

No. 1 / Dec. '11

Respiratory health
A spotlight on asthma
and lung cancer

Telehealth services
New technology
transforming lives

**MEDIA
PLANET**

CHRONIC DISEASE MANAGEMENT



Inspirational actions: Author JK Rowling talks about the clinic she helped fund in memory of her mother who died from complications related to her multiple sclerosis

Managing asthma
Getting an accurate
diagnosis is key to
effective treatment



Parkinson's hope
The research
and development
making waves



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CHALLENGES

Chronic disease does not just go on and on. It goes on and on — and on, says Professor David Matthews, Executive Director, Global Alliance for Chronic Disease. Much of the day-to-day management of chronic disease such as diabetes, high blood pressure and asthma is in the hands of the patients themselves - but medical support and expertise is needed for decades.

The power of knowledge

Today, the greatest world burden of health care relates to chronic disease. Diabetes, asthma, angina, heart attacks and strokes cause more preventable deaths than all the malaria and AIDS cases together. The problems are huge — 5.4 million people in the UK with asthma, and 3.5 million with diabetes. For diabetes there is an unfolding world pandemic affecting both the developed and the developing world, driven by increased availability of food and an increasingly sedentary lifestyle.

Challenges ahead

1 Health systems are beginning to reel under the financial and logistical burdens. Untreated chronic disease is lethal or debilitating. New cases of chronic disease are cumulative, and each new case incurs costs that will continue. For diabetes drugs the UK spent £649 million last year. And, with asthma, prescription



Professor David Matthews
Executive Director of the Global Alliance for Chronic Disease and Emeritus Chairman at the Oxford Centre for Diabetes, Endocrinology and Metabolism

charges can be a disincentive to adherence to drug use. The health systems of developed countries creak, and developing countries find their budgets swamped.

New technology

2 What then of the future? Chronic disease will need smarter monitoring and cheaper interventions. If the burden of health care is to fall on the patients themselves — and that is the logic of a

pandemic in straitened times — then we will need more technological capacity. Telemedicine, still in its infancy, has the potential to monitor, advise and alert; tomorrow's care may be delivered by the systematic wakefulness of electronics. Computers are now recognising pathology in retinal images — a necessity when the 3.5 million people with diabetes have 4 photographs taken every year. Pharmaceutical companies continue to make strides in more sophisticated agents; we now have drugs that lower glucose to normal, but don't cause an overshoot into hypoglycaemia.

Hope for the future

3 Governments are already reacting — the Global Alliance for Chronic Disease has been established among seven of the major research funding agencies of the world including the UK Medical Research Council. Solutions lie in investment into new and intelligent technology, and into community interventions for health.



WE RECOMMEND



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'It is important to develop a strategy to recognise that asthma is a disease with a vast spectrum'

Dr Rob Niven, Senior lecturer in respiratory medicine at University Hospital of South Manchester NHS Trust

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CHRONIC DISEASE MANAGEMENT
1ST EDITION, DECEMBER 2011

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Print: The Guardian Print Centre

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Michelle Robertson, is 31 and lives in Glasgow. She was diagnosed with MS five years ago. Her MS affects her speech, walking and balance. As a recently married young woman, she faces an uncertain future.

However, MS Society funded research is giving hope to millions of people around the world like Michelle.

Researchers at the Cambridge Centre for Myelin Repair and the Edinburgh Centre for Translational Research have recently made significant breakthroughs, and are now just 10-15 years away from developing a treatment which could stop or even reverse the disabling effects of MS.

The MS Society needs £2.1m to allow the Cambridge Centre to take one step closer to beating MS.

Help them give people like Michelle hope for the future.
 Donate at www.mssociety.org.uk/hope

Multiple Sclerosis Society. Registered charity nos. 1139257/SC041990. Registered as a limited company in England and Wales (07451571).

40% of Cancers are due to lifestyle says review, it's not luck of the draw.

UK Cancer incidence exceeds **465,000** new cases annually and over 175,000 individuals die every year from cancer or problems related to it. According to a recent report Cancer Research UK**, over 130,000 diagnosed cancers are caused by modifiable lifestyle and environmental factors. Perhaps this explains why 33% of those battling cancer are turning to Complementary and Alternative Medicine (CAM) for help.

