Cheshire and Wirral Partnership NHS
NHS Foundation Trust

All about my Health

THE FACTS

Contents page

People with a learning disability often experience the greatest degree of health inequalities, and this continues to be the case today (Disability Rights Commission, 2006: Department of Health, 2008). Health promotion today is everybody's business (Naidoo & Wills, 2000) and recent research has showed the importance of education and support needs of carers and support staff. This reflects the findings of Kerr et al *(*2003*)* regarding the need for practical ways of supporting their learning and development of carers.

"All about my health: THE FACTS" provides factual and contemporary evidence based information that supports the completion of *"All about my health"*, and also facilitates the development of Health Action Plans (HAPS) which are individualised plans that help people with a learning disability to make sure that they get the support and services that they need for good health. It can also be used as a *"stand alone"* document to provide information that will assist in promoting healthier lifestyles for families, carers, and even health professionals. The information contained within this document will be reviewed and amended (as appropriate) on an annual basis.

Department of Health (2008): *Healthcare for All*. London: HMSO.

Disability Rights Commission (2006): *Equal Treatment: Closing the Gap*. Stratford upon Avon: DRC.

Kerr AM, McCulloch D, Oliver K, et al. Medical needs of people with learning disabilities require regular reassessment, and the provision of client—and carer-held reports. J Intellectual Disability Research (2003) 47:134–1

Naidoo, J., Wills, J, (2000) *Health Promotion: Foundations for Practice* (2nd Edition) London: Bailliere Tindall.

http://www.valuingpeople.gov.uk/dynamic/valuingpeople142.jsp

http://fampra.oxfordjournals.org/cgi/content/full/cmm067v1#BIB18

A number of accessible information leaflets relating to a range of health issues have been produced by *CWP NHS Foundation Trust* for the benefit of the learning disabled population it serves as evidence of its commitment to improving the health and wellbeing of service users These are cited regularly in this document, and can be viewed by logging onto the following website.

http://www.cwp.nhs.uk/Publications/Leaflets/Pages/LDLeaflet

Consent & Best Interest

- The Mental Capacity Act (2005) has five key principles:

    - Every person has the right to make their own decisions, and it must be assumed that they have the capacity to do so.
    - Every effort should be made to allow a person to make their own decisions and they should be supported in doing this.
    - People have the right to make decisions that other people may feel to be foolish ones. Each person has their own individual values and beliefs.
    - When a person lacks capacity, anything done for, or on behalf of another individual should be in their *"best interests".*
    - When a person lacks capacity, the **least** restrictive option to their basic rights and freedoms should be used.

- Mental capacity is the term that means that a person can make their own decisions. To have mental capacity the individual must be able to:

    - Understand the information that that has been given to them.
    - Remember the information for long enough to make their decision.
    - Carefully consider the information that is given.
    - Effectively communicate the decision. This can be done both verbally and non-verbally such as with sign language (e.g. *Makaton*), pictures, videotape or audiotape as best suits the individual.

- When there are concerns that a person may lack capacity to make a particular decision, then a decision may need to be made in the person's *"best interests"*. This will need to consider such factors as:

    - The person's past and present requests.
    - The person's religious cultural and ethical beliefs.
    - The views of others interested in the care of the individual such as those named by the individual, family, carers, friends, attorneys under a Lasting Power of Attorney and deputies appointed by the Court of Protection.

- Where there is **no** support for the person who lacks capacity, an *Independent Mental Capacity Advocate* (IMCA) can be introduced to represent and support the person.

Office of Public Sector Information (2005) *Mental Capacity Act*. London: HMSO

Take Note: It is important to remember that a person can have capacity consent to some things but may not have the capacity to consent to others. This is dependent on the complexity of the information / procedure. If it is unclear whether the person is able to consent to a health action plan or any subsequent treatment following completion please refer to the very useful collection of booklets regarding mental capacity which can be obtained online from the following website:

www.dca.gov.uk/legal-policy/mental-capacity/publications.htm

Communication

Communication is a two way process where information is both sent and received. Crossley & McDonald (1982) likened its importance to basic necessities of life such as food warmth and shelter.

Crossley, A., McDonald, A (1982) *Annie's coming out.* Harmondsworth, Pelican.

- Communication can be verbal and non verbal and Crystal (1992) stated that it has a number of functions including:

    - Exchange of ideas / information
    - Social Interaction
    - Expressing emotions / individuality.
    - Thinking.
    - Making sense of the world.

Crystal, D. (1992), *The Cambridge Encyclopedia of Language*. Cambridge: Cambridge University Press.

- Many people with learning disabilities have difficulties with communication with some estimates as high as 40-50% (Mansell, 1992). Alternative /augmentative support systems may be required (*according to individual need*) to assist communication and these include such examples as:

    - Makaton
    - Signalong
    - Picture Exchange Communication System (PECS).

