

The Northern Echo

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**HEALTH**

SEPTEMBER 2005

**EXERCISE**

The power  
of Pilates

**DRINK**

How to give  
up gracefully

**SPORTS INJURY**

How to tackle it

**NUTRITION**

A week in the life of  
a student stomach

**PLUS OCCUPATIONAL DISEASES** – 10-page special

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**Front page picture: Britesmile. See page 20**



## Drink: how to give up gracefully

**T**HERE'S been all-round agreement over the past couple of months that, for one reason or another, we seem to be a nation of binge drinkers, unable to tell when we've had enough. And there are fears that Government plans for 24-hour drinking, which come into force this autumn, will sink us further into a sea of uncontrolled drunkenness. Perhaps it really is time to grow up a bit...

Unless you've got such an advanced alcohol problem that you need to rush off to your nearest AA meeting, cutting down drink from dangerous or anti-social levels to something less harmful is not really that difficult. The problem most people have with cutting back on drinking is actually one of perception; they believe it will put an end to their social life, make them look like a pussy or render them incapable of functioning in social situations. None of these need to apply and if you follow the simple guidelines given here, it is relatively easy to rein in your drinking and avoid losing your footing on that slippery slope to serious problems.

**6** Tell your friends you are cutting down. If they don't want to help you or even stand in your way by taking the mickey, then it might be time to get some new friends.

**7** Make sure you have at least two days a week on the wagon. It will prove to yourself you don't need to drink.

**8** Get a hobby, something that does not involve meeting in a bar or going drinking afterwards. Carpentry is probably more suitable than darts.

**9** Don't keep strong liquor at home. If you are trying to cut down, there's no point in getting it in. At least switch your home choice to low alcohol beer or wine.

**10** Change to long drinks. Order those that take longer to finish, but aren't correspondingly higher in alcohol like so many cocktails.

**11** Alternate your drinks, switch to a soft drink every two or three rounds during an evening. Changing to water reduces your risk of dehydration and a hangover.

**12** Avoid people you only meet to drink with. If your only common interest with certain people is going to the bar, then it is probably best to avoid them for a while.

● From Men's Health: Not Rocket Science (Cassell Illustrated, £12.99)

**1** Meet your friends for a drink an hour later than usual. It won't cut too much out of your socialising, but it could knock two or three drinks off your total for a session, which over the course of a few weeks could really add up.

**2** Don't stand at the bar. You'll drink a great deal less if you have to fight your way up there every time you need a refill plus it will remove the "same again?" pressure from the bar staff before you've even finished the last one.

**3** Tail off the evening by switching to non-alcoholic drinks. This one is tricky as you may well be half cut, so approach it as if you are the designated driver.

**4** Volunteer to be the designated driver. You'll drink much less and you get to go home when you want to.

**5** Avoid drinking when you don't have to, like at lunch time or at half-time at the game. These single drinks may seem like nothing, but they can start to add up.

### WHO YOU GONNA CALL?

**Alcoholics Anonymous** PO Box 1, Stonebow House, York YO1 7NJ. 24-hour helpline (0345) 697555. [www.alcoholics-anonymous.org](http://www.alcoholics-anonymous.org).  
**Al-Anon** 61 Great Dover Street, London SE1 4YF (020) 7403 0888. [www.hexnet.co.uk/alanon](http://www.hexnet.co.uk/alanon)  
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# How to eat and stay on the slim side

# 3

WAYS TO...

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**1** Sprinkle sesame seeds on salads for an extra calcium boost.

**2** Serve pulses liberally, as they're packed with protein and fibre, and there's also plenty of fibre in wholemeal bread.

**3** Add tofu to shakes, smoothies, soup and sauces for an extra protein boost.

Adopting a sensible approach to eating can revolutionise your health and well-being in just a few weeks. Dr Gillian McKeith shares the secrets of her success with ELOISE FYSH

● **You Are What You Eat** (Michael Joseph, £12.99); **You Are What You Eat Cookbook** (£14.99)

**W**E'RE constantly bombarded with fast food and fad diets – and they're ruining our health, according to top TV nutritionist Dr Gillian McKeith.

"I'm passionate about what I do and I'm desperate to share my information, because I know it works," she says, referring to her healthy eating philosophy, detailed in her book, *You Are What You Eat*, and the hit TV show of the same name.

After successfully helping hundred of patients in her private clinic and breaking the bad habits of some of Britain's worst eaters onscreen, Gillian knows what works – and what doesn't.

"I don't believe in diets," she says. "They end up making you obsessed with what you eat and I want people to have a healthy relationship with food. When you eat the way that I'm suggesting, you have a balanced glucose blood level in your body and you don't have cravings. You can eat as much as you like and there's no such thing as guilt and cheating."

The key to Gillian's healthy eating plan is taking advantage of a huge variety of natural, fresh foods. By combining these with her common-sense approach to developing good eating habits, you can boost energy levels, enjoy a healthy body and lose excess weight.

Her approach has produced some extraordinary results in improving a wide range of common health complaints from digestive discomfort to insomnia, diabetes and high blood pressure.

"One woman on the TV series had suffered from insomnia all her life. Now, for the first time in years, she sleeps right through the night," says Gillian. "Another man was told he was likely to have a heart attack within two months. After five weeks on the programme, he saw a massive difference. After three months, his medication was changed and after six months his cholesterol and blood pressure were normal."

Five weeks on the programme seems to be the turning point, says Gillian. "People come up to me and tell me 'I've never had so much energy in all my life'."

While the plan should be adopted for life, Gillian says its flexibility makes it easier to stick to long-term than many other restrictive diets and detoxes. "If you do what I'm saying 100 per cent of the time for the first eight weeks, you're well on your way. After that you can do it 70 or 80 per cent of the time – it depends on where your goals are."

Like any lifestyle change, the plan requires commitment and Gillian's understanding of this has led her to believe that working on the mind is just as important as working on the body. "Old habits do die hard. What I do with most patients is work on their emotions to break their habits and get them more open to new ideas and trying new foods."

Gillian also believes that some digestive ailments do have psychological roots. "As you go through life, through stress, you start to build up blocks and your digestion doesn't work properly and you don't absorb nutrients as well. The stomach is the emotional centre of the body. When you hold all the stress, you do disrupt your biochemical flow."

But in order to try new foods, we need basic kitchen skills to prepare them, something Gillian recognises as common stumbling block in today's convenience food-reliant society.

"We are a junk food generation. We haven't learned how to prepare food in the kitchen – people just aren't being educated," says Gillian, who hopes her cookbook, will help solve the problem.

"It's much more than just recipes," she says. "It's packed with new information and personal stories – I let you into my life and share a lot. There's also a health test you can take to analyse your status and suggestions as to where you can start with which recipes."

So, whether you want to overhaul your body or alleviate a niggling complaint, you can tailor Gillian's plan to suit your needs.

"Even if you just take one concept of what I'm saying and utilise it in your life, you'll notice a change. Take it one step at a time and it can be done."

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Gloves on: Andy Jamieson with instructor Paul Forrest  
Pictures: MIKE GIBB

# Packing a punch

If you're jaded by the gym and aerobics isn't your thing, Boxercise could have you fighting fit. SARAH FOSTER finds out more

I'M standing outside The Dolphin Centre, in the heart of Darlington, when Andy Jamieson arrives. Neat and trim in his work clothes, he could be just another regular, dashing to make a match or pump iron in the gym. Yet only a year ago, Andy, 39, would never have come to a place like this. He was clinically obese – and fitness was the last thing on his mind. Looking at him now, without a bulge in sight, this seems incredible.

Upstairs in his sports gear, Andy describes his drastic weight loss. "I've lost over six and a half stones," he says, unable to resist a smile. "I've gone from 17 and a half stones to ten stones ten since last July."

The route to his slimmer self has been the obvious one – healthy eating coupled with regular bouts of exercise. For Andy, who has never been a gym lover, this has taken the form of Boxercise.

Joining us before a class, which Andy has come to take part in, is instructor Paul Forrest. As a GP referral fitness consultant, he's well aware of the health benefits of staying slim – and believes that Boxercise is an ideal way of doing this.

"It's an all-round body toning and fat burning programme," he says. "Plus it's a little bit different from aerobics or the gym."

Having started in the US, Boxercise first came to Britain in the early 90s, catching on

particularly in the South. Since then, it has slowly been attracting fans and is now widely practised in the North-East. Paul says that while its image may be tough, it has universal appeal. "I think sometimes people who don't know anything about it think it's for big-built men, but solicitors, doctors and all sorts of people do it," he says. "It's for anybody from 16-year-olds upwards. Ninety per cent of my classes are women."

Paul explains that while strength is a factor, you don't need bulging biceps. "It's speed and technique more than anything else," he says. "You gain strength when you come to the class."

As the name suggests, Boxercise is based on boxing training techniques, incorporating cardiovascular and fitness, as well as strength elements. Paul says: "We do skipping, pad work, bag work – which is where you're punching the bag using various punches – defensive work, a lot of leg work, squat jumps and various stomach exercises."

A former boxer, Paul knows the value of the tough regime – but says there's no need to emulate Rocky. "It's as hard as you want to make it and it's for all levels of fitness," he says. "There are always alternative exercises within the class."

As well as trimming and toning, thereby boosting self-esteem, Boxercise can help relieve stress and lift depression. Paul says an



Instructor Paul Forrest says Boxercise is a great all-round toning and fat burning exercise

important aspect is the social side. "We're all pretty good friends within the class," he says.

This sentiment is echoed by Andy, who was first persuaded to go along by his brother-in-law. "It was very hard to begin with but it's a friendly group," he says. "There are a lot of different abilities and it doesn't matter if you're male or female."

After starting tentatively, with one class a week, Andy now takes part in three. He admits that before discovering Boxercise – and learning to curb the calories with Weightwatchers – his habits were less than healthy. "I'd always been fit but then I changed jobs over the years and I've ended up with a desk job," says Andy, who lives in Darlington.

"Probably one of my main difficulties was that I was using food as comfort. It's not rocket science, is it? It's about changing your lifestyle. I think that sometimes you just need guidance from people."

He says the difference slimming down has made to his life has been immeasurable. "I feel like I can do a lot more," he says. "I've got a lot more energy."

● Paul teaches Boxercise at The Dolphin Centre, Darlington, on Mondays from 5.30-6.30pm, Tuesdays from 5.30-6.30pm and Thursdays from 12.15-1pm and 7.30-8.30pm, as well as Boxercise Kick, a martial arts-style variation, on Saturdays from 1-2pm. For more details, ring (01325) 388406.

● For information on classes elsewhere in the North-East, visit [www.boxercise.co.uk](http://www.boxercise.co.uk)



*"I've lost over six and a half stones. I've gone from 17 and a half stones to ten stones ten since last July"*

– Boxercise fan Andy Jamieson, pictured above before he joined up

## How to treat the whole person

If you've heard of "holistic health" but wondered what it meant, it's basically a broad view of health that regards the body, mind and spirit as interconnected and inter-dependent.

Holistic Health Practitioners are professionally qualified people who help other people take care of their health and stimulate natural healing using a variety of treatments. These include well known areas such as therapeutic, remedial and sports massage, reflexology, aromatherapy, hypnotherapy and yoga, as well as less well known treatments like Indian head massage, lymphatic drainage, shiatsu and neuro-linguistic programming.

A holistic health practitioner may combine a number of treatments or concentrate on just one area. The therapies may be hands-on or may involve a teacher, coach or counsellor who supports a person as they learn to solve their problems.

Professional training to enable someone to provide these treatments normally takes at least 12 months part-time. Currently professional therapy bodies are working with the Department of Education to provide recognised qualifications for practitioners of therapies.

Many people who train professionally in holistic therapies take either International Therapy Examination Council (ITEC) or Vocational Training Charitable Trust (VTCT) qualifications. They have approved syllabuses, which schools must follow and trainees are formally examined in their subject.

Professional institutes ensure

members are kept up to date on any changes in their field and you can complain to them if you are not satisfied with your treatment.

Holistic practitioners may be self-employed in private practice or they may work in a variety of places and therapy skills are portable, allowing the therapist to travel and work where they want. (When choosing a qualification check that it will be recognised abroad).

● **Useful websites:** International Therapy Examination Council (ITEC), 4 Heathfield Terrace, Chiswick, London W4 4JE. 020 8994 4141. [www.itecworld.co.uk](http://www.itecworld.co.uk); Vocational Training Charitable Trust (VTCT), 3rd Floor, Eastleigh House, Upper Market Street, Eastleigh, Hampshire SO50 9FD. 02380 684500. [www.vtct.org.uk](http://www.vtct.org.uk)

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# Waterbeds



GABRIELLE FAGAN talks to actress Stefanie Powers about how important Pilates is in her daily life

**S**TEFANIE Powers arrives looking lean, fit, 20 years younger than her age – and every inch a star. Years may have passed since she starred as Jennifer Hart in *Hart To Hart* – just one role in a career which has included 200 movies – but her glamour is undimmed.

Banish the thought that it's down to plastic surgery or even living a charmed life because the actress has endured the depths of personal sadness as well as the heights of success.

Instead, it stems from her indomitable and spirited personal philosophy "to pursue adventures and always take opportunities" and a devotion to exercise.

"Ageing sucks," she says with a smile. "There's no magic formula but I've always tried to stay young at heart, and also I believe it's important not just to look good, but feel good."

To that end the 62-year-old has been a devoted follower of the exercise technique Pilates. Her new book, *Powers Pilates*, reveals the secrets of her regime, which she was introduced to when she started in showbusiness as a young dancer.

Her career is still flourishing. She recently played the role of Anna in the award-winning production of the *King & I* which toured the US and UK. The production will go to the Far East and she also has movie and singing projects in the pipeline.

But while her professional life has always been steady, her personal life has had its ups and downs. After a marriage to actor Gary Lockwood, she went on to have a nine-year romance with the man she's described as the love of her life, Oscar-winning actor William Holden. Tragically, he died after a fall at his home. "We were soul mates," says Stephanie.

*It's key to my well-being. Pilates is a discipline based on therapy, not exercise*

**A**FTER his death Stefanie established the William Holden Wildlife Foundation of which she's president, to support work in education and conservation.

As an accomplished polo player, she organises tournaments involving her celebrity friends – she is still in touch with *Hart to Hart* co-star Robert Wagner – to raise funds for her causes.

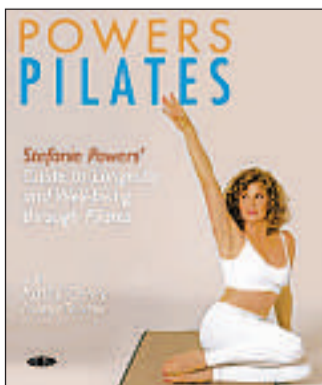
But wherever she is in the world, she always finds time for a daily workout. "It's key to my wellbeing. Pilates is a discipline based on therapy, not exercise, and it helps you to align your body and gives a wonderful sense of balance and centering. That's so beneficial because I don't believe in the preconceived ideas of beauty that at the moment apparently mean you must be young and have no thighs."

Stefanie believes that as we all live longer it's increasingly important to look after our health. "When we talk about longevity and wellbeing, I think of an old vaudeville joke about a man who said, 'If I'd known I was going to live this long, I'd have taken better care of myself'."

"Basically, it's no good living a long life if you're not going to have quality of life and that requires a healthy body."

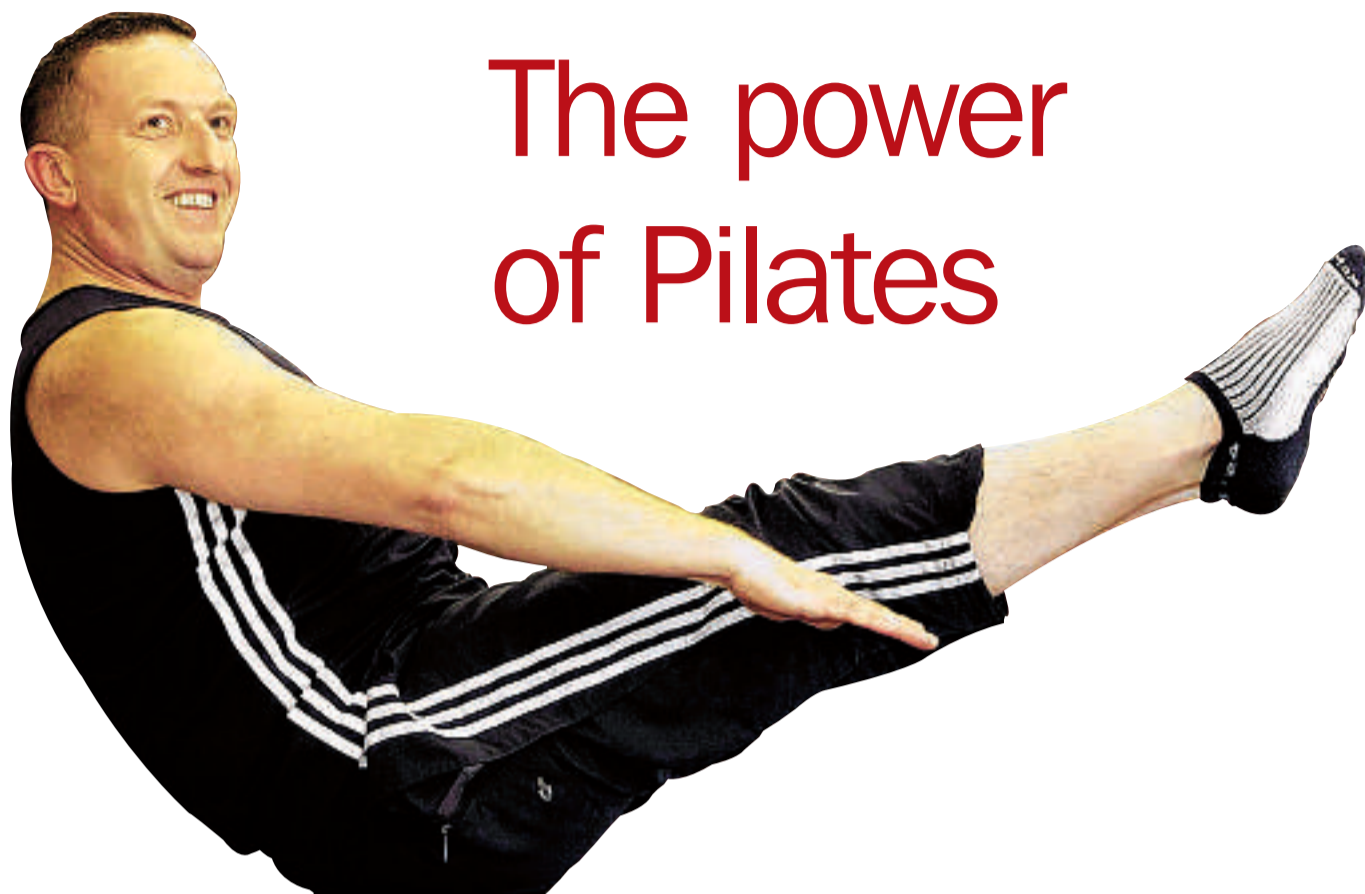
A vegetarian and believer in natural therapies, she says: "I have only had one experience of cosmetic surgery and that was 20 years ago when I had my eyes done. Rather I think beauty is realised when you are comfortable inside your body, feel and function well, and are doing things that make you happy."

