DEEP END: EAST OF ENGLAND

Sex, Sleep & a Sturdy Heart… Why Maslow Matters

CPTH Conference 2025

15th May 2025

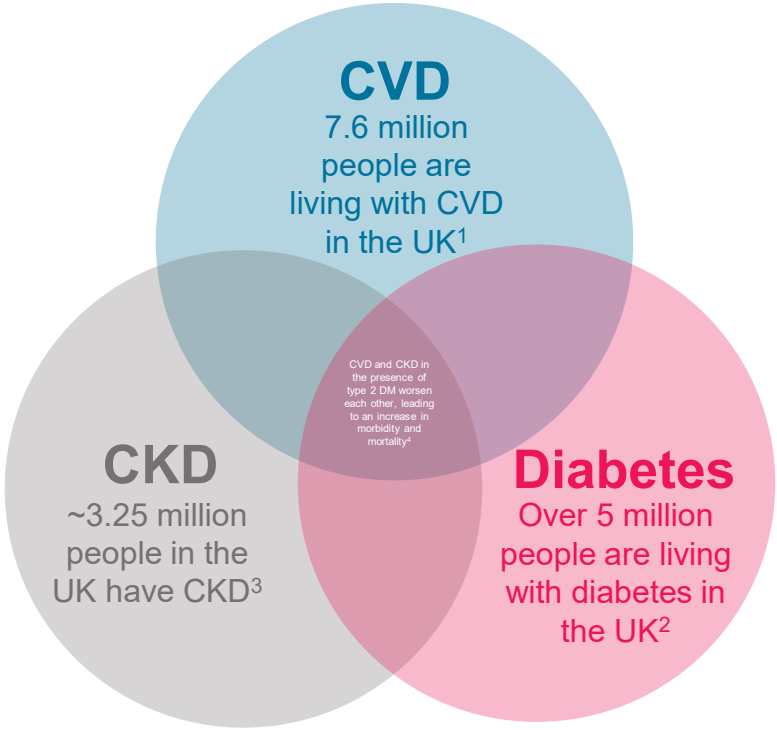
Dr Jessica Randall-Carrick

@DeepEndEoE

www.deependeastofengland.co.uk

Cardiovascular, renal and metabolic conditions are all interlinked

CVD and CKD in the presence of T2DM worsen each other, leading to an increase in morbidity and mortality[4]



Dr Kevin Fernando

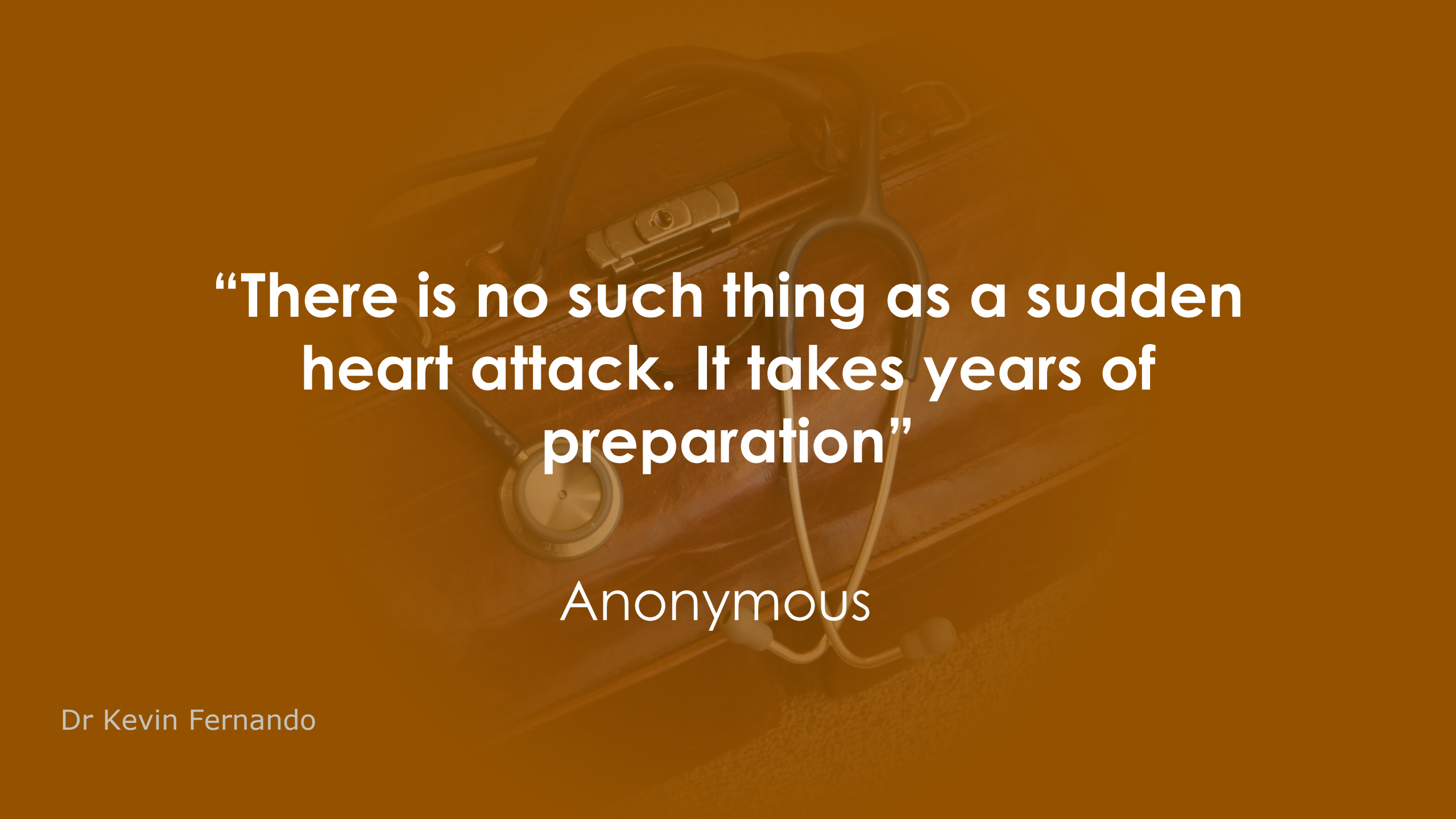
CKD, chronic kidney disease; CVD, cardiovascular disease; DM, diabetes mellitus; T2DM, type 2 diabetes mellitus; UK, United Kingdom.

1. British Heart Foundation. UK Factsheet September 2024. Available at: https://www.bhf.org.uk/what-we-do/our-research/heart-statistics. Accessed October 2024; 2. Diabetes UK. Number of people living with diabetes in the UK tops 5 million for the first time. Available at: https://www.diabetes.org.uk/about_us/news/number-people-living-diabetes-uk-tops-5-million-first-time. Accessed October 2024; 3. Kidney Care UK. Key facts about kidneys. Available at: https://www.kidneycareuk.org/news-and-campaigns/facts-and-stats/. Accessed October 2024; 4. Usman MS, et al. The Interplay Between Diabetes, Cardiovascular Disease, and Kidney Disease. In: Chronic Kidney Disease and Type 2 Diabetes. American Diabetes Association 2021 Arlington (VA). Available at: https://www.ncbi.nlm.nih.gov/books/NBK571718/. Accessed October 2024.

Maslow's Hierarchy of Need

Dr Sonal Shah

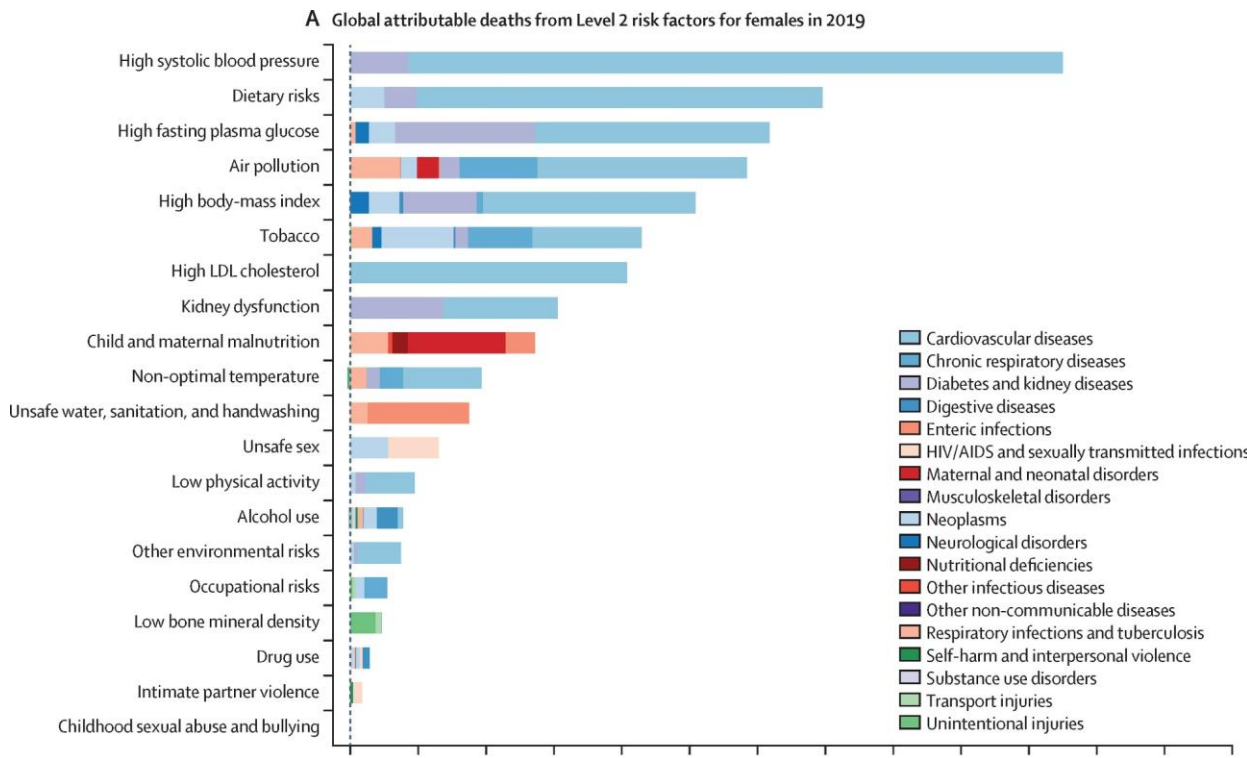
British Society of lifestyle medicine

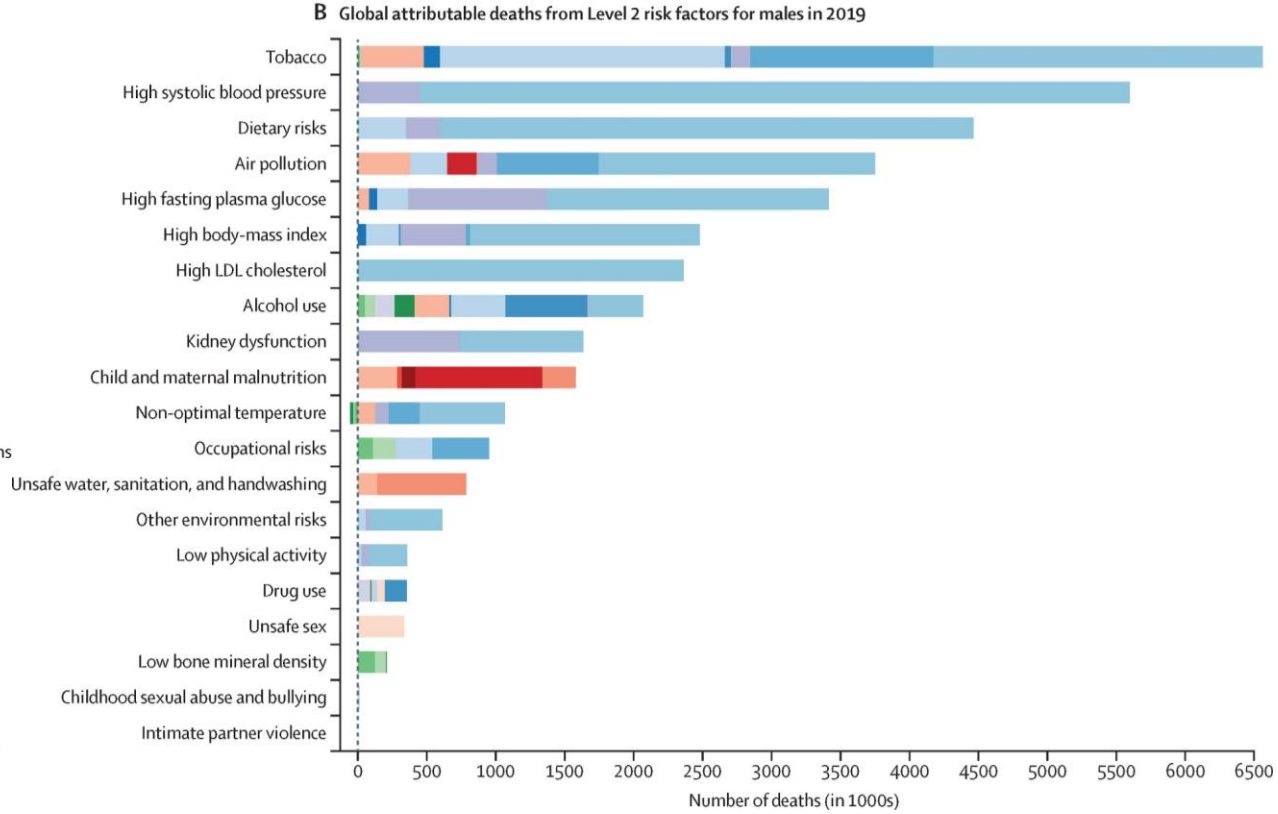


“There is no such thing as a sudden heart attack. It takes years of preparation”

Anonymous

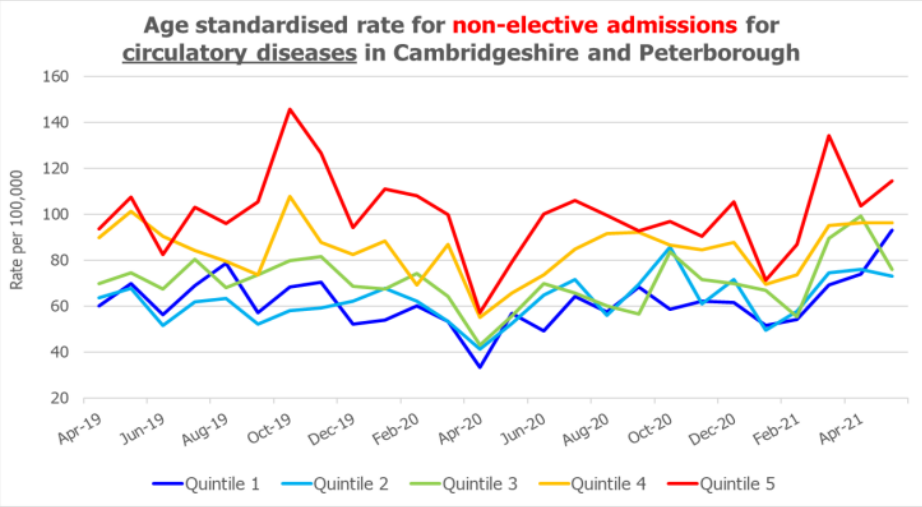
Global Burden of Disease





[Global burden of 87 risk factors in 204 countries and territories, 1990–2019: a systematic analysis for the GBD Study 2019]

CVD admissions in C&P with Deprivation Considered



- Preventable u75 CVD mortality in Peterborough is **significantly worse** than England and regional average, ranked 26th highest district/UA in England with **increasing trend**.
- CHD Admissions in Cambridgeshire and Peterborough is **significantly worse** than England average, ranked 40th highest CCG in England.