The Diagnostic Clinic (TDC) based in central London, is a leading medical centre that uses managed support programmes to provide tailored advice, support and care based on your individual needs. We help patients understand their options and enable them to make informed choices to prevent and fight this chronic disease using evidence based investigations and CAM.

It is generally accepted by medical professionals that cancer cells, as they grow shed further cells into the blood stream. This being frequently at a stage when they may be too small for many scanning techniques to detect. TDC use accurate pioneering tests not yet available under the NHS, which can pick up a single cancer cell in a litre of blood.

Obesity risk linked to Breast Cancer

10%

Cancer survival and prevention rates greatly depend on early detection and lifestyle adjustment. Family history and environmental factors are also critical in assessing your risk.

465,000

Per Yr UK Cancer Incidence Rate

It's clear that around 40% of all cancers are caused by things we mostly have the power to change Dec 11 Cancer UK

Because of this, TDC use a range of investigations to develop a patient programme to help identify which natural substances could aid any conventional medicine and which may provide the most profound effect on an individuals specific cancer.

Caused by Lifestyle and Environment

134,000
Cancers

33%

Seek CAM to battle cancer

Prevention

Evidence based, personal nutritional and lifestyle based programmes .

Screening

Advanced scientific tests provide tailored "CAM" choices for patients including nutritional plans, managed high dose supplements and intravenous therapy.

Treatment

We offer pioneering tests currently unavailable on the NHS.

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TDC doctors work alongside Oncologists, Cancer Units and GP's, ensuring your treatment is the most effective and safe for you as an individual

For further information visit www.thediagnosticclinic.com or telephone 0207 009 4650

INSPIRATION

Question: What difference is technology making to the lives of those with chronic disease?

Answer: Telehealth services can transform lives — and are as much about the philosophy of independence as they are about equipment and technical assistance

Why the future is brighter

CHANGE

“It is no longer possible to simply sustain the traditional forms of health and social care that we have relied upon”, says Trevor Single, Chief Executive of the Telecare Services Association. “We face a ticking time bomb of an aging population, an increasing number of patients with long-term conditions and shortages of care professionals.”

Technology aids independence

“We need something new: different and better ways of delivering care. Using technology to enable users to remain independent in their own homes for longer and remotely monitor their

health provides real benefits for users, carers and commissioners.”

Telecare enables people, especially older and more vulnerable individuals, to live independently, says Trevor. “Equipment is provided to support the individual in their home and tailored to meet their needs,” Trevor explains. “It can be as simple as the basic community alarm service, able to respond in an emergency and provide regular contact by telephone. It can include detectors, for example for falls, or fire and gas, that trigger a warning to a response centre.”

Taking control

Another form of telecare, often known as telehealth, is designed to complement



‘We need something new: different and better ways of delivering care’

Trevor Single
Chief Executive
Telehealth
Services
Association

existing health care. It works by monitoring vital signs, such as blood pressure, and transmitting the data to a response centre where it is monitored against ‘normal’ parameters set by the individual’s clinician, Trevor explains.

“Telehealth makes better use of limited resources, improves user choice of the way in which their health and social care is delivered, and enables people to take more control of their own health. At present, telecare is well established, primarily addressing the care needs of the frail and elderly — but telehealth is not widespread, with only pockets of implementation and adoption across the country,” explains Trevor.

Available to all

“However, the current government has signalled a clear intent to embed telehealth as a mainstream service within its vision for a new, modernised NHS. The Telecare Services Association is working, on behalf of its members, with the Department of Health to support the development of high-quality standards in the delivery of telehealth through its own Code of Practice,” says Trevor. “The focus has to be on ensuring there is a guaranteed high-quality telehealth service that is accessible to all who choose to have it, and that provides the reassurance and confidence they expect.”

EMILY DAVIES

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Telehealth: transforming lives

At BT, we're dedicated to helping the NHS deliver better, safer and more efficient healthcare for its patients.

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TAKING CONTROL
 Telehealth can reduce the need for home visits, giving patients more independence, and allowing them to take control of their health
 PHOTO: SHUTTERSTOCK

TELEHEALTH: THE BENEFITS

Long-term conditions

➔ Telehealth can help monitor anyone with a long-term condition.

Peace of mind

➔ It can help reduce the need for hospital admissions. Equally it gives peace of mind to family, friends and carers, knowing that when they are unable to watch over their loved ones, they won't be alone.

