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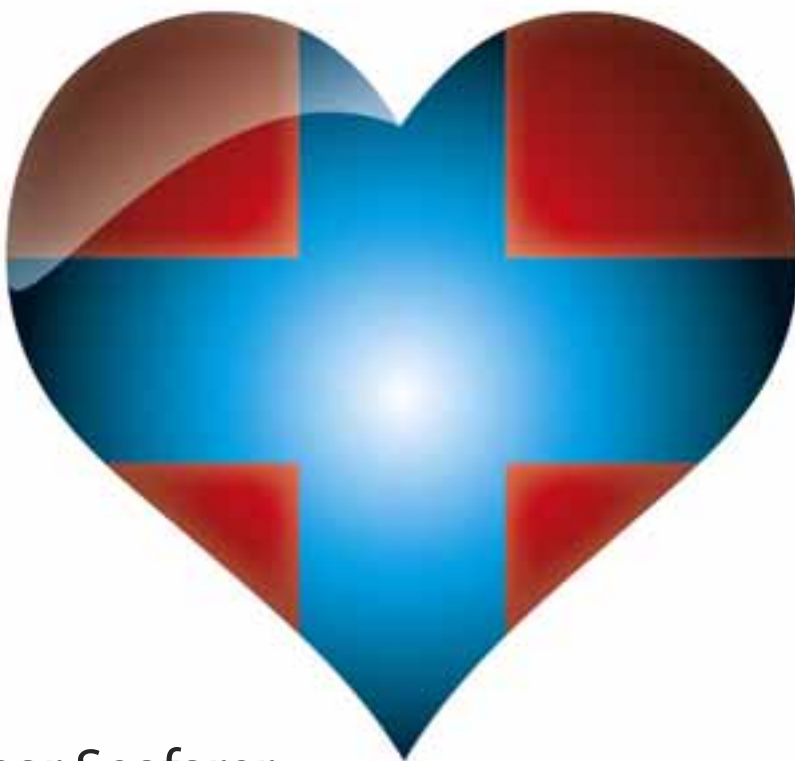


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Heart of the matter



Dear Seafarer,

We are delighted to welcome you to the launch issue of Britannia Health Watch, a newsletter designed to make you think about your own health and wellbeing. You are a valuable resource and your good health is vital to the safe and efficient operation of the ship on which you serve.

The last 10 years has seen marked changes in the pattern of illnesses experienced by seafarers, as well as the available medical care, which has advanced tremendously. Illnesses that were once considered life-threatening are now routinely treated. However, there are illnesses which are now becoming far too common. The effects of those illnesses can be significantly reduced with an alteration in lifestyle.

In this first issue, we have concentrated on the heart and heart-related diseases. Seafarers now spend more time at sea than they did 10 years ago, with plentiful food and reduced exercise. This has resulted in increasing problems of obesity, diabetes and arterial disease. Obesity is closely

related to the higher incidence of heart disease and the two problems have to be considered together. A balanced diet, reduction of intake of foods high in saturated fat, such as red meat and dairy food, and increased intake of healthy foods, such as fruit, vegetable, fish and white meat, can greatly reduce the risk of heart disease.

In future issues of Health Watch we will deal in greater detail with such topics as diet and exercise, stress and other "lifestyle" diseases.

We hope you find this first issue of Health Watch both interesting and informative. Our aim is not to scare you, but to make you aware that relatively small changes to your way of living can have a significant impact on your health.

If you have any comments about the content of this issue of Health Watch and, indeed, any suggestions about what you would like to see in future issues, please do not hesitate to contact us via the email address that appears on the back page.





As a seafarer, you are among the most isolated workers in the world, travelling away from home for long periods of time. As a result, access to medical attention – for primary health care or emergencies – can be difficult. If you then consider factors such as the stress we all suffer from, as well as the long hours of work, lack of exercise facilities, poor nutrition, isolation, and smoking and drinking, this can spell bad news for onboard health.

We all know that a healthy heart is important to us but how much attention do we give it? It is a muscle and like any muscle it needs to be exercised in the right way and it needs to be given the right nutrients. If we get this wrong, we can find ourselves on a road to heart disease, angina and possibly even an early death.

So how can we all start to look after the most important of our internal organs?

Well, we all have a cardiovascular system, comprising of the heart, spleen, blood and blood vessels which circulates blood through a network of vessels in the body to provide cells with oxygen and essential nutrients, protecting us against infection and disease, and stops bleeding from injury through clotting.

The heart is the size of a clenched fist and functions as a four-chamber (valve) muscular pump; the upper two chambers are known as the left and right atria; the two below are the left and right ventricles. Each day a healthy

heart beats about 100,000 times and pumps about 2,000 gallons of blood around our body. The entire system works in tandem with the pulmonary network, as lungs supply oxygen to the heart and eliminate carbon dioxide waste.