CVD & HEALTH INEQUALITIES

- Cardiovascular disease (CVD) causes 1 in 4 deaths in England, and is a **leading cause of morbidity, disability and health inequalities,** accounting for one-fifth of the life expectancy gap between most and least deprived communities.
- People from South Asian and Black groups have the highest risk of CVD.
- CVD is largely preventable.

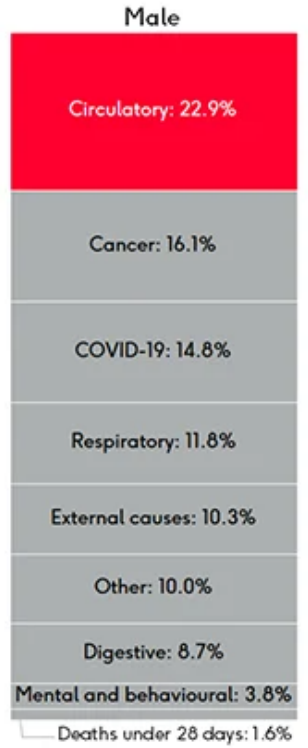
The report found that people living in the most deprived areas:

- have the highest prevalence of smoking, being physically inactive, poor diet and being classified as obese or overweight

The risk factors for CVD apply also to other major conditions such as cancer, dementia and diabetes.

Preventing and managing CVD and its risk factors therefore has the potential to improve population health

Cardiovascular Disease In England: Supporting Leaders To Take Actions | The King's Fund (kingsfund.org.uk) Nov 2022



The report found that people living in the most deprived areas:

- often have a lower likelihood of starting cardiac rehab
- have lower hospital admissions rates for cardiovascular elective care
- higher rates for emergency care.

Inequalities in care delivery and outcomes for myocardial infarction, heart failure, atrial fibrillation, and aortic stenosis in the United Kingdom - The Lancet Regional Health – Europe

How inequalities contribute to heart and circulatory diseases in England - BHF

Salman's story

Salman had a sudden heart attack when he was just 34, which came as a shock because he had none of the traditional risk factors. Salman works as a GP in Tower Hamlets, so he has experience both of experiencing cardiac problems, as well as treating others. Salman is now trying to raise awareness in his community and reduce the stigma that can come with talking about these issues.

"I was born and raised in Tower Hamlets and my family was part of the Bengali community there. I would call myself a strict Muslim and pray five times a day. I have since moved out of London to Redbridge, Essex, where I live with my extended family, but I still work in Tower Hamlets. It is a very financially challenged area and I know – from both a personal and medical professional point of view – that there can be an issue within the South Asian community about speaking openly about heart health issues, but also other marginalised groups.

Most of the time people have tended to react with disbelief that someone like me could have a heart attack. In my experience, young Asian males don't come to the doctor unless they absolutely have to. Only when there's a crisis like very high blood pressure will you get them through the door. This is partly why I'd like to be able to use my story as a way to speak to people at an earlier stage when they prevent with some of the risk factors like diabetes. I want to unlock the conversation about heart health in my local community."

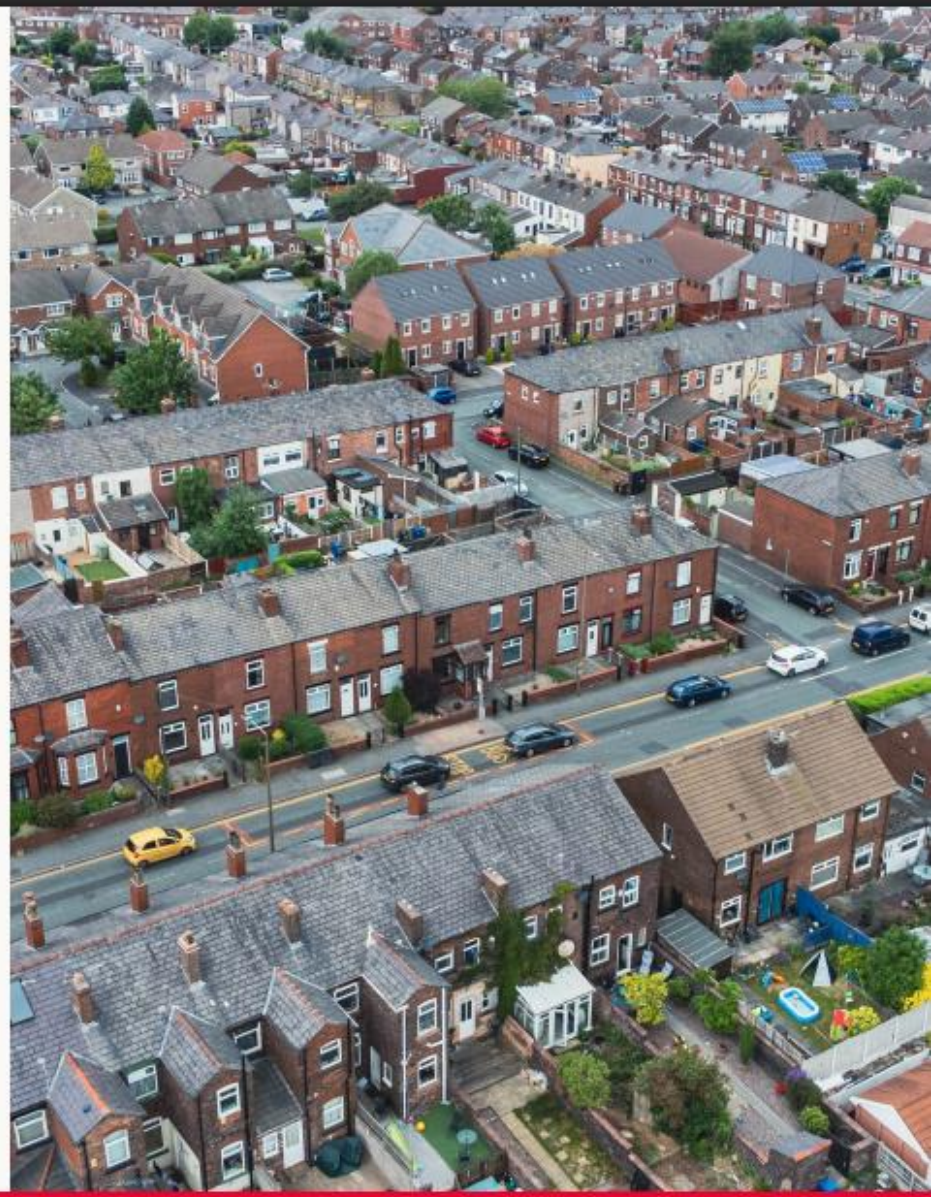
Bridging hearts addressing inequalities in CVD health & care

The impact of deprivation on cardiovascular disease

The most deprived communities in the UK are at the sharp end of the current crisis in health care. People living in them have higher prevalence of heart and circulatory diseases, are more likely to die young from cardiovascular disease (CVD), and often have worse access to important healthcare services that could help them to manage and treat their condition. For example, CVD accounts for around a fifth of the life-expectancy gap between the most and least deprived communities in England.[5]

There is nothing inevitable about this; it is a result of policy failure and inaction on the wider determinants of poor health, in the face of clear evidence. Health inequalities manifest long before people fall ill with a cardiac condition; risk factors for CVD are more prevalent in the more deprived areas of the UK, causing increased ill health and ultimately resulting in unjust differences in early death rates.

It is important to note that much of this inequity is driven by broader factors than access to healthcare, such as income, access to education, and employment status. BHF acknowledges that others are best placed to influence on these, but will use its role in fora such as the Health Equals coalition to drive forward change in this space.



What factors cause poor health?

The most important factors impacting on human/population health and on health inequalities are:

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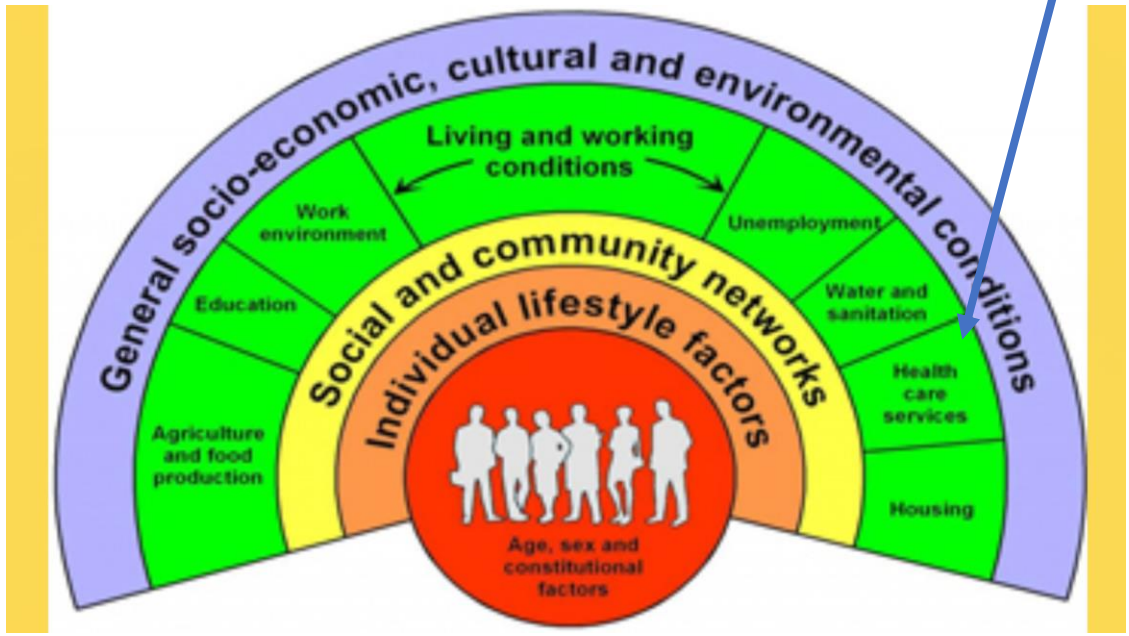
Social Determinants of Health (SDoH)

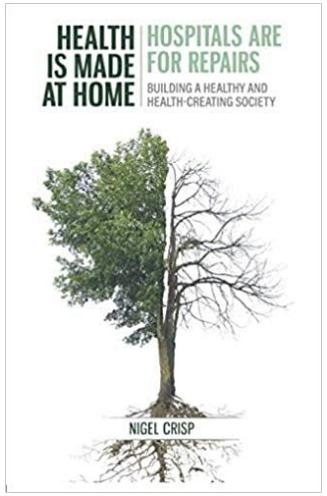
Only 20% of health outcomes

The most important factors impacting on human/population health and on health inequalities are:

"the conditions in which people are born, live, grow, work and age"



Dahlgren G & Whitehead M (1991) Policies and Strategies to Promote Social Equity in Health. Stockholm: Institute for Future Studies



" Why treat people and send them back to the place that made them sick?"