Mansell, J.L. (1992) *Services for people with learning disabilities and challenging behaviour or mental health needs.* London: HMSO.

http://www.makaton.org

http://www.signalong.co.uk

http://www.pecs.org.uk

- Many people with a learning disability who have difficulties in communicating will find it difficult to communicate that they are in distress such as when in pain or anxious. The *Disability Distress Assessment tool* (**Disdat**) can be of benefit. This highlights what signs / behaviours may be exhibited when a person with learning disability is contented or distressed. It can be used with those known to services to provide a comparison between previous indicators of contentment /distress with current signs and behaviours. It can also provide a baseline of signs and behaviours that indicate contentment /distress in individuals not known to services.

- Consideration is given to key aspects including:

- *Facial appearance* such as smiling frowning or grimacing.
- *Vocal signs* such as crying shouting or gurgling
- *Habits and mannerisms* such as rocking when sitting or standing
- *Posture* such as rigidity, floppiness, restlessness or leaning to one side
- *Baseline observations* such as eating, drinking, and breathing quickly /slowly.

This assessment tool can be downloaded from the following website:

http://www.disdat.co.uk/

Family History

- The most appropriate family history is that of first-degree relatives; parents, brothers, sisters and children. This will involve such factors as physical and mental health, and the age and cause of death (where appropriate) of family members.

- Highlighting a family history with common health problems is important in identifying the risk factors to the person's own health, so questions would need to be asked about a family history of:

  - Diabetes
  - Cancer
  - Heart disease
  - High blood pressure
  - Respiratory conditions
  - Genetic conditions such as Down syndrome

Annual Health checks for People with a Learning Disability

Directed Enhanced Services (DES) are provided by GP practices following national consultation. The Department of Health is committed to improving the health of people with a learning disability by supporting the delivery of health checks to people with a learning disability by GP's and Practice Nurses. The DES for annual health checks for people with a learning disability incorporates three specific elements. This includes the setting up of a register of people with learning disabilities within each GP surgery; learning disabilities awareness training (for primary care professionals), and the provision of detailed annual health checks for people with a learning disability with support from professionals within the learning disabilities service as and when required. Many GP practices throughout Cheshire and the Wirral have signed up to the DES.

TAKE NOTE: **Individual GP practices can decide for themselves whether or not they wish to participate in a DES.**

http://www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/DirectedEnhancedServices/Pages/DirectedEnhancedServices.aspx

http://www.pcc.nhs.uk/uploads/primary_care_service_frameworks/2009/directed_enhanced_services_for_annual_health_checks_for_people_with_learning_disabilities_faqs_feb09.pdf

Medication Reviews

- A medication review should be undertaken at least annually for those who require medications for long term conditions. It can help the person to understand their treatment, highlight any problems they are experiencing, and even identify possible solutions to issues of concern.

- Routine checks / tests may be required for specific medications such as Lithium, and Atenolol for example. It would be advisable to seek advice from the GP or local pharmacist if it is unclear what (if any) checks / tests are required.

- If people are on ***four (4) or more*** long term medicines, then consideration should be given to the possibility of a detailed clinical medication review including the client, their carer's, GP and pharmacist.

http://www.psnc.org.uk/

Body Mass Index

- Body Mass Index (BMI) uses the mathematical calculation of weight (in kilograms) divided by height (in metres squared) to identify whether you are underweight, a healthy weight, overweight or even obese. The table below provides useful guidance.

BMI (Adults)					
Underweight	**Healthy weight**	**Overweight**	**Obese**	**Morbid Obesity**	**Extreme Obesity**
18.5 + below	18.5 – 25	25 - 30	30 - 34	35 - 39	40 + above

- The website below calculates your BMI for you when you enter your weight and height.

http://www.nhlbisupport.com/bmi/

- In **females**, a waist circumference of greater than 80 cm (31 inches) increases the risk of heart disease whilst one of more than 88cm (35 inches) significantly increases risk of heart disease.

- In **males**, a waist circumference of greater than 94 cm (37 inches) increases the risk of heart disease, whilst one of greater than 102cm (40 inches) significantly increases risk of heart disease.

Longmore, M., Wilkinson, I.B., Rajagopolan, S. (2004) *Oxford Handbook of Clinical Medicine (*6th Edition*).* New York: Oxford University Press

http://www.nice.org.uk/nicemedia/pdf/CG43FullGuideline2v.pd

Blood Pressure

- Blood pressure is the force of blood as it pushes against the walls of arteries. Blood pressure is at its highest (*systolic recording*) when the heart beats, and pumps the

blood around the body. When the heart is at rest, blood pressure falls (*diastolic recording*). High blood pressure (**hypertension**) can lead to heart disease, strokes and kidney problems. Low blood pressure (**hypotension**) can make you feel tired and dizzy. Fainting can occur when getting up such as sitting to standing or from lying down to sitting/standing.