● **Powers Pilates** by Stefanie Powers with Kathy Corey (Gaia, £14.99)



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# The power of Pilates

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- Improved coordination
- Creates balance and natural poise

**Instructor Russell Turner: credits Pilates with making it possible for him to work**

Picture: STUART BOULTON

**N**OT many men are as familiar with pelvic floor exercises as Russell Turner. The pelvic floor, usually a bit of a mystery to men, is one of the bits midwives tend to concern themselves with after a birth. It's also a part of the body that tends to give way with age, leading to embarrassing "leaks" that have nothing to do with the government and newspapers.

But it's Russell's job, too, to concern himself with the pelvic floor. And buttocks. And pubic bones... and all sorts of other bits that usually get ignored in public.

Russell teaches Pilates, which systematically exercises all the muscle groups in the body with the aim of increasing "core" strength. It's been around for more than 70 years, but has become hugely popular over the past decade, partly because celebrityville has taken to it with such gusto. Madonna is a fan, and Jennifer Aniston, and Gwynnie, who used it to help her get back into shape after the birth of little Apple.

Now, in sports halls and gyms around the country, it's available to the rest of us too. "There is no age barrier," says Russell, who lives in Oakenshaw, near Crook. "People of all ages can do it, standing up, sitting or lying down. I have one lady of 80 who comes, who's a great horse rider, and she says it's fantastic for increased muscle power."

Russell, now 46, has been in the fitness game for a long time. He started off as a butcher, but when his father had a heart attack at the age of 44, it shocked Russell into a change of career. He moved into fitness and ended up as manager of Teesdale Sports Centre. His move to personal training and Pilates came after a nasty car accident and back operations. "Specialists told me I had long term spine degeneration," says Russell. "They said I should have another operation but I was really scared and desperate to avoid it."

Determined to create a strong body for himself, Russell tried yoga, then t'ai chi, and finally found the answer in Pilates. It was the perfect cure for Russell's injury as it helps strengthen the core muscles which support the spine.

Calling to mind the old song which points out how all our bones are connected to each other, Pilates takes a holistic approach to the body. Thus, if one muscle is slack, the bones will not be supported, posture will suffer and other parts of the body will gradually suffer too.

"If the body is out of alignment, you are not using certain muscles. They become shorter and weaker and that affects the next bit," says Russell.

Some of the problems are occupational – hair-

dressers and people who use computers, for example, are often kyphotic (hunched over).

"Or if people have a hollow back, you know their pelvis is tilted wrong way, so that hip flexor exercises are going to be tough, the abdominals and buttock muscles will be weak and they'll have a lack of lumbar stability," says Russell. "I can tell by looking at someone which exercises they will have difficulty with. That's why I walk round the class suggesting alternatives... everyone's bodies are different, some can do one exercise, others can do another."

There's no upper age limit in Russell's classes – "the older generation is healthier than many 16-year-olds today," he says. He teaches more women than men, but thinks that's probably because women are more aware of wanting to look good and that sporty men tend to gravitate towards team games, but everyone is welcome.

Strength, suppleness, good posture and muscle strength are the main aims, but there is also evidence that doing Pilates before and during pregnancy can lead to an easier birth and Russell would like to work together with the health service offering classes for pregnant women. "I have midwives and doctors who come to my classes and they think it would be a great idea," he says.

He is hugely enthusiastic and keen to encourage people to look after their bodies. "That's where gyms often fall down in comparison with exercise classes, because once you've joined and they've taken the money, they aren't bothered. I want to motivate people, to help them to improve themselves. I enjoy working with people and it's very rewarding when they come up and say 'my shoulder was killing me, now it's fantastic', or when a member informs me that she has dropped two dress sizes."

Pilates is also an excellent exercise for those who find it difficult to switch off at the end of the day. "Because you have to think about the moves, it takes your mind off the stresses and worries of daily life," says Russell, who often includes a relaxation period at the end of a class.

"I've got all sorts of qualifications and done all sorts of training and classes over the 17 years I've been working in fitness, but if I had to choose one exercise regime, it would have to be Pilates. The fact is, after the accident, that if it hadn't been for Pilates, I wouldn't be able to teach anything physical at all."

● **Russell runs classes in Barnard Castle, Crook, Whorlton, Stainton, Hamsterley and Stanhope. For more information contact (07951) 782657**

It was the injuries he sustained in a nasty car accident that led personal trainer Russell Turner to take up Pilates. He tells JENNY NEEDHAM about its benefits

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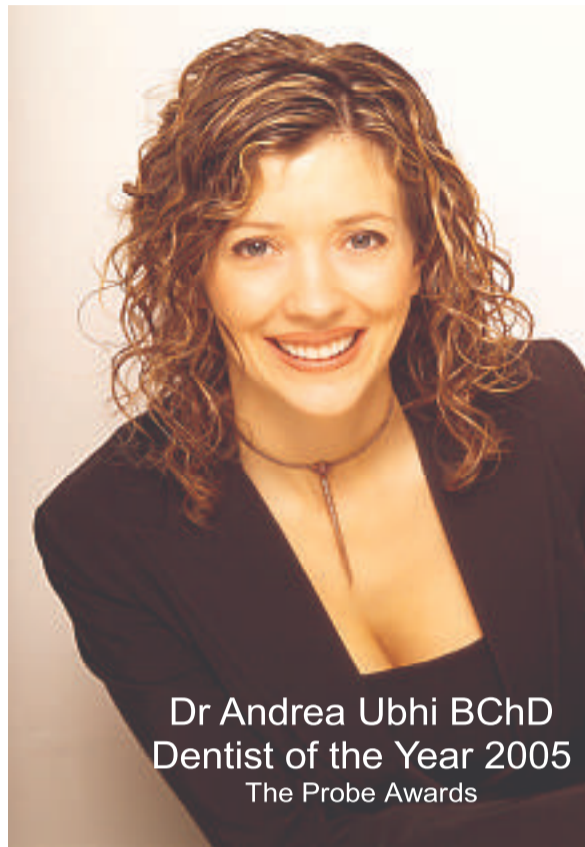
# Smile Makeovers

First impressions last, and your smile can either be a liability or one of your greatest features.

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Dr Ubhi is a general member of the American Academy of Cosmetic Dentistry and the British Dental Association. She is on the editorial advisory board of Private Dentistry magazine and is the Listerine spokesperson for dentistry within the media. In 2004, Dr Ubhi founded the *Smile in Hope Foundation*, a national project for disadvantaged children and adults.

Dr. Ubhi and her team have caught the attention of the media, and have been on Discovery Health's TV show *Silicone Chicks*.

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# Water ways

Come rain or shine, walking by water is always an experience. Health editor BARRY NELSON reports on the numerous reservoir walks in the region

**R**ESERVOIRS are not only vital to the North-East's water supplies but they provide recreational opportunities for walkers. Many of Northumbrian Water's 22 reservoirs in the North-East and North Yorkshire are fully or partly accessible for walkers.

Grassholme reservoir near Middleton-in-Teesdale provides an excellent introduction for first time walkers. Improvements to the perimeter footpath, which has included additional steps and safety rails mean that walkers can enjoy an uninterrupted circuit of this picturesque body of water.

A clear path follows the edge of the reservoir and visitors can also visit a recently opened tearoom, which also sells outdoor clothing.

Although the circuit is pretty straightforward, there are some steep steps.

Northumbrian Water's leisure manager recommends that visitors who intend to walk should bring waterproof footwear. Ideally, visitors should also carry waterproof clothing in case the weather conditions change.

The nearby Hury reservoir in Teesdale provides an easy one and a half mile walk with no steep gradients. Baldersdale and Lunedale reservoirs, also in Teesdale, also have circular walks around them.

For a booklet giving details of walks around these reservoirs, you should contact Teesdale District Council.

Further south, Scaling reservoir, between Guisborough and Whitby, provides an enjoyable and scenic three-mile circuit of the man-made 'lake'. Half a mile of the track, near the east car park, is wheelchair-friendly.

A bonus is the nature reserve at its western end. Although walkers are not allowed into the reserve

itself, they should be able to glimpse different types of birds as they follow the footpath round.

Cow Green reservoir, one of the region's largest, also provides a spectacular and straightforward two mile walk from the car park to the dam and back again. The beauty of the Cow Green walk, which is accessible off the B6277 Alston road, is that it takes you up among the high Pennine fells without too much effort.

The large Derwent reservoir, near Consett, also provides a one and a half mile walk from the southern end of the dam which ends in Powhill Country park.

Further east, the Tunstall reservoir in the Wear Valley also provides good views from the lakeside as well as an ancient oak woodland.

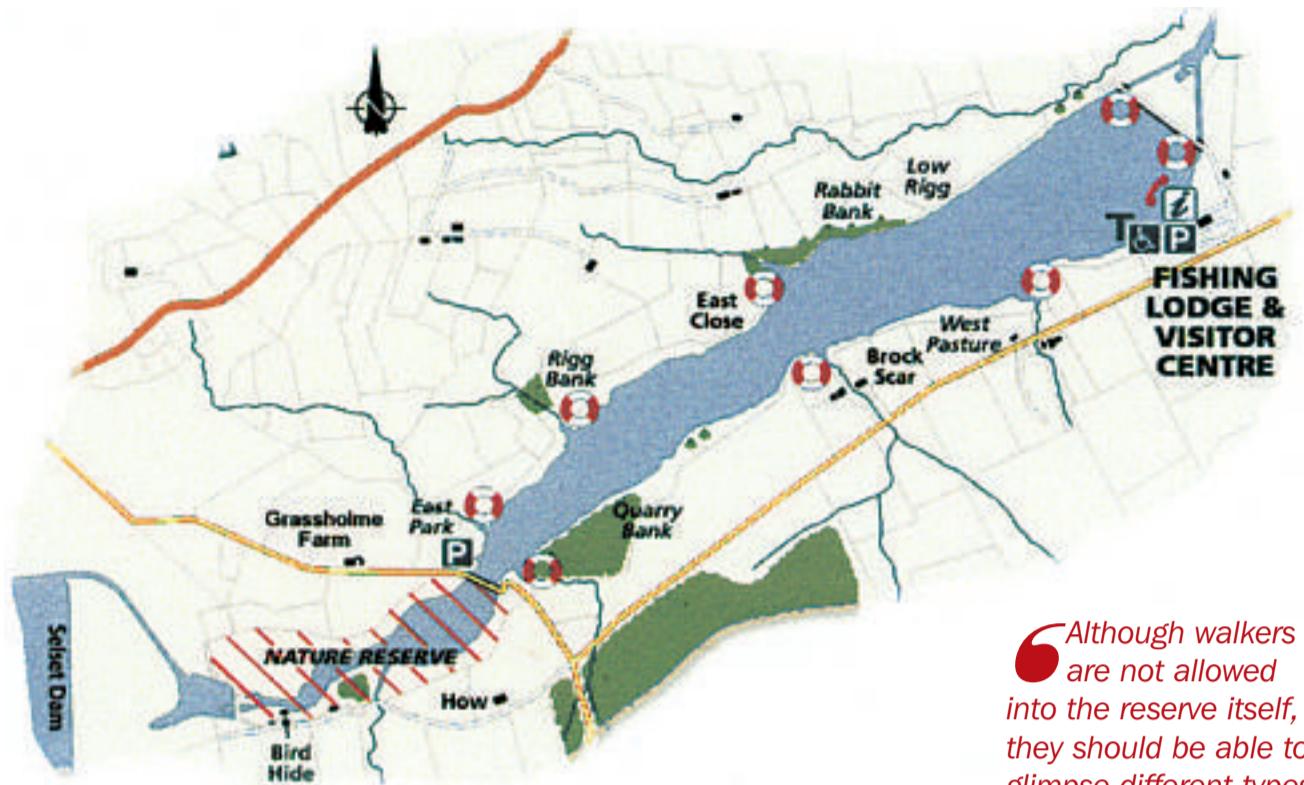
Further north at Kielder reservoir, the daddy-of-them-all, there are plans to create a 27-mile route around Britain's largest man-made lake which will be suitable for walkers, cyclists and wheelchair users.

Two sections have been completed, a five-mile stretch from the southern end of the dam up to the visitor centre at Tower Knowe and a second section from Leaphish Waterside Park to Bull Crag.

Paul Russell says everyone is welcome to enjoy Northumbrian Water's upland reservoirs but he urges visitors to take sensible precautions.

"All we ask is that visitors keep to footpaths and observe any safety signage. It is also sensible to let someone know when you are going out for a long walk, especially if you are going alone."

Walkers not used to exposed, upland areas should remember that the weather can quickly change, he adds. "So go equipped and don't forget to take a bottle of tap water to keep yourself hydrated."



Although walkers are not allowed into the reserve itself, they should be able to glimpse different types of birds as they follow the footpath round



## GRASSHOLME RESERVOIR

**G**RASSHOLME enjoys a lovely setting in Lunedale in Teesdale, surrounded by buttercup meadows that are criss-crossed by dry stone walls and punctuated by traditional stone barns.

There is a visitor centre, a sailing club and a nature reserve with a bird hide.

The well stocked lake is a very successful trout fishery attracting large numbers of anglers throughout the season. Grassholme is stocked from a fish farm at Lartington, near Barnard Castle.

It is not a really large area of water at 57 hectares (140 acres) but it is deep off the dam going down to 38 metres (120ft). The deep water ensures that the fishing continues even during the warmer summer months.

During the early season, as the spring air warms the water, the shallows and the stream mouths are the places to fish.

Grassholme is a popular day-out

destination. The visitor centre has toilets and a hands-on exhibition that details the recreational opportunities in the area and current conservation initiatives. The centre is open daily and is a good place to begin an exploration of Lunedale, neighbouring Balderhead and High Force waterfall.

The terraced car park offers spectacular views of the valley and lake, and on summer weekends the undercroft tea room provides refreshments.

Teesdale sailing club is based here and its members sail regularly on the water in summer, enjoying both dinghy and board sailing.

At the western end of the lake a nature reserve, with adjacent bird hide, protects a large breeding colony of blackheaded gulls.

Toilets, parking and an angling platform are available for disabled users.

[www.nwl.co.uk](http://www.nwl.co.uk)



Relaxing: reservoir fishing is a wonderful way to shrug off the stresses of everyday life

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# The line tamers

If plastic's a bit too drastic but the ageing process is getting you down, dermal fillers might be the answer. JENNY NEEDHAM reports on how to get rid of wrinkles in your lunch hour

● Collagenics has regular clinics in the North-East at Saks in Darlington (01325 481 525), Durham (0191 384 3295) and Bishop Auckland (01388 607 282). As well as dermal fillers, Collagenics do peels (over 21s only), skin resurfacing, thread vein treatment, botox for sweating and acne treatments. Collagenics head office in Darlington is on (01325) 367367



**S**PENDING a lunch hour having injections in your face isn't everyone's idea of fun. But if the result is a profile that looks ten years younger, a lot of women would be willing to put up with the discomfort.

And 30 minutes is all it takes to have dermal fillers, consultation and all.

They can go wrong, of course, leading to the dreaded eyebrow droop, or the overblown lips that led to actress Leslie Ash being ridiculed in the press, which makes finding a well qualified practitioner so important. And you can't get much better qualified for the job than Alison Matthews.

Not only was Alison trained in the art of cosmetic injections in Harley Street, but she's been a nurse nearly all her working life, formerly in hospitals in the region and now with GPs in Darlington. "I've got two jobs, both ends of the spectrum really. I work for Collagenics making people look better and with the NHS doing chronic disease management. One of my nursing colleagues actually uses Botox to alleviate the symptoms of children with cerebral palsy and I've learned a lot from her."

Alison sometimes finds herself giving health advice to clients who come in for the injections and says a lot of people are reassured when they find out she has a medical background. Collagenics also has a team of doctors on call in case their practitioners have any queries. "You can ring them any time of the day for advice," she says. "I've even rang one when he was half way up a mountain."

Every client has to fill in a consent form with medical history, which can throw up problems. Alison notices that I have keloid scarring on my chin, which means that dermal fillers are out. "You can have collagen instead, but we always do a test on the arm to make sure that you don't react to it. You need to wait a month and then come back," she tells me.

Fillers and collagen are used on the lines around the lips, while Botox is used on the brow and around the eyes. "I use collagen for one treatment only at the moment - it's great for those little lip wrinkles," says Alison. "But Botox is a real line tamer. It's a beautiful product which works really, really well. You can create some wonderful looks for very tired eyes, drooping eyelids and the frown lines that everyone hates."

To prove a point, Alison injects the lines on my brow, which have turned into furrows from squinting at a computer for too long, and continues up my forehead to lift my eyelids. The result isn't instant, but after a couple of days the difference is noticeable and I'm very happy with the result. It's a very natural look, but my lines have definitely been ironed out - there's a smooth runway down the middle of my forehead - and my



Collagenics nurse practitioner Alison Matthews

brows have lifted. It's quick and easy and not too painful and I can well understand how it could become addictive.

Botox parties have hit the headlines big time over the past few years, as women throughout the country ditched Tupperware and Body Shop evenings in favour of something a little more extreme. But they have been largely unregulated and come the spring new regulations will mean that Botox and collagen injections can only be administered at registered premises. "It's to protect the public from any rogue practitioners," says Alison.

"Changing someone's look is a huge responsibility. I won't take any risks. If I'm not happy with what someone is asking me to do, I just won't do it, but most people are happy to take my advice. I let them look in the mirror every step of the way, but from experience I know what it will look like in two days time when the swelling and redness has gone."

If they're still unsure, clients should take a good look at Alison. The 43-year-old mother of three has her blonde hair scraped back into a ponytail, but her brow is virtually unlined. She's a great advert for cosmetic fillers.

"But we don't use anything that's permanent anyway, so if you don't like it, it will go away. The results usually last for six to nine months."