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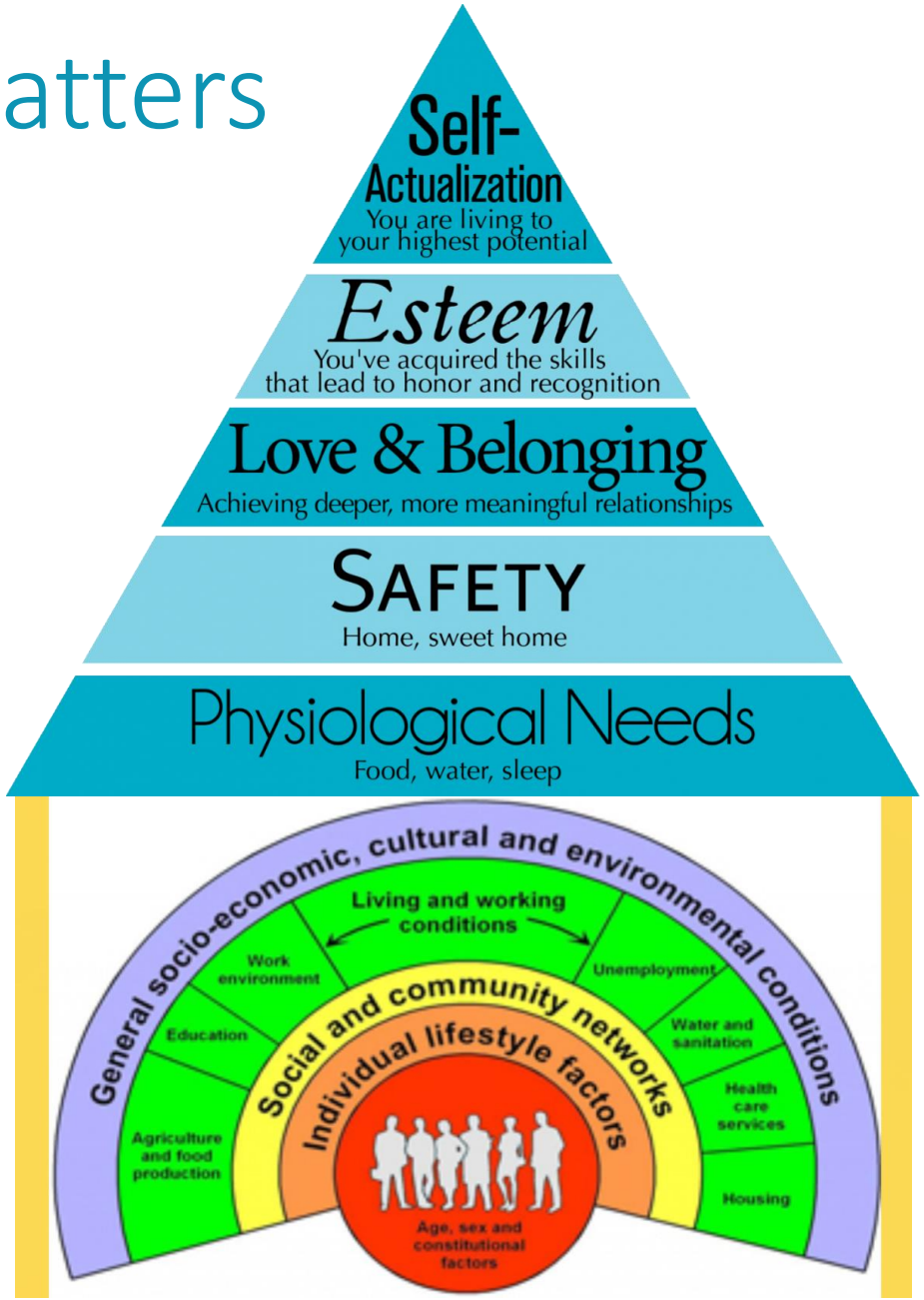
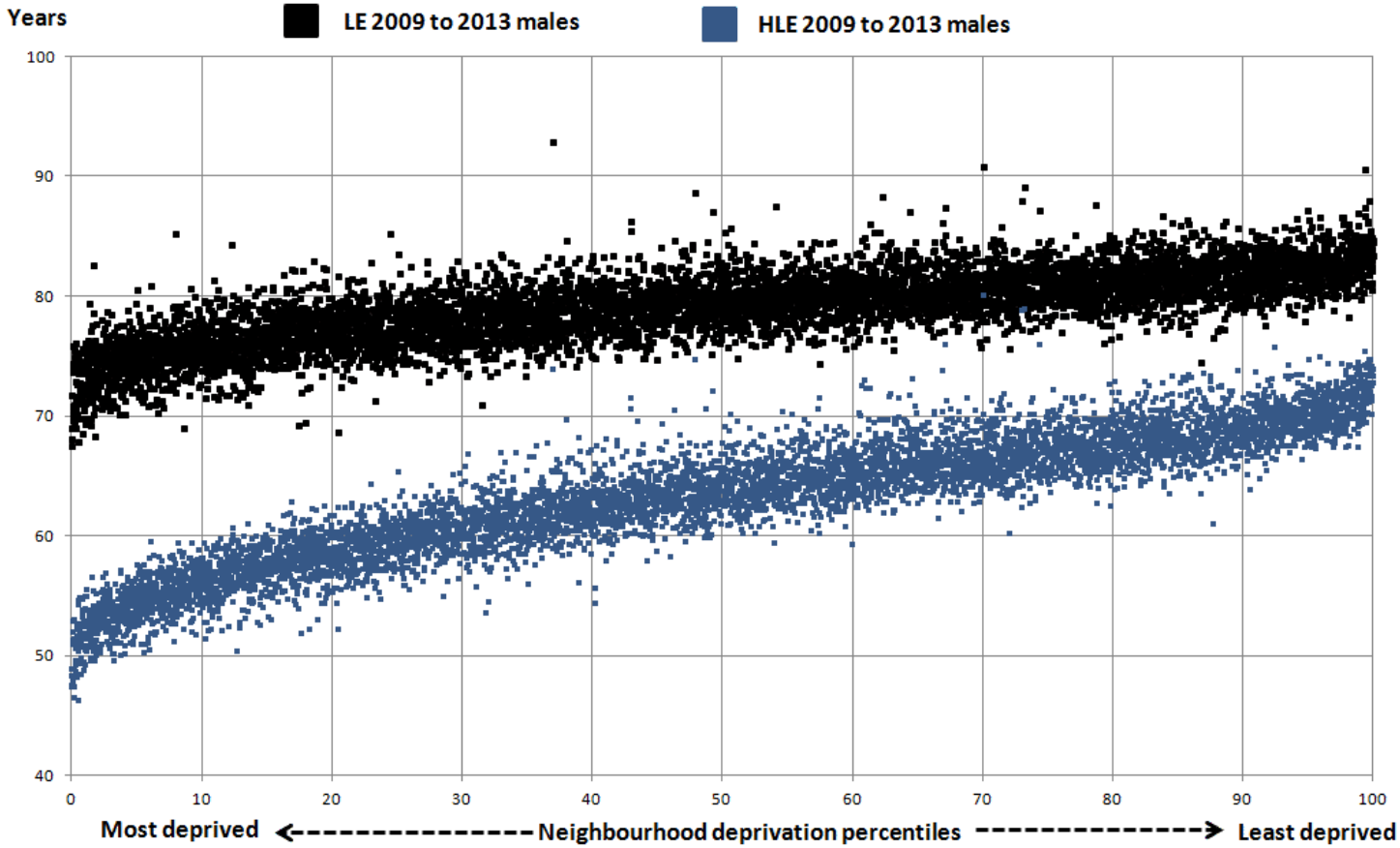
Why Maslow Matters



WHY DOES THIS MATTER?

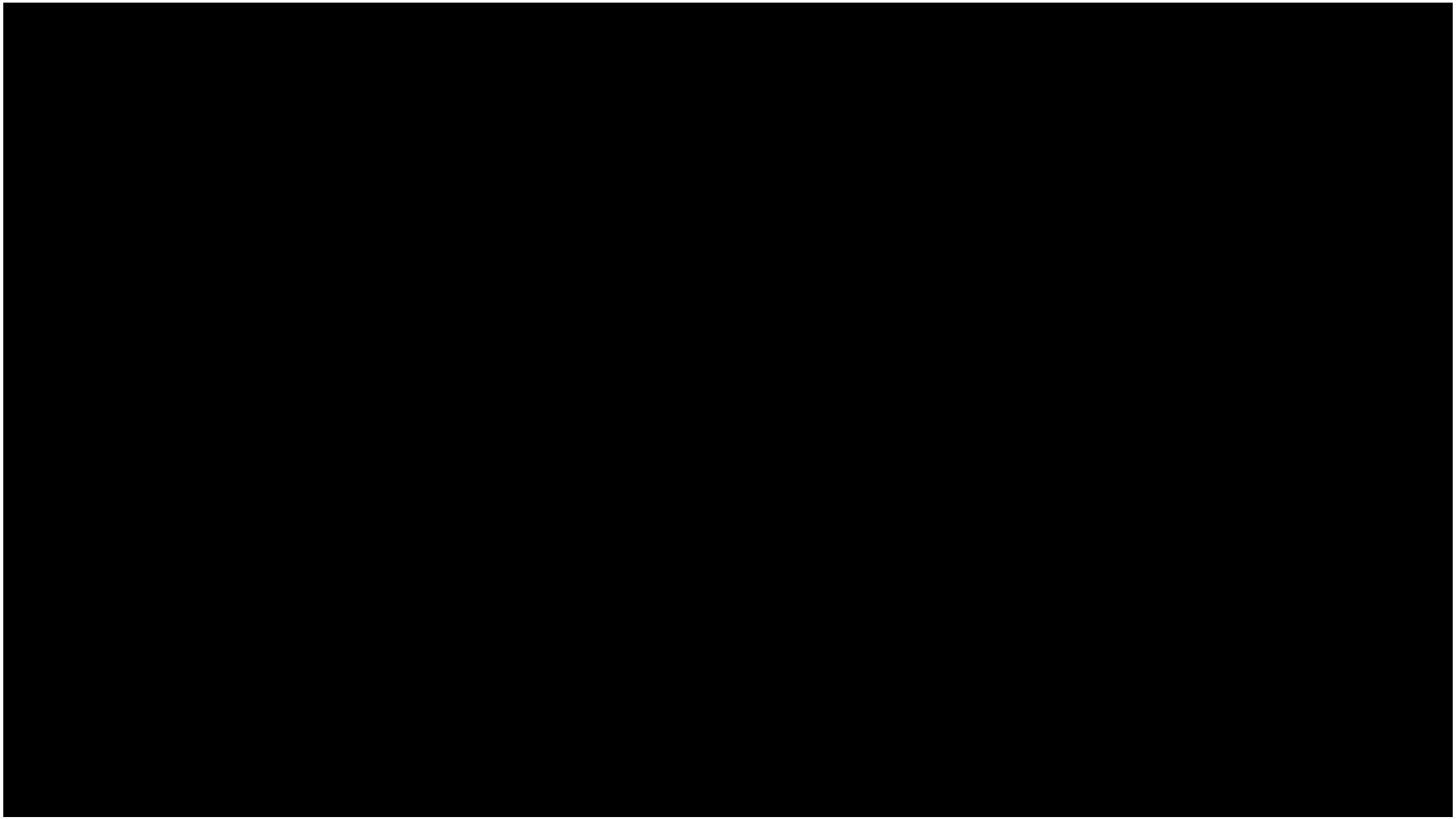


"Most of us cherish the notion of free choice, but our choices are constrained by the conditions in which we are born, grow, live, work and age."

Michael Marmot

Deep End: EoE

Our Choices are Constrained



Taken from https://www.youtube.com/watch?v=PJAgPF5FNTQ

Pause & Reflect...

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What communities particularly face poor health?

Those who face intersectionality with other social factors:

- Protected Characteristics
- PLUS groups

PLUS 5

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PLUS groups – some examples

- Ethnic minorities
- Language
- Cultural
- Coastal communities
- Rural communities
- Looked after children and care leavers
- Traveller communities
- Refugee and asylum seekers
- Young carers
- SpLD/Learning disabilities
- Neurodiversity
- Youth and social justice
- **Others**

Deep End: EoE

Are the PLUS groups the same for children and young people as adults?

The current paradigm: ‘Bikini Medicine’

Core belief:

Men’s and women’s bodies are the same apart from sexual/ reproductive ‘bikini’ parts

Goes back all the way to Socrates

Has shaped health and medicine ever since

We do not properly understand biological sex differences

Majority of animal models are male specimens
It wasn't until 2016 that female mice were mandated to be included in research by NIH.

Before 1993 most clinical trials and device and diagnostic development was conducted on men

Questions about sex-based differences were rarely investigated or recorded

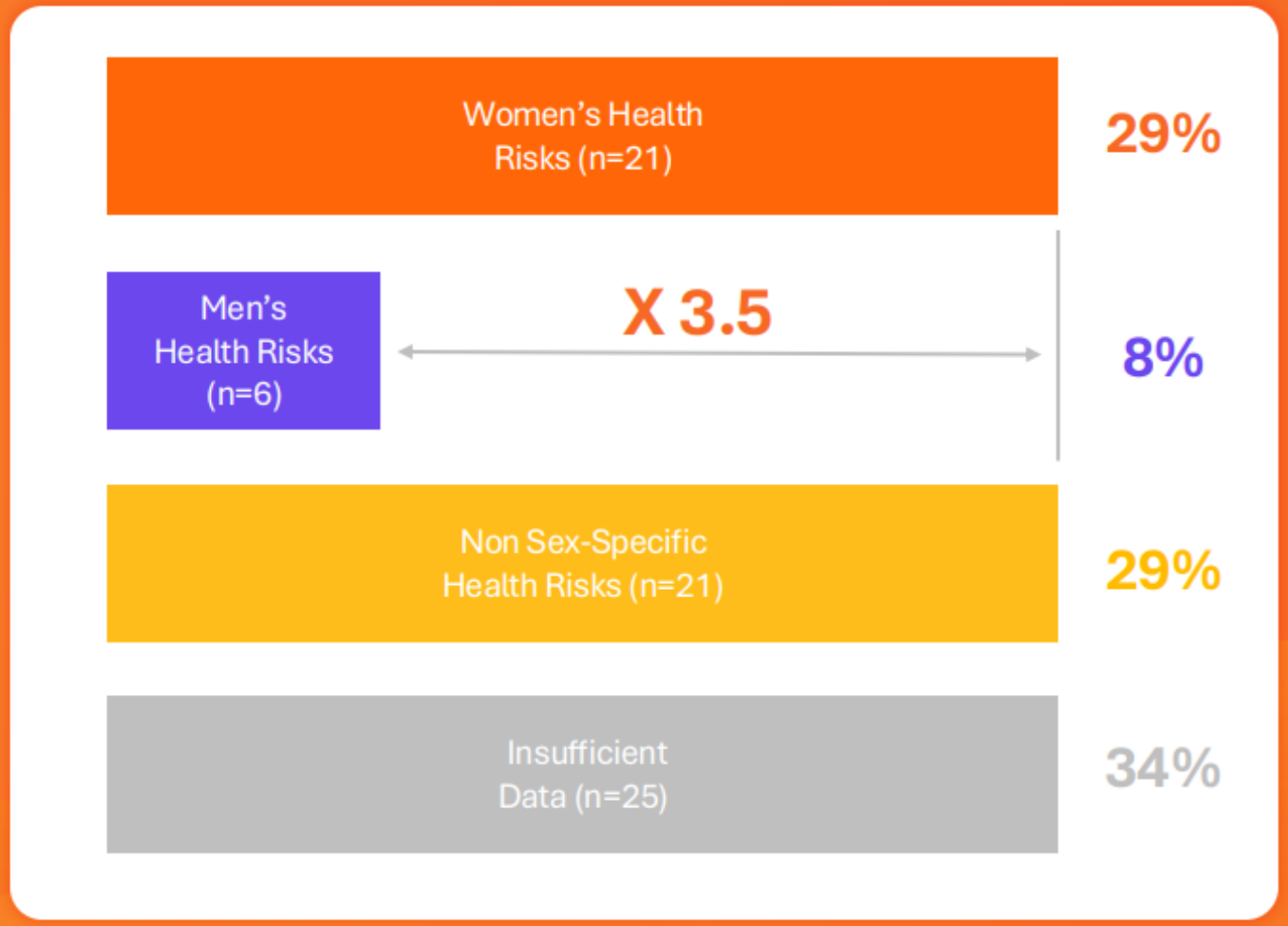
We are not routinely disaggregating the data to look for or report on gender differences

Women's symptoms/manifestations considered 'atypical'

WEF and McKinsey Health Institute: Closing the Women's Health Gap: A $1 Trillion Opportunity to Improve Lives and Economies Insight Report January 2024

Global drug withdrawals between 1980 and 2023[1]

8 Rx drugs withdrawn from USA market between 1997 and 2000 due to increased risk of AEs in women at an average cost of $1.6Bn per drug[2]



Sources:
1. WEF and McKinsey Health Institute: Closing the Women's Health Gap: A $1 Trillion Opportunity to Improve Lives and Economies Insight Report January 2024.
2. Wouters et al JAMA 323;844-853 (2020)

Protected Characteristic: Sex

Menopause and your heart

Women face inadequate treatment and long-term management of cardiovascular conditions

Misdiagnosis can result in delays to women receiving the correct course of care, with potentially fatal results. Even when symptom presentation by men and women is similar, studies show that women are less likely to be prescribed preventative therapies, compared to men with equivalent risk profiles.[109] BHF-funded researchers found that women in England and Wales were less likely to receive the care indicated in guidelines, resulting in higher mortality rates than men following a heart attack.[110]

BHF-funded research estimates that, over a 10 year period, over 8,200 women's lives were needlessly lost to heart attack in England and Wales because they did not receive the same standard of care as men.[111] Women were less likely than men to receive 13 of the 16 recommended treatments following a heart attack, including timely restoration of blood flow and dual antiplatelet therapy to help prevent a second heart attack. Cardiac surgery is another example: women are 59% less likely to access coronary artery bypass surgery and 24% more likely to die within one year.[112]

The same pattern is evidenced in long-term management. Women's participation in cardiac rehabilitation (CR) effectively illustrates the compounding impact of symptom under-awareness and clinician bias. Internationally, women are substantially less likely to be referred to CR programmes by clinicians.[113] If they do get referred, they are less likely to complete the full course.[114] A consensus statement from the British Cardiovascular Society cites personal, logistical or programme-related barriers, and hospital anxiety as potential explanations for this.[115] Finally, if women do complete the programme successfully, data show they do not reap the same benefits as men. Compared to men's outcomes, CR is less likely to improve women's physical fitness[116] and women are less likely to meet the clinical target thresholds.[117]

The risk of CVD increases after menopause in most cases. Monitoring the health of women in their middle age is a critical time in which early intervention strategies should be implemented to reduce the risk of CVD.

