specialist hospital setting, with appropriate monitoring, and for all prescriptions and correspondence relating to that treatment to specify the brand on which the patient is stabilised – be it the originator brand or a generic.

Appendix
As at the date of this document (August 2011), the following originator brands and generics of ciclosporin, tacrolimus and the mycophenolates were available.

ESPRIT Efficacy and Safety of PRescribing In Transplantation

The BCPA, BTS, BLT, and NKF support ESPRIT and this work
After 30 years at the forefront of transplant surgery and research, Professor John Wallwork, Consultant Cardiothoracic surgeon at Papworth, has retired.

His pioneering work has saved countless lives, and his drive and innovation has helped transform experimental surgery into a trusted procedure.

John has made an outstanding contribution to heart and lung surgery and transplantation at Papworth, in the UK and across the world. He leaves behind an impressive legacy in the transplant service at Papworth and has trained many overseas transplant surgeons who have subsequently set up transplant programmes in their own countries. It has been a pleasure to work with him over the last 23 years and he will be missed greatly at Papworth said Mr Stephen Bridge, Chief Executive of Papworth Hospital.

In 1981 he set up the Heart-Lung Transplant Programmes at Papworth Hospital and Great Ormond Street Hospital at a time when the operation was still in its infancy. His vision was to improve the survival rate, increase the number of operations and provide a procedure that medical professionals, here and abroad, would use to save the lives of patients who previously would have died.

He was part of the team that carried out the world’s first successful heart-lung transplant in America. In 1984 he performed the first successful operation in Europe at Papworth Hospital.


Professor John Wallwork retires

The hospital has celebrated its 25th anniversary of heart-lung transplantation and now achieves survival rates that would have been hard to imagine 25 years ago. At one stage he and his colleagues at Papworth were performing more than a quarter of the world’s heart-lung transplants — attracting visiting doctors and surgeons from all over the world and the techniques developed at Papworth are used around the globe.

He was a leading figure in the research and development of xenotransplantation — the use of animal organs to alleviate the persistent shortage of human donor organs. As a result of that and other research activities, he became the first NHS consultant to be awarded an Honorary Chair of Cardiothoracic Surgery by the University of Cambridge.

A symposium to look at the past, present and future of cardiothoracic medicine and surgery took place on 4th July where experts in the field from around the world came to Cambridge to mark his retirement.

He is going to continue as an occasional helper at Papworth — maybe with fundraising for research.


National Memorial Arboretum

Janet Jackson

On a cold and windy day in May Keith and I visited the National Memorial Arboretum at Alrewas near Burton on Trent. We found the visit a very moving experience. The arboretum was so peaceful and calming — a time for reflection on not only our boys and girls of the armed forces but also memorials for the lifeboat service, police, fire and many others who have given their lives in service for their fellow men.

One of the most poignant places was the stairway to heaven, where, on the 11th day of the 11th month a ray of sunshine fl ows through the gap in the wall onto the memorial plinth with a golden top. No matter how dull the day the sun has shone through at this time every year since the wall has been in place.

The Chapel is also a place to sit and re flect. The carvings of the story teller, Jesus, talking to a group of children, are quite beautiful. So my friends, remember your loved ones with happy and fond memories, and if you have the opportunity, like us, pay a visit to this remarkable memorial.
UK’s first total artificial heart patient

A 40-year-old father has become the first person in the United Kingdom to receive a Total Artificial Heart implant and go home. Matthew Green had been critically ill suffering from end-stage biventricular heart failure. Papworth Hospital announced this on 2nd August 2011.

Operation

The six hour operation, carried out by surgeons at Papworth Hospital on 9th June, has replaced Mr Green’s damaged heart with a Total Artificial Heart.

The SynCardia temporary Total Artificial Heart is a device that is used as a bridge-to-transplant for patients dying from end-stage biventricular heart failure, where both sides of the heart are failing. Similar to a heart transplant, this device replaces both failing ventricles and the native heart valves, providing blood flow of up to 9.5 litres per minute throughout the body, thus eliminating the symptoms and effects of severe heart failure.

The transplant team at Papworth Hospital, led by Mr Steven Tsui, Consultant Cardiothoracic Surgeon and Director of the Transplant Service, underwent rigorous training in Paris. The team was assisted by Dr. Latif Arusoglu, an expert Total Artificial Heart surgeon from Bad Oeynhausen, Germany.

Mr Green suffered from Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC), a heart muscle disease that results in arrhythmia, heart failure, and sudden death. His health had been declining over recent years with his only option available being a heart transplant.

