

Health ALERT

Summer
2003

• DIET • FITNESS • WELLBEING •

IT'S NOT FAIR!

THE HEALTH of thousands of men, women and children in Tayside could be at serious risk because of where they live - and how they live.

Surprised? You shouldn't be. The shock news is that life isn't fair - and we're not all equal, particularly when it comes to health. Inequalities in health are one of our biggest public health challenges not just in Tayside - but right across Scotland. If you're lucky enough to live in an affluent area of Dundee, Perth and Kinross or Angus, chances are your health and the health of your family is amongst the best in the developed world.

Inequalities

But if you're among the many who aren't posh, rich or naturally super-fit, the odds are that health inequalities are playing a part in your life - and your life expectancy.

Health inequalities in Tayside are worst in areas where deprivation is keenest - but they affect us all in different ways. People living in poorer communities die younger and have poorer physical and mental health throughout life than those living in more affluent communities.

A widening health gap - just like a widening wealth gap - is bad for everyone in society because it causes insecurity, inefficiency and waste.

The facts speak for themselves:

- Smoking is almost twice as common in disadvantaged areas of Dundee, Perth and Angus as it is in better-off areas.

- People living in poorer communities eat just about half the amount of fresh fruit and veg as their better-off counterparts.
- Two out of five people in disadvantaged parts of Tayside never take any physical exercise
- Less than 30% of mums from poorer areas of Tayside breastfeed their babies - compared to more than 70% from better-off communities.

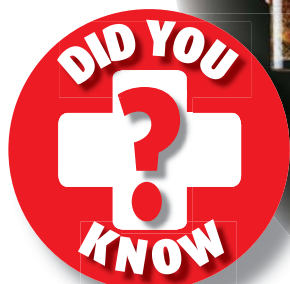
These are just some of the health inequalities that we know are widening the gap between communities in Tayside.

That's why we've sent you this newspaper. At NHS Tayside we want to do everything we can to stamp out those health inequalities - but we can't do it without your help.

Inside this first edition of Health Alert we've looked at a range of health topics affected by inequalities. You'll find articles about exercise, diet, smoking, breastfeeding and sexual health. We hope you find them interesting, useful and stimulating - and we hope they make you think about the things that affect your own health.

Most of all, we need you to let us know how inequalities affect you - and what you think might help ensure a healthier future for you and your family.

Please use the questionnaire on the back page to let us know what you think. Every answer we get will be used to help us to find new, more effective ways of making sure we can all choose to live longer, fuller, healthier lives. ●



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Fighting health inequalities in Tayside

Health ALERT

Contacts

If you're concerned about any of the health issues raised in this newspaper or would like further information and advice, help is available via the telephone numbers listed below.

BREASTFEEDING

Angus 01241 872584
Dundee 01382 632812
Perth & Kinross 01738 473274

EXERCISE

Angus 08452 777 778
Dundee 01382 434800
Perth & Kinross 01738 477900

SMOKING

Call the Tayside Smoking Helpline
0845 6009996
or the National Smokeline
0800 848484

DIET

Call the healthy living Scotland helpline
0845 278 8878

SEXUAL HEALTH

Local clinics offering confidential help and advice can be contacted on

01382 425542 or
01738 473220

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A real sense of achievement

Sharon (24) breast-fed daughter Charlotte for nine months.

"I'd never even considered breast feeding because I didn't know anyone who'd tried it. I was bottle fed myself and both my sisters gave their babies bottles so that seemed the obvious thing to do.

"It was suggested to me as an option at my first hospital appointment and I can't say I was desperate to give it a go, but the more I talked to the midwives about it the more it made sense.

"I didn't feel pressurised into it, but I felt that was what they really thought I should do and I thought they approved when I said I was going to try feeding the baby myself.

"That said, it wasn't plain sailing. I did find the first few weeks quite tough and a couple of times I thought of giving up. I'm really glad that I spoke first to my community midwife, because she put me in touch with a breast-feeding support group.

"That was really helpful to me because I didn't have a friend I could turn to for advice and it was good to know that I wasn't alone and that the problems I was having were quite common and easily sorted.

"Charlie's dad was great, too. He was surprised that I wanted to breastfeed but, after the first few weeks, I was able to express milk and he took a turn of night feeds at the

By

Maura Bowman

The Courier

weekends. I think he also liked the fact that it didn't cost anything and that breastfed babies' nappies don't stink so much!

