

PTH NEWSLETTER

Issue 19 April - June 2011

Performance Through Health



National Thrombosis Week 9 – 13 May 2011

Thrombosis is a wide spread condition and a leading cause of death in the UK. Every year, one in every 1000 people in the UK is affected by venous thrombosis.¹

Thrombosis is the formation of a blood clot within a blood vessel and can occur anywhere within the body's bloodstream.

The two main types of thrombosis are:

Venous thrombosis – a blood clot that develops in the vein.

Deep vein thrombosis (DVT) is one of the most common types of venous thrombosis. It is a blood clot which forms in the veins deep in the leg, usually in the calf or thigh, although occasionally it can occur in other veins.

A DVT can be asymptomatic but may be accompanied by some or all of the following symptoms:

- Pain, tenderness and swelling of the leg (usually the calf).
- Discolouration with the leg appearing pale, blue or reddish purple in colour.
- The whole leg may be swollen if the thrombosis occurs in the thigh veins.

Arterial thrombosis is a blood clot that develops in an artery. This type of thrombosis often occurs in arteries that supply the heart, resulting in a heart attack. It can also occur in the arteries of the brain, causing a stroke.

Blood clots (or part of) can sometimes break away from their original site and travel through the blood stream. They can then become lodged in another part of the body. This is known as an embolism, if a blood clot lodges in the lungs it is known as a pulmonary embolism.

The symptoms of pulmonary embolism can include:

- Shortness of breath, either severe or gradual onset.
- Chest pain may be worse on inhalation.
- Sudden collapse.
- The symptoms of DVT may also be present.

If you are showing any of the above symptoms or are concerned, please contact your GP.

References: ¹www.nhs.uk/conditions/Thrombosis
www.thrombosis-charity.org.uk

DEPRESSION AWARENESS WEEK 11 – 27 April 2011

It is estimated that 1 in 5 people in the UK suffer from depression at some time in their lives. The causes and symptoms of this condition are many and varied. There are different types of depression and these are sometimes categorised as:

Mild depression - this does not stop the person leading their daily life but makes everything harder to do.

Moderate depression - this will have a significant impact on daily life with more debilitating symptoms.

Severe depression - daily activities become virtually impossible.

There are also medical terms which may include:

- **Dysthymia** – mild depression which can last for at least 2 years.
- **Bipolar Affective Disorder** – causes severe mood swings from excitement to despair.
- **Seasonal Affective Disorder** – this is seasonal and usually occurs in the winter months and is often associated with the change in time at the end of October.
- **Postnatal depression** - occurs 2/3 weeks after birth and can last for a long time. Not to be confused with the 'baby blues' that affects many new mothers around day 5 following delivery.

Symptoms are many and varied and may include:

- Continuous low mood – worse in the mornings
- Irritability
- Crying
- Loss of interest in life
- Low self-esteem
- Anxiety
- Trouble sleeping or disturbance in sleep patterns
- Loss of appetite or overeating
- Physical symptoms
- Thoughts of death and suicidal thoughts

There are a number of treatments for depression. The two main treatments are talking therapies such as counselling, and medication usually in the form of antidepressants. Self-help is also essential in conjunction with the above.

There are several different types of antidepressants available, most will have some side-effects and it may take trial and error to find one that suits. It is advised that this medication should continue for 6 months even if the person has recovered as it is thought to help prevent a reoccurrence. Some side-effects will affect the person's ability to work especially if operating machinery or driving long distances. It is important that the person understands that this medication cannot be stopped abruptly but needs to be done gradually under the GP's guidance.

Talking therapies include one to one counselling or the more structured therapies that include cognitive behavioural therapy, psychodynamic psychotherapy or neuro-linguistic programming. Most people who have depression can be successfully treated without being admitted to hospital and can be managed in the community with the support of Community Psychiatric nurses if needed.

At least half of the people who have an episode of severe depression will have at least one more episode during their lifetime. This has implications for the work place as sickness absence may continue over a long period of time.

It is estimated that 3 out of 10 workers suffer depression each year and studies show that an average of 30 days sickness absence is likely for the employee suffering from depression.

Depression is often misunderstood by employers and still carries a 'stigma' which can result in employees hiding or disguising their feelings. They are understandably reluctant to have depression stated as the reason for absence.

This will only change with education which awareness weeks like this can help with. The role of the Occupational Health Adviser is an important one and he or she should ensure that information on all resources is given and implemented i.e. Counselling, Life style coaching, Cognitive Behavioural Therapy, and links to self-help groups.