It is often said that when the heart is at ease, the body is healthy. The heart is our 'lifeblood'. According to the UN World Health Organization, cardiovascular disease – also known as disease of the heart and circulation – is the cause of some 17.5 million deaths around the world each year and is the principal cause of death among adults.

Cardiovascular diseases include:

- ♥ **Arrhythmia** – when the heart beats irregularly; the most common arrhythmia is atrial fibrillation
- ♥ **Heart valve disease** – when a chamber is diseased or damaged, for example, a valve does not open fully, causing obstruction of the flow of blood
- ♥ **Congenital heart disease** – a heart abnormality from birth, for example, a hole between chambers of the heart, or valves that have not properly formed
- ♥ **Coronary heart disease** (atherosclerosis) – is when arteries that supply blood and oxygen to the heart become thickened and hardened, or when there is a narrowing of the arteries due to a build-up of fatty matter within coronary walls. Angina is the discomfort or pain one feels when there is not

enough oxygenated blood being delivered to the heart when it needs it – for example, during exercise or heavy exertion

♥ **Stroke** – when a blood clot blocks an artery carrying blood to the brain, or when blood supply to a part of the brain is cut off. Without the blood supply, brain cells can either be damaged or destroyed, and as the brain controls everything, the damage that is caused by a stroke may be detrimental to mental and bodily functions

♥ **Heart failure** – when too much pressure is put on the heart making it work harder than it should

♥ **Heart attack** – when a blood clot blocks the coronary artery or when the heart is starved of blood and oxygen, causing permanent damage

There are risk factors that materially increase the chance of having heart disease – some we can do something about, and others which are out of our control.

Risk factors we cannot change are:

- 1) **Age** – the older we get, the higher the chance of a 'cardiac event' or developing a cardiovascular disease
- 2) **Gender** – according to statistics, men have a higher risk of heart disease than women, but this narrows down after the menopause in women
- 3) **Family history** – heart disease tends to run

in families and risk factors can be passed from generation to generation

4) **Ethnicity** – “Some ethnic groups have a different level of risk. For example, South Asian people living in the UK are 1.5 times more likely to die from coronary heart disease before the age of 75 than the rest of the UK population,” said the British Heart Foundation (BHF).

A recent study conducted by the Canadian Medical Association Journal, based on data collected in Ontario (ca 1996-2007), found that “the prevalence of cardiovascular disease is lowest among the Chinese, who have the best cardiovascular risk-factor profile, followed by black populations. Rates of heart disease and stroke are highest among South Asians and Caucasians.”

The differences, the study found, are due principally to socio-economic and lifestyle factors, not genetics. Key risk factors which increase chances of having heart disease – and which can be learnt, controlled and modified to change patterns of behaviour – include:

♥ **Smoking** – smokers are known to be twice as likely to have a heart condition or attack as those who don’t smoke. The most important protection against risk is to stop smoking

♥ **Hypertension** – high blood pressure (BP) is a major risk factor. The target BP is 140/85 (or below). It is important to get your BP checked and monitored by a nurse or doctor

♥ **Alcohol** – drinking too much can lead to high BP, stroke or damage to heart muscle. According to the BHF: “It is better to have just a small amount regularly than large amounts in one go”

♥ **Diabetes** – it is important to control blood-sugar levels, as diabetes significantly increases the risk of cardiovascular disease

♥ **High blood cholesterol** – cholesterol is the fatty substance found in the blood; too much of it increases the risk of coronary heart disease. Too much fat – especially the saturated variety – in your diet results in raised cholesterol levels. Have blood tests done for cholesterol. Butter, lard and ghee are rich in saturated fats; use instead monounsaturated or polyunsaturated fats – corn, sunflower or olive oils

♥ **Being overweight/obesity** – this considerably increases the risks. Keep weight down. Healthy eating helps to reduce the risks and to maintain healthy cholesterol and BP levels. Eat a balanced diet, moderate amounts of low-fat milk and dairy food. Cut your salt intake. Eat two to three portions of oily fish a week, including salmon, sardines or mackerel. Aim for at least five portions of fruit and

vegetables a day, where a portion can be a 150ml of orange juice, one tomato, banana, pear or apple; two spears of broccoli; three to four tablespoons of carrots or greens, etc.

♥ **Lack of exercise/physical inactivity** – aerobic activity (designed to increase the body’s oxygen intake) helps to relieve stress, build muscle tone and bone strength, and provides a sense of wellbeing. Take the stairs instead of the lift. Make exercise part of your daily regime

♥ **Stress and anxiety** – these are contributory risk factors. Learn to anticipate and manage them, to relax or to engage in a physical activity – e.g. yoga – that helps you to relax

Seek medical help if you suffer from any or a combination of risk factors. A recent BHF-funded research, called the “Whitehall” study, conducted by Oxford University, found that the presence of three key heart disease risk factors in men over 50 – high cholesterol, high BP, smoking – could reduce life expectancy by 10 to 15 years. The findings came from examining over 19,000 men who worked in the civil service in London, aged 40-69. The study group was first examined during the period 1967-1970 and 7,044 surviving participants were re-examined in 1997. The BHF said: “We know that stopping smoking and reducing BP and cholesterol can prevent the onset of heart disease.

