



## OSTEOPATHY RETURNS TO HADDENHAM MEDICAL CENTRE

### Osteopathy – how it can help

Osteopathy can help with the treatment of anything from a slight niggle or discomfort, to severe pain, in most parts of the body. It can benefit a range of complaints, including neck and shoulder pain; lower back pain; mid back pain; sacro iliac pain; muscular tension; joint stiffness and restrictions; sports injuries; repetitive strain injuries; stress related pain; nerve entrapments; and general strains. Osteopathy is also used successfully as a preventative treatment.

This is a form of manual medicine that focuses on the muscular and skeletal systems. Osteopathy is based on the individual, not only the presenting symptoms or conditions. Treatment is carried out via the practitioner's hands – it is very hands on. It aims to treat not just the site of the pain, but other contributing elements that may be present.

The first consultation and treatment will last between 45 and 60 minutes. All follow up treatments will take 30 to 45 minutes and every effort will be made to alleviate your condition with as few visits as possible.

## WOMEN'S HEALTH PHYSIOTHERAPY

Physiotherapy can help recovery from a multitude of conditions. One area is that of Women's Health. Many women suffer with bladder problems; they believe it is an inevitable consequence of getting older or because they had babies. Incontinence can be incredibly distressing and limit even the simplest activities such as going for a walk. Like any muscle in the body, the pelvic floor can improve with appropriate exercise. Revive Physio offers an opportunity for women to discuss their concerns, and offer treatment that will help them to regain confidence.

Appointments will be at Haddenham Medical Centre, and can be made directly with Sarah Clifford.

Sarah qualified as a chartered Physiotherapist in 1998. Since then she has worked in the NHS with an interest in musculoskeletal injuries, and acupuncture. Sarah practiced as a Physiotherapist in Australia and then as a Senior Physiotherapist in the private sector in Buckinghamshire, where she trained as a Women's Health practitioner.

*For further information, or if you wish to ask Sarah any questions, please contact her on:*  
0845 634 6074 or 07722 354042  
info@revivephysio.co.uk  
www.revivephysio.co.uk

Treatments usually involve elements of the following:

- Soft tissue techniques
- Stretching
- Mobilisations
- Manipulations
- Advice on injury prevention
- Exercise guidance

### Wayne Twitchen

Before graduating, Wayne studied Exercise and Health Science at degree level. Prior to this he worked in the engineering and printing industries, and so has a broad range of life experience and an understanding of the types of injuries and ailments that confront people on a day-to-day basis.

Wayne is registered with the General Osteopathic Council and a member of the British Osteopathy Association. Membership of these bodies requires continued professional development (CPD) and full professional indemnity insurance. All your personal data is confidential and held in accordance with the Data Protection Act 1998.

**Clinic at Haddenham Medical Centre**  
**Thursday 8 am to 12 noon**  
**For appointments and enquiries please call**  
**01494 482 615 or 07807 846 215**

## Appointments On-Line

### Book your next appointment at the surgery online

There will shortly be available a simple and easy way to book your appointments online. It is especially useful during those times when the telephone lines are busy or the practice is closed.

**Appointments Online** offers simple instructions and prompts to make sure that it is easy for you to book, view or cancel appointments – online – regardless of the time of day (or night).

Using the internet, you can search for and view a range of available appointments; then just book the one which is most convenient for you!

There is also an option to allow you to notify the practice of changes to items such as your name, address, email and mobile telephone number.

**Note: changes made in this way are subject to confirmation from the practice.**

Also listed on our home page are links to other sites, eg NHS Direct, Common Health Questions, the NHS Choices website – to allow you to find details of the closest open pharmacy.

### Security

All personal information held on Appointments Online is protected using the highest standards of internet security.

## Repeat Prescriptions online

Some patients have experienced difficulties in using this service and we are sorry for the inconvenience this might have caused.

We will shortly be introducing a new more robust system which will be available through the practice website as before. This service will "go live" at the same time as the appointments online service on Monday 26th October.