Prevention

➔ As well as responding to an immediate need, telecare can be used preventatively—with services programmed to monitor an individual's health. This can provide early warning of deterioration, prompting a response from family or professionals.

Taking control

➔ Telehealth can also be used to inform and teach the user to take greater control of their own health by changing their lifestyle and behaviour.

For patients who want to take more direct control of their health, as well as the ability to choose and retain greater independence, telehealth services can make a real difference to their quality of life.

TREVOR SINGLE, CHIEF EXECUTIVE, TELECARE SERVICES ASSOCIATION

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Telehealth Solutions (THSL) has developed a new home health monitoring service combined with specialist triage care for patients living with chronic conditions.

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NEWS



GET CHECKED OUT
Seeking professional help is the first step to managing your asthma
PHOTOS: SHUTTERSTOCK

The key to improving your asthma

■ **Question:** What is most important to know about severe asthma – and what are the misconceptions?

■ **Answer:** Severe asthma can be life-changing – accurate diagnosis and identification of factors that may worsen it is key to effective treatment

Around 5 per cent of people with asthma have severe asthma – defined as when a person with asthma still experiences problems despite receiving high-dose inhaled treatment. Furthermore, 1 per cent of people with asthma have very serious asthma, which requires continuous or near-continuous oral steroid therapy, says Dr Neil Barnes, Professor of Respiratory Medicine at Barts and The London NHS Trust.

Know your diagnosis

The management and treatment of these patients can present particular challenges, explains Dr Barnes. “Most asthma treated in general practice can be extremely well-controlled – but when a person has severe asthma, they can still be very symptomatic despite receiving treatment.” The grading of asthma severity is linked to how well that person responds to treatment: the

severity of asthma off-treatment doesn't predict the response to treatment, Dr Barnes explains.

Understanding and identifying a patient's asthma is key, Dr Barnes says. “The experience in clinics for severe asthma is that a third of patients do not have asthma at all – or have asthma and some other complication such as hyperventilation or another condition that can mimic the symptoms of asthma, which is why they are not responding to the treatment for asthma they have been given,” he explains. “Another third are not taking their treatment regularly but if they can be persuaded to do so, are better, and the remaining third have severe asthma that persists despite the treatment they receive.”

ASTHMA FACTS

■ **Every year** 1,200 people die from asthma in the UK.

■ **70,000 emergency** hospital admissions occur every year due to asthma.

■ **It is** estimated that nearly £1 billion is lost from the economy due to days lost from work from asthma alone.

SOURCE: DR ROB NIVEN, UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST



Dr Neil Barnes
Professor of Respiratory Medicine, Barts and the London NHS Trust

Know the causes

Allergy plays a part in around 60 per cent of those with severe asthma: the most common allergies in the UK are those to the house dust mite, grass, and cats and dogs, for instance. In younger people especially, allergy-related asthma can be well-controlled, but the most common misconception is that asthma is all about allergy – there are actually many other things that will worsen asthma, says Dr Barnes. “Allergy is important in asthma but not everything,” he cautions. The most common cause of a bad asthma attack, Dr Barnes points out, is not allergy but the common cold.

New therapies – monoclonal antibody drugs such as omalizumab – offer new hope of better treatment and management of severe asthma, explains Dr Barnes: “And in addition, it is key to identify patients who are not responding and get them seen in specialist clinics that can help them as much as possible.”

THE IMPORTANCE OF KNOWLEDGE

■ **Severe allergic asthma can have a dramatic impact on quality of life, and needs particular care and attention to be successfully controlled.**

“While for the vast majority of sufferers, asthma is a relatively benign condition which can be controlled if patients are prepared to use controller inhalers, there is a minority for whom asthma is devastating in its impact on life,” explains Dr Rob Niven, Senior Lecturer in Respiratory Medicine at University Hospital of South Manchester NHS Foundation Trust.

“In the worst cases, simple asthma treatment is ineffective. These patients currently rely on oral corticosteroid therapy (prednisolone). Whilst this is effective in the short term, the consequences of regular use are devastating with side effects such as uncontrolled obesity, diabetes, cataracts, glaucoma, osteoporosis and hypertension being almost inevitable,” says Dr Niven, who leads one of four UK centres developing the severe asthma national database programme.

