

Firms 'must tackle mental health'

Individuals returning to work following absence due to a physical condition such as back pain, cancer or heart disease are at risk of mild to moderate depression, yet those who do become depressed worry about telling their employers, according to a new report published by the Mental Health Foundation.

The report reveals that those returning to work after an episode of mental ill health find it more difficult to adjust than those with a physical condition, largely because line managers & colleagues have little understanding about depression and anxiety, and inadvertently the support provided to employees is poor.

Good return to work management practice

The researchers behind the study did encounter examples of good practice. For employees who had been absent due to either a physical or mental condition, returning to work was made easier by good communication between line manager, OH and the employee, holding case conferences, planning individual return to work packages and a positive employee attitude towards the workplace.

Organisations who provided fast-track health services to their employees, such as physiotherapy and cognitive behavioural therapy (CBT), noted an early return to work.

Recommendations from the report include:

- Managers, OH and employees to work together both before and after an employee returns to work. 'Case conferences' involving GPs and insurance providers as well as managers and OH, were found to be crucial to developing individually tailored and efficient plans.
- A longer period of monitoring, communication and support for returning employees following absence.
- Employers to provide mental health training in order to promote understanding of depression and anxiety.

To download a free copy of the report, go to:
www.mentalhealth.org.uk/return-to-work/

Source: Mental Health Foundation press release

Health Awareness Breathe Easy Week, 16 - 21 June

Chronic obstructive pulmonary disease(COPD)

COPD is the name used for several conditions including chronic bronchitis and emphysema.

It is mainly caused by smoking but it can be caused by substances at work such as coal dust, there are also some inherited problems which can cause COPD.

The symptoms of COPD are phlegm, coughing and shortness of breath. These symptoms may be more noticeable in the winter. The best way for the condition to be diagnosed is to have a lung function test or spirometry. This is where you blow into a mouthpiece which is attached to a recording device called a spirometer, which measures the capacity of air in your lungs. The results of this will show whether your airways have narrowed in your lungs. It may be necessary for your GP to refer you to the hospital for further tests.

COPD can be prevented in most cases if you do not smoke. Once a person is diagnosed with COPD stopping smoking can slow down its progression but some people may develop COPD for other reasons which may be more difficult to prevent.

The treatment for COPD includes stopping smoking and a healthy diet. Bronchodilators or inhalers are used to help widen the airways in your lungs. The medicine found in these can also be given via a nebuliser which can provide a larger dose of the medicine. It may be necessary to also take steroids or antibiotics to help relieve symptoms of the COPD.

Some people with COPD will develop low oxygen levels in their blood and this can be helped by using oxygen at home. This can be taken from an oxygen concentrator which can be installed in your home and you breathe it through a nasal cannulae (a soft plastic tube which fits inside your nostrils). Some people will also require portable oxygen which comes in small cylinders.

The symptoms of COPD vary depending on how bad it is in each individual. In milder cases symptoms such as the cough and breathlessness may only be present in the winter months. In more severe cases the shortness of breath can be present every day and can affect normal activities such as washing and dressing. Having COPD can lead to people feeling anxious due to being breathless and they may reduce their levels of activity to avoid this. This actually exacerbates the condition as the less activity carried out the less fit you become and this can increase the breathlessness even sooner when you try an activity. It is very important to keep fit and some hospitals have courses for pulmonary rehabilitation.

If you require any more information on this or any lung related topic, please visit the British Lung Foundation website at www.lunguk.org

HEALTH AWARENESS DATES FOR THE DIARY

April 1-30	Bowel Cancer Awareness Month www.bowelcanceruk.org.uk	May 10-17	Lymphatic Cancer Awareness Week www.lymphoma.org.uk
1-30	International IBS Awareness Month www.aboutibs.org	11-18	M.E. Awareness Week www.afme.org.uk
14-18	Arthritis Care Awareness Week www.arthritiscare.org.uk	11-15	National Thrombosis Week www.thrombosis-charity.org.uk
14-20	National MS Week www.mstrust.org.uk	15	Fruity Friday www.wcrf-uk.org
16	World Voice Day www.british-voice-association.com	17-23	National Epilepsy Week www.epilepsy.org.uk
20-26	Depression Awareness Week www.depressionalliance.org	18-22	National Allergy Week www.allergyuk.org
20-26	Parkinson's Awareness Week www.parkinsons.org.uk	June 1-30	Everyman Male Cancer Awareness Month www.icr.ac.uk/everyman
20-25	National Stop Snoring Week www.britishsnoring.co.uk	1-30	National Osteoporosis Month www.nos.org.uk
May 1-31	Cystic Fibrosis Month www.cftrust.org.uk	8-13	Tampon Alert Week www.tamponalert.org.uk
4-10	Deaf Awareness Week www.deafcouncil.org.uk	8-14	National Glaucoma Awareness Week www.iga.org.uk
5	World Asthma Day www.asthma.org.uk	8-14	Diabetes Week www.diabetes.org.uk
5-11	Sun Awareness Week www.britishskinfoundation.org.uk	16-21	Breathe Easy Week www.lunguk.org
		21-28	UK Myeloma Awareness Week www.myelomaonline.org.uk

Toxic Shock Syndrome on the Increase

Toxic Shock Syndrome appears to be increasing, according to the world- renowned expert on tampons and Toxic Shock Syndrome, Dr Patrick Schlievert, Professor of Microbiology at the University of Minnesota.

From the high incidence of 10 per 100,000 during the epidemic of 1980- 81, it dropped to 1 in the mid 1980s after tampon manufacturers withdrew very high absorbency tampons, and also due to public awareness.

However, in 2001, the incidence rate rose to 1.6, then in 2002 to 2.4, then in 2003 to 3.4 and in 2004 it increased further to 5 cases per 100,000. Although more recent figures are not available, there is a fear that the incidence could reach the 1980/81 level, when 48 women died in USA.

Toxic Shock Syndrome is a very serious illness associated with women using tampons and can be fatal. Initial symptoms resemble flu or food poisoning, but a red, sunburn-like rash and very low blood pressure require tampon users to seek urgent medical attention.

Dr Schlievert says "women should monitor their tampon use. It's best to use low absorbency ones, remove them every 4 to 8 hours and fluctuate use with pads".

ALICE KILVERT TAMPON ALERT says "most main-brand and chain store brand tampons still contain high absorbency man-made fibres so if women want to eliminate the risk of getting Toxic Shock Syndrome they should use a safe alternative such as towels/pads, all-cotton tampons or reusable sponges or cups.

See website: www.tamponalert.org.uk

Source: Press release from Alice Kilvert Tampon Alert – January 2009