## What are the different types of filler used?

**D**ERMAL fillers tend to be broadly classified as being either non-permanent or permanent in their effect by both manufacturers and practitioners using these products.

The two most widely used products in the UK are collagen and hyaluronic acid. Both these fillers are used by thousands of practitioners on millions of patients across the world. Their results are generally safe and very effective.

### NON-PERMANENT FILLERS

In 1981, Collagen was the first filler approved in the US for soft-tissue filling by injection. It is made from bovine (derived from cows' skin) collagen and is currently known in the UK as Collagen Instant Therapy.

The collagen is taken from the cow and then purified to such a degree that it resembles the collagen which occurs naturally in our own skin. It is necessary to have a skin test before this treatment, however, as some patients may be allergic to bovine collagen.

Collagen instant therapy comes in different thicknesses, depending on the depth of your wrinkles or loss of firmness in your skin. You will sometimes hear Collagen Instant Therapy called by the brand names Zyderm® and Zyplast® by your clinic.

Your practitioner may discuss some other collagen only based fillers which are available in the UK which include:

Cymetra – Collagen derived from human skin.

Isolagen – A new technique where collagen producing cells are grown from small samples taken from your own skin, and then injected back into your lines/wrinkles.

The leading dermal filler used by most UK practitioners is a hyaluronic acid based product. This particular brand is manufactured using bacteria. Again, this product comes in different thicknesses and is called Restylane® or Perlane®.

Hyaluronic acid is a naturally occurring substance found in the spaces between the cells of body tissues in all animals. It has already been used widely in general medicine to help eye surgeons perform cataract operations, and for injection into arthritic joints to aid movement. It is estimated that 30 million patients around the world have been treated with some form of hyaluronic acid. Hyaluronic acid has now largely replaced collagen as the favourite filler of UK cosmetic experts. This is because it is more likely to be compatible with our bodies than collagen, and so people are less likely to be allergic to it and do not require a test prior to use.

### PERMANENT OR NON-RESORBABLE FILLERS

These are newer fillers that can give a longer lasting effect, or even a permanent effect, and may be recommended in some cases by a practitioner.



Lip expert: Rita Rakus

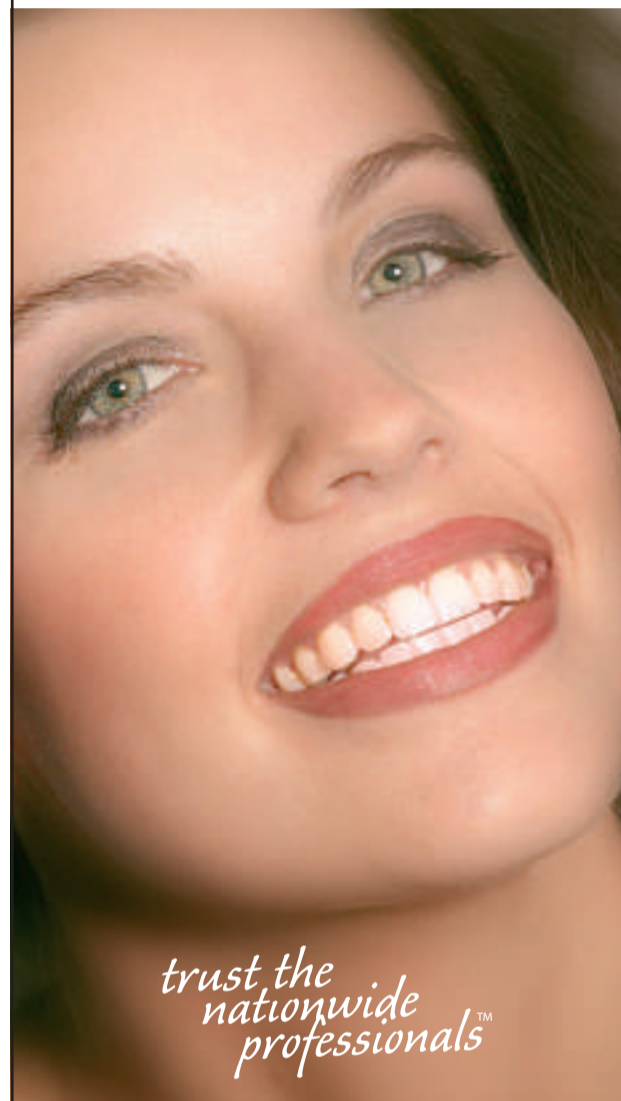
**D**R RITA Rakus, who has been dubbed "the lip queen of London" will be visiting the Beauty Oasis, just off Grange Road in Darlington, on Friday, October 14. She holds clinics there once a month.

"I do have celebs but most of my patients are ordinary people who just want to feel a bit better about themselves," she says. "They're not vain but people after about 35 just want to freshen up a bit. They're looking after themselves, they're dressing nicely and they're exercising but they're starting to notice lines on their faces. They're not ready for plastic surgery but with this sort of treatment, if you do it soon enough and in the right way, you can get very good results."

Dr Rakus specialises in beauty injection procedures using Botox and Restylane and is particularly well known for her lip enhancement techniques. To book call (01325) 489970.



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Thrilled: PCT boss Colin Morris

## A service that's seeing stars

**H**EALTH care in Darlington is among the best in the country, winning three star national acclaim for levels of care. Darlington Primary Care Trust has improved its performance across the board, earning it top marks from the independent Healthcare Commission.

The NHS assesses trusts' performance annually, looking at key targets including access to quality services, improving health and service provision.

Darlington PCT has been rewarded the maximum, an improvement on its current two star status.

Said Darlington PCT chief executive Colin Morris: "We are all absolutely thrilled with the three star rating which vindicates the amount of dedication, skill and enthusiasm shown by health professionals in Darlington. We have been on the verge for the past two years and our success reflects the close working relationships we have in the borough with our partners, including the Darlington Borough Council, Darlington Partnership, other NHS organisations and the private and voluntary sectors."

PCT chairman Sandra Pollard said: "I am delighted and the three stars are well deserved. Everyone has been working extremely hard towards this achievement which means that the people of Darlington are benefiting from better health care."

Chairman of the PCT's Professional Executive Committee, Carol Charlton, added: "Achieving three star status is something to be really proud of and reflects the enormous effort put into healthcare in Darlington."

Darlington PCT achieved seven of eight key targets including access to a GP or other primary care professional, drug misuse access, waiting times and the number of smoking quitters. It was also placed in the top banding for access to quality services and improving health and service provision and scored the highest possible ratings in areas such as flu vaccinations, child protection, children and adolescent mental health services, diabetic retinal screening and dentistry.

Mr Morris said: "While we have demonstrated a continuous improvement in health care over the years there are always areas where we can do better and we are looking forward to the challenges ahead."

**T**HE star system will be changed next year to an annual health check measuring performance against certain Government standards.

These include issues of concern to the public, patients and those who look after them such as safety, patient focus and clinical effectiveness.

The assessment will be broader based providing a richer picture of how the healthcare organisation is performing and the patient experience.

The new system should improve decision-making, encourage information sharing and help managers focus on areas of concern.



Prime Minister Tony Blair takes questions from the floor, flanked by Darlington MP Alan Milburn and Darlington PCT chairman Sandra Pollard

**P**RIME Minister Tony Blair urged health and social care officials in Darlington to tackle the root of addiction to prevent people slipping back to drink and drugs.

The surprise guest at a major conference in the town, he endorsed the town's multi-agency approach to substance abuse, which sees health and social care agencies working hand in hand with housing, education and the criminal justice system.

Mr Blair told 150 delegates from all over the North of England: "If people have developed an addiction and got into a life of crime then it is incredibly difficult to get out of it."

"If professionals do manage to get them through treatment and back on the outside, then if they find they have no support in the community to get a foothold on normal life, they can very easily slip back again."

"We have the will to do this but we need help to get it done so it is important to work in partnership. We also need to look at each person as an individual with a specific set of problems."

Mr Blair was speaking at the Expanding Horizons conference, a celebration of a year of Beacon Status for Darlington Community Safety Partnership and also the launch of the National Treatment Agency's Treatment Effectiveness Strategy in the North.

He was accompanied by Darlington MP Alan Milburn who, as Health Secretary, was one of the first politicians to insist that drug addiction was an issue for the law, health and social care agencies.

He said: "The trick is to make sure that what we are doing is effective and that is what today is about. We have to make sure people can live free from drugs, in normal housing, with jobs and have a normal life."

Their views were echoed by two former addicts who spoke of their experiences and how they were now motivated by things other than drugs.

Alan Davies, a drugs mentor with the Active Behaviour Service, of Middlesbrough, told delegates: "If you stop using the drink and the drugs, you are left with nothing and that is boring."

"When you leave rehabilitation or jail you need support; you need people to talk to you about what you are going to do with your life. You have such a low opinion of yourself that you don't realise there is a way out. It's about getting yourself motivated and getting back

## 'How I kicked the habit'



Former drug user Claire Ritson is now working with addicts

into life." Claire Ritson, of Newcastle, outlined her history as an addict and how she kicked drugs and was now working with addicts.

She said: "Chaotic users need some sort of stability otherwise a lot of users give up and go back to what feels safe - drug use."

The morning session was hosted by chairman of Darlington Primary Care Trust Sandra Pollard while in the afternoon Darlington Borough Council leader John Williams took the chair.

Bill Dixon, the chairman of Darlington Drug and Alcohol Action Team, deputy council leader and non-executive director of Darlington PCT, told delegates that more than 425 people had been helped on drug treatment programmes in the town.

He added: "Drugs wreck lives. They are not

harmless things and we are starting to see more drug induced psychosis where what you have before you is someone who is not there any more. I want to see a community that is safe; where are children can grow and experiment - but not with drugs, they are just far too dangerous."

Other speakers included the North-East's acting regional director of Public Health Dr David Walker, NTA chief executive Paul Hayes, director of Government Office for the North-East Jonathan Blackie and regional offender manager for the North-East Offender Management Service Mitch Egan.

In the afternoon speakers included Strategic Health Authority chief executive Ken Jarold, SHA medical director Dr Stephen Singleton and NTA director of quality Annette Dale-Perera.



Above: Ruth Kelly: Secretary of State for Education Ruth Kelly meets eight-month-old Liam Thomas at the McNay Street SureStart centre in Darlington, where work is well under way to give children the best start to life. Main picture: Alexandra Gordon, aged two, enjoys the ball pool at Mount Pleasant Children's Centre in Darlington

*It's fantastic to think that some playing fields and swimming pools may be available outside school hours*

## Sweeping changes in children's services

**C**HILDREN'S services in Darlington are undergoing sweeping changes as health and child-care professionals join forces to put young people first.

Darlington Primary Care Trust has mobilised its staff to work alongside officials from Darlington Borough Council and SureStart to ensure children get the best possible start to life. The aim is to maximise prospects for the town's young people by ensuring they have access to good health and education.

Darlington PCT's lead for Children Services Lucy Wheatley said: "The emphasis has to be on keeping children healthy so that they can achieve a good education and go on to secure good jobs which will keep them out of poverty."

Darlington Borough Council has reorganised its social services and education departments to form Children Services and the PCT is organising its health visitors, school nurses, early years workers and community nurses to meet the needs of the new system. It is also developing the Healthy Schools Standard, which not only promotes good physical health, but also addresses a range of issues such as stress and bullying.

Children under five will benefit from new Children Centres being set up in certain areas of the town, offering a variety of services from health to play and education. Some schools are also planning to extend the working day so young people can use the facilities previously closed to them for a third of the year.

"It's fantastic to think that some playing fields and swimming pools may be available outside school hours," said Mrs Wheatley. "Health services will need to be delivered where the children are which for most of the day, which will be around the schools."

Head of nursing Linda Bailes said: "We are well aware of the changes and have started working on how we are going to align with the new system."

Director of Public Health Nonnie Crawford said: "What is about to happen to children's services is a phenomenal change," and head of primary care Lorraine Tostevin added: "It is a marvellous opportunity for the development of children services."

"This will undoubtedly have a major impact on us and the way we operate," said PCT chief executive Colin Morris.

# Youngsters helping to shape the future

Obesity is a growing problem amongst young people, so perhaps we should ask them what we should be doing about it

**A** GROUP of young people in Darlington is helping to shape the future health of the town's population including the growing problem of obesity.

The Young People's Health Group (YPHG) is working with Darlington Primary Care Trust providing a valuable insight into the health needs of children.

Obesity, the availability of drinking water in schools, isolation punishment and breastfeeding are just some of the issues to come under the spotlight so far.

The Government has instructed all PCTs in England to set up Patient and Public Involvement (PPI) Forums – but these are made up of local people over the age of 18.

In Darlington, YPHG, which is part of the young person's organisation Investing in Children, is on hand to offer the children's perspective.

"We think that children and young people should also have the right to be involved in health related decision-making within our communities," said Joanne Pearson, 16, of Heighington. "We are aiming to find out young people's points of view about the services that are provided to children and young people in Darlington."

Libby Finlay, 17, Darlington, added: "We want to know what needs to change so we can lead as happy and healthy life as possible. Also we want to inform children and young people about the changes that are happening in Darlington in relation to health."

One of the first projects was to look at child obesity. Childhood obesity is considered to be one of the biggest threats to future health and the plan outlines ways it can be treated and prevented by influencing behaviour, diet and encouraging exercise.

The most recent health survey on the

issue revealed 8.5 per cent of six-year-olds and 15 per cent of 15-year-olds were obese along with 16 per cent of all children aged two to 15.

The proportion of overweight pre-school children rose from 14.7 per cent to 23.6 per cent between 1989 and 1998 and obesity in pre-school children almost doubled from 5.4 per cent to 9.2 per cent between 1989 and 1998. In six to 15-year-olds, obesity more than tripled from five per cent to 16 per cent between 1990 and 2001.

With the help of the young people, Darlington PCT has produced an obesity strategy designed to combat the problem by promoting healthy living and an active lifestyles.

Members of the group analysed the obesity action plan, feeding back their comments and rewriting it so it could be understood by young people.

YPHG also looked at the availability of drinking water in schools which showed differing results ranging from none at all to one primary school which had a pilot project to provide all students with individual bottles and places where they could be refilled.

Isolation punishment in schools also came under the microscope, how it operates, differs and what it is used for.

The group is also tackling the issue of making Darlington a breast feeding friendly town as well as working to increase its profile across the borough.

● Anyone interested in joining YPHG should contact Investing in Children on 0191 386 7485.

*"We think that children and young people should also have the right to be involved in health related decision-making within our communities"*



Members of the YPHG, left to right, Joanne Pearson, Kimberley Malcolm and Libby Finlay



Degree success: Carol Lancaster and Julie Smith

# Delving deep into our spiritual side and fighting our fatigue

**N**URSING in Darlington has improved by degrees as two health care staff gain new expertise. Darlington Primary Care Trust nurses Carol Lancaster and Julie Smith have both obtained BSC honours degrees in developing capable practice nursing in the home.

The district nursing sisters completed a one year course at the University of Teesside during which time they spent two days a week working in primary care with neighbouring PCTs.

They are now able to use their new-found knowledge to improve primary care nursing across the town.

Carol, from Darlington, began her nursing career just four years ago after working as an auxiliary for ten years. Julie, from Reeth, in Swaledale, trained as a nurse in the 1980s at Darlington Memorial Hospital and later worked as a Marie Curie nurse.

"The PCT is very keen that its nurses should progress in their careers," said Carol. "We now manage and lead a team of district nurses with a patient caseload and will be able to use and pass on what we have learnt on the course."

"We are helping to develop services so health care for patients can move on and people can stay in their own homes rather than have to go into hospital," added Julie.

As part of her studies, Carol looked at spirituality. "This is about discovering what each person gets pleasure from. It could be something as simple as a nice sunset; it is

what moves them. In nursing, this has an impact on health. You have to look at patients as a whole, including their spirituality, not just medically. It could be making sure that someone who is very ill has their lipstick handy or their hair done because that is what makes them feel good.

"Often we work one-to-one in people's homes where we build relationships with patients and care goes beyond looking at their symptoms."

Julie studied cancer related fatigue for part of her course work. "It's the most commonly reported side effect yet its treatment is given the least attention," she said. "Very little research has been done into it as we pay more attention to the pain and the nausea, yet the effects are debilitating.

"It needs to be assessed and dealt with as best we can. Even acknowledging it and talking about it to patients seems to help."

**“***You have to look at patients as a whole, including their spirituality, not just medically***”**



Darlington PCT chairman Sandra Pollard performs the honours at sod-cutting and digging out ceremonies for the new Park Place Health Centre and Hundens Rehabilitation Centre

# Building for a healthy future

**W**ORK is well under way at two new health centres which will boost care for the residents of Darlington. Chairman of Darlington Primary Care Trust Sandra Pollard performed the honours at sod-cutting ceremonies in Park Place and Hundens Lane where separate units are being constructed at a total cost of almost £5m.

Being built by AMC Construction, the £3.5m Park Place Health Centre will be home to a four-doctor GP surgery and an audiology unit and should be completed by the end of the year.

Community dental services will also be based there, along with a PCT salaried dentist in a high specification dental suite. This will provide services to people who are not registered or disabled people who struggle to access the town's dentists.

Family planning services will also be based at Park Place and the children's focus will continue with baby clinics, mother and toddler groups, and child protection services, including a child protection nurse.

All clinical facilities will be on the ground

floor to maximise access for disabled and elderly people. The first floor will provide office space for administrative staff.

AMEC Construction with ACM Health Solutions is carrying out the work in Hundens Lane on land in front of the old existing unit.

Almost 20,000 pensioners live in the town along, with another 22,000 aged 45 to retirement age. And with improving lifestyles and medical care, the number of people aged over 75 and 85 are also expected to rise sharply.

Modern health care also strives to keep people in their own homes living independent lives for as long as possible, increasing the demands for care to be delivered in the community.

From the new centre intermediate care services will be provided by therapy staff, health care assistants and community nurses. Other health professionals will also be based at the centre providing a range of services including stroke rehabilitation, podiatry, a falls service, continence sessions and a community equipment shop, which is being developed in partnership with Darlington Social Services Department.

Construction is expected to take seven



months with the new centre opening in February next year.

Park Place and Hundens are the second and third stages of a major investment in health care that started with the opening of a pioneering walk-in centre in the PCT's headquarters at Doctor Piper House.

Mrs Pollard said: "This a great time for the PCT and the new centres will provide better, more extended services to Darlington residents."

"Park Place will enhance services for our younger residents and Hundens will certainly improve care for older people. I am looking forward to seeing them finished and in operation."