## Health Tip

Though you may be used to always seeing the same doctor at your surgery it is worth remembering that most GPs have specific areas of expertise, so check if you should see different doctors for different problems. For instance, some doctors have an interest in women's health while others have had training in sports injuries, so it makes sense to see the most appropriate doctor for that gynaecological problem than the one you see about your painful knee.

Similarly, practice nurses often run clinics for chronic conditions such as asthma and diabetes and can have better skills in these areas than some doctors. So the next time the receptionist asks why you need an appointment don't think she is being nosy – she is actually trying to get you the best care and attention.

### DOCTORS IN THE PRACTICE

Dr Jonathan Sadler  
Dr Mark Howcutt  
Dr Nicola Hutcheson  
Dr Karen West  
Dr Kaye Smith

### DR KAREN WEST

We would like to send our best wishes to Dr Karen West who is leaving us now to go on maternity leave and welcome back Dr Andrew Silverman who will be covering for Dr West in her absence.

### MEDICAL CENTRE

Mon- Friday 8am-6pm  
Closed 12.30 - 1.30pm

### MEDICAL CENTRE

Tel: 0844 477 8575  
Fax: 0844 477 8576  
From abroad: 08701111372

### HARMONI

0845 450 2530

### HEALTH NEWS

Is a means of communication between the Medical Centre staff and patients. If you have an article to contribute please send to:

### HEALTH NEWS

c/o The Medical Centre,  
Stanbridge Road, Haddenham,  
Bucks HP17 8JX

Or hand it in at reception marked "Health News"

*Your used stamps can help to fund  
Florence Nightingale Hospice,  
please bring them in and hand  
to reception*

# Haddenham Health News

## When ‘getting old’ means ‘not coping’ at home

A Haddenham patient’s experience, coping with her mother’s declining health and her mother’s wish to stay in her own home

When my mother was diagnosed as having mild dementia about six years ago, it was more because of her depression than her forgetfulness that I decided to try and do something about it. She was already very wobbly on her feet and dependent on her shopping trolley to steady her when going out but I noticed that as well as not being able to maintain a logical discussion, if I missed a day calling in, she would be noticeably depressed and often anxious - not like the positive thinking and very active woman who brought me up. I was in the fortunate position of having access to a database of jobseekers through my work and found a lovely caring person to help out. Her role was to do some cleaning, go shopping with my Mum and keep her company a few times a week and alongside my visits, it did the trick. Although my Mum frequently told me she didn’t need any help, it did her a lot of good and took some pressure off me. Over the next six years, my Mum got more and more unsteady, the shopping trolley was replaced by a wheelie walking aid used inside and out, and now she uses a zimmer frame indoors and a wheelchair outside. At 88 she has an uneven heartbeat and diabetes but it is the dementia that is the most debilitating. Over the last six years, I have gradually had to increase the number of people visiting her at home, doing more for her, preparing meals and assisting with personal care and keeping her mind and legs active. The big change came after a hospital stay last October when a cough turned to Pneumonia. After a spell at the John Radcliffe Hospital and several weeks in the Community Hospital in Thame, she was free of infection but very frail and frequently confused. The nurses suggested to me it might be time for a nursing home and some health professionals thought I was mad when I said ‘NO – she is going back to her own home – I will provide the care she needs’. They only saw the frail old lady who was somewhat grumpy and who seemed not to be motivated to get walking again, but I saw someone who still had some spark and who in the right environment could improve and enjoy her house and garden again. I knew she would be miserable in a nursing home, the cost of agency home care either directly or via social services was high and the half hour visits they seemed to offer would not be enough. She needed company and not to be rushed. I decided I

simply had to continue to engage the carers myself. It wasn’t easy. It took a week of my sleeping over to train my Mum to use the commode by the bed at night. I and the response centre for the ‘aid-call’ alarm developed quite a relationship handling all the calls when my Mum pressed the button to call a nurse, thinking she was still in hospital! - but we got there in the end and I have only had one call out from that in the last five months. I have installed remote monitoring and since January this year I have five carers covering four sessions from getting up in the morning to bedtime and I have given myself permission to only be on the official Rota for two sessions at the weekend so that I can be a ‘normal’ visitor at other times. My Mum, although entirely dependent on the regularity of her ‘helpers’ has kept her dignity, doesn’t get depressed and can still enjoy her garden with her beloved birds. Remarkably, she is still good with crosswords and on her bright days, I take her out in the wheelchair or in the car to lunch with a loyal friend of hers. Her carers have also become her friends and I have been able to keep my sanity and my business. *June Jones*