- It is possible to purchase machines that will monitor your blood pressure from many reputable chemists and it is a very good idea to get one if help is needed for someone to get comfortable with having their blood pressure checked.

Optimal BP	**Normal BP**	**High-Normal BP**	**Mild Hypertension**	**Moderate Hypertension**	**Severe Hypertension**
120/80	130/85	130-139/85-89	140-159/90-99	160-179/100-109	180+/110+

Williams, B., Poulter, N.R., Brown, M.J., Davis, M., McInnes, G.T., Sever, P.S., McGThom, S. (2004) Guidelines for management of hypertension: report of the fourth working party of the British Hypertension Society, 2004- BHS IV. *Journal if Human Hypertension* 18, 139-185.

http://www.lifeclinic.com/focus/blood/whatisit.asp

http://www.cwp.nhs.uk/Publications/Leaflets/Pages/LDLeaflets.aspx

http://www.bpassoc.org.uk/Home

Pulse

This is a simple and accurate measurement of the rate at which the heart beats. The most common sites are wrist, elbow and neck. The pulse may be taken for many reasons ranging from providing an indicator of general health and fitness, to checking on medicines that can slow your heart rate down such as Atenolol or Digoxin. The pulse can also be a good indicator of how well the heart is working. The normal resting pulse rate is 60-80.

http://www.patient.co.uk/doctor/Examining-the-Pulse

http://www.webmd.com/heart-disease/pulse-measurement

Urinalysis

- Urine is one of the natural waste products of the body and is normally made up of a salt urea and uric acid within a watery solution. The urine can be a very useful indicator of disease or change within the body such as diabetes, infection, kidney disease or even pregnancy.

Uribilirubin	Indicates bile duct obstruction/liver disease.
Protein	Indicates infection in the urine or kidney disease.

Blood	Indicate urinary tract infection/disease of the bladder and kidneys.
Nitrates	Indicate the presence of bacteria that can cause urinary tract infections.
Ketones	Indicative of diabetes or poor diet intake.
Bilirubin	Indicates abnormalities of the biliary tract which is the pathway by which bile is secreted by the liver on its way to the duodenum. .
Glucose	Indicates diabetes/urinary tract infections.

http://www.medterms.com/script/main/art.asp?articlekey=5915

http://www.medicinenet.com/urinalysis/article.htm

Vascular Risk Assessment

- Vascular disease includes a range of diseases including heart disease, stroke diabetes and kidney disease affects four (**4**) million people in the UK, and it is known to account for more than a third of all deaths in England.
- Vascular risk assessment can highlight risk factors towards these diseases (such as smoking, obesity, and high blood pressure) and promotes early actions to reduce these risks such as with smoking cessation and weight loss programmes.
- A vascular risk assessment is available to **EVERYONE** between 40-74 years, and will involve a number of tests including:

    - Height
    - Weight
    - Family History
    - Blood pressure
    - Smoking
    - Blood tests such as cholesterol, glucose and kidney function (see information below)

Department of Health (2008) *Putting Prevention First. Vascular Checks: risk assessment and management*. London: HMSO.

http://www.cwp.nhs.uk/Publications/Leaflets/Pages/LDLeaflets.aspx

Take Note: Many of these checks will be carried out in annual health checks for people with learning disabilities and will therefore significantly reduce their risk of heart disease, strokes, diabetes and kidney disease.

Blood Tests

A blood test provides assessment of a blood sample to assist in the diagnosis and treatment of diseases. The most common blood tests are:

- **Full Blood Counts**. This helps to measure red and white blood cells, platelets (*small disc shaped pieces of a cell that is involved in blood clotting*) haemoglobin (*the part of the red blood cell that helps carry oxygen*) haematocrit (*the number of red blood cells within the blood*) and mean corpuscular volume (*the average size of red blood cells*). Assessment of red blood cells can indicate anaemia, dehydration, or blood loss. Assessment of white blood cells can indicate infection, leukaemia (*cancer of the blood*) or disorders of the immune system. Abnormal platelets can indicate either too

much or too little clotting of the blood and abnormal haemoglobin can show anaemia and the possibility of diabetes. Abnormal haematocrit can be indicative of a blood /bone marrow disorder, whilst abnormal mean corpuscular volume can indicate anaemia.