“Whilst the need for oral corticosteroid therapy is indisputable in many cases, this sub-group also needs special attention to the causative factors, and alternative approaches developed.”

The biggest challenge in severe allergic asthma is reducing severe attacks. “Currently the drug omalizumab is an effective anti-allergy treatment which when used in the right patient can be life-changing – preventing hospital admissions, reducing the need for oral steroid medication and improving lung function.”

Unfortunately novel treatments are expensive and can only be provided to a small number of patients, explains Dr Niven. “It is important to develop a strategy to recognise that asthma is a disease with a vast spectrum. Resources should be focused on a small sub-group of centres, resourced appropriately with expertise to individualise patient care to maximum benefit.”

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INSPIRATION

Question: How did one man overcome his prognosis of only months to live, to live for years?

Answer: A shock diagnosis with lung cancer at the age of 48 left Tom Haswell with only months to live – but thanks to a clinical trial, he's still thriving today, aged 66

My story of survival

HOW I MADE IT

Tom Haswell's diagnosis with lung cancer in 1993 came as a complete surprise – and left him with a maximum of nine months to live.

He had no symptoms at all. Diagnosis came only after a medical for his new job as an engineer in Saudi Arabia showed up a dark shadow in his lungs on an x-ray – a tumour, measuring 7cm by 4cm.

Bleak prognosis

Tom, now 66, from Glasgow, was told that there was no treatment available – surgery, chemotherapy or radiotherapy – to cure the tumour. The palliative radiotherapy was offered in an attempt to keep him as comfortable as possible for the short time he had left.

Lung cancer is the second most common cancer to be diagnosed in the UK and claims more lives than any other

form of the disease. It is the most common cancer in the world. Smoking is a major contributory factor in lung cancer, as it is in other illnesses such as heart disease. Please don't forget that 10 per cent of lung cancer patients don't smoke or never have. Crucially, survival rates in people with lung cancer are poor, with fewer than one in ten patients surviving the disease for five years or more after diagnosis.

Life-saving decision

Further tests discovered that Tom had one large tumour and two infected nodes in his chest. On his first visit for palliative radiotherapy, he was invited to participate in a clinical trial of a new chemotherapy drug. His decision to do so saved his life.

"It is hard to describe how you feel with that diagnosis – you just have this utter sense of hopelessness. At the



'When I was asked if I wanted to join the trial I simply felt like I had nothing to lose'

Tom Haswell, diagnosed with lung cancer in 1993

same time you are desperately trying anything to extend your life. So when I was asked if I wanted to join the trial I simply felt like I had nothing to lose." Tom had previously been a regular smoker in his youth but had given up eight years earlier; his doctors said they couldn't be sure that the cancer was caused by smoking.

By the end of the six-month trial, the tumour had shrunk and the infection in his chest nodes had vanished. "Now, I am registered disabled and retired from work – but still alive."

Living with lung cancer

Tom, who with his wife Helen has two sons, doesn't like to say that his lung cancer has been cured – rather, that he is living with it. X-rays now still show an area of shadow in his lungs which could be the remains of the tumour or scarring – but that shadow hasn't grown

since he stopped treatment.

Positive outcome

Now he does all he can to help others in similar situations, working with organisations including the National Institute for Clinical Excellence and Cancer Research UK.

He said: "I was fortunate that that clinical study was available at that time and I met the criteria required. By the time a person presents with symptoms which turn out to be lung cancer, very often the illness is well developed, has possibly spread, and curative treatment becomes more difficult. Prevention is key."

For more information about lung cancer, contact Cancer Research UK at www.cancerresearchuk.org.