Mr Steven Tsui explained. ‘At any point in time there may be as many as 30 people waiting for a heart transplant on our waiting list at Papworth, with one third waiting over a year. Matthew’s condition was deteriorating rapidly and we discussed with him the possibility of receiving this device, because without it he may not have survived the wait until a suitable donor heart could be found for him. The operation went extremely well and Matthew has made an excellent recovery. I expect him to go home very soon, being able to do a lot more than before the operation with a vastly improved quality of life, until we can find a suitable donor heart for him to have a heart transplant.’

Matthew Green

Matthew Green said ‘I want to thank all the wonderful staff at Papworth Hospital who have been looking after me and who have made it possible for me to return home to my family. Two years ago I was cycling nine miles to work and nine miles back every day but by the time I was admitted to hospital I was struggling to walk even a few yards. I am really excited about going home and just being able to do the everyday things that I haven’t been able to do for such a long time such as playing in the garden with my son and cooking a meal for my family.’

Matthew went home using the Freedom portable driver to power his Total Artificial Heart. Weighing 13.5 pounds, the Freedom driver is the world’s first wearable portable driver designed to power SynCardia’s Total Artificial Heart both inside and outside the hospital. It is designed to be worn by the patient in the Freedom Backpack or Shoulder Bag.

Background

Papworth Hospital has a long history of innovation in heart and lung transplantation. It began with the UK’s first heart transplant in 1979 and has been using mechanical devices to support patients with end-stage heart failure since the 1980s. Papworth Hospital is the only centre in the United Kingdom currently certified to implant the Total Artificial Heart.

The Total Artificial Heart is a modern version of the Jarvik-7 artificial heart of the 1980s and is manufactured by SynCardia in Tuscan, Arizona, USA. Papworth Hospital is the only centre in the United Kingdom currently certified to implant the Total Artificial Heart (TAH) developed by SynCardia. The Total Artificial Heart is unlike a left ventricular assist device (LVAD), which only helps the failing left ventricle. The Total Artificial Heart is a bridge-to-transplant that replaces both the left and right heart ventricles and takes over the pumping of blood throughout the whole body. The TAH is a modern version of the Jarvik-7 Artificial Heart of the 1980s. In November 1986 a Papworth patient received a Jarvik heart and was supported for 2 days before being transplanted.


Apple and sultana cake

Pat Archer, Staffordshire member

1 cooking apple
4oz self raising flour
2 oz sultanas
2½ oz margarine
1 egg
2oz sugar

Rub the margarine into the flour to make fine crumbs. Add the sugar and sultanas and mix well. Peel and dice the apple into small pieces, beat the egg well and add both to the mixture stirring with a spoon. Do NOT beat the mixture. Put mixture into a well-greased tin and bake for 45 minutes at 350F for gas or 170C for fan ovens. Slice and enjoy when cool.
Baked cod with mushrooms and peppers

Serves 4
1oz (25g) butter or marg
12oz (350g) button mushrooms sliced
Salt and Pepper to taste
4 cod steaks
14oz (400g) tin chopped tomatoes
2tsp (10ml) cornflour
1tbs (15ml) water
1tbl (15ml) tomato puree
1 green or yellow pepper sliced or cut into rings
1tsp (5ml) dried oregano

Method
Preheat oven 180C 350F Gas 4.

Grease a shallow ovenproof dish. Place the mushrooms on the bottom of the dish and season to taste. Put the cod on top. Pour the tomatoes into a saucepan. Blend the cornflour with the water and tomato puree and stir into the tomatoes. Bring to the boil stirring until thickened. Pour over the fish. Place the pepper slices or rings on top. Bake for 30mins until the fish and mushrooms are cooked through.

Recipes – Janet Jackson

Seed cake
6oz (175g) butter or marg
6oz (175g) caster sugar
3 eggs
8oz (225g) S.R. flour
1tsp (5ml) baking powder
1tbsp (15ml) caraway seeds
3tbs (45ml) milk

Method
Preheat oven 160C 325F Gas 3. Lightly grease and line an 8-inch (20cm) round deep cake tin. Beat all the ingredients together until smooth. Pour into the prepared tin and bake for 1hr until risen and golden in colour. Leave in the tin for 5mins then turn out onto a cooling rack. Remove the paper and leave to cool.