Ryczkowska et al, 2022

The link between ethnicity and cardiovascular disease

There is clear evidence of differences in cardiovascular risk and mortality between different ethnic groups in the UK. Population-level data is incomplete, however, and much better data collection is needed to better understand the links between ethnicity and cardiovascular disease (CVD), and subsequently design effective policy and interventions.

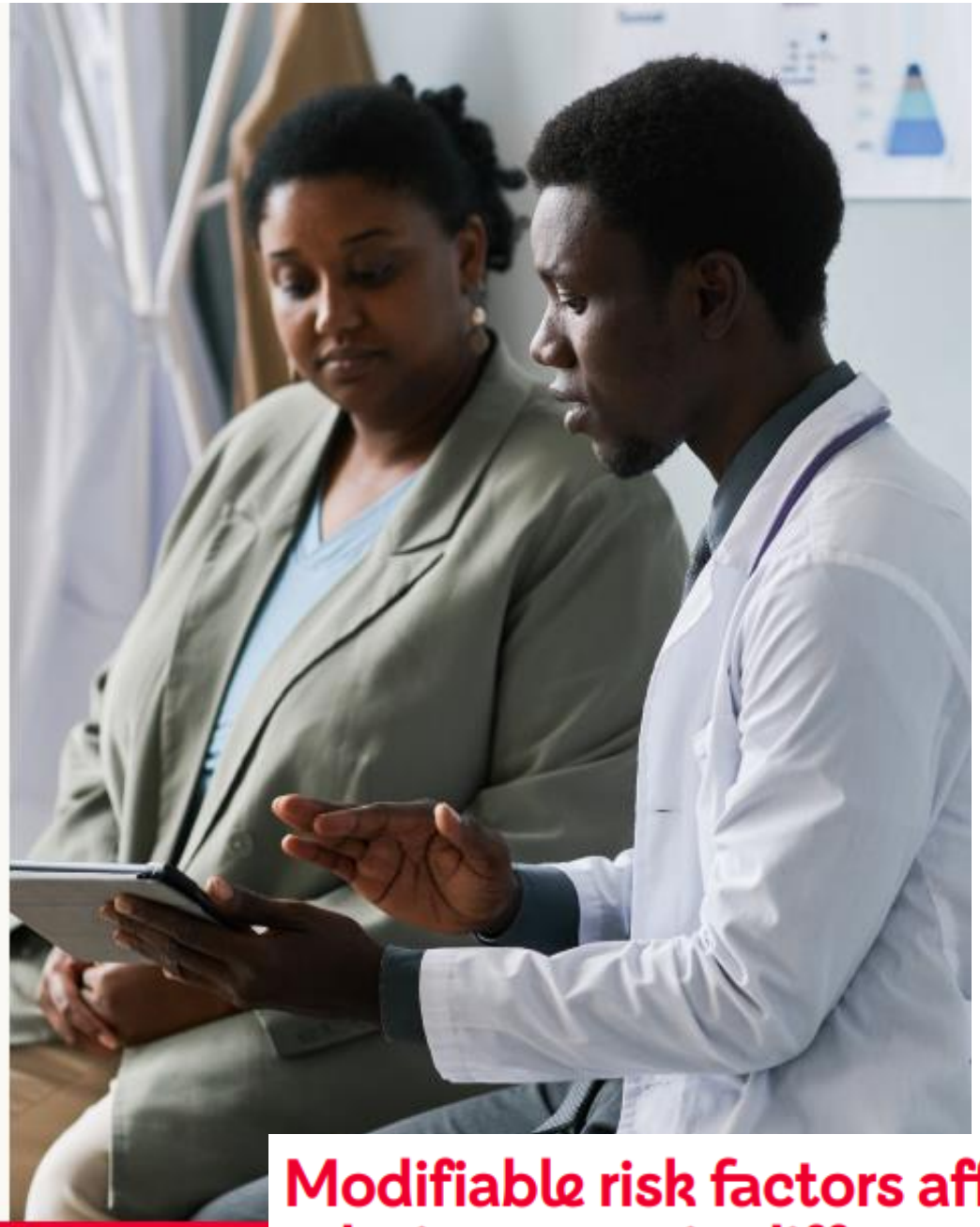
There is a large volume of literature and analysis on inequalities in cardiovascular health, much of which clearly evidences higher rates of CVD and/or many of their risk factors in South Asian and Black ethnic groups compared to White ethnic groups in the UK. Evidence also suggests that access to care for CVD and its clinical risk factors can be more limited for Black ethnic groups.

…ween ethnicity and health – including CVD …, and clinical outcomes – are complex and …health are undeniable, as the Covid-19 …ut unpicking the underlying drivers, and …cular outcomes, is challenging.

…e broad recommendations about what needs to …n care and improve experiences of the system.

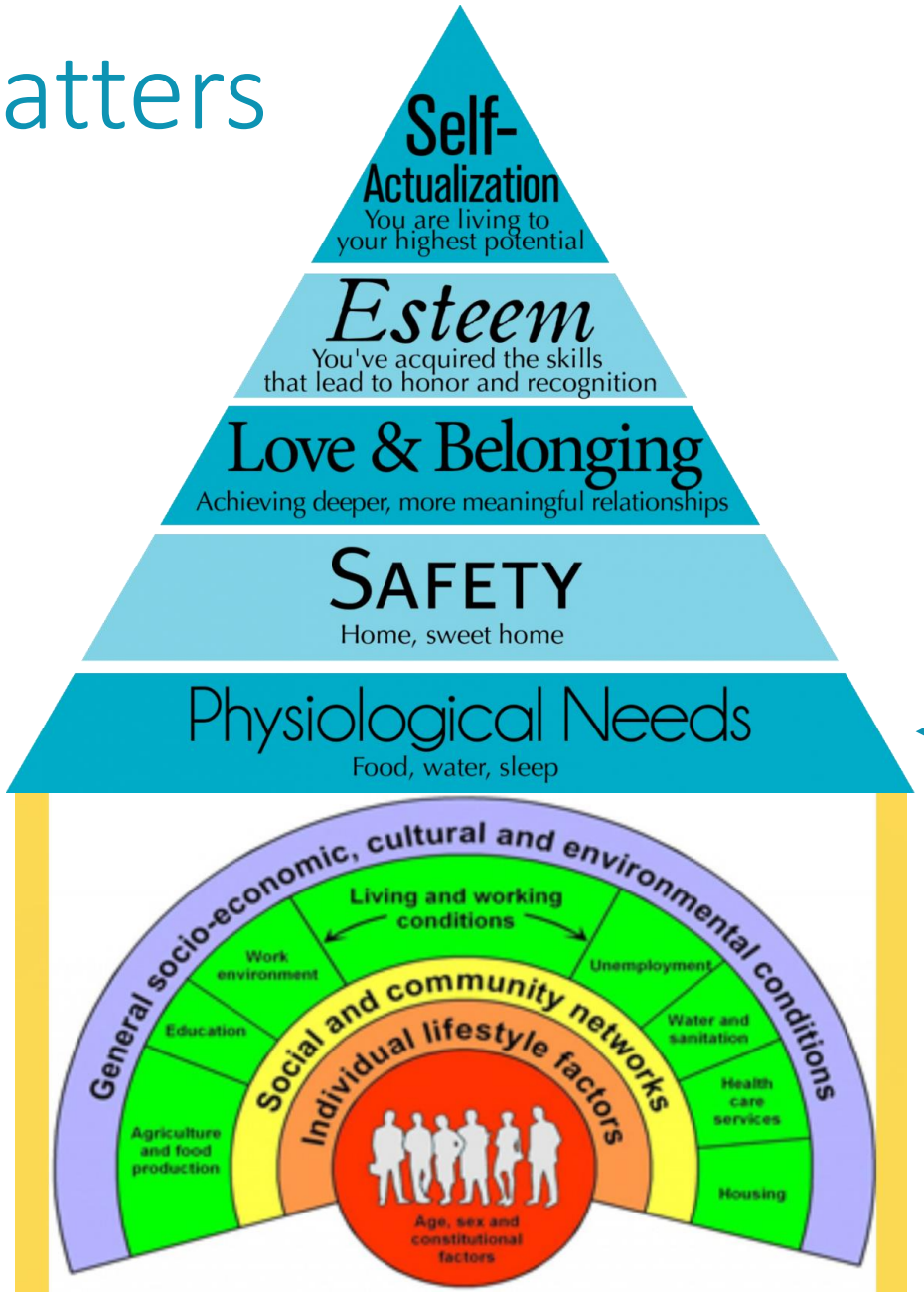
Sir Michael Marmot states:

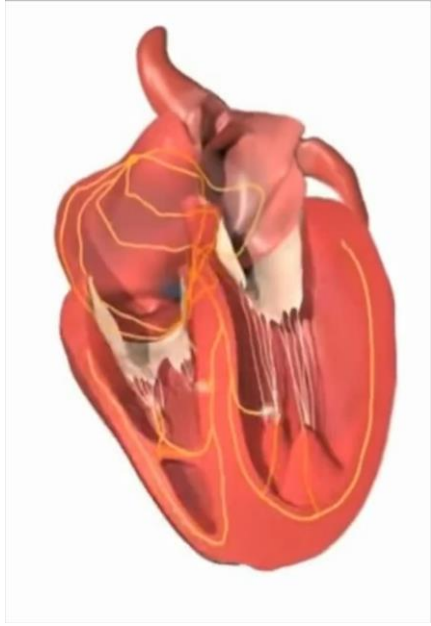
'Racism and the resulting inequalities in policies and institutions that shape education, employment and income drive the disadvantage experienced by ethnic minority groups' [155]



Modifiable risk factors affect ethnic groups in different ways

Why Maslow Matters

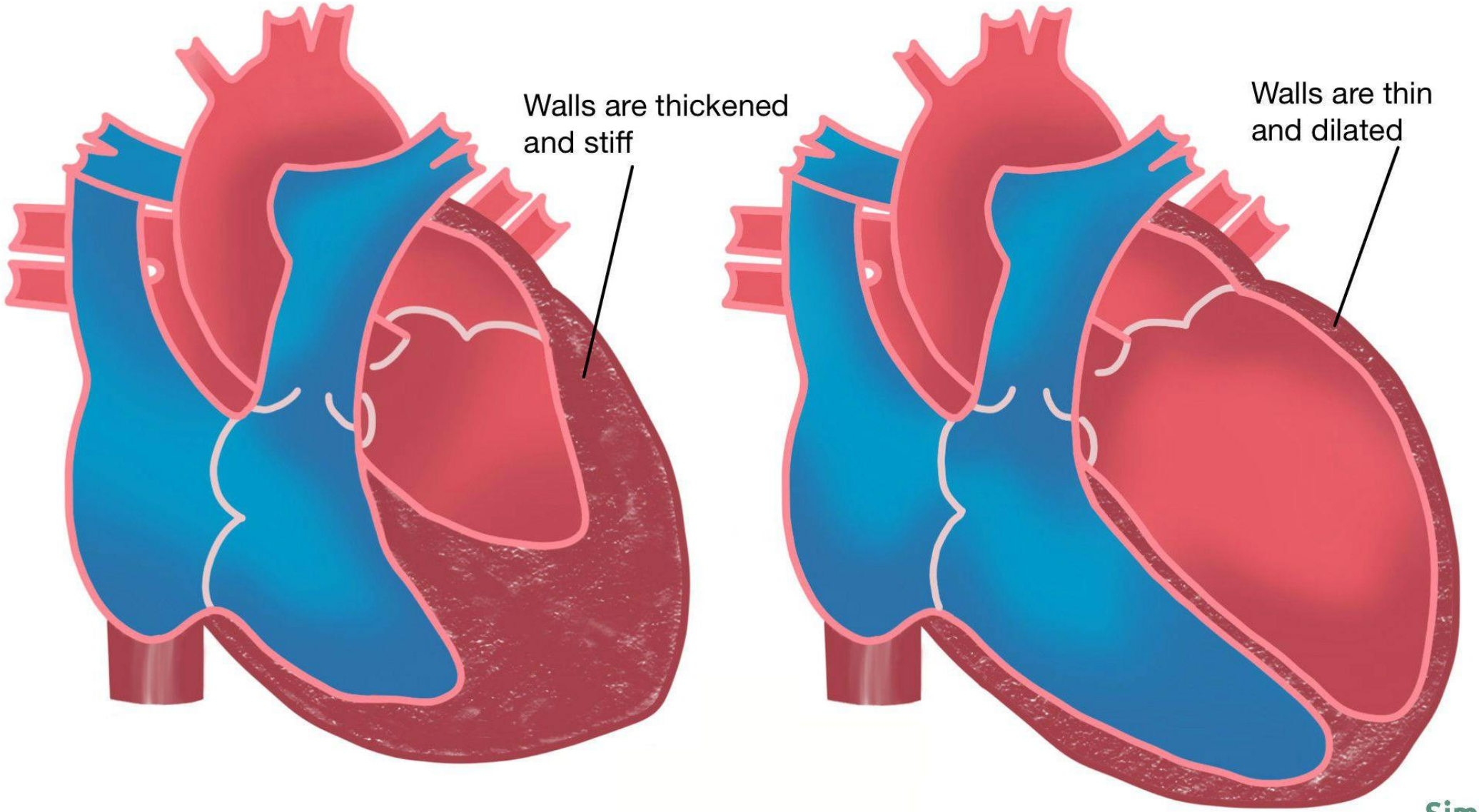




← Sturdy Heart

Heart failure with preserved ejection fraction
(Diastolic heart failure)

Heart failure with reduced ejection fraction
(Systolic heart failure)