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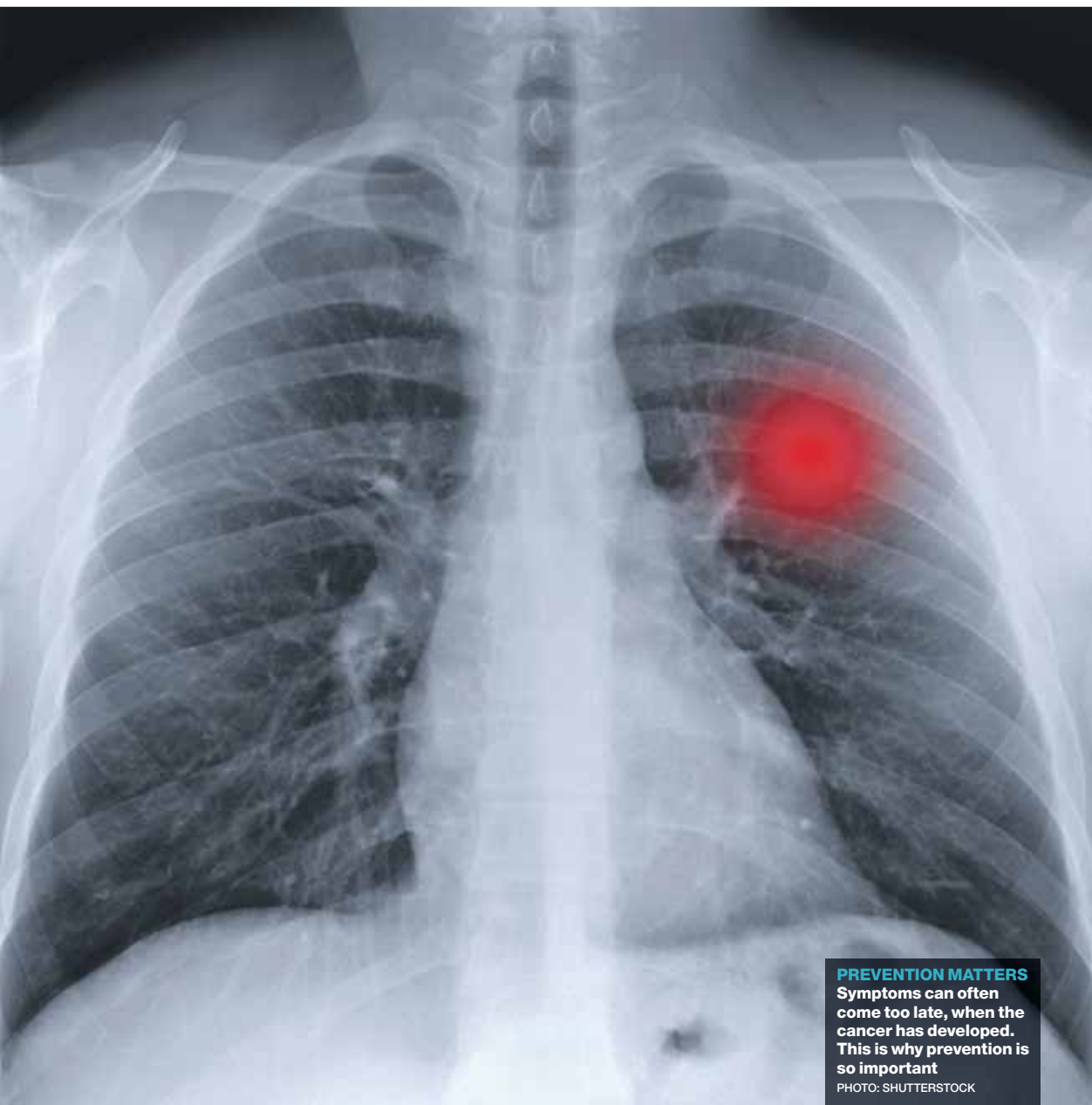


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PREVENTION MATTERS
Symptoms can often come too late, when the cancer has developed. This is why prevention is so important
PHOTO: SHUTTERSTOCK

LUNG CANCER: EXPERT UPDATE

Prevention is key

→ We need to reduce the number of people who smoke, and stop young people from starting in the first place. Cancer Research UK has been involved in a campaign to put cigarettes out of sight in shops to remove the temptation presented by branding. We're also finding the best ways to help people quit.

Early detection is extremely difficult

→ By the time symptoms appear, the disease is often too advanced for treatment. Research will help us diagnose lung cancer earlier: in the future it may be possible to screen everyone over a certain age, or to target screening to people at increased risk.

We urgently need better treatments

→ This means improving treatments we have already, and finding the genes that drive cancer so we can develop new drugs to target the disease. Genetics offers a great deal of hope in cancer research, but sequencing tumours and figuring out what is causing cancers to begin and grow takes time.