Dates for your diary

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
<th>Event Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambridge</td>
<td>4th W even months W 7 Dec 7.30</td>
<td>See report 7.30 4th Wed of even months at Great Shelford Memorial Hall Christmas social</td>
</tr>
<tr>
<td>Chelmsford and District Cardiac Support Group</td>
<td>F 21 Oct 8.00</td>
<td>Antiques Roadshow An Englishwoman’s Life in Rural Turkey Christmas social All 8.00 at Broomfield Parish Hall</td>
</tr>
<tr>
<td>Halton</td>
<td>Th 1.00-3.00</td>
<td>Every Th 1-3pm at The Grangeway Community Centre, Runcorn</td>
</tr>
<tr>
<td>Haverning Hearties</td>
<td>2nd Mon 7.30</td>
<td>At RUSSC Club, Mawney Road, Romford, Essex</td>
</tr>
<tr>
<td>King of Hearts, Redbridge, Essex</td>
<td>2nd Wed 7.30</td>
<td>The Aldborough Room, Fullwell Cross Library, High Street, Barkingside IG6 2EA For details contact Tony Roth 020 8252 0877</td>
</tr>
<tr>
<td>Lincoln</td>
<td>Tu 18 Oct 7.30</td>
<td>Alan Dixon: Special Edition Chocolates 7.30 at the Methodist Church Hall BCRA Grand Draw. Lunches on the 3rd Thursday of each month excluding December at the Cherry Tree Public House, Oundle Road. Contact Gordon to attend.</td>
</tr>
<tr>
<td>Peterborough</td>
<td>Th 17 Nov 3rd Th 12 for 12.30</td>
<td>BCRA Grand Draw.</td>
</tr>
<tr>
<td>SE London &amp; Kent</td>
<td>F 14 Oct 7.15 for 7.30 Dec</td>
<td>Quiz Night Christmas Lunch All at the Victory Social Club, Kechill Gardens, Hayes</td>
</tr>
<tr>
<td>Stafs &amp; District</td>
<td>Tu 25 Oct 7.30 for 8.00</td>
<td>Heart Start Emergency life Support Last Tu at Thistleberry Hotel, Newcastle, Stafs AGM</td>
</tr>
<tr>
<td>Wirral</td>
<td>M 10 Oct 7.30</td>
<td>Dr Peter Currie, Cardiologist, Arrowe Park Hospital</td>
</tr>
<tr>
<td>Wrexham</td>
<td>3rd Th 7.00</td>
<td>At Association of Voluntary Organisations, AVOW, Egerton Street, Wrexham</td>
</tr>
<tr>
<td>Warrington</td>
<td>3rd Th 7.00</td>
<td>All third Th 7-9pm at Post-Graduate Centre, Warrington General Hospital</td>
</tr>
<tr>
<td>West Suffolk &amp; SW Norfolk</td>
<td>TBA</td>
<td>Christmas dinner, W.S. Restaurant, Bury St Edmunds</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meetings are usually at the Risbygate Bowls Club</td>
</tr>
<tr>
<td>Wirral</td>
<td>M 10 Nov 7.30</td>
<td>Social evening &amp; buffet with mince pies Les Roberts, Tranmere Rovers Football Club. Rover The Dog AGM</td>
</tr>
<tr>
<td>Wrexham</td>
<td>3rd Th 7.00</td>
<td>At Association of Voluntary Organisations, AVOW, Egerton Street, Wrexham</td>
</tr>
</tbody>
</table>

Co-ordinators

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Oxfordshire: Jon Truelove 01244 851441
Swindon: Ken Timmis 01793 534130

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Chester Heart Support: Peter Diamond 01224 851441
Croydon Heart Support: Ken Morcombe 020 8657 2511
Haverning Hearties: Jackie Richmond 01708 472997
King of Hearts, Redbridge, Essex: Tony Roth 020 8252 0877
Southend Take Heart: George Turner 01702 421522
Wolverhampton Coronary Aftercare Support: Ken Timmis 01902 755695
Cardiac Rehabilitation – would it be better to have it in small community groups?

Corey Beecher

Even in the relatively short time that I have been working within the Cardiac Rehabilitation environment, there have been massive changes. Over these past twelve years, so much has changed and I am sure that if the younger version of me walked into the Cardiac Rehab sessions at Bedford Hospital today he would be amazed at how many changes have taken place.

One that is becoming more common for the thinkers amongst us is about bringing cardic rehab closer to people’s homes. In fact this is not a new idea as many institutions already use the Heart Manual, which assists annually 18,000 people in the UK and abroad. It is the ‘UK’s leading home-based supported self-management programme for individuals recovering from acute Myocardial Infarction’. It has been used since 1992 and has since then been joined by its younger brother for CABG and PTCA/PCI patients launched in 2007.