- **Blood Chemistry / Basic Metabolic Panel**. This measures the chemicals in the blood and provides information about muscles, bones, and body organs such as the kidney and liver. Abnormal blood *glucose* can indicate diabetes, whilst abnormal calcium levels can highlight kidney problems thyroid disease bone disease, cancer and malnutrition. Abnormal electrolytes (*sodium, potassium, calcium and chloride*) can highlight dehydration (excessive loss of body fluids) liver and kidney disease, heart failure and hypertension (very high blood pressure). *Urea* and *creatinine* are waste products of the kidneys and abnormal levels can indicate kidney disease / disorder.

- **Blood enzymes**. Enzymes help to control bodily reactions and can indicate if someone has had a Myocardial Infarction (heart attack). These include *creatinine kinase* and *Troponin*.

- **Blood tests for assessment of the likelihood of heart disease**. *Cholesterol* is a waxy, fatty substance located in **all** cells of the body. The body needs some cholesterol to make sure that it works in the right way. Research shows that low cholesterol levels are good for you, and the higher the cholesterol level the greater the risk to health. A less well known (and newer) blood test to assess the risk of heart disease is *C - reactive protein*.

http://www.nhlbi.nih.gov/health/dci/Diseases/bdt/bdt_types.html

http://www.patient.co.uk/health/Cholesterol.htm

Eye Health

Visual Screening standards include the following guidance:

- Basic eye test at least every 2 years.
- People 40 years and over are at greater risk of developing glaucoma.
- People of Afro-Caribbean origin are at higher risk of developing glaucoma at a younger age.
- People with type 2 diabetes (*90 % have it as opposed to 10 % with type 1 diabetes*) are at a higher risk of developing Diabetic retinopathy leading to visual impairments and blindness.
- People with type 2 diabetes should access retinopathy screening at diagnosis and then annually.

http://www.lookupinfo.org

http://www.rnid.org.uk/
http://www.diabetes.nhs.uk/
Hearing

- Hearing tests are only carried out routinely in childhood.

- Advice from the GP should be sought if**:**
    - You are not hearing as well as you used to.
    - You have a buzzing or ringing sound in your ears.
    - You are experiencing dizzy spells or loss of balance.
    - You have ear pain that is severe or lasts for more than 24 hours.
    - You have fluid or blood coming out of the ear.

www.lookupinfo.org

http://www.nhs.uk

Oral Health

- The *National Institute for Health & Clinical Excellence* (NICE) have produced guidance on how often patients need to see a dentist.

- The dentist will now recommend how often you need to be seen based on *individual* needs. However, best practice would suggest that you have your mouth examined by a dentist at least every two years.

- It's ***essential*** to be checked irrespective of whether you have teeth or not, as the dentist examines the mouth as well as any teeth which can help identify oral cancers. Oral cancer rates are nearly the same as for cervical cancer, hence quite a high risk area.

http://guidance.nice.org.uk/CG19/

Foot Health

- The average human being does enough steps to walk around earth 4 times!! The feet are a part of the body that we often forget about, yet without them we wouldn't walk, run, balance or hold our skeleton up.

- Common problems affecting the feet include:
    - Athlete's Foot.
    - Bunions
    - Calluses
    - Chillblains
    - Corns
    - Gout
    - Ingrowing toenails
    - Nerve damage (linked to Diabetes)
    - Verrucae.

- Registered Podiatrists (Chiropodists) are health professionals who help to prevent, diagnose and treat foot problems, and can work either for the NHS or in private settings. Those work for the NHS, will prioritise such vulnerable individuals as those with diabetes, osteoarthritis, rheumatoid arthritis, and the elderly.

- Basic foot care tips simple as regular exercise, washing feet, changing socks daily, and wearing shoes that fit help to promote healthy feet. More information is available from the websites below.

http://www.feetforlife.org/foot_health/pro_care.html

http://www.50plus-fitness-walking.com/foot-care-tips.html

http://diabetes.about.com/od/preventingcomplications/tp/footcare.htm

Mobility

- If you are supporting someone who is experiencing falls, keep a record of how often they are falling and when and how it happened. This information should be passed on to the GP who will be able to initiate / refer on for falls risk assessment.

- NICE guidance on falls indicates anyone 65 years and over should be routinely asked about falls and if experiencing 2 or more falls in a 12 month period should be referred to their GP practice for a more detailed falls assessment.

http://www.cwp.nhs.uk/GuidancePolicies/Policies/ClinicalPractice

http://www.nice.org.uk/nicemedia/pdf/CG021

Skin

- Keeping the skin intact is very important to a person's health. Pressure ulcers/sores are areas of localized damage to the skin and underlying tissue caused by pressure, shearing force, friction or a combination of these factors. Risk assessment of pressure areas is very important and one of the best known scales (*Waterlow*) is a very useful tool. A downloadable version is available from the website below.

http://www.judy-.co.uk/downloads/Waterlow%20Score%20Card-front.pdf

- Skin cancer is the second most common cancer in the United Kingdom, and 1500 people die in the United Kingdom every year as a result of it despite the fact that early identification of it results in 99% of people being cured of it. Having a tan is definitely **not** a sign of health but indicates that there is damage to the skin by ultraviolet (UV) light and the tan (melanin) is simply the body's way of protecting the skin from further attack.