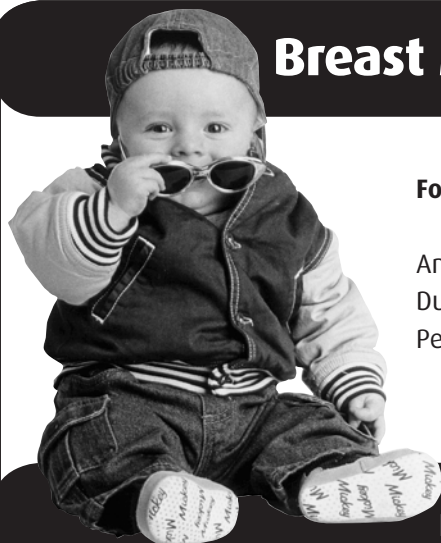
"Because you can't measure out breast milk I worried at first that Charlie wasn't getting enough. It may sound silly, but as she started to put on weight and everyone told me how well she was doing I felt a real sense of achievement.

"She was the one who decided she'd had enough and I was really sorry when she did. I would happily have carried on breast-feeding longer and I will definitely breast feed my next baby."



● In-depth studies have proved the benefits of breastfeeding are considerable.

Breast Milk - designer food for a real cool dude



For your local group contact:

Angus 01241 872584
Dundee 01382 632812
Perth & Kinross 01738 473274

For further breastfeeding support contact:

The Breastfeeding Network 0870 900 8787
NCT Helpline 0870 444 8708
La Leche League 0207 242 1278
Association of Breastfeeding Mothers
0207 813 1481

Breastfeeding in Scotland: www.show.scot.nhs.uk/breastfeed

Breast is best for your baby's health

By
Maura Bowman

The Courier

IT MUST be so frustrating for child health experts. Almost every day new evidence points to the advantages of breast-feeding, but the message just doesn't seem to get through, particularly to the people who could benefit most.

Studies across the world have shown that breast-fed babies are at lower risk of asthma, eczema, respiratory and ear infections, bowel disorders, diabetes, heart disease, obesity, cot death, even tooth decay, while breast-feeding seems to promote brain development in the important first year of life.

Mothers benefit, too. Apart from the fact that breast milk costs nothing and there is no need to waste time sterilising equipment, they reduce their risk of suffering pre-menopausal breast cancer, ovarian cancer, and hip fractures in later life.

Here in Tayside, a team at Ninewells Hospital has been researching the effects of infant feeding patterns for



● Dr Stewart Forsyth (right)

the past 20 years and the results, particularly regarding combating the contribution poverty makes to ill-health, have been striking.

Consultant paediatrician Dr Stewart Forsyth explained that, as the study was initiated in 1983, the team can now look at the longer term implications of decisions made in the baby's first few weeks of life.

The Dundee study has already found that breast-fed infants suffered markedly fewer bouts of diarrhoea, vomiting and respiratory illness in the first year.

Influence

As they grew older, they had less body fat and lower blood pressure than their bottle-fed pals, suggesting that the way they were fed as babies would influence their risk of heart disease in later life.

Interestingly, the health benefits were most marked in the most disadvantaged population, where only around 30% of mums choose to breast feed, compared to 70% of the more affluent mothers.

"We have found that in low socio-economic groups breast feeding had a significant benefit to the baby when we looked at, for example, gastro-enteritis and respiratory

infections in the first two years of life," explained Dr Forsyth.

"At around the age of seven, the effects of breast feeding were still having a beneficial effect with reduced respiratory illness, blood pressure and obesity levels. It was noted that many children from the lower socio-economic groups who were breast fed actually did better in terms of these factors than children from a higher socio-economic group who were formula fed. "The message that we want to be putting forward is that breast-feeding has significant health benefits for the whole population, but they are particularly strong in lower socio-economic groups. "I'm not suggesting that poverty doesn't contribute to ill health but our evidence indicates that some of the effects of poverty can be modified by the health benefits of breast feeding," he added. While acceptance of the message has been slow so far, Dr Forsyth is optimistic that, with proper support, enough mums in the future will breast feed so that it becomes the norm. He would even go as far as to suggest that it may be necessary to consider offering breast-feeding mothers longer maternity leave on full pay than mums who choose to

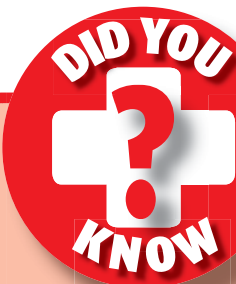
formula feed. The World Health Organisation has recently recommended that infants should be exclusively breast fed for 6 months. "It may not be very politically correct, but I think what we now know would justify it," he explained.

"There is now much better evidence to support the benefits of breast feeding than there was previously, particularly long term evidence, and as a result of that the health service and politicians are taking note and offering support." "Breast feeding is not just a health issue, it is a social issue, and we need to encourage all our partner agencies, including social work, education, housing, and other local authority departments, to support breast-feeding," he went on. "Many poorer families are in regular contact with these departments and we need to ensure that staff working in these departments are familiar with the benefits of breast feeding and can take the opportunity to talk to the mothers about breast-feeding and encourage them and give support."