*This a great time for the PCT and the new centres will provide better, more extended services to Darlington residents*

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Rugby: can be particularly tough on the joints

# A team effort

Sport is good for you, isn't it? Well, not always. JENNY NEEDHAM meets the physios who pick up the pieces and put them back together again when things go wrong on the pitch... or up a mountain

**T**HE long summer holidays are over. The rugby/football/hockey season is beginning. Time to charge off down the pitch with the team and throw yourself into the game. Time for sports injuries...

"We get lots of people turning up at our door with sprains and pulled muscles at this time of year," says physiotherapist Anne Burrow, who treats sports injuries at the Star House Clinic, just behind Horsemarket in Barnard Castle. "It's really common to get pre-season injuries because people who have not been keeping in condition over the summer suddenly want to be as fit and good as they were at the end of the last season. That's when we see a lot of muscle strains. They do too much, too fast."

The more serious injuries are usually from rugby, football and squash. "If you want to avoid trouble, we recommend good warming up before exercise and keeping fit over summer," she adds.

At the other end of the year, the Star House Clinic plays host to a

growing number of hobby injuries. "These are the ones who do nothing over winter - and I'm thinking mostly gardeners here - and then suddenly in spring they are out there madly clearing everything up. We get heaps of back injuries from that," says Anne.

The clientele at the clinic is split more or less evenly between men and women, a lot of oldies and a few young sportspeople. Backs and necks provide around 50 to 60 per cent of their business.

"Backs and shoulders only get worse if you leave them to get better on their own," says Anne. "The days when if you had a sore back you would be prescribed two weeks bed rest have gone."

This is a good thing, says Anne, because total rest just means that muscle mass quickly deteriorates, leading to the likelihood of more joint problems. "You have to use it or



Practice owner Sarah Johnson with mountaineer Alan Hinkes





**A mountain to climb: Anne Burrow treats Alan Hinkes before his last endeavour**

lose it – even on the space shuttle the astronauts have to exercise because otherwise they would lose their muscle mass because of lack of gravity. We prefer to prescribe 'relative rest', stopping any aggravating activities but keeping as mobile as possible."

Kiwi Anne, who is over here with her husband and living in Darlington for a couple of years, works with Canadian Diane Dupuis at the Teesdale practice. The clinic is owned by Sarah Johnson, who comes from much closer to home in the North-East. Receptionists Val Gatenby and Rachel Sellwood complete the all-woman team.

Anne ended up in Teesdale after spotting an ad placed by Sarah in a New Zealand newspaper. She had finished her four-year university degree and done a couple of years practice, and is now one of the many physios from abroad helping to fill our homegrown skills gap. There is a real shortage of trained physios in Britain.

Anne patently loves her job. "There is a misconception about physios," she says. "People think we're just the ones you see in hospital to get you back on the road when you've had an accident, but we are trained to treat whole person and get to the root cause of the problem. Our treatment varies between manipulation, massage, acupuncture and a personal exercise or rehabilitation programme appropriate to their needs. This is why one-to-one treatment is the key to full recovery."

And when she sees results, it's hugely rewarding. "A lot of older people who come here have arthritis. They have sometimes put up with it for years before hearing that they can have something done about it. It's great to see them experiencing a pain-free life again."

At the other end of the scale are the top ath-

letes and sportspeople, for whom injury is an occupational hazard. Anne treated adventurer and mountaineer Alan Hinkes, who earlier this year became the first Briton to climb the world's 14 highest peaks, for a prolapsed disc and has also helped a marathon runner back onto the competitive road. "He couldn't get past a certain distance, because of postural and lower back problems, but after treatment and a change of running shoes, there was no stopping him," says Anne.

Older clients include those who just don't know when to stop playing games like rugby, and those who used to play a lot and are having problems when they get to 40 or 50. "Most injuries are cumulative," says Anne. "People sprain their ankles when they are young, for example, but don't do anything about it, get repetitive injuries and then by time they are in their 30s or 40s, they have a chronic problem. We often have to treat the later stages of injury from years ago."

Added to all the problems associated with sports and ageing, a new breed of patient is increasingly visiting the Star House Clinic. "Lots of back pain patients work on computers. Their bodies get to a point where they can't cope with constant postural strain and muscle weakness and then they'll go mad at the weekend and pop a disc," says Anne.

As most of the chronic injuries are cumulative, it's imperative to get treated immediately a problem occurs. Otherwise you could be heading for trouble. "However minor the problem seems, it's best to get it checked out and treated early," says Anne. "That way, you'll be back on the pitch and scoring goals so much sooner." Something to remember as the new season starts...

### PHYSIOTHERAPY: THE TREATMENT

1. Addressing the causative factor: why did the muscle tear, the disc bulge or the joint sprain in the first place? There is no point in treating the pain without doing this as invariably the same injury will recur. Advice may involve things like addressing posture at work/driving and addressing muscle imbalances, footwear, mattresses and ergonomics.
2. Treating the pain with massage, ultrasound, TENS machine
3. Loosening restrictions/tightness by mobilising and manipulating joints
4. Rehabilitation for sport/hobbies
5. Educating patients about how to avoid problems and ergonomic advice
6. Providing braces, supports, pillows, TENS machines for use while the patient recovers
7. Referring to doctor/surgeon if necessary

### TREATMENT FOR PULLED CALF FROM FOOTBALL TRAINING

1. Immediate treatment: RICE – Rest, Ice, Compression, Elevation
2. One-two days post injury: ultrasound, therapeutic massage
3. Day three: therapeutic massage, stretching, active movement (non-weight bearing)
4. Week two: begin condition training, therapeutic massage, ultrasound, address footwear
5. Week three: address muscle balance and why calf is overused and therefore strained
6. Sport or hobby-specific retraining. By week four should be fully participating in sport/hobby

**Star House Physiotherapy Clinic, Star Yard, Horsemarket, Barnard Castle DL12 8LY (01833) 695555**



**It happens to the best... David Beckham limps off the field in 2001**



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# Hitting the trail

Mountain biking is one of the fastest growing sports in the country. SARAH FRENCH reports on a fantastic way to keep fit and enjoy the countryside at the same time

**I**T'S fast, bumpy, muddy and wet. There's an adrenaline rush with every turn and a challenge in every jump over a tree root or rocky patch. All that and you're in the fresh air too, with only woodland wildlife and a few like minded adventurers for company.

This is mountain biking heaven.

With traffic-clogged routes that make road cycling too dangerous, it's easy to see why the sport has taken off in a big way in recent years. With money being ploughed into new trails and skills areas in the North-East, it is set to become even more popular in the coming months.

Tourism chiefs across the region are responding to the growing interest and at the same time tapping into the current trend to get people exercising.

The Forestry Commission has launched the Active Woods campaign with plans to develop facilities in Dalby Forest, near Pickering in North Yorkshire. As part of the scheme, which will include wildlife walks and bushcraft events, 55km of all-weather mountain bike routes are being constructed at a cost of half a million pounds. Construction work should be completed by December 2007.

The campaign has the support of the British Heart Foundation which sees the trails as one way to drag people off their sofas and onto their bikes to stay healthy.

Further north in County Durham, a £213,000 project is underway as part of plans to develop Hamsterley Forest as an international mountain biking centre to rival that of Glentress Forest in Scotland.

A partnership between Teesdale Marketing and the mountain bike club, the Hamsterley Trailblazers, has attracted initial funding that is already being put to use in a state-of-the-art skills area and a family bike route.

The series of ramps, drops-offs, table tops and other obstacles are accompanied by panels explaining how to ride them, with an escape route at each one for less ambitious riders.

Down the hillside, a riverside flat track is being developed linking the forest visitors' centre with the Grove car park, the aim being to attract families with children and beginner bikers.

Vicky Chilcott, secretary of the Trailblazers, says the beauty of mountain biking is that it's an activity in which everyone can get involved.

"It's very important to us to get kids into cycling. It's great fun, it keeps them fit and it's a fantastic day out for the whole family, including teenagers. It's one of the few outdoor activities they enjoy because it gives them a buzz."

Vicky cycled a lot as a girl but gave it

up during her late teen and early adult years. "I got back into it when I had my sons and we introduced them to it as babies," she says. "Now they're 20 and 17 and we still go on cycling holidays together."

She says a couple of hundred pounds will buy an adequate bike. "Apart from a helmet, you don't need much else. It's not expensive compared with a lot of other hobbies and once you're out, you can stay out all day if you want."

For Ruth Brown, healthy lifestyles officer at Darlington Primary Care Trust, the investment is in fitness and wellbeing.

"Getting out in the fresh air in the forest environment is fantastic and really invigorating for you mentally, while the nature of mountain biking makes it great for fitness. Climbing hills is good aerobic exercise and you're toning muscles at the same time, often muscles that you don't use doing other activities. The benefits are almost instantaneous.

"If you're coming downhill or concentrating hard on the track in front of you, it's mentally challenging too. You can cover more ground than walking and if you get to the top of the forest where it's quiet and peaceful, you feel like you've really achieved something."

**A**S a location for the perfect mountain biking trail of fast flowing, metre-wide single track with a firm but interesting surface, the forest is ideal.

The next stage of the Hamsterley plans is to build new world-class 20-mile red and black routes, designed by Pete Laing, who was behind Scotland's top trails.

Robin Lofthouse, recreation ranger for the Forestry Commission, says the publicity around the scheme is already attracting more people to Hamsterley.

"Potentially, it's a huge development. At the moment people have to drive miles just to get to good trails. We expect the skills area and Grove Link Trail primarily to appeal particularly to local people but the advanced trails, which will take riders into parts of the forest that aren't used at the moment, will really attract people from all over."

He says that by providing facilities specifically for mountain bikers, it will free up roads and tracks for horse riders and paths for walkers.

"It also means that we can divert more maintenance budget onto walking, so ultimately everyone will benefit from these new facilities and enjoy the forest."

For more information about Active Woods, visit [www.forestry.gov.uk/Active](http://www.forestry.gov.uk/Active).  
[www.hamsterley-trailblazers.co.uk](http://www.hamsterley-trailblazers.co.uk)





Alan Eves, pictured above, is Dalby Forest district manager, overseeing 56,000 acres (22,000 hectares) of woodland in North Yorkshire. Since moving to the area, the 44-year-old has developed a passion for mountain biking.

*I bike to work from my home in Sinnington and sometimes take the long route to check on trails and get feedback from the public on how we are doing," he said. "Going biking creates a space for positive thoughts and keeps me fit and that's what the Active Woods campaign is all about – making people realise there's a fantastic resource on their doorstep to boost mind, body and spirit."*



Fresh air, beautiful scenery, great exercise – mountain biking is a great all-round activity for all ages and fitness levels

*“Climbing hills is good aerobic exercise and you're toning muscles at the same time, often muscles that you don't use doing other activities*

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or visit the national CHILDCARE website at [www.childcarelink.gov.uk](http://www.childcarelink.gov.uk)

## Egg relieves the stress

**S**TRESSED-out shoppers in the North-East can relax at last – the MetroCentre has become the first place in the UK to have a revolutionary new massage pod to help its customers de-stress and unwind. So called because of its distinctive shape, The Egg is designed to help those who are stressed out but too shy to try a traditional hands-on massage. A recent poll found that people in the North-East are the most prudish in the UK, with nearly a quarter (24 per cent) not keen on being touched by a masseur.

To use The Egg, clients simply step in, lie down on the massage bed and press a button to begin the treatment. Inside, the lights of The Egg dim to be replaced with a star-studded sky, relaxing music and aromatherapy oils are released into the air.

Gentle vibrations in the bed work up from the feet through the entire body during the 15 minute session.

The Egg's permanent home is at Aquamassage in the centre's Red Mall and costs £15 a session. To find out more about click on [www.the-egg.co.uk](http://www.the-egg.co.uk)



**THANKS to a brilliant new website, you've got no excuses about not being able to find your local sports centre. Activeplaces.com has over 10,000 sporty places to search out – just type in your postcode and it will find the nearest one to you. Check out Activeplaces.com You can find anything from sports halls, swimming pools, ski slopes, tennis courts, artificial footy pitches and health centres. The website is run by Sport England.**

# 3

## WAYS TO...

boost your child's self-esteem



**1 Give them compliments, and tell them you love them.**

**2 Ask their opinion, and answer their questions.**

**3 Encourage them to teach you things they know.**

## Joint efforts from Sarah

**I**T was back problems during pregnancy that brought about a life change for Sarah McLain. Her mother-in-law had used a McTimoney chiropractor when she suffered with lower back pain and sciatica, and it was to the same practitioner that former nurse Sarah turned when she was pregnant.

Sarah had also had problems with irritable bowel syndrome and found the treatments helped, but when she moved to this area and looked for a McTimoney chiropractor, she discovered they were very few and far between. To help fill the gap, she trained and registered with the general chiropractic council, and now works from her home in Egglecliffe.

"The technique is a holistic form of chiropractic that is a straightforward method of adjusting the bones and joints of the body to restore movement, improve function and maintain alignment of the spine, allowing the nerve supply of the body to work more efficiently," explains Sarah.

Recently the treatment has been in the news following its success with TV motoring star Quentin Wilson's son. "A report said he'd been in a special school with what was thought to be some form of autism, but after being treated by a McTimoney chiropractor is now in mainstream school and has shown great improvement," says Sarah.

The treatment is used on all ages and is said to relieve acute and chronic back pain, joint and bone related stiffness and discomfort/pain in areas including the back, shoulders and neck,



**Sarah McLain: McTimoney chiropractor**

muscular aches and pains and sports injuries such as golfers'/tennis elbow, hand, knee and foot problems, sciatica and other nerve impingements. The effects of chiropractic on the nervous system may help to relieve gastrointestinal and menstrual irregularities and headaches

There is also anecdotal evidence in younger children of improvement in concentration, hyperactivity, clumsiness and poor co-ordination.

Sarah is married to a paediatrician and they have three daughters.

● Sarah McLain (01642) 640290.

● More information can be from the McTimoney association website on [www.mctimoney-chiropractic.org](http://www.mctimoney-chiropractic.org)

## Holistic treatments and training

**A** NEW practice, Nature's Ways, which concentrates purely on holistic treatments and training has opened in Stokesley. Lynne Gray and Karen Owens have many years experience in complementary healthcare and are both qualified teachers.

Treatments include aromatherapy, reflexology, reiki, Indian head massage and crystal therapy as well as specialised hand and foot treatments. They will also be

offering training in complementary therapies. The practice uses products which are new to this area. Cavalliert products are of Greek origin and are totally organic. "They are used for Nature's Ways holistic facial and are beneficial for all skin types and skin complaints," says Lynne.

● Nature's Ways can be found at 36 High Street, Stokesley For more information please contact (01642) 710145.

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## Get advice at the Wellness show

**T**HE Wellness Show takes place at Newcastle Racecourse on the weekend of November 19-20. The main aim of the show is to attract people who are interested in making a positive change in their lifestyle and would like to learn more about the options available to them. The event focuses on several key areas connected to wellness, including nutrition, exercise and fitness, complementary and alternative therapies, health and beauty products and personal development.

The organisers of The Wellness Show, Semafore Ltd, will donate a proportion of the entrance ticket receipts to Just for Kids, the official charity of Metro Radio and Magic 1152, and is encouraging exhibitors and visitors to support further fund raising initiatives at the event itself.

"The Wellness Show focuses on improving the quality of life for people of all ages, particularly the long term health benefits gained from leading a healthy lifestyle," says Mark Huntington, managing director of Semafore Ltd. "The Just for Kids mission to improve the quality of life and opportunity for the North-East's children is a perfect match for the aims of the Wellness Show."



**Plenty to smile about**

**Dentist Ian Wintrip with dental nurse Nicola Fleming**

**T**HE North-East doesn't have the best record for dental health, but the good news is that if things do go wrong early on, you can do something about it. Discoloured teeth, wonky teeth, receding gums, gaps... they can all be put right using cosmetic procedures at your high street dentists. Practically any problem can be remedied. The services range from £250 for a veneer to around £500 for tooth whitening, and they can really transform your looks.

Cosmetic dentist Ian Wintrip, of Oasis Dental Care, says: "There has been an upsurge in the number of people wanting whitening, veneers and implants, and far from being the preserve of Harley Street and the luxury end of the dental market, it's now available on high streets everywhere." Ian uses a tooth whitening process called Britesmile, and his own dental nurse Nicola Fleming, one of his first guinea pigs, is a great advert for it.

At present the practice has free consultations – normally £49.50 – for implants, and clients having their teeth whitened are being given free tooth whitening products to take away.