- In addition to checking the person's skin for the usual signs of pressure area problems or rashes, also check for the following changes in the skin:
  - A mole that bleeds, changes shape and / or colour,
  - Jagged edges
  - A fast growing mole.
  - A scaly crusted growth on the skin.
  - A sore that will not heal.
  - A mole that itches.
  - A place on the skin that's rough like sandpaper.

***Take Note: Any changes in the skin or problems with moles should be checked out by a GP*.**
http://www.skincancerfacts.org.uk

http://www.nice.org.uk/nicemedia/pdf/CG029

http://www.familydoctor.org

Well man Matters

Testicular Self Examination (Checking your balls)

- Testicular cancer is the most common cancer in men aged between the ages of 15 and 44 years, with about 2000 new cases in the UK every year. Early diagnosis is very important as this type of cancer can be cured in up to 95% of men diagnosed with the disease.

- **Check your balls** (testicles) once a month for the following signs and symptoms.

    - Lump on side or front of a testicle.
    - Swelling or enlargement of a testicle.
    - Pain or discomfort in a testicle or the scrotum (ball bag).
    - An unusual difference between one testicle and another.
    - A heavy feeling in the scrotum.
    - A dull ache in the lower stomach, groin or scrotum.

Male breast screening

- Even men can get breast cancer, although the numbers are low in comparison to women where there are about 250 men diagnosed each year in the UK.

- Risk factors include:

    - Increasing age,
    - Genetics such as having family members with the disease, and those from specific cultures such as in Sub-Saharan Africa or those who are descended from medieval Jewish communities from the Rhine in Germany (*Ashkenazi Jews*)
    - Certain occupations such as those working in a furnace or those often exposed to radiation.
    - Hyperoestrogenism (*too much of the female hormone oestrogen in the body*) and it is useful to note that *Klinefelters* Syndrome (where males have an extra female (X) chromosome) is strongly linked to learning disabilities.
    - Alcohol abuse.

- The signs and symptoms include the following:

    - Painless lump
    - Pain (rare)
    - Skin change such as ulceration

- The nipple has discharge from it or is inverted which means that the nipple will go inwards rather than outwards.

- Men should be **BREAST AWARE** and check for any changes on a monthly basis.

http://www.cancerbackup.org.uk/

http://www.cwp.nhs.uk/Publications/Leaflets/Pages/LDLeaflets.aspx

http://news.bbc.co.uk/1/hi/health/8097639.stm

http://www.patient.co.uk/doctor/Male-Breast-Cancer.htm

http://www.macmillan.org.uk/

Well woman matters

- *Breast and Cervica*l Screening: Please refer to the section on National Cancer Screening Programmes for further information relating to *Breast* and *Cervica*l Screening.

- *Menstruation:* This is the medical term for having a *period* and is what happens to a woman when her body gets rid of the endometrium (*the lining of the uterus /*womb) from her vagina. It is normally accompanied by a small amount of blood loss, and usually starts between the ages of 12-13 years but it can vary widely. Girls as young as 8 years have been known to have periods whilst some girls may not start until they are 16 in some cases. It will normally have stopped when the woman reaches around 50 years of age (the menopause). The length of the average period can vary, but is normally 28 days.

- Sometimes the normal cycle of menstruation (the time between *"periods"*) can be affected by a number of factors and these include:

  - Excessive exercise / slimming.
  - Too much alcohol
  - Smoking too much
  - Fear of getting pregnant / getting pregnant.
  - The use of the contraceptive *"pill"* for birth control.
  - Drugs (legal and illegal) such as opiates (*eg Morphine, Codeine & Heroin*) amphetamines (*eg dexamphetamine and methylphenidate*) and Marijuana which is also known *as "weed"* or *"pot"*.
  - Introduction to sexual activity.
  - Problems with diet such as *anorexia* or *bulimia*.
  - The end of monthly "periods" (*menopause*).

- **TAKE NOTE**: **If there is a pattern of absence of periods, infrequent periods, long lasting bleeding or very painful symptoms it is important to speak with your GP.**

http://www.nichd.nih/gov/health/topics/menstrual_irregularities

- There are a number of books / DVD's that explain about puberty and the menstrual cycle are available and several good examples are highlighted below:

http://www.lifesupportproductions.co.uk/ys.php

Hollins, S., Sinason, V. (2001) *Susan's Growing Up*. *London: RCP*.

Rees, M., Carter, C., Myers, L. (2000) *Periods - A Practical Guide.* Sedbergh: Me-and-Us.