June is known in Haddenham for setting up www.haddenham.net and for running the local jobs service BOX-COM from her office opposite the Rising Sun pub. She is also a marketing consultant to local businesses. She and Liz Dee, one of the carers for her Mum and a qualified caring professional, have recently set up a service to help others in a similar situation to the above. They assist in reviewing options and needs and, if appropriate, they help set up either light touch help or a full caring regime at home. It is called ‘Caring Support at Home’ and is run from the same office as BOX-COM. Liz or June are happy to talk to anyone finding it difficult to cope at home or to anyone facing difficult decisions about someone they care about. The initial chat is without charge, and without any obligation to take up their service. Phone them on 01844 291007 or email caring.support@core-business.co.uk.

This article is provided by June Jones Phone daytime 01844 292322 or Email [june@core-business.co.uk](mailto:june@core-business.co.uk)

### Educational Talk on LIVING WITH ALZHEIMER’S

Wednesday 4th November 2009 at the Medical Centre from 7.00pm  
Tea/Coffee will be available

As dementia develops, it can cause behaviour changes that can be confusing, irritating or difficult for others to deal with, leaving carers, partners and family members feeling stressed, irritable or helpless. By learning to understand the meaning behind the actions, it can be easier to stay calm and deal effectively with the challenges that arise. Nicole Palmer, Dementia Support Worker, will outline some of the most typical sorts of unusual behaviour in people with dementia and will explain some common causes.

Each person is an individual, with their own preferences and character traits. However, certain forms of behaviour are particularly common in people with dementia. If the person you are caring for has difficulty expressing him or herself in words, the unusual behaviour may become more extreme. By working out what each behaviour means, and finding ways to overcome the problem, the situation can become more manageable.

If you would like to attend this evening please complete the reply slip below and return to Dawn Anstead at the Medical Centre or email [dawn.anstead@nhs.net](mailto:dawn.anstead@nhs.net) by Friday 30th October 2009

Please note numbers will be limited, so tickets will be available on a first come first served basis

**I would like to attend the Educational Talk on Living with Alzheimer's on Weds. 4th November @ 7.00pm**

Name..... please allocate me ..... seat(s)

# Haddenham Health News

## How to read health news - Brought to you by the NHS Knowledge Service

### Not everything in black and white makes sense - By Dr Alicia White

If you’ve just read a health-related headline that has caused you to spit out your morning coffee (“Coffee causes cancer” usually does the trick), it’s always best to follow the Blitz slogan: “Keep Calm and Carry On”. On reading further, you’ll often find the headline has left out something important, such as, “Injecting five rats with really highly concentrated coffee solution caused some changes in cells that might lead to tumours eventually. (Study funded by The Association of Tea Marketing)”. The most important rule to remember is: don’t automatically believe the headline. It is there to draw you into buying the paper and reading the story. Would you read an article called, “Coffee pretty unlikely to cause cancer, but you never know”? Probably not. To avoid spraying your newspaper with coffee in the future, you need to analyse the article to see what it says about the research it is reporting on. Bazian (the company I work for) has appraised hundreds of articles for Behind The Headlines on NHS Choices, and we’ve developed the following questions to help you figure out articles you’re going to believe and which you’re not.

#### Does the article support its claims with scientific research?

Your first concern should be the research behind the news article. If an article touts a treatment or some aspect of your lifestyle that is supposed to prevent or cause a disease, but doesn’t give any information about the scientific research behind it, then treat it with a lot of caution. The same applies to research that has yet to be published.

#### Is the article based on a conference abstract?

Another area for caution is if the news article is based on a conference abstract. Research presented at conferences is often at a preliminary stage and usually hasn’t been scrutinised by experts in the field. Also, conference abstracts rarely provide full details about methods, making it difficult to judge how well the research was conducted. For these reasons, articles based on conference abstracts should be no cause for alarm. Don’t panic or rush off to your GP.