● **Oasis Dental Care, 69 Cockton Hill Road, Bishop Auckland (01388) 603164; email: [bishopauckland@oasisdentalcare.com](mailto:bishopauckland@oasisdentalcare.com) and Lime Tree House, St Johns Road, Shildon (01388) 772678; email: [shildon@oasisdentalcare.com](mailto:shildon@oasisdentalcare.com) or visit the website [www.oasisdentalcare.co.uk](http://www.oasisdentalcare.co.uk) for practices in your area.**

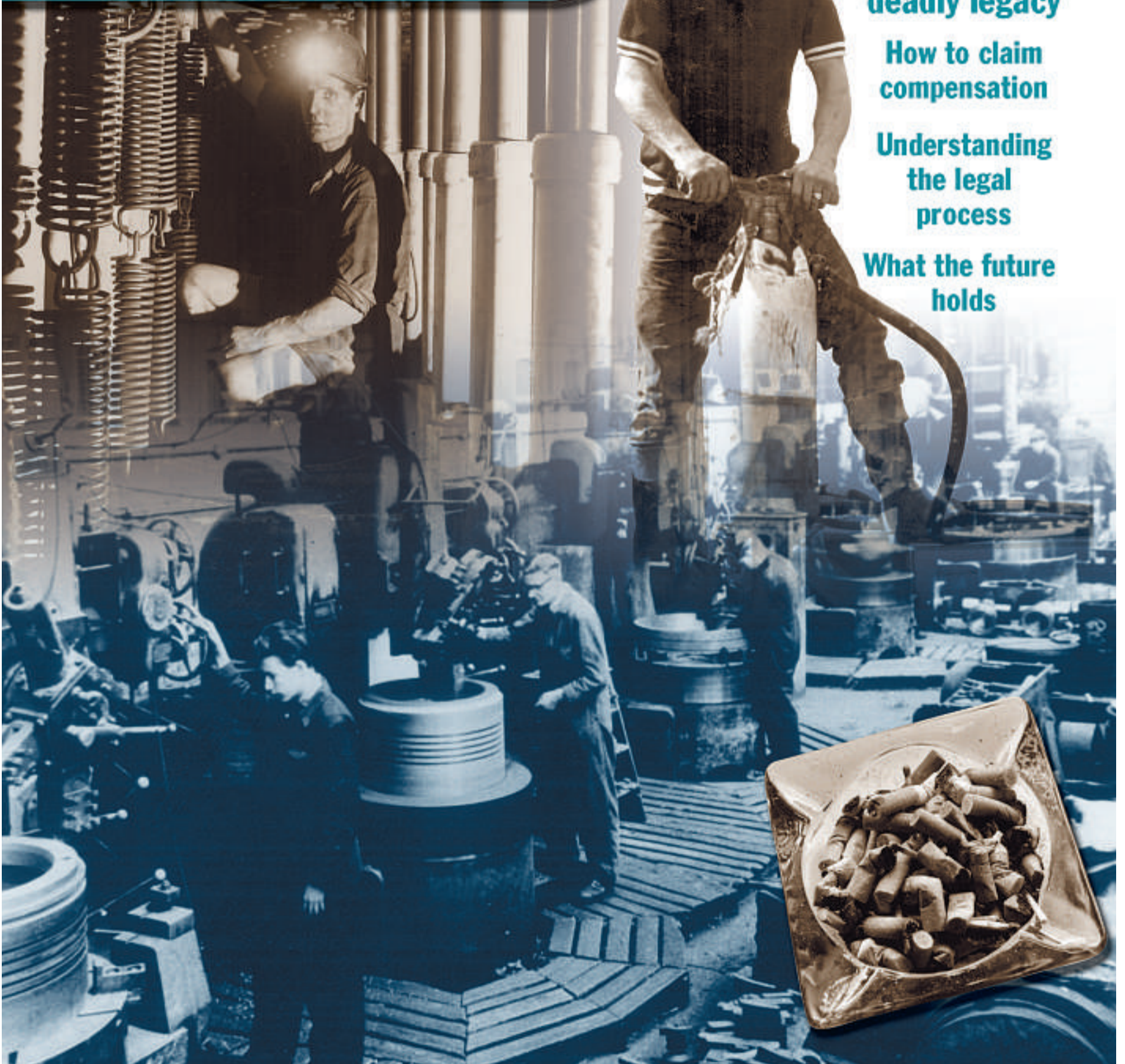
# OCCUPATIONAL DISEASES

**Chemicals and coal dust, fibres and fumes. . . The North-East's deadly legacy**

**How to claim compensation**

**Understanding the legal process**

**What the future holds**



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The North-East's mining and shipbuilding past are casting a shadow over many families today as industrial diseases continue to take their toll



**Miners have the dubious honour of claiming the top spot when it comes to industrial disease**

# Chemicals and coal dust, fibres and fumes

**T**HE North-East is a region proud of its industrial heritage and built on a strong work ethic, where working men and women earn an honest day's wage for a job well done.

But along with their pay packets and pensions, workers past and present have for decades been bringing home something much more sinister.

From chemicals to coal dust, fibres to fumes, the conditions to which workers have been exposed mean many have taken their lives in their hands as they've walked through the factory gates.

The mines may be gone but their legacy on the pitmen's health continues, while other conditions related to the working environment continue to shorten and shackle lives.

Industrial or occupational diseases cover a wide range of conditions which can be linked to an employee's work. Unlike workplace accidents, they are usually characterised by a time delay between exposure and ill health often stretching to years and even decades.

In 2003/04 an estimated 2.2 million people in Great Britain were suffering from an illness which they believed was caused or made worse by their current or past work.

Miners have the dubious honour of claiming the top spot when it comes to industrial disease, both in their number and in the difficulty of the conditions they were exposed to underground.

Many suffer from severe respiratory diseases including bronchitis, emphysema and other chronic chest conditions caused by exposure to airborne dust.

Miners also top the list when it comes to Vibration White Finger (VWF), a condition linked to repeated use of vibrating machinery and



tools which results in the loss of sensation and a lack of dexterity in the hands.

More than 780,000 applications have been received from former miners and their families in England and Wales under both the respiratory disease (which closed to new claims on March 31, 2004) and vibration white finger (which closed in October 2002) compensation schemes. With £2.6bn awarded so far, it is the world's biggest personal injury compensation scheme, allegedly paying out more than £2m every working day.

Not exclusive to miners, workers in construction, engineering, rail and manufacturing industries and even hospital cleaners are among others affected by VWF.

Meanwhile, the cloud of mesothelioma and asbestosis, cancers caused by exposure to asbestos, hangs over many other sections of the working population.

From those who worked in shipbuilding and on the railways to plumbers and people in the motor trade, the magic mineral continues to kill men and women in increasing

numbers. It's estimated that in the 30 years between 1968 and 1998, 50,000 people died in the UK from asbestos-related diseases.

The long latency period – which can be anything from ten to 60 years – means fibres breathed in decades ago are only now exerting their fatal hold, especially among men in their 60s, 70s and 80s.

In spite of concerns about asbestos being raised decades ago it is said to remain the most serious occupational health problem, in terms of fatal disease, that the country faces.

The Health and Safety Executive estimates that a further 55,000 men will die from mesothelioma between now and 2050.

Annual deaths due to mesothelioma are predicted to peak at a lower level than once thought – between 1,950 and 2,450 (around 1,650-2,100 men; 250-310 women) – and sooner, probably between 2011 and 2015.

As well as the pressure on the health service, the impact will be seen in an increase in claims for benefit.

Meanwhile, other health problems caused or exacerbated by exposure to

substances at work continue to affect employees.

Exposure to cancer-causing chemicals is linked to increased risk of a number of different cancers including lung, bladder and kidney cancers, some types of leukaemia, lymphoma and myeloma (bone marrow cancer).

Just last month the Redwings horse charity was ordered to pay £45,000 in fines and costs after three workers inhaled fumes from toxic rat poison as they went into a barn to stack hay. The men, who were left fighting for breath, suffered medical problems that could affect them for life.

Skin diseases, occupational asthma, musculoskeletal problems, hearing loss and mental illnesses are among other disorders connected with work.

And then there are the effects of being exposed to cigarette smoke at work. An advertising campaign currently being run by the Fresh campaign for a smoke free North-East claims 35 workers in the region die every year from second-hand smoke.

A likely ban for smoking at least where food is being served will protect some of those in the hospitality industry. However, health officials are pushing for a wider ban to include smoking in any enclosed public place to protect every worker in the country.

Of course safety at work regulations are much improved and more stringently imposed, while breaching the rules carries heavy fines under prosecutions brought by the Health and Safety Executive. Yet 20,000 new cases a year are severe enough occupational disorders to be seen by specialist doctors. In 2003/04, that amounted to 30 million working days lost due to work-related ill health.

Past and present, the legacy continues.

## VIBRATION WHITE FINGER

**O**F the 8,000 cases assessed each year under the Industrial Injuries Scheme, which compensates employees who have been disabled by prescribed occupational diseases, almost a third are for sufferers of Vibration White Finger.

The amount of compensation paid to victims of VWF – £1bn so far – is a clear indication of the scale of the problem.

The majority of those affected are examiners who used pneumatic picks underground. A court ruling in 1996 found that British Coal had not adequately protected men from the effects of the machines.

Two compensation schemes, covering lung disease and VWF, were set up in January 1999 after the Government agreed to take on British Coal's liabilities. These schemes closed to new claims in early 2003.

However, VWF is not exclusive to industries of the past. It can affect any-

one who uses vibrating hand-held tools for sustained periods over time and workers in certain industries today are no less at risk.

Workers in the extraction, energy and water supply seem to be especially at risk of VWF (489.3 new assessments per 100,000 employees), while construction (13.6 cases per 100,000 employees), manufacturing (7.4) and agriculture forestry and fishing (3.3) are also danger zones, according to the Health and Safety Executive.

Workers using machines like concrete breakers, riveting hammers, grinders and drills on a regular basis in foundries, mines and quarries and in concrete production may also be at risk.

VWF is a disorder of the blood supply to the fingers and hand caused by regular vibration. It manifests itself in a permanent loss of sensation in the fingers, causing problems for picking up and manipulating small objects. It's also known as hand arm vibration syndrome (HAVS) with similar symptoms caused by the same type of exposure.

The good news is that the number of new cases annually appears to be falling – 1,775 in 2002/03 (1,765 men and ten women) down from 2,425 in 2001/02, and lower than in the preceding seven years – based on assessments for benefit.

However, it's still unclear how many sufferers do not claim any financial assistance.

Advice for sufferers of hand arm vibration syndrome usually focuses on preventing it from occurring or at least on recognising the condition in the early stages so that something can be done.

### The TUC advises workers to:

- Ask the employer if a job can be done in a different way without using vibrating tools
- Use low-vibration tools
- Always use the right tool for the job
- Ensure tools have been maintained and repaired to avoid vibration caused by faults and general wear
- Keep cutting tools sharp

- Rotate tasks to reduce the use of vibration equipment and therefore lessen exposure

- Avoid gripping or forcing the tools more than necessary

- Store tools correctly so that they do not have very cold handles when next used

- Maintain good blood circulation by keeping warm, giving up or reducing smoking, and massaging and exercising fingers during breaks.

Other disorders may also be caused by vibration, such as carpal tunnel syndrome (CTS) where symptoms are thought to arise in part from entrapment or compression of nerves in the wrist.

CTS caused by hand-held vibrating tools was made a prescribed disease to qualify for compensation in April 1993. Since then annual numbers of new assessed cases have increased from 267 in 1993/94 to 797 in 2001/02 and 1,035 in 2002/03.

CTS may have other occupational causes, such as repetitive twisting or gripping movements of the hand.



The dangers of asbestos are well documented, but the one-time wonder material wasn't banned until relatively recently. SARAH FRENCH documents the history of its use and its deadly legacy

It is said that in the 1st Century AD, the Roman historian Pliny the Elder warned his friends not to buy slaves from asbestos mines because "so many of them die young".

Whether this is true or not lies within the annals of history, but it carries added poignancy today when so many people have already died from the effects of exposure to asbestos and countless more are storing up fatal health problems for the future.

Most recently, widower Dr Julian Little won £175,000 damages from the Department of Health after his wife Becky died from mesothelioma which developed decades after she was exposed to asbestos as a trainee nurse in the late 1960s. Mrs Little was one of thousands of people to have lived with a killer in their midst.

The use of asbestos in the UK is relatively new, yet there is ancient evidence that suggests its many benefits were recognised in Finland as far back as 3,000 years BC.

The term asbestos applies to a group of naturally occurring, fibrous silicates – chrysotile (white asbestos), crocidolite (blue asbestos) and grunerite or amosite (brown asbestos).

Strong yet flexible, resistant to chemicals, non-conductive, with great thermal and acoustic qualities and fire resistant, asbestos was given its name by the Ancient Greeks because the word means "inextinguishable".

It's little wonder that asbestos, processed into sheets, blocks and powder, became such a widely used material following its introduction to the UK in 1857.

Industry quickly realised its properties and put it to use in floor and roof tiles, insulation, sealants, cement pipes, turbines, kilns, fire retardant clothing and even in Second World War gas masks.

Shipbuilders used it as fire-proof lagging and to insulate hot water pipes; railwaymen sprayed it into the cavity between the inner and outer shell of coaches; construction firms used it in schools and other public buildings as insulation and sound absorption; mechanics handled it in vehicle brakeshoes and clutch pads.

**B**UT by the early part of last century fears were already being raised about the dangers of asbestos.

In 1918 the Prudential in New York refused to sell life insurance to people working in asbestos manufacturing. By the 1930s and 1940s there was widespread concern about the risks of cancer due to exposure to asbestos yet the use of protective equipment remained inadequate. Its continued use bizarrely included the broomstick ridden by the Wicked Witch of the West in the 1939 film *The Wizard of Oz*.

By 1960, asbestos was also related to mesothelioma.

Nonetheless, as the post-war building boom continued, the use of asbestos materials continued to grow, finally reaching its peak in the mid-1970s.

Ten years later the Asbestos Licensing Regulations were established to control the most hazardous asbestos removal operations.

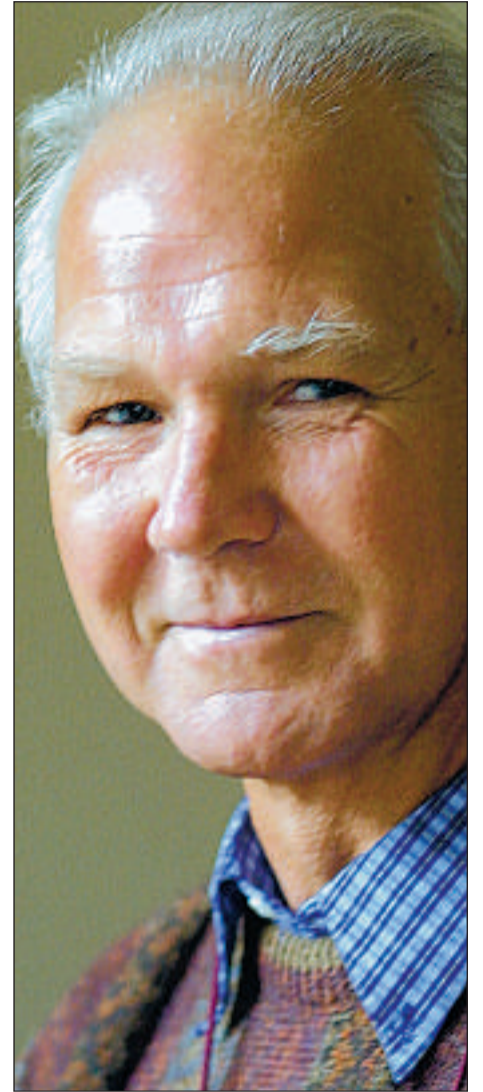
In 1987, further tightening of the rules came in with the Control of Asbestos at Work Regulations. Meanwhile, in America asbestos was used as insulation for the solid fuel boosters of the Space Shuttle.

By 1992, the import, supply and use of the more carcinogenic brown and blue asbestos was banned, but the import of white asbestos wasn't stopped until November 1999.

It was too late for many workers in the North-East. The Tees and Tyne ports and dockyards were breeding grounds for mesothelioma. Geographical tracking of deaths also highlights Yorkshire as suffering

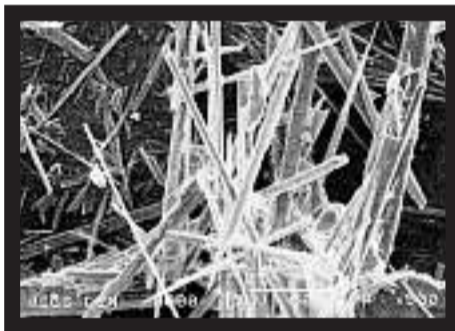


**Victims: Val Stiles, who breathed in the fibres her aunt Edna, centre, brought home. Above right: Becky Little and, right, her widowed husband Dr Julian Little**



# Asbestos

## the killer in our midst



**Asbestos fibres under the microscope**

for its success in railway engineering and Sunderland for its factories that used raw asbestos in production.

While deaths due to asbestos are much lower among females, they are significantly higher for women in the North-East than in other parts of the country.

Fatal disease is not confined to those who worked with asbestos.

The widower of Val Stiles, formerly of Darlington, received £95,000 in compensation in 2002 after his wife died from mesothelioma, aged 52. Val never worked with asbestos. In fact, she was just a schoolgirl when she breathed in the fibres that would cause her early death. Her aunt Edna Dean worked at the Darlington Chemical and Insulation Company and would often collect Val from school covered like "a snowman" in the deadly white dust.

Other victims have included a hairdresser and chemist's shop assistant, both exposed via their work to asbestos on the clothes and in the hair of men who worked in nearby factories. Nonetheless, men who worked with asbestos remain the greater victims – 85 per cent of the 1,860 deaths due to mesothelioma in 2001 were men.

Meanwhile, the annual number of deaths due to asbestos exposure in Great Britain recorded by the Health and Safety Executive continues to rise. In 1968 (the first complete year of data recorded) there were 153; this rose to 1,633 in 2000 and again to 1,862 in 2002.

Only this summer a new group was

launched in the North-East in readiness for the rising numbers of asbestos-related deaths predicted in the region in the next decade.

The Tyne and Wear Asbestos Support Group (TWASG) advises sufferers and their families, co-ordinates access to benefits and campaigns on health and safety issues to ensure employers manage asbestos properly.

Nancy Tait, director of the charity Occupational and Environmental Diseases Association, claims mortality figures would be even higher if there was standardised diagnosis.

She says it's impossible to estimate how many deaths have not been diagnosed as being due to asbestos following occupational exposure simply because of the arbitrary measurement of fibres found on victims' lungs.

She is delighted that in a report to the Department for Work and Pensions in July the Industrial Injuries Advisory Council recommended that a lack of fibres "should not be used to exclude a diagnosis of asbestosis". The report went on: "The occupational history should be the primary consideration in all cases."

**M**RS Tait, whose Darlington-born husband Bill died in 1968 of mesothelioma, fears a whole new generation of workers may be at risk of asbestos related diseases.

Those considered to be at risk include plumbers, gas fitters, carpenters, electricians, building and maintenance workers, and demolition workers, as well as ordinary people doing DIY in older homes.

Asbestos removal did not develop as a specialised, licensed industry until 1980.

The latency period also makes it impossible to measure the effectiveness of asbestos controls; it is "still too short for the development of mesothelioma amongst these workers to be measured" acknowledges an HSE report "Estimating the Future Burden".

The report goes on to say that, while regulations have controlled the presence of asbestos, it is "unreasonable" to assume that exposure to it in the UK is now zero.

As long as asbestos still exists and people are exposed to it at work, or at home, the risk to health continues.

### ASBESTOS-RELATED CONDITIONS

#### Malignant mesothelioma

ALTHOUGH a rare form of cancer, mesothelioma is the disease most commonly connected with asbestos because it's almost always caused by exposure to the substance, the body's normal defences being unable to expel its small, sharp fibres. It's a malignant and aggressive tumour that generally affects the thin surface membrane of the lungs (pleura) although it can also affect the abdomen (peritoneum) or the heart (pericardium). It can be caused by only a few months exposure to low levels of asbestos – even one fibre can kill.

Onset is usually longer than ten years from the date of exposure (the 'latency' period) but death usually occurs within 12-18 months from diagnosis. There is no cure.

**Symptoms:** pain in the lower back or side of the chest, a persistent cough, shortness of breath, a hoarse or husky voice, weight loss, sweating and fevers and difficulty swallowing.

#### Asbestosis

FIBROSIS scarring of the lungs from substantial exposure to asbestos resulting in reduced oxygen uptake to the bloodstream. Asbestosis can take 20 years or more to develop following exposure to asbestos. It may damage the function of the lungs so much that the condition progresses to respiratory failure.