Diet

- Obesity is increasing in the UK and the National Audit Office (NAO) estimated that the effects of obesity could cost the NHS and the UK economy a staggering £3.6 billion by 2010.

- The health issues associated with obesity include:

  - Heart disease and strokes.
  - Type 2 diabetes mellitus.
  - Osteoarthritis ("wear and tear" of the joints).
  - Disturbed breathing pattern whilst sleeping (sleep apnoea).
  - Increase in the level of lipids (particularly cholesterol) in the blood.

- A healthy diet should consider the following things:

  - Cutting down on saturated fats.
  - Using starchy food as the basis for meals.
  - Cutting down on salt intake.
  - Making sure you have your five (5) a day of fruit and vegetables.
  - Eating plenty of oily fish such as tinned sardines and salmon.

National Audit Office (2001): *Tackling Obesity in England*. London: HMSO.

http://www.nice.org.uk

http://www.food.gov.uk

http://www.cwp.nhs.uk/Publications/Leaflets

Exercise

- Regular physical activity has significant benefits for health by:-

  - Reducing the risk of heart disease and strokes, diabetes and osteoporosis (*increased weakness of the bones*).
  - Helping to control weight.
  - Promoting feelings of well-being.

- Everyone should engage in at least 30 minutes of moderate physical activity **AT LEAST** five days per week, by doing such things as:
  - Household chores.
  - Gardening.
  - Cycling.
  - Brisk walks.
  - Dancing.
  - Sports.
  - Outdoor games with children.

Take Note: *More activity may be required for weight control*.

http://www.who.int/dietphysicalactivity/factsheet_benefits/en/index.html

http://www.who.int/dietphysicalactivity/factsheet_recommendations/en/index.html

Smoking

- 1 in 6 people smoke cigarettes in the United Kingdom; 22% of men and 20% of women.

- Smoking causes a lot of health problems including:

  - Heart disease.
  - Bronchitis.
  - Emphysema; a lung disease that reduces the opportunity for the lungs to push out air.
  - Cancer of the lung, bladder, kidney, stomach, liver, cervix, lip, throat and mouth.
  - Osteoporosis.
  - Early onset menopause.
  - Impotence.
  - Dental problems.
  - Reduced skin tone.

- Second hand smoke can also cause significant health problems in non smokers such as lung cancer, heart disease, respiratory (breathing) problems and irritation to the eyes, nose and throats of non smokers.

Alcohol

- A unit of alcohol is **roughly** equal to half a pint of ordinary strength beer, lager or cider (3-4% alcohol by volume), a small glass of wine (125mls) or a pub measure of spirits.

- This is just a guideline and lots of wines and beers are stronger than the more traditional ordinary strength beers etc.

- The risks of drinking too much alcohol include:

    - Liver disease e.g. Hepatitis, Cirrhosis.
    - Stomach disorders.
    - Mental health problems including depression, anxiety, and various other problems.
    - Sexual difficulties such as impotence.
    - Heart disease.
    - High blood pressure.
    - Some cancers (mouth, gullet, liver, colon and breast).
    - Alcohol dependence (addiction).
    - Accidents.
    - Damage to an unborn baby in pregnant women.
    - Obesity.

Recommended level of consumption:

Males: Up to 21 units per week.
Females: Up to14 units per week.

http://www.thesite.org/drinkanddrugs/drinking/responsibledrinking/safedrinking

http://www.patient.co.uk/health/Alcohol-and-Sensible-Drinking.htm

Mental Health

The constitution of the World Health Organisation (WHO) includes mental wellbeing as an essential component of health and is a basis for the well-being of both individuals and communities. **There is no health without mental health** and there are many ways that we can look after our mental health. Many people experience mental health problems during their lifetimes and the same is true for people with learning disabilities who may express their feelings in actions (such as behaviour changes) as opposed to words. People with mental health problems experience significant health inequalities in comparison with the general population. This includes such factors as:

- People with mental health problems are dying 5-10 years younger than other citizens.
- There are higher rates of obesity, high blood pressure, heart disease, strokes and diabetes than that of the general population.
- People with schizophrenia are 90% more likely to develop bowel cancer than the general population.
- 61% of people with schizophrenia and 46% of people with bipolar disorder smoke compared to 33% of general population.

- Women with schizophrenia are 42% more likely to develop breast cancer than other women.