“These findings suggest that it could make a decade of difference to our lives. Although the study involved only men, there’s no reason why the same shouldn’t apply to women.”

Don’t take your heart’s health for granted. Make important lifestyle choices and changes to protect your heart – now.

Heart attacks – what to watch out for



Knowing some of the key symptoms that occur when you or someone else is about to have, or is having, a heart attack can often be the difference between survival and death.

Whilst it is important to remember that symptoms can vary from one person to another, these are some of the pointers you should be looking out for:

+ Central chest pain; a dull pain, ache or ‘heavy’ feeling in your chest; or a mild discomfort in your chest that makes you feel generally unwell. The pain or discomfort may feel like a bad episode of indigestion

+ This pain or discomfort may spread to the arms, neck, jaw, back or stomach

+ As well as having chest pain or discomfort you may feel light-headed or dizzy and short of breath

+ You may also feel nauseous or vomit.



If you have a sweet tooth your sugar-cravings could be putting your heart, and your general health, at serious risk.

A study carried out by British scientists at the School of Public Health, Imperial College London, claims there is a link between high blood pressure and fizzy drinks, which they believe can be attributed to an excess level of sugar in the blood which may disrupt salt levels and blood vessel tone.

The study found that consuming over 355ml per day of carbonated drink or sugar-sweetened fruit juice could alter blood pressure in this way.

Exercise regime onboard



As a seafarer, it can be challenging to keep fit onboard but with a little planning and effort you can keep active and healthy.

+ If you have gym equipment onboard, make the most of this by working out three times a week. If not, speak with your captain to see if equipment can be obtained

+ Team sports can be a great incentive to keep fit. If you have room on the deck (provided health and safety regulations are followed), why not start up a mini team to play games such as basketball?

+ Performing a series of stretches each morning can be done even if your living quarters are small. Press ups and sit ups are effective

+ Try to become more active while performing your daily duties. Even if your role involves sitting for long periods, stretch your legs and arms regularly and if you have room, go for a brief walk between tasks

+ Use the environment around you. Use the stairs instead of the lift and if your ship doesn't keep weights for exercise, a tin of baked beans is a good alternative!

Immediate action if a seafarer suffers a heart attack



Most often caused by a sudden blockage of the blood supply to the heart muscle (such as a blood clot), a heart attack carries many risks, the most serious being that the heart will stop beating and the patient will die.

If a colleague suffers a heart attack, don't panic – remain calm and use the following guidelines to assist them:

1) Sit the patient down on the floor in a 'semi-recumbent' position (often described as the 'W' position) – sit them up at about 75° to the ground with their knees bent. Placing rolled up towels under their knees can help

2) Tell the onboard medical officer immediately

3) Give the patient a 300mg aspirin tablet to chew slowly (first ask the patient if they are allergic to aspirin). If the patient keeps angina medicine (tablets or a spray) help them to take this

4) Ensure the patient's breathing and pulse rate is constantly monitored until further help arrives

5) If the patient falls unconscious but is breathing, put them into the recovery position – turn the patient onto their side, lift

their chin forward in the 'open airway' position and adjust their hand under their cheek. Ensure they will not roll backwards or forwards and continuously monitor their breathing. After 30 minutes, turn them onto their other side

6) If the patient falls unconscious but is NOT breathing, commence cardiopulmonary resuscitation (CPR). This involves administering 30 compressions on the chest. Place the heel of one hand on the chest, place your other hand on top and interlock your fingers. Press your hands down four or five centimetres then release. Repeat 30 times at a rate of around two compressions per second.

Then give two rescue breaths – first check their airway is open, place one hand on their forehead and lift their chin with the other, pinch their nose firmly closed, take a deep breath and with sealed lips around the patient's mouth, blow into their mouth until their chest rises then remove your mouth and allow the chest to fall. Repeat this step once more. Next, repeat step one and step two continuously until emergency help arrives or the patient shows signs of recovery.

Is your medicine chest stocked up?

A well-stocked medical kit is vital onboard but only with the proper care and attention can crew medical supplies remain up to standard.

Seafarers should report each time a medical item is used so that replacements can be ordered: "The worst kit I ever saw only had one single plaster left in it – the crew couldn't have treated anything greater than a

small cut on the finger," said the General Manager of a well-known ship supply specialist.

If you will not be visiting port for a number of weeks, it's vital that you take enough medication, including those prescribed for heart conditions, for your entire voyage. Also, once you have left your home country it may be difficult to obtain the same medicine

abroad so make sure you bring enough with you.

The most effective method of looking after your kit is to review it on a monthly basis through a management system. With each kit inspection, any medicines which will go out of date before the next inspection must be replaced. It is also important to keep medical kits in a clean, dry environment.