In today's society the work place is often a stressful environment and employees may well become depressed due to working conditions, changes in job role, management issues and performance. Their job may also become unmanageable due to outside circumstance such as bereavement, illness, break down in relationships or trauma. It is essential that employers, managers and employees are educated about this condition and a more open forum developed for supporting those with this debilitating condition. The Occupational Health Adviser has a vital role to play in this and should be aware of all the resources available to help.

References: www.nhs.uk/Conditions/Depression www.bupa.co.uk/individuals/health-information/directory/depression

PTH NEWSLETTER

Issue 19 April - June 2011

Performance Through Health



HEALTH AWARENESS DATES FOR THE DIARY

April		May	
1 - 30	International IBS (Irritable Bowel Syndrome) Awareness Month www.aboutibs.org	9-13	Asthma Awareness Week http://www.asthma.org.uk/
1-30	Bowel Cancer Awareness Month www.bowelcanceruk.org.uk/	9-13	Cancer Prevention Week http://www.wcrf-uk.org/
2-8	National PSP Awareness Day http://www.pspeur.org/	9-13	Arthritis Care Awareness Week http://www.arthritiscare.org.uk/Home
2	World Autism Awareness Day http://www.worldautismawarenessday.org	9-13	National Thrombosis Week http://www.thrombosis-charity.org.uk
7	World Health Day http://www.who.int/world-health-day/en/	10	Stroke Awareness Day http://www.stroke.org.uk/
11-27	Depression Awareness Week http://www.depressionalliance.org/	13	Fruity Friday http://www.wcrf-uk.org/fundraising/
11-15	National Allergy Week http://www.allergyuk.org/	19	World Hepatitis Day http://www.hepctrust.org.uk/
11-18	Orchid Male Cancer Awareness Week http://www.orchid-cancer.org.uk/	31	World No Tobacco Day http://www.euro.who.int/en
11-17	Parkinson's Awareness Week http://www.parkinsons.org.uk/	June	
25-1	MS Awareness Week http://www.mstrust.org.uk/msawareness/	6-12	National Glaucoma Awareness Week http://www.glaucoma-association.com/
May		6-12	Cervical Cancer Prevention Week http://www.jostrust.org.uk/
2	Misophonia Monday http://www.misophonia-uk.org/	13-19	Diabetes Week http://www.diabetes.org.uk/
3	World Asthma Day http://www.asthma.org.uk/	13-19	Breathe Easy Week http://www.lunguk.org/
8-14	M.E. Awareness Week http://www.afme.org.uk/	13-19	National Eye Health Week http://www.visionmatters.org.uk/
8-14	Dystonia Awareness Week http://www.dystonia.org.uk/	14	World Blood Donor Day http://www.wbdd.org/
9-13	Cystic Fibrosis Week http://www.cftrust.org.uk/	21-28	National Myeloma Awareness Week http://www.myelomaonline.org.uk/

PTH Movers and Shakers

We are pleased to welcome two new members to our team at Head Office...

Anne Hollingsworth has joined us as Sales Manager; please contact Anne with any new business enquiries you may have.

Keith Litster has been appointed as Office Manager and will also be responsible for accounts.

and sorry to say goodbye to two more...

One of our longest serving nurses, **Jay Frost**, retired in February. Jay has been a valued team member at PTH for over 9 years and will be missed by all of the team and clients too. Jay will however remain on our team of 'bank nurses' so will continue to work with us on an adhoc basis for the next 12 months.

We also said "adieu" to **Oliver Brown** who had been working with us during his gap year. Ollie has now gone travelling in South America prior to returning to his studying in September. He too will be missed by us all at PTH.

PTH Management Changes

It has recently been announced that **Ann Chantry-Price** will be retiring as Managing Director of PTH Group on 31 March 2011. Ann has been with PTH since 2005 and will be greatly missed by us all. She will however, remain a Board director shareholder and consultant to PTH so will still have an active interest and input into the future of PTH.

Following the announcement regarding Ann's retirement, the team at PTH were delighted to learn that **Kay Merrick** will be our new Managing Director; Kay has been with PTH since 2004 becoming Finance and Operations Director in 2008. We all look forward to working with Kay in her new role.

PTH Group Limited Tel 01527 577242 Fax 01527 832618 Website www.pthgroup.co.uk

Disclaimer: The information contained within the PTH Newsletter contains information of a general nature and whilst PTH has taken every care that all information is accurate and up-to-date, PTH does not guarantee that this is the case. We do not therefore accept any liability, which may arise directly or indirectly from the use of the information in this Newsletter.