A major landmark will be when the majority of mothers breast feed for a reasonable period of time. At that point

we will be able to say that breast feeding is the norm and that will undoubtedly encourage more mothers to choose breast feeding for their baby. ●

Striking results of 20-year Ninewells' study into infant feeding patterns



- Just over half of all Tayside mums are breastfeeding their babies when they leave hospital - 44% in Dundee, 55% in Angus and 66% in Perth and Kinross
- Many mums who give up breastfeeding say it's because it embarrassed them.
- Research shows breastfed babies have a much greater chance of growing up fitter, healthier and cleverer.



- Help set up groups to allow breastfeeding mums to encourage other new mums to give their kids the best possible start in life.
- Find new incentives to encourage more young mums under 20 to breastfeed.

What do YOU think would help? Let us know in the questionnaire on the back page



TEN REALLY SCARY THINGS YOU PROBABLY DIDN'T WANT TO KNOW ABOUT SMOKING AND WERE TOO AFRAID TO ASK...

- Over 120,000 people in the UK die from smoking related illnesses every year. That's 2,300 deaths a week. 330 deaths a day or 14 deaths every hour. That's FIVE times the number of people who die from road accidents, illegal drugs, murder, suicide and AIDS put together!
- Cigarette smokers aged 35 are twice as likely to die before they reach the age of 65 than non-smokers
- At least 43 elements in tobacco smoke have been shown to cause cancer
- Smoking can create an imbalance in women's hormone levels which leads to changes in body shape. Research shows smoking increases the waist to hip ratio, making women more likely to develop pot bellies and spindly legs!
- Hold on guys...research suggests that men who smoke are likely to have a shorter penis! Smoking is believed to damage blood vessels, inhibiting the blood flow to the penis. It may also affect elastin, a substance needed to obtain an erection.
- In the bedroom, smoking leads to reduced endurance and stamina, gum disease, tooth loss, snoring, grey skin, wrinkles and bad breath. Pshooar!!!
- Women who smoke are almost a third less fertile than women who don't and are more than three times more likely to take over a year to conceive. Men who smoke are 50% more likely to become impotent than men who don't smoke
- Children exposed to second hand smoke double their chances of being hospitalised for chest illnesses such as pneumonia and bronchitis. They are also much more likely to get ear infections, tonsillitis, wheezing and childhood asthma.
- Famous dead smokers include Errol Flynn (heart attack), Sigmund Freud (jaw cancer), Betty Grable (lung cancer) Humphrey Bogart (throat cancer), Walt Disney (lung cancer) Yul Brynner (lung cancer), Lucille Ball (aortic aneurysm) and Nat King Cole (lung cancer).
- Doctors have added the term "Smoker's Face" to the medical dictionary. Research published in the British Medical Journal showed that smokers can be identified simply from their pattern of wrinkles, gauntness and thin grey skin.

(Source : quitsmokinguk.com)

Quitting Smoking



VERY SMOKER has been there. Someone who has never smoked, and is of course an expert on the subject, will say simply, "Why don't you just stop?"

Unless that evil weed has gripped you, leaving you with the cold sweats and near-blind panic the need to light up will bring sooner or later, no-one can understand just how difficult it can be to quit smoking.

Very few people actively want to smoke. In fact, it seems nearly every smoker is trying to give up or has managed to stop at some time in their life.

Everyone knows the risks involved include heart disease, cancer and a full range of debilitating respiratory illnesses. Added to that is the risk to others from passive smoking, the inconvenience of always having to nip out and the sheer loss of control over your own life.

As if that's not enough, there is also the ever-rising cost of cigarettes and other tobacco products. A 20-a-day smoker will spend more than £130 in a month on cigarettes.

With all that in mind, it may seem mad to smoke, but the fact is tobacco is highly addictive and, once it takes you by the throat,

ditching that legal drug can seem like the hardest task in the world

But it's not impossible. Every year, thousands of people quit on National No Smoking Day and, although some may crack, there are more and more ex-smokers out there.

Support is available from NHS Tayside's smoking cessation schemes and the range of products available to help - including patches, inhalers, chewing gum and drug treatments - continues to grow.

Inspiration

Hearing of the experiences of others can be an inspiration, too. Andrew Sinclair is a smoking success story, having managed four months away from tobacco.

Andrew (29) and his wife Aileen have a four-year-old daughter, Megan, and another baby is on the way.

He said, "I scares me more now, when I think about it from the point of view that I if was to do anything to myself I would impact on Aileen and Megan and this new baby that's coming along. It's not very far on them to do so much damage to myself."