#### Was the research in humans?

Quite often, the “miracle cure” in the headline turns out to have only been tested on cells in the laboratory or on animals. These stories are regularly accompanied by pictures of humans, which creates the illusion that the miracle cure came from human studies. Studies in cells and animals are crucial first steps and should not be undervalued. However, many drugs that show promising results in cells in laboratories don’t work in animals, and many drugs that show promising results in animals don’t work in humans. If you read a headline about a drug or food “curing” rats, there is a chance it might cure humans in the future, but unfortunately a larger chance that it won’t. So there is no need to start eating large amounts of the “wonder food” featured in the article.

#### How many people did the research study include?

In general, the larger a study the more you can trust its results. Small studies may miss important differences because they lack statistical “power”, and are also more susceptible to finding things (including things that are wrong) purely by chance. You can visualise this by thinking about tossing a coin. We know that if we toss a coin the chance of getting a head is the same as that of getting a tail – 50/50. However, if we didn’t know this and we tossed a coin four times and got three heads and one tail, we might conclude that getting heads was more likely than tails. But this chance finding would be wrong. If we tossed the coin 500 times – i.e. gave the experiment more “power” – we’d be more likely to get an even number of heads and tails, giving us a better idea of the true odds. When it comes to sample sizes, bigger is usually better. So when you see a study conducted in a handful of people, treat it with caution.

#### Did the study have a control group?

There are many different types of studies appropriate for answering different types of questions. If the question being asked is about whether a treatment or exposure has an effect or not, then the study needs to have a control group. A control group allows the researchers to compare what happens to people who have the treatment/exposure with what happens to people who don’t. If the study doesn’t have a control group, then it’s difficult to attribute results to the treatment or exposure with any level of certainty. Also, it’s important that the control group is as similar to the treated/exposed group as possible. The best way to achieve this is to randomly assign some people to be in the treated/ exposed group and some to be in the control group. This is what happens in a randomised controlled trial (RCT) and is why RCTs are considered the “gold standard” for testing the effects of treatments and exposures. So when reading about a drug, food or treatment that is supposed to have an effect, you want to look for evidence of a control group, and ideally, evidence that the study was an RCT. Without either, retain some healthy scepticism.

#### Did the study actually assess what’s in the headline?

This one is a bit tricky to explain without going into a lot of detail about things called proxy outcomes. Instead, bear in mind this key point: the research needs to have examined what is being talked about in the headline and article. (Somewhat alarmingly, this isn’t always the case.) For example, you might read a headline that claims, “Tomatoes reduce the risk of heart attacks”. What you need to look for is evidence that the study actually looked at heart attacks. You might instead see that the study found that tomatoes reduce blood pressure. This means that someone has extrapolated that tomatoes must also have some impact on heart attacks, as high blood pressure is a risk factor for heart attacks. Sometimes these extrapolations will prove to be true, but other times they won’t. Therefore if a news story is focusing on a health outcome that was not examined by the research, treat it with a pinch of salt.

#### Who paid for and conducted the study?

This is a somewhat cynical point, but one that’s worth making. The majority of trials today are funded by manufacturers of the product being tested – be it a drug, vitamin cream or foodstuff. This means they have a vested interest in the results of the trial, which can potentially affect what the researchers find and report in all sorts of conscious and unconscious ways. This is not to say that all manufacturer-sponsored trials are unreliable. Many are very good. However, it’s worth seeing who funded the study to sniff out a potential conflict of interest.

#### Should you “shoot the messenger”?

Overblown claims might not necessarily be down to the news reporting itself. Although journalists can sometimes misinterpret a piece of research, at other times the researchers (or other interested parties) over-extrapolate, making claims their research doesn’t support. These claims are then repeated by the journalists. Given that erroneous claims can come from a variety of places, don’t automatically assume they come from the journalist. Instead, use the questions above to figure out for yourself what you’re going to believe and what you’re not.

#### How can I find out more?

It’s not possible to cover all the questions that need to be asked about research studies in a short article, but we’ve covered some of the major ones.

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[How to read articles about health and healthcare](#)