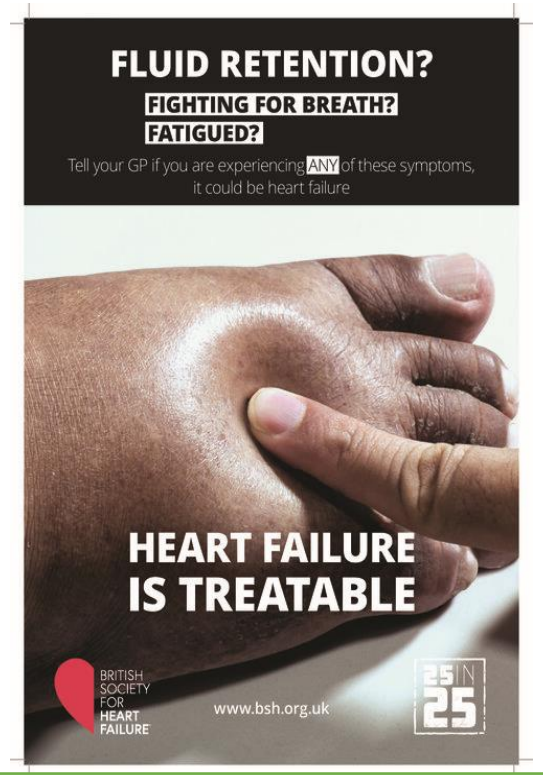
Kathy Simmonds

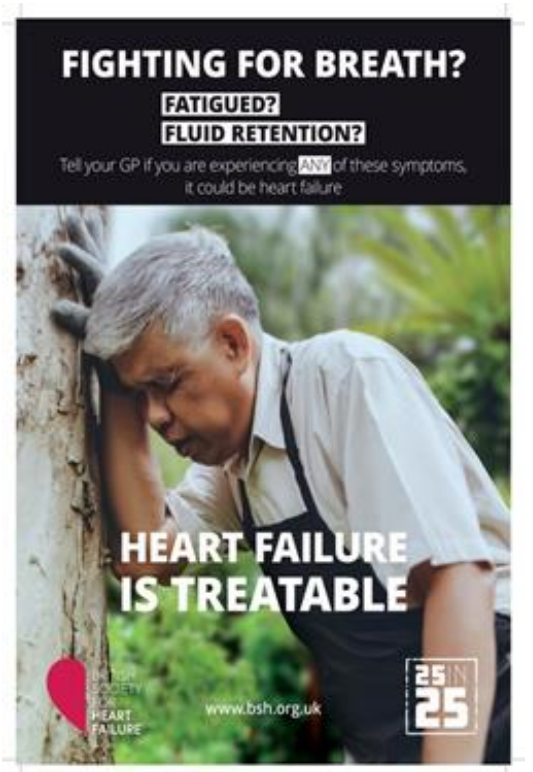
Heart struggles to fill

Heart struggles to pump

Kathy Simmonds

Help Raise Awareness: The ‘F’ word





Heart Failure is treatable

Together we can turn the tide on this life limiting condition.

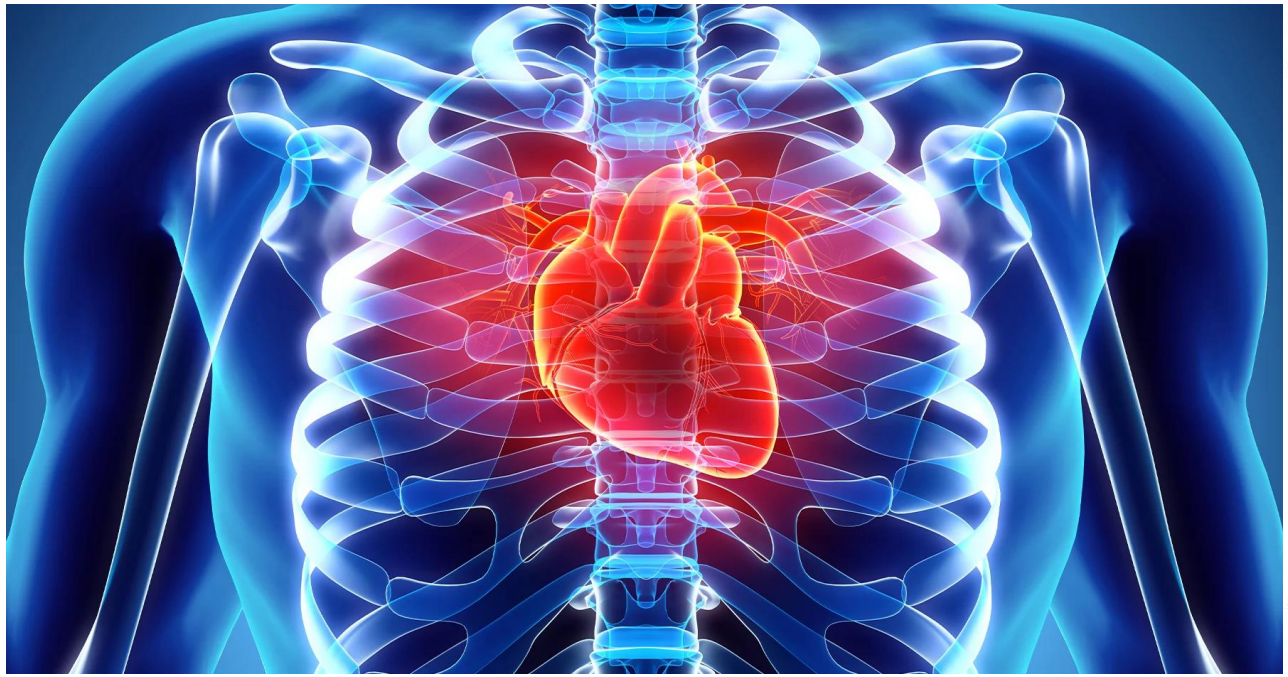
.https://www.bsh.org.uk

Heart failure

*"a **clinical syndrome** characterised by typical **symptoms** (e.g. breathlessness, ankle swelling and fatigue) that may be accompanied by **signs** (e.g. elevated jugular venous pressure, pulmonary crackles and peripheral oedema) caused by a **structural and / or functional cardiac abnormality**, resulting in a **reduced cardiac output** and / or elevated intracardiac pressures at rest or during stress"*[3]

Common symptoms of HF include[1]*:	Common signs of HF include[1]*:
• Shortness of breath / dyspnoea • Orthopnoea • Paroxysmal nocturnal dyspnoea • Reduced exercise tolerance • Fatigue • Ankle swelling / oedema	• Elevated jugular venous pressure • Third heart sound (gallop rhythm) • Laterally displaced apical impulse • Pulmonary crepitations • Peripheral oedema

1. National Health Service. Overview: heart failure. Available at: https://www.nhs.uk/conditions/heart-failure/. Accessed February 2020; 2. Ponikowski P et al. Eur Heart J 2016;37:2129–2200.



CVD: Preventing is better than treating

Dr Kevin Fernando

Dr Rob Howlett

Modifying RF is a vital part of AF management

Key Risk Factor Management Targets for Atrial Fibrillation

HYPERTENSION

BP treatment
120-129 /70-79

DIABETES MELLITUS

Effective glycaemic control with diet/medication(s)

HEART FAILURE

Best medical therapy for reduced LVEF, and SGLTi for all LVEF

OBSTRUCTIVE SLEEP APNOEA
==
Diagnosis and management to minimise apnoeic episodes

PHYSICAL (IN) ACTIVITY

Tailored exercise programme aiming for regular moderate activity

OBESITY
--
If overweight/obese target of ≥10% weight loss

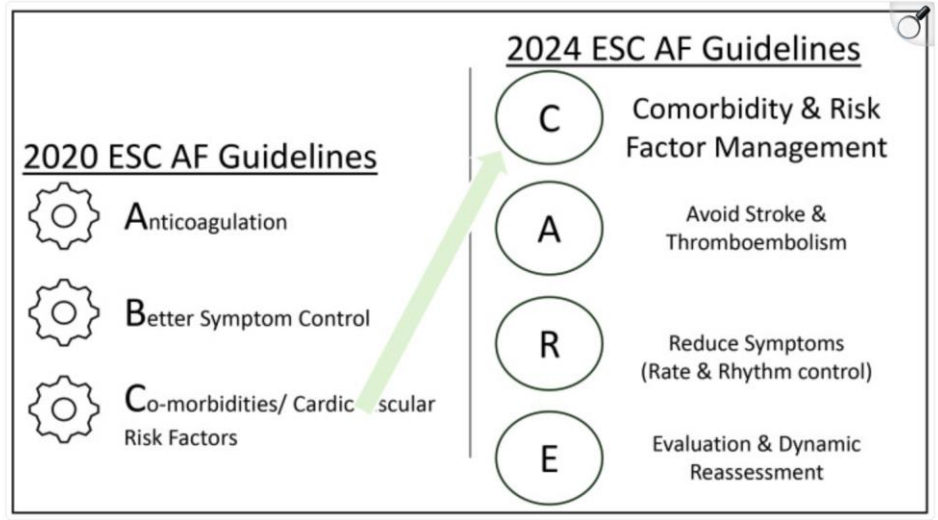
ALCOHOL CONSUMPTION
Reduce alcohol consumption <3 units/wk.

SMOKING

Cessation

HYPERLIPIDAEMIA

Guideline-directed management for the avoidance of CVD



Risk factors for CVD

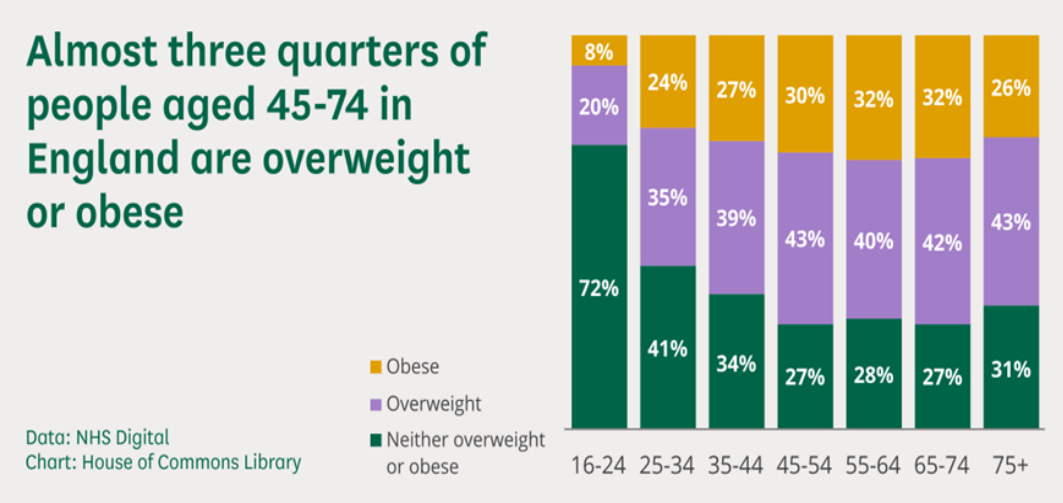
- Hypertension
- High cholesterol
- Smoking/alcohol
- Diabetes
- CKD
- Obesity
- Poor diet
- Physical inactivity
- Sedentary lifestyles

- Ethnicity
- Age
- Gender
- Serious mental illness
- Family history
- Genetic predisposition
- Serious mental illness

- Loneliness
- Social isolation
- Chronic stress
- Poor sleep
- Poor health literacy
- Occupation
- Socioeconomic status

Heart Failure Risk Factors

Obesity and **diabetes** have overtaken CV disease as the major risk factors for developing HF



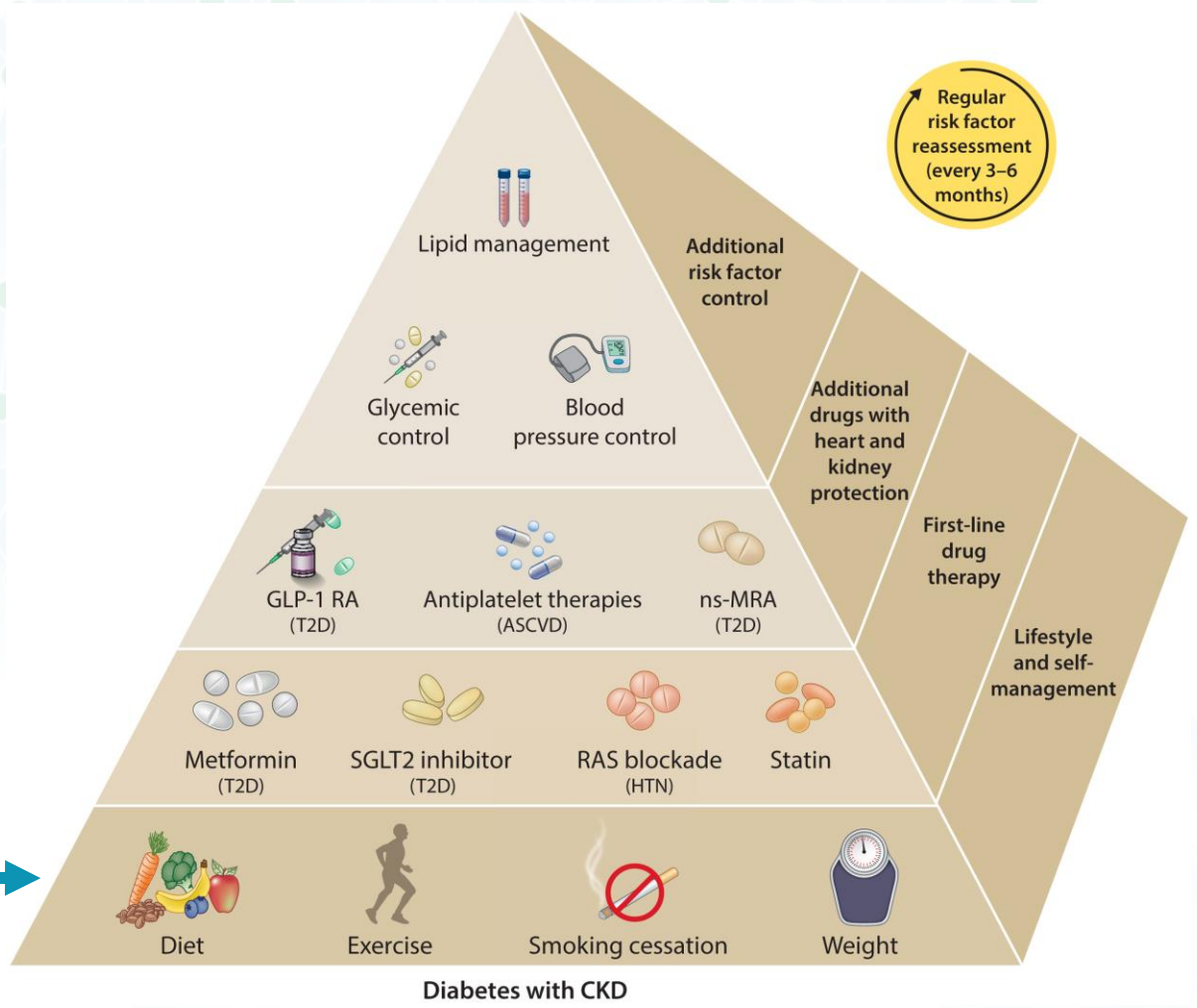
Obesity is the biggest risk factor in T2DM for developing HF:

https://modernheartandvascular.com/top-risk-factors-for-congestive-heart-failure/accessed 19/04/24
OECD, organisation fir Economic Co-operation and Development,
Rashani A et al. Risk factors, mortality and cardiovascular outcomes in patients with T2DM. N Engl J Med 2018;379:633-644

Comprehensive Care in Patients with Diabetes and CKD

Practice Point 1.1.1: Patients with diabetes and chronic kidney disease (CKD) should be treated with a comprehensive strategy to reduce risks of kidney disease progression and cardiovascular disease (Figure 1 and 2).