By

Mike Donachie

The Courier

The energy trader, from Muirhly, is confident he will stay away from the cigarettes permanently, despite having been addicted since he was 16, and managing to last just four months the last time he gave up, eight years ago.

With a very busy lifestyle - including a shift-based job and the time pressures of a family - he has found himself forced to deal with the problem without support from health services.

Andrew continued, "I just hit me one day. I woke up and I was looking about for my cigarettes and it struck me it was just crazy. I'd been wanting to give up for a while so I stuck the fags I had in my jacket pocket in the bin."

"I almost started again one night when I was having a beer, so I took some of that nicotine gum to get rid of the craving. I was on the verge of going out and finding a garage or somewhere and getting fags but that offset it enough to get me through."

"I've considered patches and it's something I would look at doing if I felt I needed to."

By contrast, store services assistant Kayn Marston (32), who is eight months' pregnant and from Perth, has been smoking for more than 15 years and has never tried to quit.

She said, "You get cravings when you're pregnant and it looks like this is my craving. I've had the leaflets and stuff like that from the doctors but I was never offered patches or anything like that."

"I've never tried to give up because I don't want to. I can never think of a time when I've really said that I'm going to try to stop."

Cold Turkey

Shirley Moyes (44) did manage to give up smoking when she was pregnant in the 1980s - taking the "cold turkey" route - but the cigarettes were back two years later.

Now desperate to quit, she has tried and failed several times, despite the help of patches, which, she said, "made my arm itch."

Shirley, who works for Marks & Spencer in Perth, began smoking when she was just 12 and has spent most of her adult life trying to stop.

She said, "A week or a fortnight was about the longest in the last few months I've been trying. You start getting really narky and it's a bit of a nightmare. "I know you can go to the doctor and get patches and that you can go to the chemist but I haven't been to the doctor for help."

Police officer David Ford has been smoking for 23 years and, despite three serious attempts at quitting over that time, still finds himself puffing away outdoors in all weathers.

Not a fan of doctors, the Perth 44-year-old has never taken up any medical services and avoids thinking of the health risks involved. Each attempt at giving up was motivated by the expense involved in smoking.

He said, "I've never tried the patches or anything like that, because they cost more than the cigarettes. I wouldn't think about going to the doctor for help."

"The only reason I've ever tried to give up was fags are so expensive. It's nothing to do with the health side of things at all. I don't worry about things like that because you could just get flattened by a bus tomorrow."

Here are a few tips that can make ditching that tobacco a little bit easier:



- Plan ahead and mark a "quitting day" on the calendar. Get yourself mentally prepared for it.
- Seek out medical services. Your doctor and pharmacist have a range of services which might help, including the chance to meet with people in the same situation.
- Make sure all your friends and family know what you're planning and how to support you through it - like making allowances for the odd bad mood.
- Make a note of all your reasons for quitting. You can refer back to it in your weaker moments for a reminder of why you wanted to stop.
- Before you quit, keep a diary of when and where you smoke and how it makes you feel. Think ahead to the situations where you would normally smoke and have a plan of action for each one.
- Bin all your cigarettes, lighters, ashtrays and everything connected with smoking the night before you quit, then wake up to a new day without temptation.
- Remember - each craving lasts just a few minutes. If you can distract yourself for a short time, your willpower will probably return.

Good luck!



- Set up a special service to help pregnant women and their families quit smoking
- Provide extra funding to set up special quit-smoking services across Tayside
- Work with councils and the police to stop sales of cigarettes to young people
- Sponsor a big awards scheme for schools to help reduce smoking by pupils

What do YOU think would help? Let us know in the questionnaire on the back page

For help and advice, call the Tayside Smoking Helpline on 0845 600 999 6 or the Scottish SmokeLine on 0800 84 84 84



Sex education has a vital part to play in today's society

Katie started seeing Paul when she was 15. He was five years older than her and her first proper boyfriend. After a few months they started having sex. Sometimes they were careful and used condoms, sometimes they didn't.

Katie never imagined she would get pregnant. But she did. She was still at school and Paul didn't have a job. There was no way they could cope with a baby, and she was terrified of telling her parents. So, after talking about it together and looking at all the options, they made the difficult decision to have an abortion.

"I felt so awful. I went to the clinic on the day of the termination and I just felt numb. It was like it was happening to someone else. I never thought my life would turn out this way. I felt so stupid. If we'd just used condoms all the time, we would have been okay," says Katie.

Infection

But her problems didn't end there. A few days later, she received a letter from the clinic. Everyone who has a termination is automatically screened for the sexually transmitted infection (STI) chlamydia. Katie tested positive.

"I didn't even know what Chlamydia was," says Katie. "But the letter said I had it and I might have caught it from my partner or a previous partner. But Paul was my first boyfriend. It said he had to be screened too. And then I thought about Paul's ex-girlfriend Ruth, and her partner. The more I thought about it, the more I realised what a mess we were in."