This is good, but the government have a National Service Framework (NSF) which guides the NHS into what they would recommend happens and for cardiac patients. Chapter 7 relates to cardiac rehabilitation in particular, and the goal of the Coronary heart disease NSF is to ensure:

(a) that more than 85% of people discharged from hospital with a primary diagnosis of AMI or after coronary revascularisation are offered cardiac rehabilitation; and

(b) that one year after discharge at least 50% of people are non-smokers, exercise regularly and have a BMI less than 30 kg/m²; these should be demonstrated by clinical audit data no more than 12 months old.

Currently Bedford Hospital offers rehab to more than the 85% recommended in the NSF, but is just above the national average of 40% of people who take up this option. Bedford currently operate at 47%.

How then can we get more people involved in cardiac rehab?

Second copy of crossword

Here is a second copy of the crossword, so two people can do them without seeing the other copy. Fold back down the middle of page 14, so the two sides of page 13 come against each other. Then you can read the clues without seeing the other copy.

I have people attending my class who have been through the formal exercise classes of cardiac rehab and they sing the praises of the nurses, consultants, occupational therapists and me for doing such a worthwhile job. However, they are not the ones who are missing out. In fact if you are reading this you are probably not even one of those people who are missing out. Maybe you have been through the process yourself and with a background in exercising or playing sport. My question to you, and it really would be nice to receive some replies to this, is how can we get to those people who do not attend rehab. You people who are reading this article now are in a better position to answer that question than either my colleagues or I, purely because you have been there.

We understand and appreciate that you may be feeling frightened, nervous, apprehensive, worried, and full of fear: you may be in denial, feeling that the whole event is just a big hoax and at any moment a consultant is going to wake you up and tell you that the whole experience has just been a dream. Many people who suffer a cardiac event flow through this process, but why do some jump ship as soon as they can and why do others take all they can get to help themselves? It cannot just be that those who exercise wish to gain some of the fitness benefits they enjoyed earlier in life, or that those who did not like exercise get out as soon as they can. I know that we will never be able to get 100% of people diagnosed with a cardiac event to come to rehab; if we did I would not have any time for anything else but work. Surely we could help many of those who choose to avoid our help at all costs.

So if you could think of anything that did or would have put you off coming to rehab, please have a think about it, elaborate on it and send it into head office. I am in a position where I can make a little bit of a change and see if we can help more people, so the more answers I can receive the more of an idea I can have as to where and how we can help more people. For example if travel were an issue, would it help if we could pick you up and drop you off at a rehab session? Or if rehab came to your town or village on a weekly basis? If the exercise frightened you, how about if you could see a video clip of the type of exercise that is undertaken at your local rehab centre? A visit from a patient who had been through rehab before, if they came to you and told you that your worries and fears were the same as they had before they started the programme? Would it help? Ask if your partner, husband, wife or friend had enough support when they came through rehab. Or did they feel left out and had questions that were unanswered?

Please, please get involved and send in a letter or send me an email at corey.beecher@bedfordhospital.nhs.uk and I can collate some information and see if we cannot get this cardiac rehab programming more suited to your needs. By the way, you do still need to exercise regularly. I am on my soapbox for this article only. But I do need some answers before I can help more people more often; here is your chance to give something back.

Sources
1 http://www.theheartmanual.com
2 www.dh.gov.uk/en//.../DH_4094275
3 www.bhf.org.uk/plugins/.../.ashx?docid=e5226595-7baa
August and September are the peak months for wasps and harvest mites in this country. Wasps are clearly identified even without being stung by them. The harvest mite is also a great nuisance, if not more so – you are unlikely to see it unless you have a powerful eye glass or microscope. This little fellow, Trombicula autumnalis, is spread worldwide and can make it more unpleasant for those who are susceptible to its ‘bite’ than a single wasp sting. It is not strictly a bite as will be explained. I have found them on the south coast of Cornwall and in the northern counties of Cumbria and Northumberland. One lady who was relieved when she retired with the thought of getting away from the Huntingdon-infested area, which made her summer-time a torment, emigrated to Grange-over-Sands and found the pest even more prevalent there.