Risk Factor modification is essential



Dr Kevin Fernando

Carol Edmunds

Most cases of ED have organic and psychogenic elements

- PSYCHOGENIC
- Anxiety
- Depression
- Relationship problems
- Lack of sex education
- Social Media

Erectile Dysfunction and Atherosclerosis: Shared Risk Factors

Coronary artery disease	Erectile Dysfunction
• Age	• Age
• Dyslipidemia	• Dyslipidemia
• Hypertension	• Hypertension
• Diabetes	• Diabetes
• Smoking	• Smoking
• Sedentary lifestyle	• Sedentary lifestyle
• Obesity	• Obesity
• Depression	• Depression
• Male gender	• Coronary artery disease, peripheral vascular disease

IMPACT

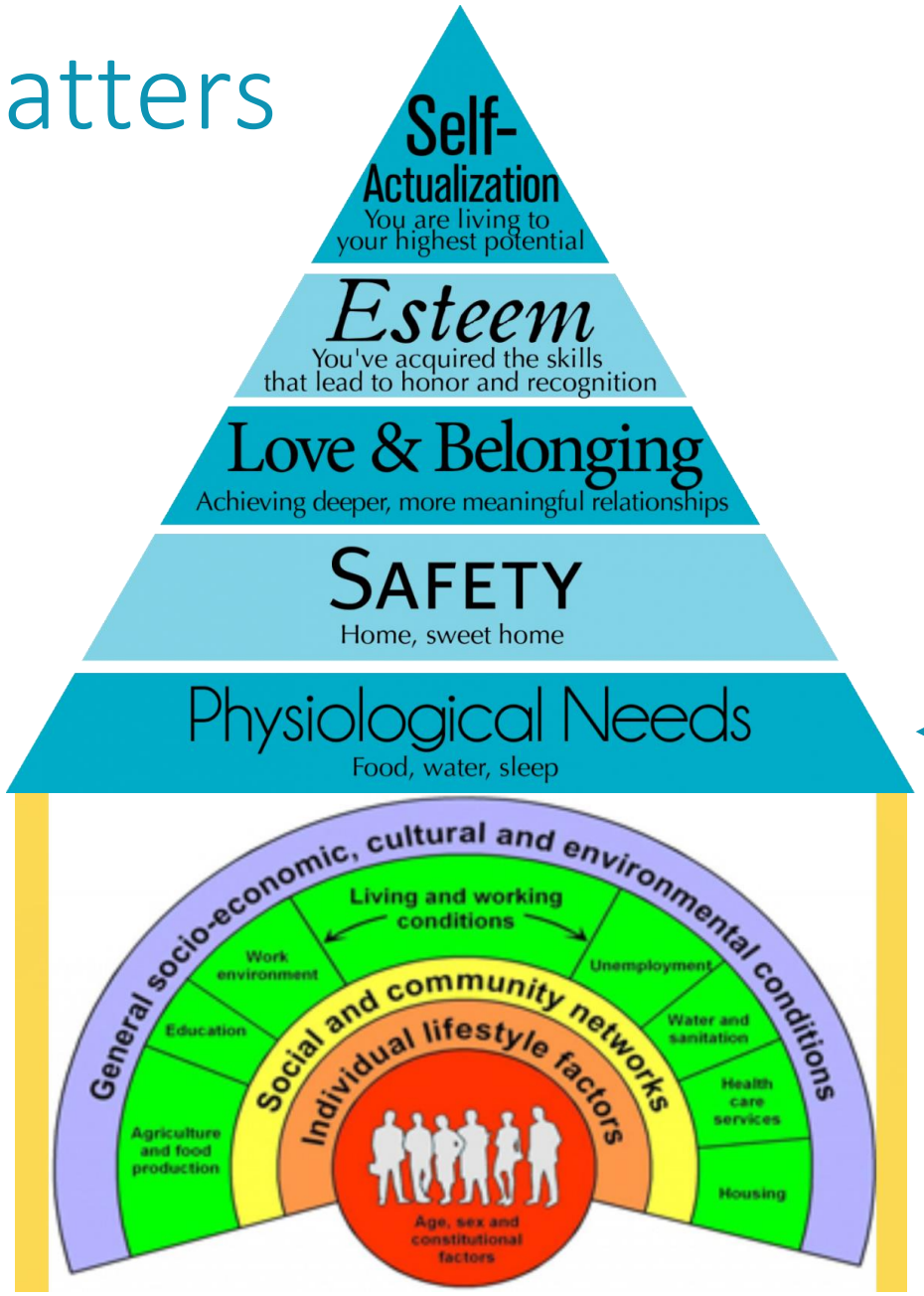
- Overall quality of life
- Can result in low self esteem, poor self image, depression and stress
- Can negatively impact on personal relationships- rejection, guilt

RFs & Inequalities

Cardiovascular disease risk factor	England	Scotland	Wales	Northern Ireland
Hypertension[42]			See note[43]	
High cholesterol				
Obesity				
Diabetes				
Smoking (current smoker)				
Diet (meets 5-a-day recommendation for fruit and vegetables)				
Physical activity (meets 150 minutes of weekly recommended activity				

Table 1 – Comparison of CVD risk-factor prevalence between the most- and least-deprived areas: a nation specific assessment

Why Maslow Matters



Food

Dr Sonal Shah

Keep it simple

- **'Real Food'** - Cut back on ultra processed food – learn to read food labels, avoid things that have more than 5 ingredients.
- '**Mediterranean diet**' –increased number of vegetables, wholegrains, and legumes
- **Eat the Rainbow** (use language that pts understand)
- Increase the amount of **fibre** consumed
- Drink plenty of **water**
- Intermittent fasting or **food-free periods** to allow the gut to 'heal and rest'
- Increase consumption of **oily fish**
- **Limit processed meats** to 1-2 week; eat **less salt**

The South Asian Eatwell Guide

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.

Eatwell Guide: South Asian

Check the label on packaged foods

Each serving (150g) contains

Energy	Fat	Saturates	Sugars	Salt
1046kJ 250kcal	3.0g	1.3g	34g	0.9g
	LOW	LOW	HIGH	MED
13%	4%	7%	38%	15%

of an adult's reference intake

Typical values (as sold) per 100g: 697kJ/ 167kcal

Choose foods lower in fat, salt and sugars

Eat at least 5 portions of a variety of fruit and vegetables every day

Fruit and vegetables

Choose wholegrain or higher fibre versions with less added fat, salt and sugar

Potatoes, bread, rice, pasta and other starchy carbohydrates

Potato

Taro Root

Thepla

Chapatti

Sweet Potato

Idli

Whole grain cereal

Cous Cous

Bagels

Whole Grain Flours

Porridge

Whole wheat pasta

Rice

Dosa

Spaghetti

Poha

Tapioca

Semolina

Raisins

Chopped Tomatoes

Frozen peas

Beans, pulses, fish, eggs and other non-dairy sources of protein

Eat more

Soybean

Soya Chunks

Daal

Besan (Ground Chickpeas)

Tuna

Plain nuts

Chick peas

Dairy and alternatives

Semi skimmed milk

Soya drink

Paneer

Lassi

Oil & spreads

Choose unsaturated oils

6-8 a day

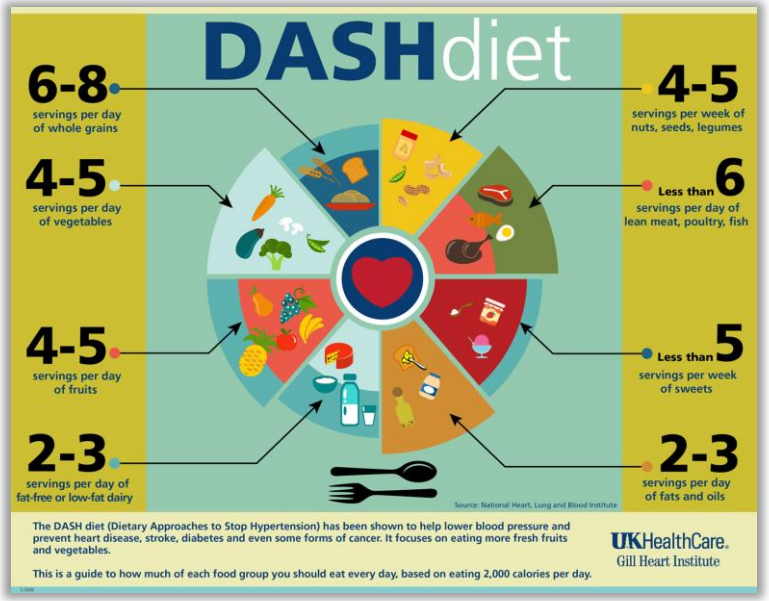
Water, lower fat milk, sugar-free drinks including tea and coffee all count.

Limit fruit juice and/or smoothies to a total of 150ml a day.

Hypertension: Lifestyle Advice

Dr Kevin Fernando

- **Lower salt**
  - <6g a day **↓BP by 5.4/2.8 mmHg**. NB 5g salt = 2.4g sodium = 1 tsp
  - Avoid soluble/effervescent/dispersible meds
    NB aspirin 75mg disp ok



- Also consider **DASH diet** NEJM 2001
  - **↓BP by 11/5.5 mmHg** (comparable to anti-HTN!)

- **Increase potassium** in diet to 3.5-5g. **↓BP by 3.5/2 mmHg**
  - Tomato juice, bananas, potatoes, avocado, spinach, salmon, eggs

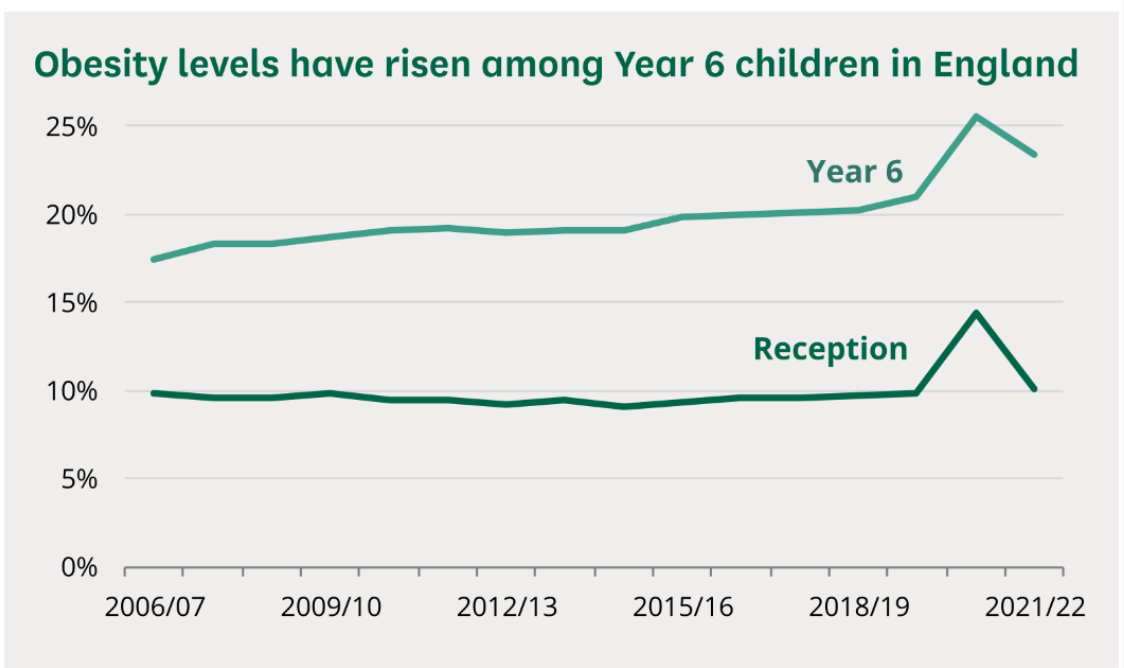
Food-related ill health
Does not affect everyone equally….

- In both Reception (age 4/5) and Year 6 (age 10/11) children living in the most deprived areas are approximately twice as likely to have overweight or obesity compared to those in the least deprived areas

- Age 4/5
  - 13.6% vs 6.2%

- Age 10/11
  - 31.3% vs 13.5%

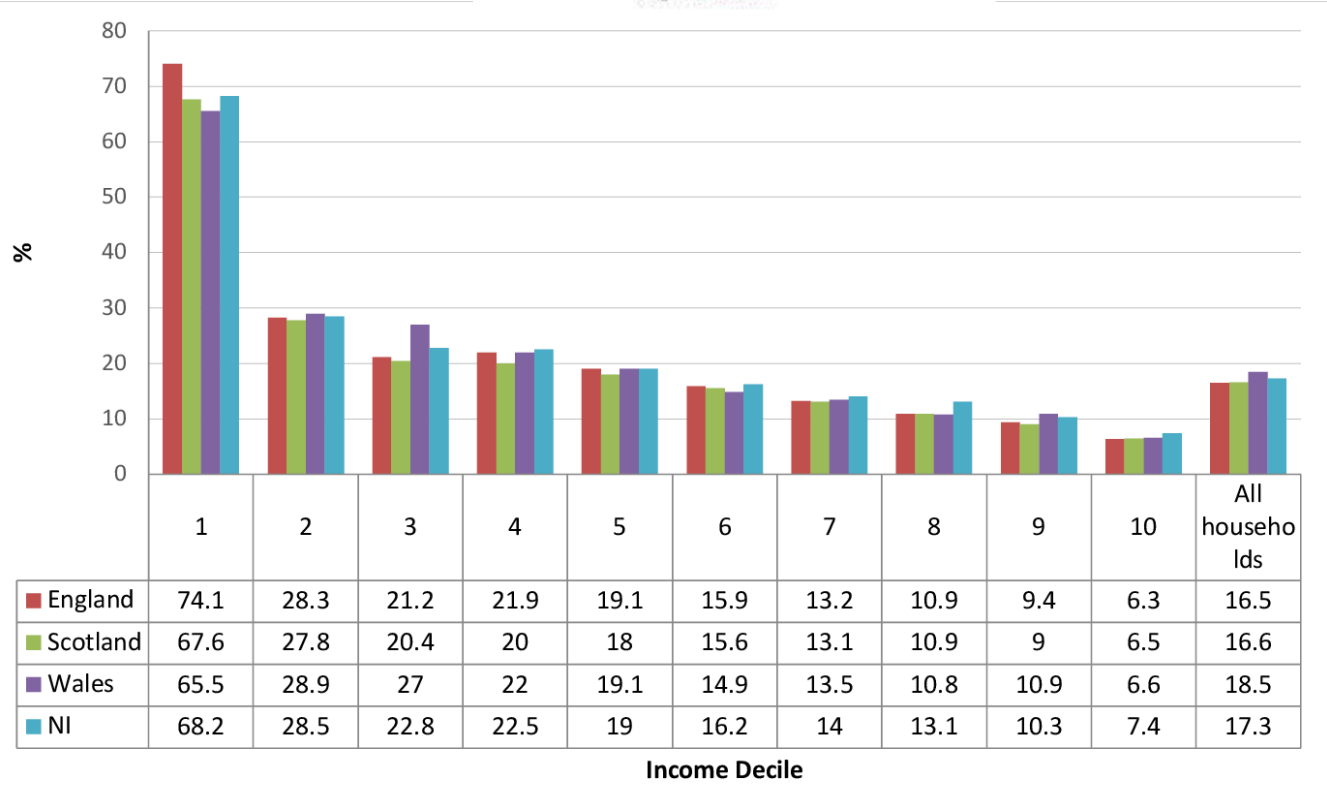
2021/22 figures



Source: National Child Measurement Programme

Eatwell guide

- The UK Government's Eatwell Guide outlines a diet that meets population nutrient needs.
- **Most adults and children in the UK do not currently meet requirements for a nutritious diet**, eating too much sugar, saturated fat and salt, and failing to meet recommendations for fruit and vegetable and oily fish consumption (Food Foundation, 2016). **This is particularly true for lower income households.**
- For households with children in the bottom two deciles, earning less than £15,860, **42% of after-housing disposable income would have to be spent to meet the Eatwell Guide costs**.