Katie's story is it's not uncommon.

Let's talk about sex

By
Linda Barclay

The Evening Telegraph

Recent figures show the conception rate among girls aged 13-15 in Tayside is 9.6 in every 1000. 62% of girls who get pregnant between those ages have an abortion. Seven to 12% of females who have abortions test positive for Chlamydia.

These statistics aren't cooked up to scare people into safe sex. They are fact.

But perhaps the most sobering fact is that Chlamydia can be symptomless. Other STIs, such as genital warts or genital herpes, are easier to spot. The patient will be aware of pain and discomfort and will see the visible signs presented by their infection.

Symptoms

Chlamydia, on the other hand, can remain hidden. With no symptoms, the infection can stay in the patient's system for years, and may never be discovered until the damage has been done.

"I know now that Chlamydia can make you infertile," explains Katie. "All I had to do was go back to the clinic and get a course of antibiotics. It's cured now. But I don't know what problems it's caused me in the long term. What if I can't get pregnant again, when I want to?"

And it's not just women that are affected by this silent infection. research suggests that as many as one in 10 men under 25 in this country may carry Chlamydia. And they could also be passing it on to their partners without even realising it.

Imagine Ruth's horror when she received a letter from the clinic, notifying her that Paul had Chlamydia. She was terrified of getting pregnant, didn't sleep around and thought she was sensible when it came to sex. She had been with Paul for two years and had been on the Pill. But since they hadn't used condoms, she was now infected too.

"I knew about STIs but it turns out Paul didn't," she explained. "Somebody should be teaching men about the dangers of STIs. Then I might not be in this situation now."



● Confirmation of sexually transmitted diseases can be most distressing for patients.

There are people teaching about the dangers of STIs. They're in Family Planning and Genito-Urinary Medicine clinics all over Tayside. Dr Sheila Lendrum, Senior Clinical Medical Officer in Family Planning for Perth and Kinross is one of those people.

"The problem with young people and sex is that they face so much peer pressure, so many social norms, but don't or can't face up to the responsibility of sex. There is a belief that pregnancy or STIs affect other people, not you," she says.

Abortions

"Risky sex is risky sex. Sometimes they use condoms and sometimes they don't. Then they end up with an unplanned and unwanted pregnancy, they're faced with difficult decisions about abortions and the possibility of STIs. And they're storing up problems for the future."

However, it's not all bleak news. The frightening figures that put Tayside at the top end of the table for teenage pregnancies, abortions and STIs belie something more positive.



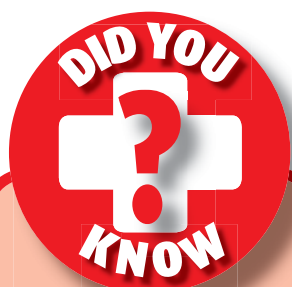
- Work with our partners to make health services more friendly to young people.
- Make sure sexual health education is always offered when contraception is offered.
- Do more research on how we get messages about sexual health and contraception through to young people.
- Offer sexual health education in more settings like youth clubs, community centres and schools.

What do YOU think would help? Let us know in the questionnaire on the back page

Asked what she believes is the reason STIs are on the increase throughout Tayside, Dr Lendrum says, "Sex is a private thing, many people don't want to admit they don't know about it, they don't want to talk about it or ask questions. And many people suffer in silence, too embarrassed to come forward.

"The thing is, the most common infections can be treated or even cured with a course of antibiotics. But most importantly, they can be prevented by the simple act of thinking and using condoms."

And while Katie, Paul and Ruth wait to find out what long-term effects their infections will have, they'll have plenty of time to think about that.



- Tayside has one of the highest rate of new cases of sexually transmitted infections in the whole of Scotland.
- The teenage conception rate in Tayside is among the highest in the developed world - 9.6 per 1000 girls aged 13 to 15. Dundee has the highest rate in Tayside at 12.7
- Over 60% of teenage girls under 15 who get pregnant go on to have an abortion.
- Tayside has one of the highest abortion rates anywhere in Europe.

Diet? . . . my a***!

The Scottish diet is high in fat, salt and sugar - and too low in fruit and vegetables. Next to smoking, our diet is the single biggest cause of poor health in Tayside.

Fast food, fried food, comfort food and convenience food are all implicated in serious illnesses like Coronary Heart Disease, stroke, diabetes and obesity. What's convenient about being struck down with heart problems in your 40s? What's comfortable about being told you've got diabetes?

OK, so it tastes great, right? And it's kind of cheap, and it's available, and it's easy to prepare, and the kids won't eat anything else - just unwrap the newspaper, open the box or slam it in the microwave...chips with everything.