**Symptoms:** increased breathlessness, especially when exercising, coughing, chest pain and tightness in the chest; sometimes nail abnormalities and clubbing of the fingers.

#### Asbestos-related lung cancer

IT is officially recognised that asbestos exposure can cause lung and other cancers because epidemiological studies of asbestos worker deaths show a high lung cancer rate. However, it's very difficult to say whether a specific cancer, other than mesothelioma, was caused by asbestos exposure. This is complicated further if the sufferer was a smoker at any time in their life.

#### Diffuse pleural thickening

A BENIGN lung condition that occurs when the lining of the lung, the pleura, hardens as a reaction to asbestos fibres. It can develop on one or both of the lungs. In severe cases it can restrict breathing. There is no cure and it can reduce the quality of life with extreme cases being life threatening.

# Helping to ease the pain

Claims for personal injury can be complex and may take years, but if your health has been put at risk in the workplace, compensation can help ease the pain. SARAH FRENCH reports

**T**HOUSANDS of people in the North East, who have dedicated years of their life to work, are facing up to early death because of the occupations they chose. Some may feel that coping with a potentially life-shortening illness is enough to bear without stepping into an apparent legal minefield to make a claim against their employer.

Others will suffer in silence because they don't want to be seen to be contributing to a perceived US-style "compensation culture" and fear accusations of greed. In reality, the number of civil compensation cases involving claims against employers has fallen every year for the past five years, with nine out of ten workers injured or made ill by their jobs receiving nothing.

For those who make a successful claim, compensation can run into thousands of pounds, to benefit not only the sufferer but also their closest relatives. It can cover loss of earnings and provide for medical care in the future.

Louise Binks, a legal executive with North-East regional law firm Blackett Hart and Pratt, says: "In committing ourselves to an employer and devoting a large part of our lives to them, we go to work in good faith believing the environment provided for us is safe and healthy.

"If an employer fails to act to protect you and as a result you develop a life threatening or life limiting condition, then it's right and proper that you should be able to claim compensation for their negligence."

Personal injury law is complex and specialist advice is usually required.

**L**OUISE works full time on occupational and industrial disease claims and has broad experience of representing injured workers. Along with the rest of the personal injury team at BHP, led by partner Blaine Ward, she is used to guiding clients through the process and gathering the evidence required to make a claim for the sufferer or their family.

Louise says once someone has decided to make a claim, having a professional, legal representative takes away the pressure.

"We make it as simple as possible for the client and manage the whole process from start to finish. We understand what clients need, we explain what is going on and what the client should expect," she says.

Making a claim begins with a telephone call with a dedicated personal injury lawyer who can assess the merits and facts of the case. There is also the opportunity for a free, initial interview, either at the law firm's office or at the client's home.

Louise says: "From that initial meeting we can assess the individual case and provide practical help."

Details required include any losses the client has suffered, personal details, details of the defendant,



Thousands of shipyard workers were affected by industrial diseases

their fate or diagnosis, and details of any medical treatment and financial information for funding.

As with all injuries or occupational disease, a victim must establish that their condition has been caused by their work and is due to fault on the part of their employer.

There are strict time limits on taking legal action, which must start within three years of the date when a victim first knew, or ought to have known, that they were suffering from a condition caused by their work. This can be a difficult date to pinpoint. For example, in claims for noise-induced deafness, people don't always realise their hearing has deteriorated as it is a gradual change.

It is important to get legal advice as early as possible to maximise your prospects of succeeding in a claim.

Some people are put off because claims can take many years to be concluded. "It does seem like a long time but it's important to manage a client's expectations and be realistic about the timescale. It is simply not true to say that cases take a few months to settle," says Louise. "There is a certain amount of investigation work and procedures that must be followed. Cases of the utmost severity, or those involving ongoing medical problems or multiple defendants, can take several years."

Sufferers with severe conditions will usually have their case dealt with by an award of lump sum compensation as a once-and-for-all settlement. The compensation is for the pain and suffering and disability, past and future.

Louise adds: "We can also claim for any past and future financial losses such as loss of wages or nursing care costs."

An award of provisional damages for less serious cases pays some compensation now and allows the victim to make a further claim in the future if their condition deteriorates or they develop other

conditions. Pleural plaques or pleural thickening may be dealt with by an award of provisional damages.

An award for special damages may also be made to compensate for all the specific financial losses both past and future which arise as a result of the illness and which are reasonably foreseeable. This includes medical expenses, bereavement awards, loss of earnings, loss of pension, care, aids and equipment, funeral costs, the cost of home improvements and even gardening.

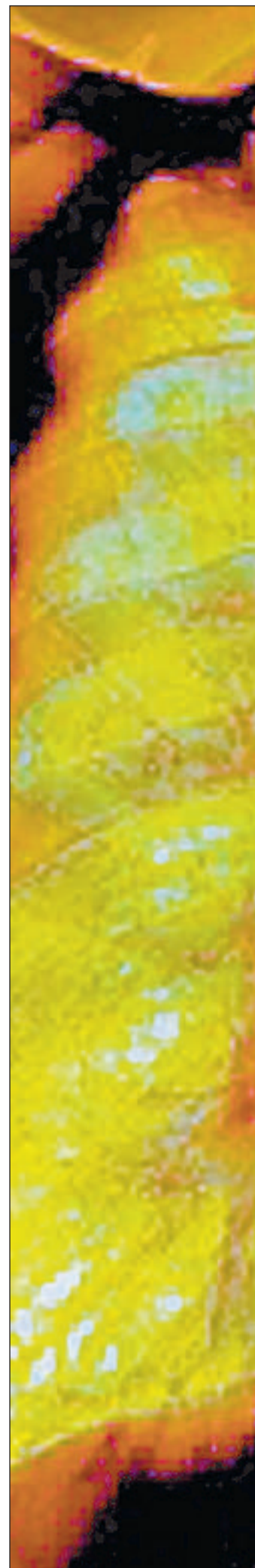
Where the victim dies, a claim can still be pursued by the widow or other dependants.

**I**N the case of asbestos, many people's exposure was many years ago and most of these companies have gone out of business, but this does not mean that a claim cannot proceed. Even when the business no longer exists it may still be possible to pursue a claim for compensation against the company or its insurers.

Anyone who thinks they have been exposed to asbestos fibre should get it noted on their GP's records. Doctors cannot predict whether someone will or won't become unwell; all that can be done is to record the event in case something indicates a problem later in life.

Occupational exposure should be recorded in accident books but these are not required to be kept long enough for them to be around if needed 40 years on. A letter from the employer recognising exposure should be sought and kept, although this may not be forthcoming. Evidence from colleagues at work can be crucial in proving asbestos exposure at a later date.

On top of any claim for compensation, sufferers of asbestos-related conditions may be entitled to Industrial Injuries Disablement Benefit and other additional state benefits.



Poor prognosis: a chest x-ray

**bhp** in association with  
**Blackett Hart & Pratt Solicitors**  
personal injury specialists

Operating to a strict code of conduct our compensation advice service provides a free initial assessment and direct contact to one of our local in-house specialist advisers who will usually remain with you throughout the duration of your claim. Home and hospital visits arranged if required.

**BHP - the local treatment you deserve.**



We have a dedicated team of personal injury lawyers located across the North East. Ask for our free guide about claiming compensation. Recommended for our industrial disease advice by the Legal 500, an independent commentator on European & U.K. law firms





showing damaged and diseased lungs

## LEGAL GLOSSARY



**6** If an employer fails to act to protect you and as a result you develop a life threatening or life limiting condition, then it's right and proper that you should be able to claim compensation for their negligence

– Louise Binks, Blackett Hart and Pratt

### 'No win, no fee' or a Conditional Fee Agreement (CFA)

**C** FAs were introduced in 1995 and extended in 1998 to all civil litigation with the exception of family proceedings and have enabled tens of thousands of people to bring claims, which previously they could not have afforded to do. A CFA is an agreement between a client and lawyer which means the client pays nothing if they lose a case. If they win, most of the costs can usually be recovered from the other side, including the uplift and insurance the client may have taken out to cover the costs in case they lost.

The key points to remember about CFAs are:

- If you lose your claim you will not have to pay anything;
- If you win your claim you will be liable for your costs and expenses but these will probably be paid by the other side.

In a 'no win, no fee' agreement your solicitor will only be paid if the claim is successful. They will also be entitled to an extra fee (known as a success fee). The basic fee and the success fee will usually be paid in whole or part by the losing party, thus leaving the winning party's damages largely intact. There are other incurred costs, such as court fees or the fee for a medical report, normally known as disbursements (see below) but the losing party should pay all or part of these.

If you lose, or if you and your solicitor both agree not to pursue the case further, you will not have to pay your solicitor's fees, but you will still have to pay the expenses (such as court fees or the fee for a medical report). You may also have to pay the other side's solicitors' fees and expenses. Insurance policies are available to protect you against this risk (see below).

### After the Event Insurance

THIS only applies when your solicitor is working under a 'no win no fee' agreement. It is arranged by your solicitor to protect you from having to pay your opponent's costs if your claim is unsuccessful.

### Costs

THE costs incurred in connection with your claim are usually calculated by applying an hourly rate to the amount of time spent. The hourly rate depends on the seniority and qualifications of the person dealing with the claim. The hourly rates should be set out in the Conditional Fee Agreement and are based upon rates that are generally allowed by the court if it ever becomes

necessary to have the costs assessed.

### Disbursements

DISBURSEMENTS are fees for obtaining medical records and fees for medical expert reports. Any incurred will usually be recovered on your behalf from the defendant when your claim is settled. Funding for disbursements can be covered under after the event insurance or legal expenses insurance.

### Insurance and disbursement funding

IT may be possible to take out a policy of insurance to protect you against your opponent's costs if your claim is not successful. You are only at risk of paying your opponent's costs once you have begun legal proceedings at court. There are two main advantages to taking out insurance at this stage:

- It is usually cheaper to take out insurance at an early stage. In addition, if your opponent contests your claim it is possible insurance will not be available at a later date;
- When taking out insurance it is also possible to obtain funding for the disbursements referred to above. In effect you borrow the money to pay the insurance premium and disbursements. If you win you should recover the premium and disbursements from your opponent, but you will have to pay interest on the money borrowed, which you cannot recover. However, if your claim fails, you do not have to pay anything; the insurance policy covers the premium and disbursements.

### Legal Expenses Insurance (Before the Event Insurance)

LEGAL expenses insurance covers the cost of legal proceedings – you might already have legal expenses cover and you should always check your other policies first so you don't risk taking out insurance unnecessarily. Your policy should provide details of the types of claim it will cover and the limitations on it. If you are looking to bring legal action or defend a legal claim, take your policy documents with you when you go to see your solicitor. They can help you work out whether you have legal expenses insurance.

Insurance companies are obliged to allow you to use your own solicitor if court proceedings have actually started. If court proceedings have not begun, the insurer might request that you use a solicitor of their own choice. However, if you are unhappy with their choice, you can raise the matter with the insurer – they may be flexible on this.

We provide specialist advice concerning all types of occupational disease claims including:

- Asbestos related diseases
- Noise Induced Deafness
- Vibration White Finger
- Occupational Bursitis
- Occupational Asthma

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No call centres. No fuss.

**BHP - the local treatment you deserve.**



**Currently assisting over 1800 claimants to pursue their claim for compensation. We operate on a No Win, No Fee\* basis.**

A number of our specialist lawyers are members of The Law Society Personal Injury Panel and the Association of Personal Injury Lawyers. \*some expenses may be payable



# Blackett Hart & Pratt Solicitors

caring for you and your family



The dedicated team of personal injury lawyers and advisers at Blackett Hart & Pratt are here to help in the event that you, a family member or friend are injured or suffering illness through no fault of your own as a result of an occupational/industrial disease or accident.

Operating to a strict code of conduct our compensation advice service provides a free initial assessment and direct contact to one of our local in-house specialist advisers who will usually remain with you throughout the duration of your claim.

If a claim for compensation results from our assessment, our specialist advisers will guide you through the entire process to a hopefully successful conclusion where an award for compensation is made. Our service does not end there however as we can also advise on the financial implications of receiving any substantial settlement and with the help of our independent financial advisers provide additional advice on how best to make use of your compensatory award whilst also protecting any means tested benefits you may be receiving.

A number of our team are recognised for their advice by the Law Society Personal Injury Panel and the Association of Personal Injury Lawyers.

Meet some of the members of our dedicated personal injury team who are currently assisting over 1800 claimants across the North East.



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We provide specialist advice concerning all types of occupational disease and other personal injury claims including:

- Conditions such as Mesothelioma, Lung Cancer, Pleural Plaques, Asbestosis
- Vibration White Finger
- Occupational Asthma
- Noise Induced Deafness
- Occupational Bursitis

Due to the specialised nature of these types of claims you are best advised to seek the expertise of a specialist dealing in industrial disease cases. BHP have a number of specialist advisers in this field.

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By calling free you will be connected to our nearest local office and put directly in touch with one of our specialist advisers.

**For advice on accident, injury & industrial disease claims or visit our website at [www.b-h-p.com](http://www.b-h-p.com).**

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**Easington, at the heart of the former County Durham coalfield, is top of the league when it comes to compensation for former pitmen, reflecting the national importance of the Durham coalfield during the mining's heyday**

**Former pitmen turn up to a meeting to talk about health issues**



**W**HEN machines replaced the hewing of coal by hand, it seemed mining had finally entered the 20th Century. Production rocketed as the machines cut through the coal like knives through butter.

But it soon became clear that this major 'advance' carried a catastrophic downside.

The same machines threw up clouds of choking dust which the miners drew into their lungs with every breath. Blasting underground seams left them for days afterwards tasting and coughing up the filthy dust from coal, stone and even rust from the machines.

Eventually changes were introduced in the pits as more evidence came to light linking coal dust with lung disease but they came too late for thousands of older pitmen.

Today many across the North-East fight a daily battle simply to draw breath. For many more their suffering is over as they have succumbed to emphysema, pneumoconiosis, bronchitis and other chronic respiratory diseases.

Easington, at the heart of the former County Durham coalfield, is top of the league when it comes to compensation for former pitmen, reflecting the national importance of the Durham coalfield during the mining's heyday.

Government figures show that £82.7m has been paid out so far to 11,813 ex-miners and their families in east Durham to compensate them for the suffering caused by industrial diseases.

Other North-East areas in the table were Wansbeck, in Northumberland, where 7,381 claims have resulted in £46.7m of payouts, and Houghton and Washington East, where 5,320 claimants have received a total of £36.6m in compensation so far.

Emphysema had been a recognised disease for hundreds of years but the link with mine workers is a much more recent discovery. Until 1970, smoking and poor air quality because of industrial pollution were blamed.

It wasn't until September 1993 that industrial injuries disablement benefit was introduced for coal miners suffering from emphysema and chronic bronchitis who could demonstrate a specified level of lung function impairment and had a minimum of 20 years underground exposure to coal dust.

More than 4,000 people were assessed for benefit up to the end of 1994. Since then new

# Fighting for breath – and compensation

Many retired miners across the region fight a daily battle to draw breath, a lasting and sometimes deadly legacy of their working lives

cases of chronic bronchitis and emphysema appear to have levelled off with claims for benefit now at around 400 per year.

Meanwhile the number of deaths with pneumoconiosis as the underlying cause fell in 2000 and 2001 to 279 and 240 cases respectively, but rose again to 271 cases in 2002. Deaths are on a long-term downward trend despite this recent blip, according to the HSE.

The massive increase in numbers making claims for respiratory disease compensation under the British Coal Respiratory Disease Litigation (BCDRL) Scheme (570,000 compared with the 100,000 predicted) caused a huge logjam in cases being resolved.

However, the courts have ordered claim handling to be speeded up for living miners. To qualify under the "Fast Track Offer Scheme" ex-miners must have been for a lung function test (spirometry) but must not have had a full medical examination (claims of those who have already had a full medical examination will proceed under the old system).

For relatives of miners who have already died, a similar fast track scheme is due to get underway later this year in the case of deaths from chronic bronchitis only.

Solicitors can advise in both these cases. Miners struck down with debilitating lung conditions are just one part of the story when it comes to severe chest problems caused by or made worse at work.

Pneumoconiosis is a feature of other industries, including quarrying, foundries and potteries, where silica is the predominant cause.

In spite of the tragedy of the miners, chest conditions continue to plague the workplace today.



**Coal mining: a way of life many men in the region are proud to be associated with, but which has left thousands in bad health**

Occupational asthma, a lung disease in which the airways overreact to dusts, vapours, gases, or fumes that exist in the workplace, is the most frequently reported occupational respiratory disease in Great Britain, with an estimated 3,000 new cases per year. It's estimated that more than two million workers in a range of industries potentially may be exposed to agents known to

be associated with asthma and may cause irritation in susceptible people.

Workers most likely to develop the disease are those with a personal or family history of allergies or asthma and who are frequently exposed to highly sensitising substances.

A group of chemicals known as isocyanates, used by printers, chemists, is responsible for the highest proportion of new cases of occupational asthma, according to SWORD (Surveillance of Work-related and Occupational Respiratory Disease) and the Department for Work and Pensions. Vehicle paint sprayers are most at risk – the incidence rate for occupational asthma in 2001-3 for them was 80 times the average for all jobs.

As the next most common risk agent, flour and grain put bakers at risk, followed by carpenters, welders and anyone exposed to metal working fluid such as turners, grinders, tool setters and maintenance engineers.

Latex has continued to decline as an underlying factor in causing occupational asthma, both in percentage terms and numbers, probably because latex gloves used by health care workers, nurses, police officers continue to be substituted for an alternative.

The HSE says almost all cases of occupational asthma can be prevented by use of adequate controls.

A small number of people are assessed each year for allergic rhinitis, defined as or ulceration of the upper respiratory tract or mouth and caused by exposure to harmful dust, liquid and vapour.

Farmers and vets form another group of workers most prone to allergic alveolitis, the general term for diseases characterised by an allergic reaction to organic material. Farmer's Lung, which arises from the inhalation of dust or spores arising from mouldy hay, grain and straw, is the most common form of the disease.

## LUNG DISEASES AND CHEST CONDITIONS

**Emphysema** – the air sacs (alveoli) of the lungs, through which oxygen is absorbed into the bloodstream, become enlarged, damaged and lose their elasticity. Air becomes trapped and the lungs over-inflated so sufferers struggle to force air in and out. The main symptom is disabling breathlessness, as well as fatigue and weight loss.

**Chronic bronchitis** – the bronchi, the main airways that lead from the trachea (windpipe) into the lungs, become inflamed.