	1	2	3	4	5	6	7	8	9	10	All households
England	74.1	28.3	21.2	21.9	19.1	15.9	13.2	10.9	9.4	6.3	16.5
Scotland	67.6	27.8	20.4	20	18	15.6	13.1	10.9	9	6.5	16.6
Wales	65.5	28.9	27	22	19.1	14.9	13.5	10.8	10.9	6.6	18.5
NI	68.2	28.5	22.8	22.5	19	16.2	14	13.1	10.3	7.4	17.3

Income Decile

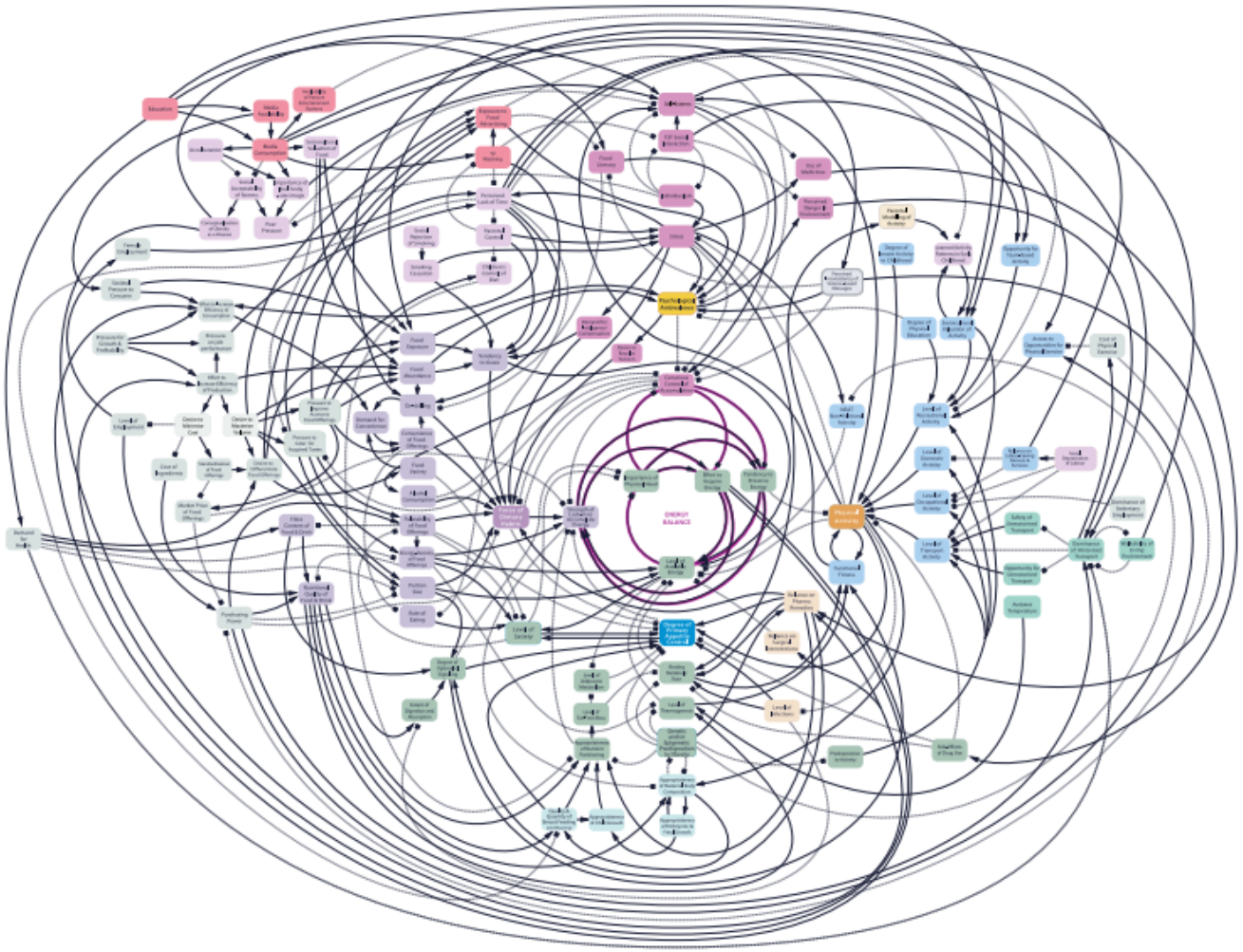
https://www.gov.uk/government/publications/the-eatwell-guide

Affordability of the UK's Eatwell Guide, 2018

Food-related ill health

Figure 2.1

The Foresight Obesity System Map is mind-bogglingly complicated[1]



Deep End: EoE

People in deprived areas are more exposed to cardiovascular risks

"Olive oil, oily fish and salmon – they are all really expensive. Five years ago we used to eat salmon but we don't now. Who can afford olive oil? It's becoming impossible – we can't afford to eat heart healthy stuff as they are expensive."

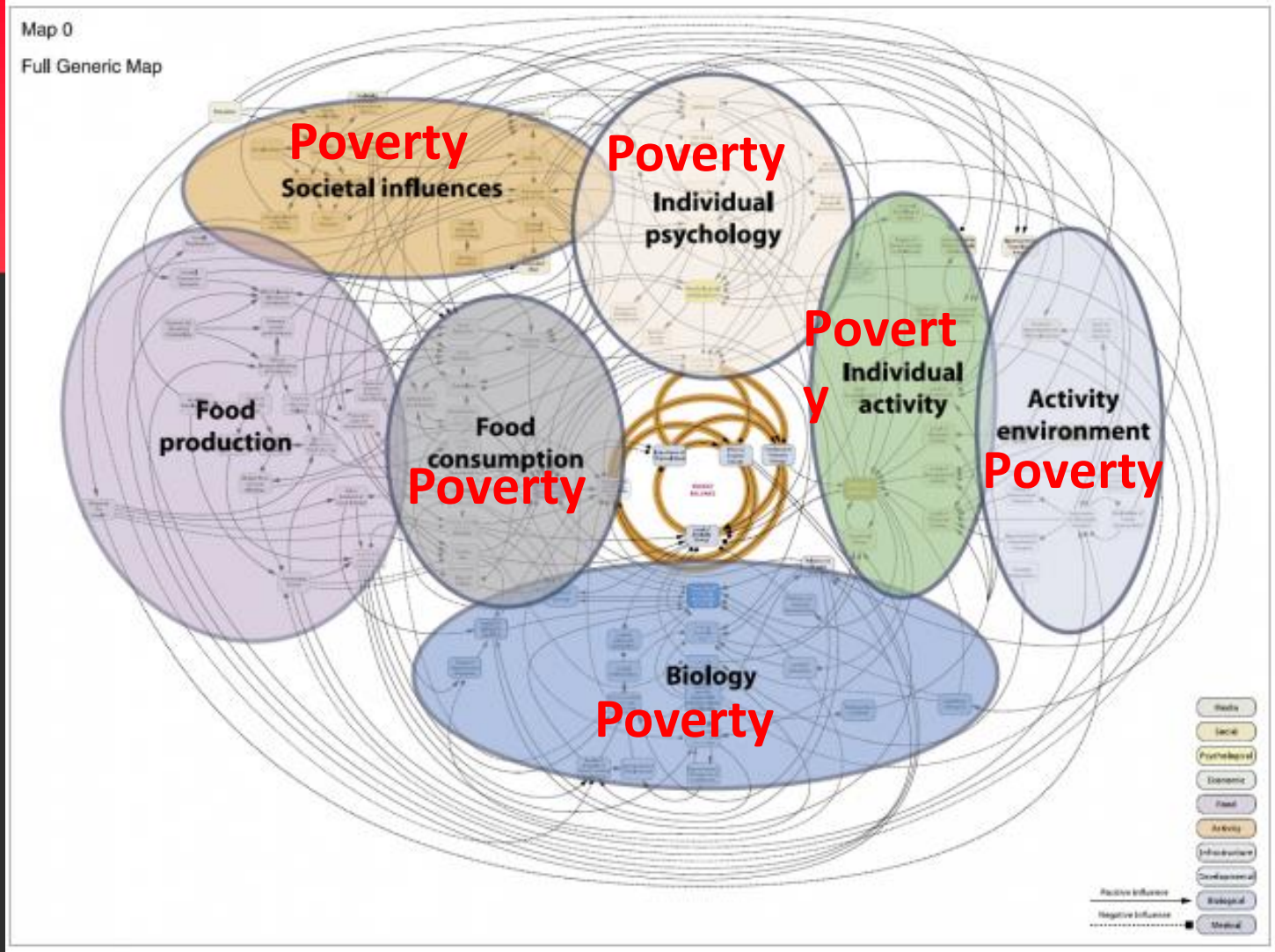
50, male,
African background,
living with high blood pressure,
England, BHF Patient Insights

"But [they] want us to work full time, have families, I should look at ways of improving my lifestyle – exercise, make fresh meals, but the cost has gone up … If I've got five minutes, am I going to exercise or go in the bath? Where am I, with all these kids and external pressures, going to find a minute?"

36, female,
Caribbean and White background,
living with pre-diabetes and high blood pressure,
Wales, BHF Patient Insights

BRITISH HEART FOUNDATION
BRIDGING HEARTS

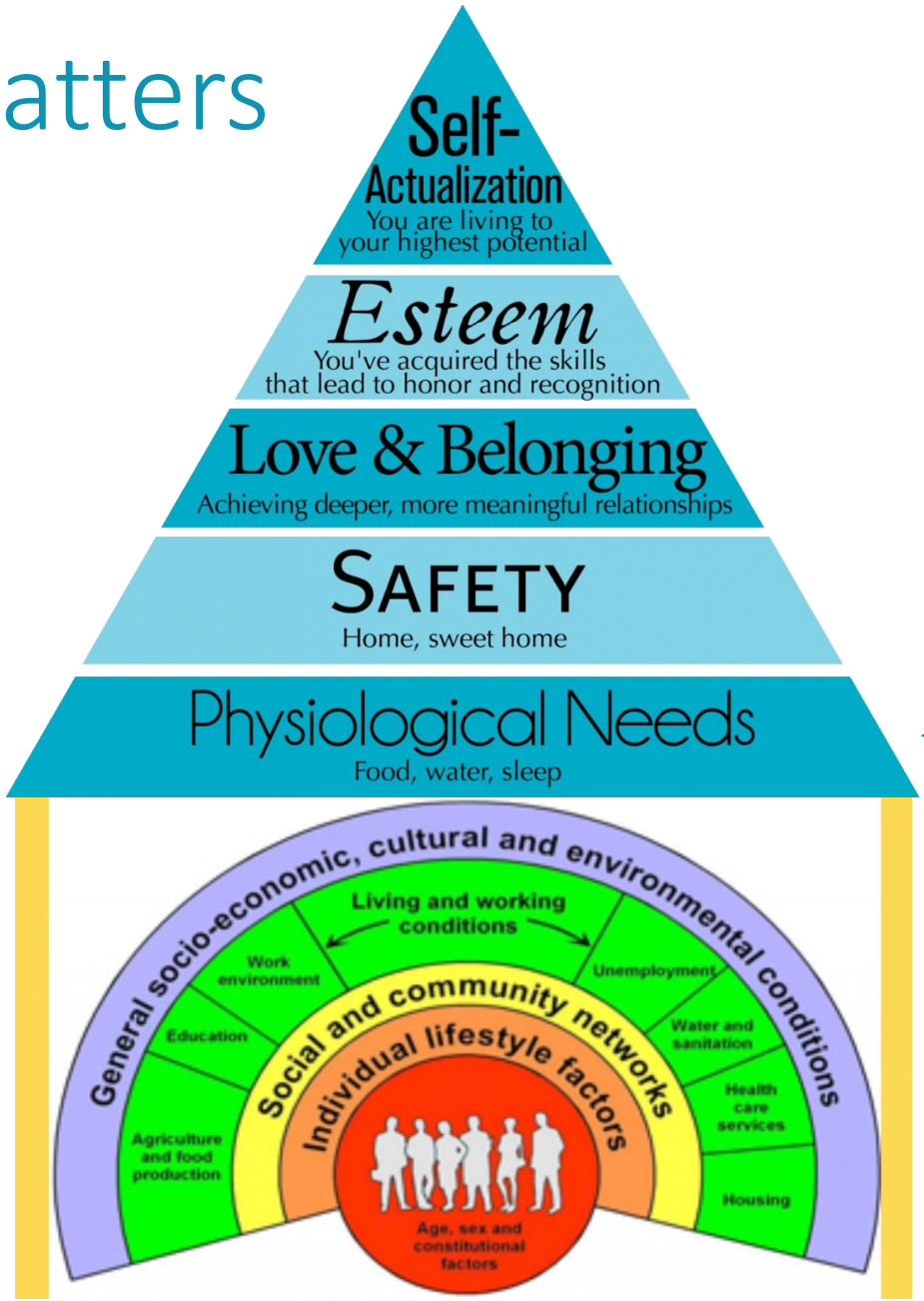
[Bridging hearts addressing inequalities in CVD health & care]



The full obesity system map with thematic clusters. Figure 8.1 from the Tackling Obesities: Future Choices report.