The irony is that healthy food - food which will add years to your life, help you lose weight, feel better, look better and cut your risks of cancer and heart disease - can be just as simple, cheap, available and tasty as that grease-soaked pie supper.

We know that inequality already plays a big part in influencing the way we eat - and in Tayside we want to address that. Research shows that people living in the most difficult social conditions in Tayside eat just about half the amount of fresh fruit and vegetables than people from more affluent areas. That's a shocking difference.

By
Fred Egg

Obesity is also a bigger problem among people whose income is low while breastfeeding rates in deprived areas of Tayside are just 30%, compared to 70% in other areas.

But there's good news - more and more of us are not just hearing the healthy eating message - we're acting on it.

The Healthyliving campaign launched by the Scottish Executive in January 2003 has just reported that almost half the responses - 43% of those contacting the campaign hotline or website for advice - were from more deprived areas.

And 65% of those contacted for feedback said they'd made a positive change to their own or somebody else's diet as a result.

Inequalities

Research carried out among people on low income in Dundee found that two-thirds of people believed they had a healthy diet. Among the third who felt they didn't eat a healthy diet, most agreed that more money, cheaper fruit and vegetables, more health information and more convenient shops selling healthy food would help.

Let us know what you think would help you to eat your way to a better life in the questionnaire at the back of this newspaper. The responses you give will help NHS Tayside develop effective plans for tackling the inequalities that can affect your diet, your health and your life.

Meantime, why not try some of these Healthyliving tips? You don't have to follow them all - one or two would be a good start and could be all you need to get you into a new routine which changes your life for good.

You'll find lots more advice, recipes, tips, facts and support at www.healthylivingscotland.gov.uk/ or by phoning freephone 0845 278 8878.

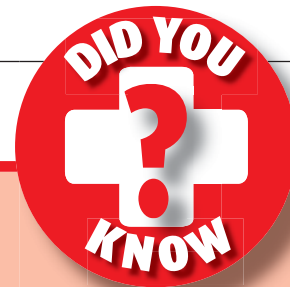
- Aim to lose small amounts of weight steadily, and consistently, over a long period of time. Why? It's easier to achieve lasting weight loss that way. Larger amounts of weight, lost quickly, don't stay lost we promise you!
- Hate exercising? Think of why you hate it - if it's because you find it lonely, join a class. If you feel self-conscious with others, do something alone, like walking, running or swimming at quiet times in the pool.
- Check your labels. They can hide a multitude of sins!
- Eating out? Have a two-course meal only, and go for a fruit-based starter instead of a dessert.



© BBC photo library

● A change of lifestyle might be required . . .

- Don't be fooled! A food that proclaims it's 85 per cent fat-free still has 15g of fat per 100g - and that's pretty high.
 - Fast food favourites - choose a fresh fruit juice instead of a milk shake to cut down fats and sugar.
 - You don't need to cut out cakes, crisps, chips and biscuits - but most of us would benefit if we cut them down. Avoid eating them every day.
 - Fish for health! Eat two portions of fish a week, with one portion oil-rich fish (mackerel, sardines or herring). Choose from fresh, frozen or tinned.
 - Reduce the amount of fat in your diet by grilling instead of frying. If you have to fry, use a spray oil (instead of a pouring oil or a solid fat like lard, margarine or butter).
 - Swap your fatty snacks for breadsticks, scones, fruit, low-fat yoghurts and small sandwiches with low-fat fillings e.g. banana, low-fat cheese and cucumber or salmon.
 - Seek out the reduced or low-fat alternatives to your favourite foods. Reduced fat sausages and oven chips for example are easy to find these days - they may be labelled with phrases such as 'healthy choice'. It is worth noting that these foods may still have a substantial amount of fat in them, so it's worth checking the labels.
 - When it comes to fatty foods and snacks, think F.A.T! Frequency - how often do you eat them?
- Try to reduce them and/or find lower fat alternatives; Amount - try to reduce the portion sizes. Type - avoid saturated fats. For example, choose sunflower or olive oil-based margarine. Each gram of fat contains 9 calories - weight for weight, that's a lot more than other nutrients such as the starchy foods like bread, rice, pasta and potatoes. No wonder it's best to fill up on starch
- It's not the bread or the potatoes that are 'fattening', it's the spread/oil you use on them that bumps up the calories! Cut back on butter, margarine and other spreads, or choose low-fat alternatives.
 - Steam vegetables instead of boiling - that way you retain much more of the goodness, and the taste.
 - Start the day with a large bowl of porridge or breakfast cereal - wholegrain is best. Use skimmed or semi-skimmed milk.
 - Having pasta, rice or potatoes? These should take up about a third of the room on your plate.
 - Avoiding adding salt at the table is a good way to reduce your salt levels. Try eating fewer savoury snacks such as crisps and nuts as well.
 - Drink plenty of fluids - aim for eight to 10 mugsfuls or glasses each day. Choose from water, sugar-free diluting juice, natural fruit juice, semi-skimmed or skimmed milk, weak tea.