Chronic inflammation causes excessive amounts of mucus – also known as phlegm or sputum – to be produced by the bronchi. This mucus then blocks the airways and air sacs reducing the amount of oxygen available to the lungs, causing breathlessness.

The condition is often made worse by infections such as colds and flu and a slow deterioration is likely.

**Treatment:** there is no cure for Chronic Obstructive Pulmonary Disease (combined chronic bronchitis and emphysema) and any damage to the lungs is irreversible. Quitting smoking and avoiding dusty and smoky environments may slow down the progression of the disease.

**Pneumoconiosis (excluding asbestosis)** – disease of the lungs caused by the inhalation and

accumulation in the lungs of dust, especially from coal, asbestos, or silica. Inhaled particles make the lungs gradually fibrous, making breathing difficult. Over many years the condition causes severe disability.

**Asthma** – Occupational asthma occurs when workplace exposures to particular substances result in a biological change in a person's airways, known as the hypersensitive state, so that subsequent exposure to the same substance triggers an asthma attack. Once the airways become hypersensitive the disease is irreversible.

Prolonged exposure over months or years can lead to chronic long-term lung disease including chronic bronchitis, pulmonary fibrosis and emphysema.

Symptoms include coughing, wheezing, breathlessness and a tightness in the chest and disturbance of sleep; in severe cases, impaired physical activity and quality of life, and grossly restricted employment prospects.

Studies show that in most cases asthma develops in six to 12 months but may occur within ten days of the exposure or even after as long as 25 years later.

Indicators of occupational asthma include a cough or wheeze that improves away from work, working in a high risk occupation, worsening of pre-existing controlled asthma and newly diagnosed asthma in an adult

The new Government television advertising campaign, which uses shock tactics to point up the dangers of passive smoking



# The real cost of smoking

Breathing in second hand smoke at work currently kills three times more people every year than die in 'conventional' industrial accidents

**W**ERE a stranger to walk into a town centre pub and release radioactive poison over drinkers standing at the bar, he'd be considered a terrorist armed with chemical weapons.

Security would be stepped up with bag searches for customers and perhaps a drop-down safety shield to protect staff behind the bar in the future.

Yet bar workers are exposed every day to toxic fumes, including radioactive polonium 210, released around them by the smokers who come into their pub. Long-term, continued exposure to chemicals like arsenic, benzene, embalming fluid and rat poison, which are among the 120 officially classified poisons in cigarettes, can prove fatal.

Breathing in second hand smoke at work kills three times more people every year than die in "conventional" industrial accidents – that's 600 people whose deaths were avoidable and whose lives cost nothing to protect.

Death by second hand smoke is rarely talked of in the same way as emphysema or mesothelioma, but it is considered an industrial disease.

Darcy Brown, stop smoking advisor with Darlington Primary Care Trust, says employers can no longer claim ignorance when it comes to protecting their staff from other people's cigarette smoke.

"Employers have a duty to act and prevent exposure to smoke. The Health and Safety at Work Act says employers must take all reasonable steps to protect their staff from risk," she says. "If you are knowingly allowing your staff to be exposed continuously to the 60 cancer-causing chemicals in cigarettes then surely you are breaking the law."

As well as inhaling multiple carcinogens, chemicals in cigarettes also break down the body's immune system to fight the poisons.

The biggest cause of death among smokers and those who breathe in smoke are heart attack and stroke caused by carbon monoxide, which has been shown to reduce blood flow to the heart within 30 minutes of exposure to smoke.

The NHS says more than 80 per cent of cases of chronic obstructive pulmonary disease are due to cigarettes and 25,000 limb amputations are carried out every year on smokers.

Some studies have found that the greater your exposure to second hand smoke at work, the greater your risk of lung cancer – for those exposed for more than 21 years, the risk of cancer increases by 25 per cent.

They are claims challenged by smokers' lobby group FOREST, whose supporters include TV chef Anthony Worrall Thompson and artist David Hockney. FOREST's president,

Lord Harris of High Cross, says worldwide studies over 25 years have failed "spectacularly" to establish any "significant link between lifetime exposure to environmental tobacco smoke and lung cancer in non-smokers".

For an employee to prove their health problems are a direct result of second hand smoke is not easy, but successful cases have been brought.

Michael Dunn was reportedly paid up to £50,000 by a London casino in an out-of-court settlement after claiming he developed asthma because of passive smoking at work.

In 1993, Stockport Council had to pay £15,000 when years of passive smoking at work was shown to have caused Veronica Bland's chronic bronchitis.

Already behind New York, Ireland, New Zealand and Australia, the Government's public consultation exercise on smoking in public places ended earlier this month. Submissions have been made on four options including allowing the voluntary smoking ban approach to continue and handing down responsibility for smoking policies to local authorities.

A ban with exemptions for premises that don't sell food is another option. In Darlington, for example, this would mean 48 per cent of pubs would be unaffected and smoking would continue.

"The purpose of any change is health improvement," says Mr Brown, "but if this option were chosen it would actually widen the current inequalities in health. The majority of premises that would fall into this category, where the workforce and customers would continue to be unprotected, are in areas of the town which already have a poor health record."

His view is backed by the Trades Union Congress, which is also pushing for an outright ban. The TUC says: "The current legislation which exempts pubs and bars not serving food, will leave workers who need it the most (in approximately 30,000 pubs and private clubs) no better protected. The absence of a full ban will also have a disproportionate impact on the North-East which has more of these pubs and clubs than most other parts of the country."

The option favoured by the Smoke Free North-East campaign is a ban on smoking in any enclosed public place. Mr Brown says: "This would essentially cover most places of work and would therefore offer equal protection to everyone, including people who work in the hospitality industry."

"If the government follows our recommendation, the majority of work places would become smoke-free. In those circumstances I have no doubt that employers will see reduced absenteeism, increased productivity and reduced costs in areas like insurance and cleaning."

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Road construction can lead to problems

### MUSCULOSKELETAL

THIS is by far the biggest problem in terms of number – in 2001/2, more than 1.1 million people reported a musculoskeletal disorder which they believed was caused or made worse by their current or past work.

It includes bone, joint and muscle problems affecting the spine and limbs often in people whose jobs involve carrying, lifting and manufacturing but also office workers who do a lot of computer work.

Among the employees most prone are metal plate workers, shipwrights and riveters, who show an annual average incidence rate that is 40 times the average for all occupations, followed by typists (18 times the average) and road construction workers (16 times).

### MENTAL HEALTH

OCCUPATIONAL stress and mental illness has become one of the most common causes of work sickness absence. In 2001-02, more than half a million people said they were suffering from a level of work-related stress that was making them ill.

Members of the armed forces, medics, teachers, prison officers and police officers are among those most likely to be affected.

Consultant psychiatrists have reported that NCOs and other ranks in the armed forces come out on top with incidence of work-related mental ill health in 2001-03 at 15 times the overall average.

There are six main categories of illness reported to Surveillance of Occupational Stress and Mental Illness (SOSMI): anxiety/depression, post-traumatic stress disorder, other work related stress, alcohol and drug abuse, psychotic episode, and others which include chronic fatigue syndrome, obsessive compulsive disorder and agoraphobia.

Sufferers have reported a number of different reasons they believe have caused or aggravated their disorder, one of the most commonly for anxiety/depression being workload and change.

For post-traumatic stress disorder the effects of witnessing events, for example by staff in the emergency services, are often reported.

In cases of reported drug and alcohol abuse the causes are often attributed to the stress of the job, but they also may be related to occupations where the substance is easily available to the patient.

A recent TUC survey revealed that more than 50 per cent of workers believe their employers are unaware of the extent of workplace stress. Employees felt they were not getting the support they needed to cope, leading to stress-related problems developing into more serious mental health conditions.



An Indian head massage at a stress-busting day arranged by Stockton Council

# The shape of things to come

The industrial nature of the North-East has changed out of all recognition over the past 50 years, but new jobs can sometimes bring new problems with them. SARAH FRENCH reports on modern work-related illness



Florists are prone to skin problems while acoustic shock can affect call centre workers

### SKIN DISEASES

ACCORDING to Epiderm, run by the Health and Occupation Reporting Network and funded by the Health and Safety Executive, from 1993-1999 an estimated total of 12,574 new cases of occupational skin disease was reported by consultant dermatologists, nearly 10,000 of which were contact dermatitis. It's believed that more than 60,000 people suffer from work related skin disease in Great Britain.

Florists and floral arrangers are among those most affected, about 14 times the average. Beauty therapists and hairdressers are also prone to skin diseases.

Dermatitis and eczema can be caused by exposure to chemical irritants such as solvents and cutting fluids, so labourers involved in the manufacture of basic metals, oil and gas extraction, grinding machine setters and operators, and printers are also considered to be at risk.

Clues to a work related cause include: the complaint erupting following exposure to a substance at work, improving when the employee is away from work and recurring when exposed to that substance upon returning to work; the condition appearing on areas of skin which have been exposed to a particular substance at work; and other people working with the substance having similar skin symptoms.

### HEARING LOSS

INDUSTRIAL deafness is a recognised industrial disease which is triggered by prolonged exposure to excessive levels of noise. If you have worked in any noisy occupation after 1963 without ear protection and now find difficulty in hearing others speak or suffer from noises or ringing in your ears or have experienced temporary deafness you may have a claim.

Industries most frequently associated with sensorineural hearing loss include a variety of manufacturing industries, the construction trade, public administration and defence, of which 88.9 per cent of cases relate to the armed forces.

Sensorineural hearing loss can be classed as mild, moderate or severe. Other categories include tinnitus (mild or severe), balance problems and tympanic disorders.

### ACOUSTIC SHOCK

AN acoustic shock incident is defined by the Health & Safety Executive as a sudden increase in high frequency noise transmitted through a headset, usually caused by interference on the telephone line.



In the working environment, it is most commonly associated with call centres. It is said to cause tinnitus (ringing in the ear), temporary hearing loss or even deafness as well as depression, stress and anxiety.

The vast majority of call handlers in call centres wear headsets which contain built-in protection against high noise levels.

However, evidence of symptoms ranging from numbness and tenderness around the ear to hypersensitivity to sound found in Australian and Danish call centre workers was presented to the first international acoustic shock conference held in Australia four years ago.

According to the Call Centre Management Association Acoustic Safety Programme, there have been 400 legally represented compensation claims in the UK resulting in payouts totalling £2m.

Its chairman, Marcus Quilter, says: "The fact is that acoustic shock is real, it is happening today and it has the potential to present serious and damaging costs to our organisations."

It's still early days for acoustic shock, with staff having little knowledge of how to recognise it or what the long term effects may be. The HSE recommends that the industry keeps up to date with any future developments.

### TOXIC MOULD SYNDROME

TOXIC mould is an increasing source of litigation in the United States and Canada where there have been a number of high profile court cases from people claiming to have suffered ill health as a result of exposure.

Mould grows in damp, warm conditions and concern has grown in the UK since the apparent increase in the frequency of home flooding incidents.

The Royal Institute of Chartered Surveyors (RICS) says toxic mould is estimated to affect well over three million homes in the UK. Of particular concern is *Stachybotrys Chartarum*, which is believed to cause asthma and allergies.

Materials such as wood, paper, wallboard, ceiling tiles, thermal and acoustic insulation materials, furnishing fabrics, even masonry and plaster will support mould growth providing sufficient moisture is present.

Leaks from plumbing and heating, ventilation and air-conditioning systems can be sources of mould growth in buildings.

Warnings have gone out to surveyors about the health and financial risks associated with toxic mould, although the jury is still out on how widespread the effects will be.

## When the cash comes in...

**A**FTER three years of meetings, documents and medical examinations, you have heard finally that your claim has been successful and a cheque is on its way.

No one would blame you now for simply wanting to get on with your life.

However, succeeding in a compensation claim shouldn't be the end of the story.

For some people, finally getting the money they've been fighting for can create a whole new range of worries – What to do with the money? How long can I make it last? What if my condition gets worse? Will I still receive benefits?

For example, if you receive compensation, even an interim payment, it will usually cut any means-tested benefits. And not being in receipt of benefits can stop other free services such as free prescriptions.

For many successful claimants, placing their compensation into a Personal Injury Trust offers a solution to protecting their money. It can be protected from any means-tested benefits and/or the cost of long term residential care or nursing home fees.

A Personal Injury Trust is arranged prior to receipt of compensation.

The beneficiary appoints their own trustees who are responsible for administering the trust fund for the benefit of the claimant during their lifetime.

There should be at least two trustees who can be family members, independent professionals and/or a solicitor. Careful consideration should be given to the choice of trustees to ensure they can be trusted to look after the beneficiary's interests.

While means-tested benefits will usually meet the normal expenses of daily living, such as gas, water and electricity, food, mortgage interest, council tax, most rents and certain payments for residential care, once arranged the beneficiary can access the trust fund for other purchases such as a house, car or holidays.

The trust fund can also be used to pay for any legal or financial advice.

Other important things to bear in mind if you receive compensation are:

**Wills** – as well as having your own will, the wills of relatives or other people who might leave something to the compensated person must be worded correctly to avoid accidental loss of means-tested benefits.

**Enduring power of attorney** – these are documents where you appoint someone to look after your property/finances that are not held inside the Personal Injury Trust. It is vital if you become mentally or physically incapable and can be arranged at the same time as your Personal Injury Trust.

Stewart Thompson, an independent financial adviser with Blackett Hart & Pratt in Darlington, said: "We always recommend that you seek professional, independent advice before making any firm decisions on what to do with your compensation. The aim is to make the compensation work for you and to maximise this to maintain the best quality of life you can and to give you peace of mind in the future."

● For independent financial advice, contact Blackett Hart & Pratt on (01325) 466794 or 0191-3840840.

Advertising Feature

## Tilly Bailey & Irvine Asbestos Sufferers Win Landmark Case

Insurers and self-insured companies in heavy industry are counting the cost of a landmark decision passed down at Newcastle Crown Court earlier this year.

The decision related to the medical condition, Pleural Plaques, which is scarring of lung tissue caused by exposure to Asbestos fibres. Although in the majority of cases the scarring does not cause any long-term problems it is evidence of exposure and in a small percentage of cases individuals may develop a more serious condition that can prove fatal.

Mr Justice Holland found that pleural plaques should be compensated for, because the risk of developing a full-blown asbestos-related disease was increased and therefore the plaques lead to anxiety.

“The uncertainty of a sufferer’s fate causes unnecessary stress and impacts directly on their quality of life. It’s because of this Sword of Damocles hanging over innocent

victims that compensation has been granted,” confirmed John Hall, Head of Personal Injury at TBI, one of the North’s largest law firms specialising in industrial disease claims.

TBI have a number of cases ongoing and clients will be relieved with the decision. Compensation limits have however been reduced. For a confirmed case of pleural plaques a client can claim from £4,000 for a provisional payment to £7,000 for a full and final settlement. Historically the amounts were between £5,000 and £15,000. A provisional award leaves the door open for a further claim if their condition deteriorates.

There are approximately 14,000 cases reported each year with a high proportion in the North of England due to the regions legacy of shipbuilding and heavy industry.

If you require further information call John Hall 0800 0526824.



**“Families who have suffered as a result of health problems caused by their working environment can **claim compensation** of between **£4,000** and **£50,000+**”**

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If you think you may be entitled to claim compensation, call your local industrial injury specialist  
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OFFICES THROUGHOUT TEES VALLEY - HOME VISITS ON REQUEST

# 'Make exercise a family affair'

Olympic gold medallist Sally Gunnell has always been fanatical about sport and keeping fit, but her focus has now changed from her own fitness to her family's, she tells CHRISTINE FIELDHOUSE



## STAR TIP

Try all different sports. So many people specialise early on in a particular event or sport, and by the time they get to 18 they hate it... I didn't find the 400m hurdles until I was aged 22, so you just never know which event you're going to be best at

IT MAY be 13 years since Sally Gunnell made sporting history in Barcelona, but she has never rested on her laurels. The 400-metre hurdler is still passionate about sport and healthy living and now has a new goal – to spread the word to Britain's youngsters.

As mum to three boys, she knows first hand the challenges parents face in bringing up their children. For her two older boys Finley, six, and Luca, four, exercise has been a way of life since they could walk. Sally, the only woman in history to have concurrently held all four major championship gold medals – Olympic, World, Commonwealth and European – has set up a mini hurdles course in the family's barn for the youngsters. Baby Marley is presently excused physical education – he's just seven months old!

"I did an athletics course for Finley's primary school and it was scary how some children couldn't even run 100 metres without getting out of breath," says Sally, who has been married to Jon Bigg, a former 800-metre runner since 1992. "They just don't do the sport and they're not as active as we used to be. If you make exercise a way of life, children don't question it.

"Finley has a Playstation but I ration his time on it. He doesn't go on before school, and after school he's too busy with other activities. He usually manages a couple of hours at the weekend.

"The boys do a lot of sport already. Finley loves football, tennis and swimming, while Luca, like my husband Jon, loves skate-boarding. Jon took him to a skateboard park and suggested they watched the teenagers, but Luca insisted on performing. He's a real poser."

The boys already have incredibly active lives, whether they're on family bike rides to Brighton from their home at the foot of the South Downs in West Sussex, or out on an adventure climbing trees. Even if they're staying at home, they enjoy exercising on their giant trampoline in the garden or simply playing ball games.

"They love it when Jon and I go out and kick a ball around with them," laughs Sally, 38, who retired from competing in 1997. "They also love climbing trees. I know we're going to have some broken arms at some point. It's all part of being a boy.

"We've already had a few bruises, but I just use natural products on the boys. I love the Nelsonbach range with arnica for bruises and use the travel sickness remedy for Luca. I'd hate my boys to miss out on activities because of the fear of getting injured or sick."

The word "natural" crops up a lot when Sally talks about her family's health. They try and eat as much organic food as possible, use natural remedies for illnesses and get plenty of fresh air.

"I want them to do sport, and if they want to do athletics, that's fine," says Sally, who, as a BBC sports commentator, was the first person to interview Kelly Holmes after she won two Gold medals

at the Olympics.

"I love building assault courses round the garden for them. The little coloured cardboard hurdles and foam javelins have been a great success. Even now Finley is fast and he's so competitive. They have natural running styles which are lovely to watch. But then I can remember being good at running when I was five.

"I'm very keen on keeping them as healthy as possible. They wouldn't eat junk food and it's scary how many children eat chicken nuggets, pizzas and chips. My problem is getting my boys to sit down and eat. They're so active."

Sally sounds as though she has mastered the art of healthy living for her boys, but how can parents switch to a healthy lifestyle?