Development
Oddly it has both 6 and 8 legs at different periods in its development and is really of the Arachnida or spider family. Its life history is therefore different from that of insects as it goes from egg to larva then nymph before reaching the final adult stage. So it does not form a chrysalis as insects do. It is the larval stage that attacks mammals and reptiles with an apparent appetite for humans. The 6 legs are clearly visible under the microscope if carefully extracted from its firm grip on the skin. It does not burrow exactly but attaches itself so firmly that using fine, watchmakers’ tweezers is the only method I have found, apart from spraying with a repellent. The adult develops 8 legs, as is usual with ticks as well.

Prevention
To return to our irritating subject, how can one avoid this pest? Most people do. The most satisfactory method is to stay on concrete and tarmac. If you are a gardener or like to walk in the woods it may be that either you do not react to the injected enzyme or for some reason you are not top of the mite’s favourite menu. The answer to this is not clearly known apparently. If however you are one of the favoured few whose life in the autumn can be a misery, there are some steps you can take. I discovered, using the microscope, that the creature is very sensitive to insect repellents such as Autan or Jungle. The slightest whiff of either caused rapid demise when placed on a filter paper. The mite is picked up mainly from low vegetation so hand weeding is out unless smooth gloves are worn. These and clothing should be sprayed with a repellent, preferably before wearing them.

Scientists working in the Fen nature reserves, where belligerent insects of many kinds reside, always used the same old clothes well-sprayed every working morning. The results were very encouraging. You cannot apply this method against the side effects of drugs but you can be aware and cautious. The itching can be reduced by using an antihistamine such as Piriton.

Incidentally although cats are a favourite host I have not, contrary to a few reports, found that the mites transfer to humans. Strangely the mites congregate in the tiny flap behind the ear. A dab of repellent applied with a cotton bud soon removes them and as mentioned above, Frontline seems to be beneficial. If you are subject to what appear at first to be flea bites (but are not) I would like to hear from you, (mail@bob2king.plus.com) to get an idea of how widespread the problem is. Flea bites have a bright red central spot that can occur at any time of the year and fleas are usual visually in evidence. The mite’s site may show a small orange coloured central spot if the mite has dropped off.

Similarly wasps are also a problem, especially when you are a gardener and it is their job to keep the numbers down. Frontline seems to be beneficial in this case as well. The process is the same as for harvest mites. I have also found that Frontline is beneficial for ticks, although it is not a approved treatment for dogs. Ticks are usually attached to the back of the neck as is the case with fleas.

Drugs
We come now to the rather tenuous cardiac connection. This annoying creature does not affect our hearts but some drugs taken do. The mite demonstrates that a minute amount of a substance can have far reaching effects upon the recipient. I don’t know what proportion of a cardiac pill is the active ingredient but I suspect that the bulk of the tablet is binding or disguising material to ensure that the pill is large enough to handle and easy to swallow and in some cases to enable a slow release. Therefore it is important not to exceed the stated dose especially when a tiny amount can have such a profound effect. Or the combination with another drug can have a potentially lethal affect or cancel the effect of another drug.

All drugs should be taken with caution and according to the leaflets included with them: they can have umpteen side-effects. These include constipation and diarrhoea in the same drug and I find this intriguing should they coincide.

I knew an elderly patient who was given a drug for a particular condition that I forget now, and this produced side effects so that another drug was added to counteract the side effects. This produced still further effects and this continued until she was having a strict routine of many drugs to be taken at specific intervals. As the lady in question was developing Alzheimer’s disease this routine had to be carefully monitored. On admission to a residential home she came under a different doctor. He immediately scrapped all her drugs and prescribed something much less complicated. There was shortly an improvement in her general health and ability to cope. So one assumes that too much in the way of side effects is not good for you.

Treatment
Cats etc. can be treated with the Frontline applications used for ticks. The cat or dog is treated by squirting the drug under the fur at the back of the neck. When my wife suggested, in the vet’s surgery, that she could try the same treatment on the back of my neck it caused some amusement in the room. It doesn’t bite strictly speaking so she could try the same treatment on the back of my neck and it caused no reaction. When my wife suggested, in the vet’s surgery, that she could try the same treatment on the back of my neck it caused some amusement in the room. It doesn’t bite strictly speaking so she could try the same treatment on the back of my neck it caused no reaction.
All clues have a straight definition at the beginning or the end of the clue. Many also have a cryptic part – eg two meanings, anagram, or a way to build up the answer.