- People living in disadvantaged communities in Tayside eat 50% less fruit and vegetables than those in more affluent areas.
- Next to smoking, poor diet is the biggest single cause of bad health in Tayside.
- The Scottish diet is so poor we are 34% more likely to die before we reach 65 than our neighbours in England.

Listen to your tummy — Your waist and your health

● Some people find a lot of their extra weight sits on their waistline. If your waist is actually more of a memory than a reality, then it could be a sign you are at a higher risk of coronary heart disease. The fat that lies there is known as 'intra-abdominal fat' and you can measure the extent of it by measuring your waist.

Research has shown that in general the risk of coronary heart disease, for both men and women, grows progressively along with their waist measurement.

Men have an increased risk if their waist measures 94cm (37 inches) or more.

Women have an increased risk if their waist measures 80cm (32 inches) or more.

Men have a substantially increased risk if their waist measures 102cm (40 inches) or more.

Women have a substantially increased risk if their waist measures 88cm (35 inches) or more.

Although the research shows these 'cut off' points between 'increased risk' and 'substantially increased risk', the message for real life is that the risk of coronary heart disease increases as the tape measure expands.

● Studies were done in America, where researchers measured a lot of waistlines (about 51,000), and matched the results up to other known risk factors for coronary heart disease.

They found the waist measurement was a very reliable indicator - with the advantage that it was quick and easy to do, compared to checks such as weighing, checking blood pressure and measuring cholesterol.

You'll notice that when you have lost even a small amount of weight, you'll feel better (probably some time before you actually see much difference in the mirror). Feeling more energetic helps you to become more active, and gives you some incentive to stick to healthy eating, as well.



- Support the development of food co-ops and cookery skill programmes to help people in disadvantaged communities.
- Work with councils and other organisations to support healthy living community cafes.
- Develop an action plan to improve nutrition for elderly people in care homes and hospitals.
- Sponsor a big awards scheme for schools to encourage young people to adopt healthier diets.

What do YOU think would help? Let us know in the questionnaire on the back page

Health ALERT

ARE YOU UP FOR THE CHALLENGE?

All you have to do to take up the health challenge is think of one thing you could do to improve your health.

What one thing would you choose? _____

What would help you to do it? _____

Are you interested in any of the following?

What would help you have a healthier diet?

- Cheaper fruit and veg
- Being able to buy healthy food locally
- More information
- Healthy recipes or cooking tips
- Other, say what

Do you feel you need to lose weight?

Yes No Not sure

How much weight would you like to lose? _____

Two out of three smokers want to give up. Do you?

Yes No Not sure Don't smoke

Have you tried to stop before?

Yes No

What would help you give up? _____

Bit of a couch potato? Want to exercise more?

Yes No Not sure

What would help you take more exercise?

- Exercise classes
- Child care so I can go to a class or the gym
- Gym easier to get to
- Cheaper exercise options
- Knowing what is available
- Somebody to go with

Are there things we need to change about sexual health services we provide?

Yes No Not sure

Are you breastfeeding?

Yes No

Do you feel you get enough support with feeding?

Yes No Not sure

What would help?

- Telephone advice
- More breastfeeding facilities
- A group for breastfeeding mums
- A group especially for younger mums
- Other, say what

Are you male female

Age band 0-15 16-24 25-44
45-59 60-74 75+

Postcode _____

(Up to the number in the second part only, this tells us the area where you live but not your address)

Please return this questionnaire with any comments you may have about this newspaper or the work we are planning to do to: **The Health Challenge, Director of Change and Innovation, Tayside NHS Board, FREEPOST SE06181, DUNDEE, DD3 8ZR.**

MORE THAN ever before the general population is aware of how beneficial regular exercise can be to a healthy lifestyle and there is equally little doubt there are more facilities than ever before to do that exercise.

It is hard to think of a town or city in Tayside that does not have a gym or a health club, a swimming pool or a cycle route, a jogging path or a park where runners can work out safely.

To borrow an old saying, however, you can lead a horse to water but you cannot make it drink. Despite the opportunity such amenities provide, not everyone makes use of them, though most of us accept we should.

In that category is well-known local disc jockey Graeme Waggott. Head of music for the Dundee-based independent radio station Tay FM, over the last four years or so Graeme has alternated between presenting the breakfast and mid-morning shows.