NELL BARRIE,
SENIOR SCIENCE INFORMATION OFFICER, CANCER RESEARCH UK



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* In 1970, ten years survival rates for lung cancer were 3.2% compared with 5.3% in 2007

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NEWS



UNDERSTAND THE CONDITION
Daiga Heisters of Parkinson's UK discusses the symptoms, and the affects they can have on everyday life

MAIN PHOTO: PARKINSON'S UK, TOP RIGHT: DOUGLAS ROBERTSON, COPYRIGHT UNIVERSITY OF EDINBURGH.



Funding research

A research clinic for multiple sclerosis patients is being set up with a £10 million donation from Harry Potter author J K Rowling. This will focus on patient-based studies to help find treatments that could slow progression of the disease, working towards the eventual aim of stopping and reversing it.

Multiple sclerosis affects around 100,000 people in the UK. Scotland has one of the highest rates of multiple sclerosis in the world, with some 10,500 people with the condition.

While there is some evidence to suggest that multiple sclerosis is caused by a combination of genetics and environmental factors, the exact cause of the disease is not fully understood.

"It is with great pleasure and pride that I am donating £10 million to the Regenerative Neurology Clinic at the University of Edinburgh, which is to be named after my mother, Anne," says J.K. Rowling.

"I have just turned 45, the age at which my mother died of complications related to her MS. I know that she would rather have had her name on this clinic than on any statue, flower garden or commemorative plaque, so this donation is on her behalf, too; and in gratitude for everything she gave me in her far-too-short life.

"The Anne Rowling Regenerative Neurology Clinic will be mould-breaking in the way that it places patients at the heart of the research and treatment process. While Multiple Sclerosis will be at the heart of the research initiative, people with the many other diseases caused by neurodegeneration are likely to benefit from discoveries made here."

How to fight back

Question: The challenges of Parkinson's are many and varied, but how can these be met — what are the solutions?

Answer: Advances in research and development have made meaningful breakthroughs, with more set to come — but a cure remains to be found



Dr Kieran Breen
Director of
Research and
Innovation,
Parkinson's UK

prescribed may change over time.

Taking care

"People with Parkinson's will have a carefully balanced combination of medication. People with Parkinson's need their medication on time, every time. If this doesn't happen, their symptoms can become uncontrolled and they may suddenly not be able to get out of bed, for instance. It can take a long time to get symptoms back under control again," Daiga explains.

Advances in research have transformed treatment for people living with Parkinson's, which means the

FACTS

- **Around 120,000** people in the UK are currently living with Parkinson's
- **Every hour** someone in the UK is told they have Parkinson's
- **1 in 20** of the 10,000 people diagnosed with Parkinson's each year are under the age of 40

SOURCE: DR KIERAN BREEN, DIRECTOR OF RESEARCH AND INNOVATION AT PARKINSON'S UK.

complex symptoms can be managed more effectively. "But we still urgently need to find a cure," says Dr Kieran Breen, Director of Research and Innovation at Parkinson's UK. "No current treatment can slow or stop Parkinson's. And as the condition progresses, the symptoms become more complex."

Medical innovation

People with neurological conditions such as Parkinson's have found support in innovative technology such as robotic rehabilitation therapy, where functional movement and sensory stimulation are encouraged through robotic support. This can aid in the recovery of stroke patients, or those who have suffered traumatic brain or spinal cord injury, in addition to supporting those with multiple sclerosis and cerebral palsy.

There is hope for a brighter future, says Dr Breen. "Breakthroughs over the last ten years have brought us closer to a cure than ever before. Parkinson's UK is currently funding 90 research projects worth £15 million to accelerate progress towards a day when no-one has to live with the symptoms of Parkinson's."

For advice and support, visit parkinsons.org.uk

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Parkinson's is a progressive neurological condition for which there is currently no cure, caused by a lack of dopamine in the brain. "It's a fluctuating condition — a person with Parkinson's can seem well one day and not the next and symptoms can vary, even hour to hour," explains Daiga Heisters, Head of Professional Engagement and Education at Parkinson's UK.

Impacts on your day-to-day

"Parkinson's can affect everyday activities such as talking, walking and swallowing. Symptoms can include tremor, slowness of movement and muscle stiffness," she explains. "Other less-visible symptoms such as memory loss are often the most debilitating. The loss of ability to do everyday things can make Parkinson's a frustrating and isolating condition."

Drug therapy is the most common form of treatment and is usually lifelong — however, the types and combinations of drugs



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