**Across**
1 Nasal opening – it’s no right and left confused. (7)
7 White water speedy (5)
8 Not sophisticated in dress for tidied eglantine (9)
10 Angry I score (5)
11 Baddies fell endlessly on south (6)
13 Socialising section, why in grams? (8)
17 Tumble in need registered for a course (8)
20 Tossing asleep, passing of time (6)
22 Dr caught out – arose out of bed (3,2)
23 What small print causes (8)
26 Swing arms wildly beginning fire left after I leave (5)
27 Clothing for one leg? (7)

**Down**
1 Variable life below a bottomless line shortens finger protectors (8)
2 Sleet falling strangely is metallic (5)
3 Fish comes from queer ore (3)
4 Shaken ale produces a meadow (3)
5 Mixing traits colourfully for an old master (6)
6 Chewed rabbit tenaciously (6)
9 Son of God initially reversed healed half of lepers reversed, written account in bible? (6)
12 Remove air from Ontario for discovering something (slang) (4)
14 Provisos altered driers (6)
15 Peaceful meditations hail Grandma front and back (4)
16 Elected hospital trust board member first George over Norman’s part (8)
18 Egg pasta stirred on dole (6)
19 PALS around headless eel find parts of jacket (6)
21 PALS muddles around nurse for strategies (5)
24 Consume tea messily (3)
25 Tow around a couple (3)

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**Ricky’s Quickies**

**Excellent treatment at Papworth**
Over five days in Papworth I’ve had excellent treatment – too late to write up for this journal, so perhaps for the next. Don’t watch this space – it’s not going to change in colour or content!

**Thanks to Bob King**
I’m therefore very grateful to Bob King for helping with the editing of this journal, including sending its drafts out to authors and proofreaders for checking, and preparing the near final version for John Hunt to work from to do the final layout and design.

**Flu jab**
When this reaches you it may be near the time for flu jabs. Just a reminder to have one if you are recommended.

**Feb 2012 journal may be slightly late**
Because John Hunt has some other commitments about the time when he would normally be doing the final stages of the February 2012 Journal, it may reach you about the first week of that month, whereas many recent journals have probably reached you a week or more before the end of the month preceding their publication date.

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**Cardiovascular disease in women – often silent and fatal**
On June 21 2011, two US organisations, WomenHeart: The National Coalition for Women with Heart Disease, and the Society for Women’s Health Research, released a report on Advancing Women’s Heart Health Through Improved Research, Diagnosis and Treatment. The report emphasises the burden of cardiovascular disease in women and the disappointing lack of research into this predicament.

Although in the USA cardiovascular disease is the number one killer of both men and women, more women than men die yearly from it – close to 500,000 in the US. Women are twice as likely as likely as men to have heart failure, 1·5 times more likely to die within a year of a heart attack, and twice as likely to have a poor outcome after a coronary artery bypass graft. Furthermore, the cardiovascular mortality rate is rising in women younger than 55 years.

Women often have non-chest-pain-specific cardiovascular symptoms. Two-thirds of women who die suddenly of coronary heart disease have no symptoms, probably reflecting a distinct microvasculature cause of cardiovascular disease in women.

Women’s cardiovascular risk factors are understudied. Psychosocial factors such as depression and stress are more common in women than men, and pregnancy-related complications (eg gestational diabetes, hypertension, pre-eclampsia) significantly increase cardiovascular disease later in life. The exact nature of oestrogen’s protective effect on premenopausal cardiovascular risk remains unclear.

US guidelines for the management of cardiovascular disease are primarily targeted at men – because women are under-represented in US clinical trials. Only a third of cardiovascular disease trials publish gender-specific results even though US regulations require them. Although cardiovascular disease contributes 25% of total mortality and morbidity in the US, relevant cardiovascular research receives only 4% of US National Institute of Health funding.

Many American women are unaware of the risk posed by cardiovascular disease, which is an order of magnitude greater than that of breast cancer. Education and advocacy is needed across ethnic and socioeconomic strata to make women aware that the biggest threat to their health is their heart. Researchers must also redouble their efforts to study and improve outcomes for women at risk of cardiovascular disease.

Membership and aims

Whatever your interest it may be that becoming a member is something you have never considered.

Are you reading this Journal as someone who is not a member of the Association? If so we are pleased to count you as a valuable part of our readership.

However, might you take a few moments to consider making use of the application form to join the Association. It may be that you are a heart patient, a relative or carer of someone with a heart condition, or indeed someone taking a general interest in the Association and the support we are able to offer. Whatever your interest it may be that becoming a member is something you have never considered. May we invite you to consider it now. We would be delighted to hear from 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 one in your area, please contact our Head Office for an informal discussion.

If you 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.

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289190

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