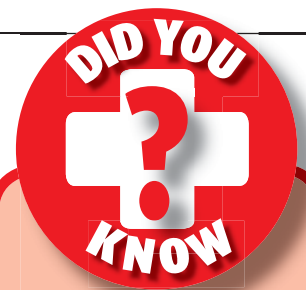
Add to those duties regular gigs and personal appearances and you have a man who knows what it is to burn the candle at both ends. "My job involves a lot of walking

up and down stairs at Radio Tay and plenty of jumping around at gigs and roadshows, but really the one form of exercise I do take regularly is going for long walks on the beach near my home in Carnoustie with my one-year-old cocker spaniel Molly," he says.



● Graeme Waggott

Get fit for life



- People who don't take enough exercise are twice as likely to get heart disease and four times more likely to get bowel cancer.
- Over 70% of women in Tayside and almost 60% of men aren't taking enough exercise.
- In some disadvantaged parts of Tayside as many as two in every five people are never physically active.
- Exercise can reduce anxiety, improve self esteem and make you live longer.

Do it sensibly and regularly and you can reap the benefits.

"For the average person, they should be able to build up to 30 to 40 minutes exercise three or four times a week and if they do reach a more advanced stage 50 minutes to an hour four times a week is achievable. "Working the heart and lungs through walking, running, swimming or cycling is an excellent way to improve general fitness levels and toning."

There is little doubt that being taught good exercise habits at an early age helps and a prime example of that is former footballer Billy Kirkwood, a league championship winner with Dundee United 20 years ago.

Now 44, Billy's playing days are behind him and over the last decade or so he has built a reputation as an excellent coach with clubs like Dundee, Rangers, Hull St Johnstone and United, whom he managed in the mid 1990s.

"People might think that even when you are coaching you are keeping fit, but when my playing career ended I soon discovered that was not the case," he says. "When you are working with players you are not working yourself physically and it is important you find time to do that."

"In my case what I try to do is make sure that every day I take some form of exercise. It might just be going for a walk, but when I do that I try to make sure I do it for at least half-an-hour."

"If I am not walking I will jog for 45 minutes out on the roads near my home in Perthshire and I also have a bike route that gives me an hour's work out."

"I recently left St Johnstone, so at the moment there is no problem finding the time but when I am involved in coaching I do appreciate that people in "real" jobs can find it hard to fit in a reasonable exercise programme."

"Having said that I learned early in my career the benefits of being as fit as you can and it is something that has stayed with me."

By **Tom Duthie**
The Evening Telegraph

Time and time again experts like Jo McColgan of the The Liz McColgan Physiotherapy Centre in Carnoustie find that is because literally too many of us want to run before we can handle walking.

"Here at the centre we deal with a lot of injuries that are caused by exercise that is inappropriate for the level of fitness of the person who is undertaking it," explains Jo. "People undertaking exercise do tend to do too much too soon and that can lead to injuries or them simply being put off continuing because they feel tired and sore."

"When they come here we give them a half-hour induction where we can assess their general level of fitness and take things from there, But whatever form of exercise people want to take it is important they start slowly and build up gradually. "If it is walking I would advise starting with a 10 to 15 minute walk, then building it up by two or three minutes each week up to half-an-hour. Likewise with cycling it would be something like eight to ten minutes building up to 20 to 30 minutes, but very gradually."

"And if people find that after two or three weeks they are not progressing beyond a certain stage, then they have probably found their level and should stick at that."

Just as important as not doing too much too soon, is not quitting. The message is relatively simple - exercise does not have to involve running a marathon, cycling the Tour de France or lifting the equivalent of a small car to be beneficial.

"That's something I suppose and if I am doing the mid-morning show you will find me out with Molly at around 6.30 a.m. That's about it, though because I am not the kind of person who likes going to gyms to work out and I am not really into football, although I will have the occasional kick

around." Like so many others Graeme can come up with excuses for not doing more and is lucky in that so long as he is reasonably careful about what he eats, his weight is not a problem.

He does recognise though he could do more to keep in shape.

"When you are working on the breakfast show, as I have been again recently it is not the best lifestyle for keeping fit and healthy. "You are up at 4.30 to get into the station for your show and if you are working at things like our party nights, it can be the wee small hours before you get any sleep."

"Particularly around Christmas time I have seen me heading straight from gigs to Radio Tay and grabbing a couple of hours sleep there before starting the morning show."

"That makes it hard to find the time to do proper exercise and even eating at anything like normal times can be a problem. However, I know I should do something and I will-honest!"

For many attempts to adopt a healthier life style and go from flabby to fit can be both frustrating and painful.



- Work to find and support new schemes to increase the number of adults who take 30 minutes of moderate exercise and the number of children who take one hour of moderate exercise every day.
- Sponsor a major awards scheme to reward schools that encourage more young people to take more physical activity.

What do YOU think would help? Let us know in the questionnaire on the left