Disability Rights Commission (2006): *Equal Treatment: Closing the Gap*. Stratford upon Avon: DRC.

http://www.who.int/features/qa/62/en/index.html

http://www.cwp.nhs.uk/Publications/Leaflets/Pages/LDLeaflets.aspx

http://www.mind.org.uk/Information/Factsheets/Learning%2Bdisabilities/

NHS Cancer Screening Programmes

Breast Screening

- Research studies have shown that breast screening has significantly reduced the number of deaths from breast cancer in the UK. Statistics indicate that the NHS breast screening programme saves about 1400 lives every year in England.
- Every woman in the UK aged between the ages of 50 and 70 years are routinely invited every three years for breast screening (also called a mammography) which involves a detailed X-Ray of the breast.
- Breast cancer affects 1 in 12 women during the course of their lives. The earlier breast cancer is detected, the better the chance of a cure.
- If individuals have a previous history of breast cancer or have close relatives (sisters or mothers) who had breast cancer when they were young can get breast screening before this age.
- Ladies over 70 years of age are still entitled to breast screening on the NHS every three years but you will not be sent a routine appointment and would need to make their own appointment.
- **BE BREAST AWARE**.

Cervical Screening

- Cervical cancer is the second most common type of cancer in women in the United Kingdom, and is responsible for the deaths of over 1000 women annually.
- Every year, over 2000 new cases of cervical cancer are diagnosed, and this is mainly in women who have **not** had a cervical screening test.
- Young girls over the age of 12 are now offered the HPV (Human Papilloma Virus) vaccine but it does **NOT** protect against all cervical cancers, it is still really important for all girls to have cervical screening when invited to join the national screening programme.

- Post menopausal women still need to have a cervical smear to ensure the cervix is healthy.

- Women aged 25-64 are offered screening with those aged 25-49 years every three years and those aged 50-64 years every five years.

- Cervical cancer is more common if you are a smoker, have sex at an early age, have had a number of sexual partners, or take drugs that reduce or prevent the activity of the immune system such as steroids and drugs used in the treatment of cancer.

Screening take-up rates for women with learning disability and/or mental health problems are lower than general population:

- **13% of women with learning disability**
- **63% of women with mental health problems.**
- **89% of women within the general population**.

Bowel Screening

- Bowel cancer is the third most common cancer in the UK, as well as the second leading cause of cancer deaths, with over 16,000 people dying from it each year.

- The NHS Bowel Cancer Screening Programme offers screening every two years to every man and woman between the age of 60 and 69.

- Those within this age group are automatically sent an invitation then a screening kit to their home.

- If the test is normal (*no blood*), no further tests are required until another invite is sent out two years later. If the result is unclear (possibility of blood) a repeat of the test is needed, and if blood is found then an appointment is offered to discuss further options.

http://www.cancerscreening.nhs.uk/bowel/publications/bowel-cancer-the-facts.pdf

http://info.cancerresearchuk.org/cancerstats/types/bowel/

Immunisation Screening Programmes

- *Unless reliable vaccination history is available it should be assumed the person is **NOT** immunised and a discussion with the GP is required with regards starting a full immunisation programme***.**

http://www.hpa.org.uk/infections/topics_az/vaccination/vac_sced.htm

Pneumococcal vaccine**:**

- All people aged 65 or over should be immunized. This consists of a *'one-off'* injection.

- Any person under the age of 65 and is in an *"at-risk"* group should be immunized. These include the following:

  - Serious lung disease e.g. chronic bronchitis, emphysema, cystic fibrosis and severe asthma (needing regular steroid inhalers or tablets).
  - Long term heart disease such as angina, heart failure or heart attacks.
  - Serious chronic kidney disease such as kidney failure or kidney transplants.
  - Chronic liver disease such as cirrhosis or chronic hepatitis.
  - Diabetes.
  - Poor immune systems such as with chemotherapy or steroid treatment, HIV/AIDS or if the person has had their spleen removed.
  - Those with cochlear implants; an electronic device for the deaf/hard of hearing.
  - Cerebro Spinal Fluid (CSF) shunts.

Influenza Vaccine

- The main objective is protecting people who are more likely to develop complications from "flu". Recent advice in the United Kingdom (UK) is that the following groups are eligible for immunization every autumn:

  - Those with serious lung disease e.g. chronic bronchitis, emphysema, cystic fibrosis and severe asthma (needing regular steroid inhalers or tablets).
  - Those with long term heart disease e.g. angina, heart failure or heart attack.
  - Those with serious chronic kidney disease e.g. kidney failure or kidney transplants.
  - Those with chronic liver disease such as cirrhosis or chronic hepatitis.
  - Those with diabetes.
  - Those with poor immune systems e.g. chemotherapy or steroid treatment, if you have HIV / AIDS or if you have previously had your spleen removed.
  - Multiple sclerosis.
  - Those living in a nursing home or other long stay residential accommodation.

- Other "at risk" groups who receive high priority for the flu jab include:

  - The main carer or carers of an elderly or disabled person.
  - Staff involved in direct patient care.