"It has to be done gradually so it becomes second nature," advises Sally. "Finley doesn't like vegetables all that much so I have to disguise them in spaghetti for him. But he likes fruit while Luca likes vegetables. They're allowed their treats. Their big downfall is cookies in the evening with their milk, and trips to the sweet shop now and then.

"It's easy and fun for the whole family to do exercise together. We often just get our bikes out and cycle down to the seafront in Brighton or other beauty spots. We make family outings interesting – my boys love interactive museums and theme parks where they can have fun. They loved our trips to the Science Museum, the Imperial War Museum and Legoland.

"Or we go to parks with a group of friends or we walk in the woods and explore and climb trees. If exercise becomes fun, children will do it, and love it. They're really into castles as they're great for climbing!"

SALLY also encourages Finley to do after-school activities such as swimming and tennis. "If he still has energy after that, he rides his bike or has a bounce on the trampoline. His balance was wonderful when he came to ride a bike because of all the time he'd spent bouncing on the trampoline."

Sally runs motivational courses from her home as well as carrying out her broadcasting work commitments, but is keen to remain active even on holiday. "We go to France to ski," she says. "Luca has just started skiing but Finley has been three or four times and he's amazing," says Sally. "I enjoy a gentle ski down with a nice cup of coffee at the bottom. We sometimes go to resorts where there are kids' clubs. Finley, in particular, wants activities. He doesn't want to sit around with us on a beach.

"I'm definitely a boys' mum. Jon and I make boys and I've accepted that now. I'm not a pretty flowery sort of person and any girl I had would have been the biggest tomboy in the world. I'm really looking forward to going on adventure holidays when they're older. I can see us all going white water rafting. Now that will be exciting."



**T**HIS month students all over Britain are enjoying Freshers

Week and starting their university studies. For many, it will be their first taste of independence, but just how well are they looking after themselves? We asked two North-East students to keep a diet diary of their first week away from home last year. The results were alarming – as dietician Dr Carrie Ruxton discovered.

Steph Goodall, 18, from Northallerton, North Yorkshire, is studying for a BA in Secondary Teaching in Physical Education at Manchester Metropolitan University at Crewe. She lived in a hall of residence on campus during her first year and shared a kitchen with ten students. Each week Steph had £33.65 to spend on meals in the campus cafeteria. Steph is 5ft 9ins tall and weighs 8st 9lbs.

Beth Pilgrim, 19, from York, is studying for a BSc in Sociology at Northumbria University in Newcastle-upon-Tyne. Beth lived in a hall of residence, where she was self-catering and from October she will be sharing a flat with three other students. Beth is 5ft tall and weighs just under 8st.

**Steph Goodall:** never has to worry about overeating

Pictures: RICHARD DOUGHTY





# A week in the life of a student stomach

CHRISTINE FIELDHOUSE asks two students to keep a diet diary during their first week away from home to see just how intelligent they are when it comes to nutrition

## STEPH GOODALL

I WAS in catered halls of residence so I got a meal card at the start of each week and I punched it in the machine whenever I 'bought' something to eat in the cafeteria.

"I absolutely love food, and I've never had to worry about overeating. I'm a size eight and seem to be able to eat whatever I like. I only ever eat when I'm hungry and prefer to snack than have set meals. On my first day, after the pub meal, I was so homesick I couldn't face any more to eat after my mum and dad left.

"I'm quite a fussy eater. I drink bottled water, will eat only fresh fruit and I don't like vegetables. I had a shelf full of chocolates that people bought me before I left home, and they lasted me ages. I don't really like alcohol that much as I hate that morning-after feeling. I prefer to have a glass of Coke and drive home. Fruit drinks are much nicer than alcohol. I don't even like coffee or tea.

"I think I should have set meals, but there's no point eating when I'm not hungry. I am quite a thirsty person and have been tested for diabetes, but the tests showed I was fine.

"My downfall is sugary things – I

love jelly sweets. I regularly try to cut down on them. Even though it was Freshers' Week, I think this diary will be a typical week now I'm a student. My second year will be slightly different as I'll be sharing a student house and buying my own food, but I'll be eating roughly the same types of food."

**Dr Ruxton says:** "Despite not liking alcohol much, Steph packed away 21 units in a week, which is the maximum recommended level for women. She has a lot of soft drinks on top of this, pushing her 'liquid calorie' intake to around a quarter of her daily energy needs. Her calorie intake from alcohol and soft drinks is 3,710 over the week.

"Steph had an average of two and a half portions of fruit and vegetables a day – half the recommended amount. She seems to be trying hard with fruit and vegetables but should try some different types of vegetables like raw carrots, cucumber or peppers to see if she likes them.

"The rest of her diet is fairly high in fat. If Steph had regular meals, this would help her to avoid too many snacks."

## STEPH'S WEEKLY DIET

### Day 1

hot beef baguette with gravy and roast potatoes (pub)  
two glasses of coca cola  
one bottle of flavoured water  
one vodka blackcurrant and lemonade

### Day 2

bacon sandwich (café)  
two glasses pure orange juice  
mild curry super noodles (home-made)  
two glasses of white wine  
two vodka blackcurrant and lemonade drinks  
one Reef  
one shot of Aftershock  
one Taboo and Lucozade

### Day 3

bacon, sausage, egg, hash brown sandwich (cafeteria)  
bottle of coca cola  
bottle of Fanta

chocolate Twirl  
two fruit shortcake biscuits  
Muller fruit corner yoghurt

### Day 4

two crackers with Philadelphia light cheese  
an orange  
bottle of Ribena Light  
bottle of Ribena  
strawberry milkshake  
sausage roll (shop bought)  
cheese puff pastry roll (cafeteria)  
one Reef  
one orange juice  
one glass of wine  
one raspberry calypso

### Day 5

one glass pure orange juice  
two apples  
two crackers with Philadelphia Light  
bottle of Ribena  
three Jaffa cake biscuits  
one fruit salad (cafeteria)  
one hot chocolate  
beef curry with

rice (cafeteria)  
one glass of pure orange juice  
one bottle of lemon Fanta

### Day 6

two slices of toast, one white, one brown, with margarine  
one glass of pure orange juice  
tomato soup with white bread roll (cafeteria)  
one bottle of mineral water  
one cod with sweetcorn (cafeteria)  
Lucozade sport (mixed berry)  
half a bottle of white wine  
three Reefs  
one Aftershock

### Day 7

two apples  
one glass of pure orange juice  
sweet and sour noodles (home-cooked)  
portion of blackberries  
portion of raspberries

## BETH'S WEEKLY DIET

Beth drank four or five glasses of squash per day.

### Day 1

Breakfast: orange and pineapple squash  
Lunch: lasagne and chips, with glass of Coke (restaurant)  
Tea: peanut butter on toast with a glass of white wine  
Drinks: three bottles of Smirnoff Ice  
Late night: McDonalds cheeseburger happy meal with Coke

### Day 2

Breakfast: Rice Krispies with semi-skimmed milk  
Mid morning: samples of chocolate and cheese at Freshers' Fair  
Lunch: pasta with tomato and basil sauce  
Tea: pasta with tomato and basil sauce with grated cheese and two glasses of wine  
Drinks: four bottles of Smirnoff Ice  
Late night: two slices of bread and butter with glass of water

### Day 3

Breakfast: Mars Delight bar  
Lunch: tomato soup with two slices of bread and butter  
Tea: cheese and tomato toastie

## BETH PILGRIM

I EAT when I'm hungry and I'm always hungry! This year I've quite enjoyed looking after myself. At home my mum cooked all my meals so shopping for food and making it has been fun.

"I always eat breakfast and cereal's my favourite. I find if I have breakfast, it sets me up for the rest of the day and I snack less. I had more junk food than normal in this week but that was because it was convenient. Since I have been on a student loan I've gone for junk food because it's cheap and tempting on your way home after a night out.

"I've never been seriously worried about my weight, though I dieted and lost about 4lbs for a holiday last summer. This was an untypical week for me – I would never normally drink that much.

"I quite like cooking and I cook things from scratch, not with packet mixes and sauces. I think I should probably eat more meat and more fruit and vegetables. Chocolate is my big downfall – I love it."

**Dr Ruxton says:** "Beth probably has the best diet of the two students. She eats breakfast cereals most days and a lot of pasta. However her fruit and vegetable intake are far too low and her alcohol intake is high. She has an average of one and a half fruit and vegetable portions a day and 37 units of alcohol (16 more than the recommended number for women).

"More variation on her menu would help and help is at hand from books and Internet sites which cover eating on a budget."



**Beth Pilgrim: always makes sure she eats breakfast**

Drinks: two glasses of white wine, three glasses of Archers and lemonade

### Day 4

Breakfast: Rice Krispies with semi-skimmed milk  
Mid afternoon: packet of crisps  
Tea: pasta with tomato and basil

sauce with grated cheese and three glasses of wine  
Drinks: one Smirnoff Ice, two Archers and lemonade

### Day 5

Breakfast: Rice Krispies and semi-skimmed milk  
Lunch: tuna and sweetcorn sandwich with bottle of Ribena  
Tea: beans on toast with four glasses of white wine  
Drinks: three glasses of Archers and lemonade  
Late night: hot dog and chips (from burger bar)

### Day 6

Breakfast: Rice Krispies and semi-skimmed milk  
Lunch: pasta with tomato sauce with grated cheese  
Tea: lasagne with garlic bread (in bar), double Archers and lemonade  
Drinks: two glasses of white wine, four Archers and lemonades  
Late night: packet of Hula Hoops and a Mars bar

### Day 7

Breakfast: Rice Krispies with semi-skimmed milk  
Lunch: lasagne and garlic bread and salad, with glass of Coke  
Tea: tinned spaghetti on toast

## CONCLUSION

**D**OCTOR Ruxton, a public health nutritionist, who specialises in young peoples' health and nutrition, says: "These students had lots of fat, too little fruit, too few vegetables and no oily fish.

"High fat foods include pastries, pies, fried foods, salty snacks and chocolate bars. They should be reduced and replaced by more pasta, rice, baked potatoes, lean meat, oven chips and egg dishes. Fruit and veg should be increased to five portions a day to ensure sufficient vitamins and minerals.

"The special oils in fish are great for brain function, something which students need for exams. They should eat more tuna, sardines and food fortified with Omega-3 DHA (such as Supajus or Intelligent Eating Healthy eggs) or take a good fish oil supplement."



## USEFUL WEBSITES

- To find a nutritionist in your area, visit [www.dietitiansunlimited.co.uk](http://www.dietitiansunlimited.co.uk)
- [www.dha-in-mind.com](http://www.dha-in-mind.com)

“Chocolate is my big downfall. I just love it...”

# Learning to ride the waves of life



Is the encroaching dark of autumn making you miserable? Is your day-to-day life just too much of a burden? NE Health Magazine life coach JULIETTE LEE offers some help

**W**E live in a time of enormous change. We only have to look at the number of gadgets in our homes to see how much life is changing. And if you have mastered everything from downloading music on iPods to surfing the worldwide web, you're doing well. Our society is almost unrecognisable compared with only a few decades ago.

Here are a few eye-opening statistics on how much our lives have changed:

- Divorce rates are at their highest, with one in three marriages ending in divorce;
- Stress accounts for over 13 million lost working days every year – twice as many as in the 1990s;
- The proportion of children living in single-parent families in the UK has more than tripled since the 1970s, to 24 per cent in 2004;
- A job for life has gone, with most people having to switch careers at least once in their working life;
- Depression is growing, affecting one in five people. By 2020, it will be the most disabling health condition, second only to heart disease;
- More people are living alone, around one in six adults.

(Ref: UK HSE and World Health Organisation)

Quite a picture isn't it? Changes in life are here to stay, yet how many of us were taught the necessary life skills for dealing with the kinds of changes we face today?

Dealing with major change is difficult, exhausting and, in some cases, frightening. However, it's only through change that we learn and grow. Looking back over periods of change, would you say that you were a stronger, more rounded person as a result? If you can, good for you! We cannot stop the flow of life, but we can learn to ride the waves more easily.

So how about some key pointers to riding life's rollercoaster? Based on my own life experiences and having coached many people through changes, here's my survival guide.

## Accept change as a natural way of life

IT'S our resistance to change that causes pain. The more you hold onto the past, while life is pulling you forward, the more drained and stressed you will be.

## Slow down

MAKE time and space to be alone with your thoughts every day. We all need time to ourselves, even if it's only ten minutes a day. Unless you make the choice to take time out, life will swamp you. Perspective is only possible if you step back and only you can make that choice.

## Assess values and meaning in life

WE live in a very wealthy society compared with only a few decades ago, yet many people are experiencing a sense of emptiness. We have lost sight of our values in life. Ask yourself: "What is truly important to me in life?"

## Cultivate a positive attitude

HOW you view life will have a major impact on

how you deal with change. Do you have a glass half-full or half-empty attitude? If you have a negative attitude, you are more likely to struggle with changes than someone who resolves to make the best of whatever happens in life.

## Build self-esteem

A HEALTHY view of ourselves is vital to our well-being. If we truly value ourselves, we will take the time to care for our needs in body, mind and spirit.

## Look to a higher power

BELIEF in a higher power, whether you call it life force, nature or universal energy, will strengthen, guide and sustain you through changes in life. People who hold the view that there is a power beyond us, generally come through difficult times more easily.

## Have visions and goals

SET yourself a target, learn to dream again and put them on paper. Writing down your goals will make them more than just a wish in your head.

## Make conscious choices

TAKE full responsibility for where you are in life. Blaming circumstances or other people only drains your ability to take control of your life and make the changes you need to make. When you realise that something in your life is not as it could be, do something about it. Take one small step every day.

## Seek support

MAJOR changes are physically, emotionally and mentally draining. "No man is an island" and we all need support from time to time. Don't let pride get in the way of creating a more balanced life.

## Have fun

DO you remember what that is? If you don't, then whatever is going on for you in life, you need to rediscover your sense of humour. People who take themselves lightly are more able to fly.

So if you can't beat the flow of changes in life, the only way forward is to embrace them. Fundamentally, life is good and we are all more resourceful and stronger than we think. We can all learn to thrive in our ever changing world.

Remember: "You gain strength, courage and confidence by every experience when you must stop and look fear in the face... You must do the thing you think you cannot do."

– Eleanor Roosevelt

Juliette Lee is a life coach and spiritual healer with a passion for helping people create more fulfilling lives and careers. In addition to one-to-one coaching, she runs personal development workshops and writes a monthly column for The Northern Echo lifestyle magazine, NE. She can be contacted on 01748 823010.

You can download a copy of The Spiritual Guide to Surviving the 21st Century on [www.juliettelee.co.uk](http://www.juliettelee.co.uk).



## One man's meat... is another man's poison

**F**OR genetic reasons, we're all very different in the way that our bodies process foods and utilise nutrients.

Traditional Eskimos, for example, thrive on very large quantities of meat and fat, while people born in the tropics stay healthy eating fruits and grains and other light vegetarian fare.

For decades, scientists have observed that people who eat according to their genetically based dietary needs have virtually no incidence of cancer, heart disease, or any other degenerative ailments.

"Healthexcel's Metabolic Typing is a simple system which help you to identify your metabolic type, so

you can then select just the right 'body fuel' to enable your body to function at peak efficiency," says diet expert Philip Crosby.

He claims the system can help prevent chronic illness, boost energy and mental clarity, help lose pounds and maintain an ideal weight and strengthen immunity.

"Dietary solutions need to be tailored to individuals, because what works for one person may have no effect on another person, and may make a third person worse," says Philip. "That technology is available in the form of Metabolic Type Testing."

● Call (01325) 282508 for more information.



# 3

## WAYS TO...

ease baby teething discomfort

**1** Rub baby's gums with your finger or a damp cloth.

**2** Give him a teething ring and keep it cool, but don't give him a frozen one as contact with extreme cold may hurt.

**3** If your baby is eating solid foods, offer cold items like apple sauce or yogurt.



Children can be frightened by news bulletins

## ASK THE EXPERT

**Q** MY eight-year-old is anxious after seeing the news about the London bombings and suicide bombings around the world. Should I try to protect him from bad news like that?

**A** EDUCATIONAL psychologist Michael Duke says: "What parents need to do in any situation like that is to keep it in context so their children understand that something has happened and they are made aware of the need to be safe themselves, while at the same time they are helped to rationalise what's happened so although they'll be fearful, those fears are in context."

"No age is too young to do it - children will always have fears, and you can talk to them about them as soon as they start communicating. Parents are usually quite adept at communicating with their own child and answering their questions."

"I would say to my own children that it's unlikely it would happen up here in the North-East, but parents should help children develop a realistic understanding of the danger."

"With regard to what children see and

hear on the news, parents need to make a decision based on the age and sensitivity of their child and be sensible about what they watch.

"Parents should be vigilant about what their child watches, and if it's about a terrorist attack, watch it with them and answer their questions, and don't give them open access to whatever they want to watch."

**Q** I HAVE just had a baby and I think my husband feels left out because all the attention is on me and our baby. What can I do to make him feel better?

**A** HEATHER Welford, from the National Childbirth Trust, and author of the NCT book *Feelings After Birth*, says: "I wonder if your husband really feels left out, or just a bit sidelined?"

"Ask him how he feels, and explain how vital he is to you and your baby. Fathers are important right from the start of life - not just as a support for the new mum, but in their own right as a carer for the new baby. Your baby can become close to both of you, even in the early days."



"We know that skin to skin contact between mother and baby is soothing, and helps the new baby regulate its temperature, as well as calming crying. Fathers can offer this, too, and babies often settle very well on dad's bare chest. Fathers can bath the baby and change nappies - not a horrible job, at all, and it's one that promotes eye contact and gives lots of chances for "conversation".

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**St Marys Parish Hall**  
Barnard Castle - 10am  
Tel: Jeanette (01325) 362932

**Tuesday**  
• New Group Opens 4th October  
Eastbourne Sports Complex •  
Hundens Lane - 7pm  
Tel: Keith (01833) 690204

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**Dolphin Centre**  
Market Place - 10am  
Tel: Joan (01325) 720737

**St Marys Parish Hall**  
Barnard Castle - 5.30 & 7pm  
Tel: Jeanette (01325) 362932

**Womens Institute**  
Neasham Road,  
Middleton St George - 6.45  
Tel: Linda (01325) 357922

**Wednesday**  
Springfield Church Centre  
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Tel: (01325) 357922

**Thursday**  
Clifton Centre (St Comumba's  
Church, Clifton Road - 6.30pm  
Tel: Kath (01325) 257264

**Springfield Church Centre**  
Thompson Street East - 10am  
Tel: Linda (01325) 357922

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