Measles Mumps Rubella (MMR) Vaccine

- Vaccines used to immunise against measles, mumps and rubella are all combined into one injection which is commonly referred to as the MMR vaccine. The criteria is as follows:
  - Childhood vaccination for those aged 1 yr. A "booster" is given aged 3-5 yrs.

- If it is believed that the person may not have been vaccinated as a child, or is not immune; please seek advice from the GP.

BCG Vaccine (for Tuberculosis)

- The accepted standard for BCG vaccination includes:

  - Babies living in areas of the UK where there is a high rate of Tuberculosis (TB).
  - Babies (*and children who have not previously been immunised*) whose parents or grandparents have lived in a country where the incidence of TB is high.
  - Children (*under 16 years*) who have come to live in the UK from countries where TB is common and have not been immunised before.
  - Adults under 35 years who have come to live in UK from countries where there is a high rate of TB.
  - People at risk due to their job such as health workers and prison staff.
  - Those with close relationships of people with active TB who have not had the BCG vaccine.

Meningitis C Vaccine

- The accepted standard for receiving this vaccine includes the following:
- Childhood vaccination as part of the routine immunisation programme is given at 3, 4 and 12 months of age.
- If under 25 and not yet immunized, just one injection of vaccine is needed for those over the age of one year.
- Close contacts of people with meningitis or septicaemia caused by Group C meningococcus if they have not been previously immunised.

DTP /Polio/Hib Vaccine

- The accepted standard for receiving this vaccine includes the following:

  - Childhood vaccination is offered at 2, 3, & 4 months for tetanus, whooping cough, influenza and poliomyelitis (polio).
  - A booster is offered at 12 months of age.
  - A final booster dose of tetanus, diphtheria & polio (without whooping cough or Hib) is also offered between the ages of 13-18 years.
  - It is possible to *'catch-up'* but this is dependent upon age and previous immunisation history. The GP /Practice Nurse should be contacted for advice.

Tetanus Vaccine

- The accepted standard for tetanus vaccination is as follows:

  - Childhood vaccination involves a primary course of three doses (as DTP/Polio/Hib) at 2, 3, & 4 months with a “pre school booster” three years later and a “school leaver booster” (as Td-polio) at 13-18 years.
  - Adults (*who did not receive the childhood immunization)* receive three doses of the Td-polio vaccination one month apart. The fourth dose “booster” (as Td-

polio) is given ten years after the primary course and the fifth dose "booster" (Td-polio) are given a further ten years later.

- Normally when going abroad, tetanus immunization is **not** required. However, if travelling abroad to areas of the world where medical attention is **not** easily accessible, then a dose may be required. The GP / Practice Nurse should be contacted for advice.

Hepatitis B Vaccine

- Three doses of the vaccine are required for full protection. The second dose is usually given one month after the first, and the third dose five months after the second dose. One month after the third dose, a blood test may be necessary. The following "at risk" groups include the following:

  - Healthcare workers who may have direct contact with blood or blood stained items.
  - Staff in care homes for people with learning disabilities.
  - Individuals in residential accommodation for people with learning disabilities.
  - People receiving regular blood or blood products and their carer's.
  - People with chronic kidney / liver disease.
  - Those who inject "street" drugs as well as their sexual partners and children.
  - People who change sexual partners frequently which mainly includes sex workers and homosexual men.
  - People who live in close contact with someone infected with hepatitis B.
  - Foster carers / those living with foster children.

- If it is considered that Hepatitis B vaccination is required, then please seek guidance from the GP.

Human Papillomavirus Virus (HPV) Immunization

- This was introduced as recently as 2008 and can assist in a dramatic reduction in the incidence of cervical cancer; the second most common cancer in women.

- The accepted standard for HPV immunization is as follows:

  - Girls aged 12-13 years were entitled to the vaccine as from September 2008 which is given in the thigh or upper arm.
  - The second dose is given two months after the first, and the third and final dose is given six months after the initial dose.
  - A "catch up" programme is in progress (**as of 2009**) for girls up to the age of 18 years.
  - Involvement in the national cancer screening programme for cervical smears **MUST** continue.

Vaccinations for Going Abroad

- Many people are travelling to exotic locations around the world and so are more at risk of such diseases as Malaria and SARS (Severe Acute Respiratory Syndrome). It is important to be aware of what vaccinations are required and the GP surgery and the internet can be very useful sources of information.

http://www.patient.co.uk

http://www.immImmnunisation.nhs.uk/Vaccines/

http://www.cwp.nhs.uk/Publications/Leaflets/Pages/LDLeaflets.aspx

For more information see www.cwp.nhs.uk.

© CWP NHS FoundationTrust

The information in this leaflet was valid at the date of production **November 2017** and is due for review in **November 2019**
Leaflet code: E-AAMYTF-10-371