Deep End: EoE

Why Maslow Matters



Sleep

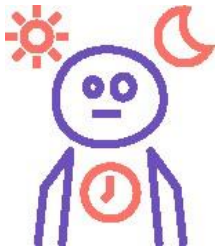
Sleep

- 1 in 3 adults experiencing sleep problems at least once a week
- 6 to 10% meet the criteria for an insomnia disorder

- Sleep hygiene
- 4-7-8 Breathing

Dr Ashish Bhatia

Scary slide

Common[1,2] Insomnia (10-40%) Silent poor sleep(25-60%) OSA(7-15%) Parasomnias (4%)

Many don't know!

Sickness[3,4] Mental health Obesity, DM, CVD, Cancer, dementia, Infection, inflammation….

Not life shortening **RR 1.2 (20%) all cause mortality if short sleeping**

Costs[5] Presenteeism, Mistakes, Violence, Accidents **UK £50 b/yr**

Challenges[6,7]



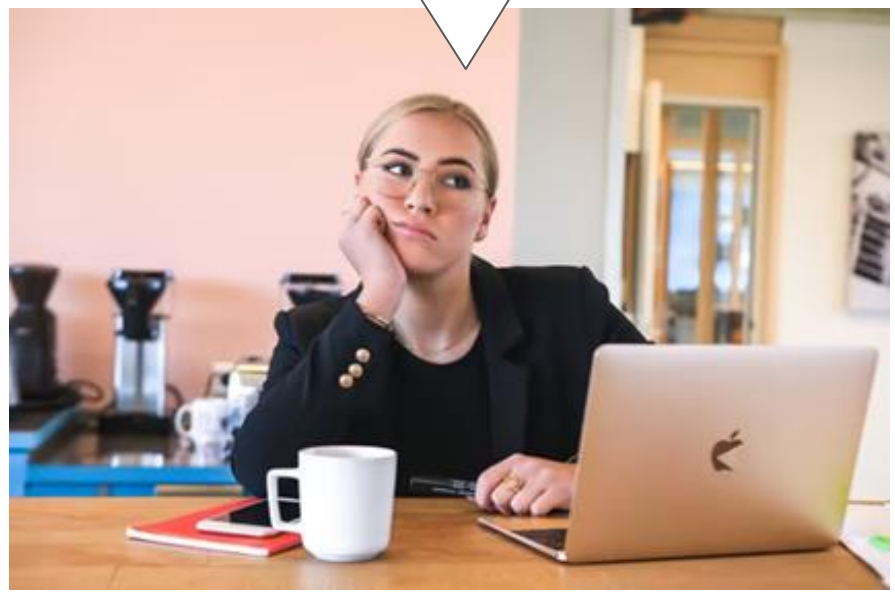

What's changed?

Need guidance here.
I'm a first time mom to a 7 months old. How do you guys get anything done? Are there ways to keep him engaged for stretches of 20 or 30 minutes. I try to make the best use of his nap time, but it is just not enough.
P.s : he doesn't sit independently yet. Starting to be more accepting of tummy time , but would never stay there more than 7 or 8 minutes. And I'm pro zero screen time.

Any advice is deeply appreciated 🙏

Edited 01:08

Quantity. Quality. Timing. Perception.



Kids too!

Light Exercise Food Temperature Soothe Sleep

Dysfunctional Beliefs and Attitudes about Sleep (DBAS)

Strongly Disagree — Strongly Agree

0 1 2 3 4 5 6 (7) 8 9 10

1. I need 8 hours of sleep to feel refreshed and function well during the day.

0 1 2 3 4 5 6 7 8 9 10

2. When I don't get proper amount of sleep on a given night, I need to catch up on the next day by napping or on the next night by sleeping longer.

0 1 2 3 4 5 6 7 8 9 10

3. I am concerned that chronic insomnia may have serious consequences on my physical health.

0 1 2 3 4 5 6 7 8 9 10

4. I am worried that I may lose control over my abilities to sleep.

0 1 2 3 4 5 6 7 8 9 10

5. After a poor night's sleep, I know that it will interfere with my daily activities on the next day.

0 1 2 3 4 5 6 7 8 9 10

6. In order to be alert and function well during the day, I believe I would be better off taking a sleeping pill rather than having a poor night's sleep.

0 1 2 3 4 5 6 7 8 9 10

7. When I feel irritable, depressed, or anxious during the day, it is mostly because I did not sleep well the night before.

0 1 2 3 4 5 6 7 8 9 10

8. When I sleep poorly on one night, I know it will disturb my sleep schedule for the whole week.

0 1 2 3 4 5 6 7 8 9 10

9. Without an adequate night's sleep, I can hardly function the next day.

0 1 2 3 4 5 6 7 8 9 10

10. I can't ever predict whether I'll have a good or poor night's sleep.

0 1 2 3 4 5 6 7 8 9 10

11. I have little ability to manage the negative consequences of disturbed sleep.

0 1 2 3 4 5 6 7 8 9 10

12. When I feel tired, have no energy, or just seem not to function well during the day, it is generally because I did not sleep well the night before.

0 1 2 3 4 5 6 7 8 9 10

13. I believe insomnia is essentially the result of a chemical imbalance.

0 1 2 3 4 5 6 7 8 9 10

14. I feel insomnia is ruining my ability to enjoy life and prevents me from doing what I want.

0 1 2 3 4 5 6 7 8 9 10

15. Medication is probably the only solution to sleeplessness.

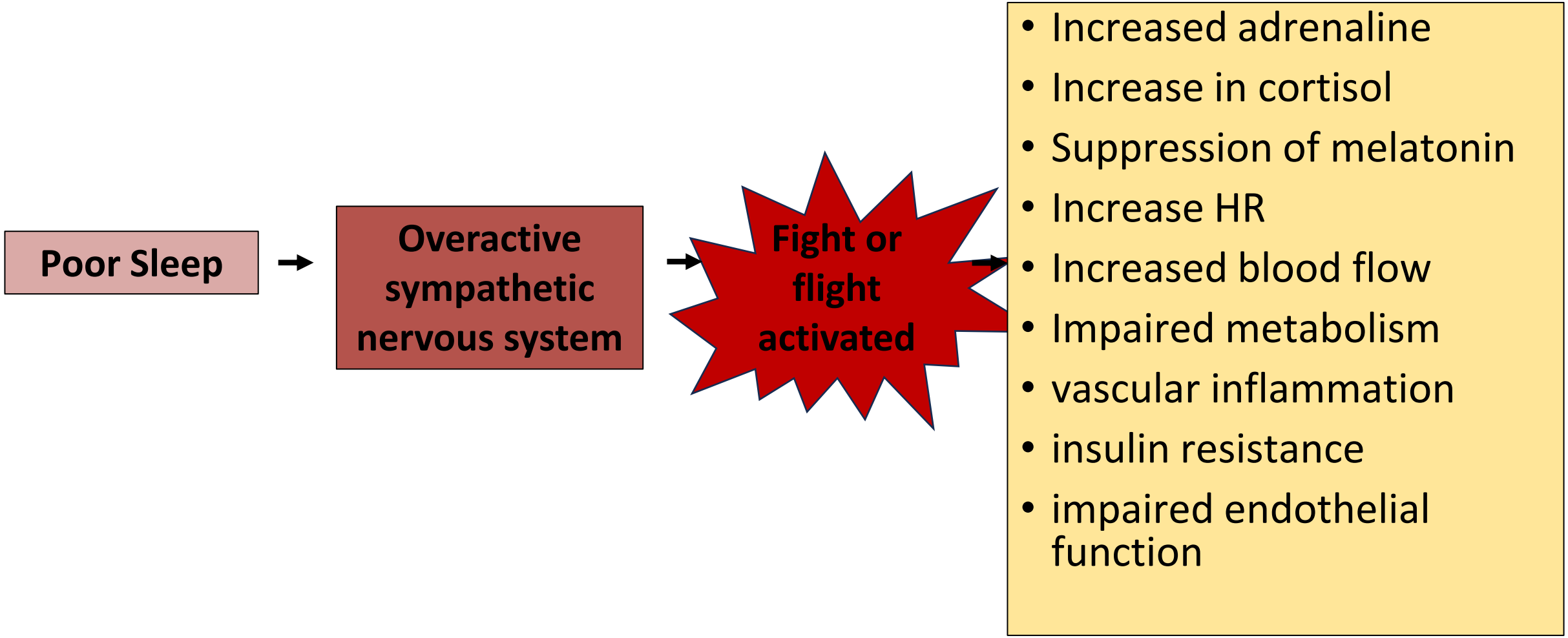
0 1 2 3 4 5 6 7 8 9 10

16. I avoid or cancel obligations (social, family) after a poor night's sleep.

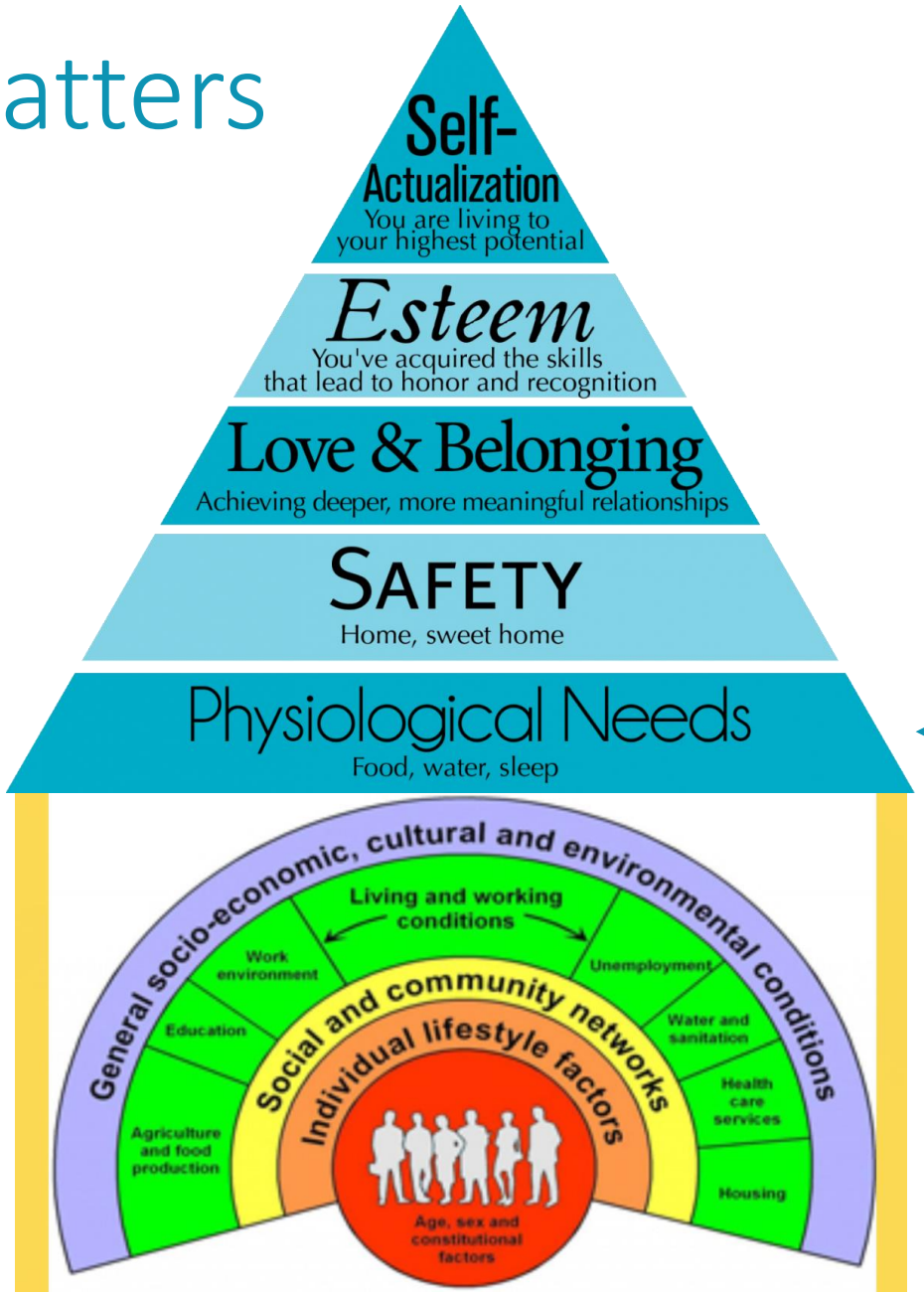
0 1 2 3 4 5 6 7 8 9 10

https://deploymentpsych.org/system/files/member_resource/DBAS_16.pdf

Chronic Insomnia



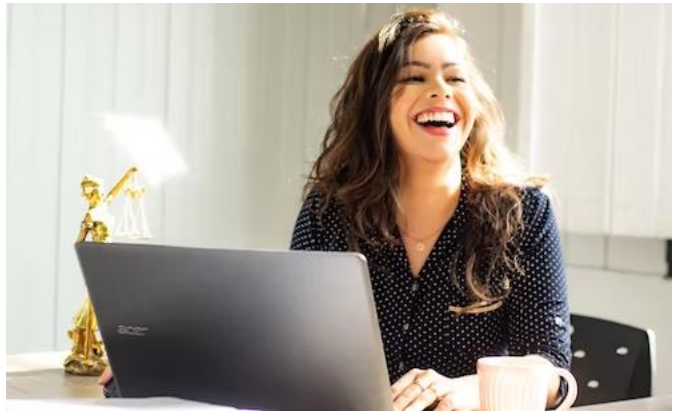
Why Maslow Matters

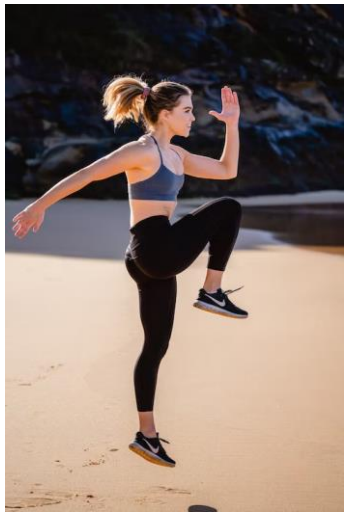


Movement

Dr Ashish Bhatia

What do you do with your body in the day? We are made to move!

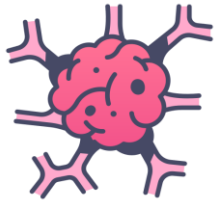




Dr Ashish Bhatia

Better than a pill?

The profound health benefits of exercise include reducing



Cancer
Breast 20%
Bowel 30%

Heart disease 35%

Dementia 30%

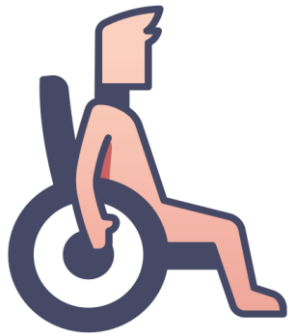
All cause mortality 30%

Diabetes 35%

Anxiety 60%

Depression 30%

Obesity 15%



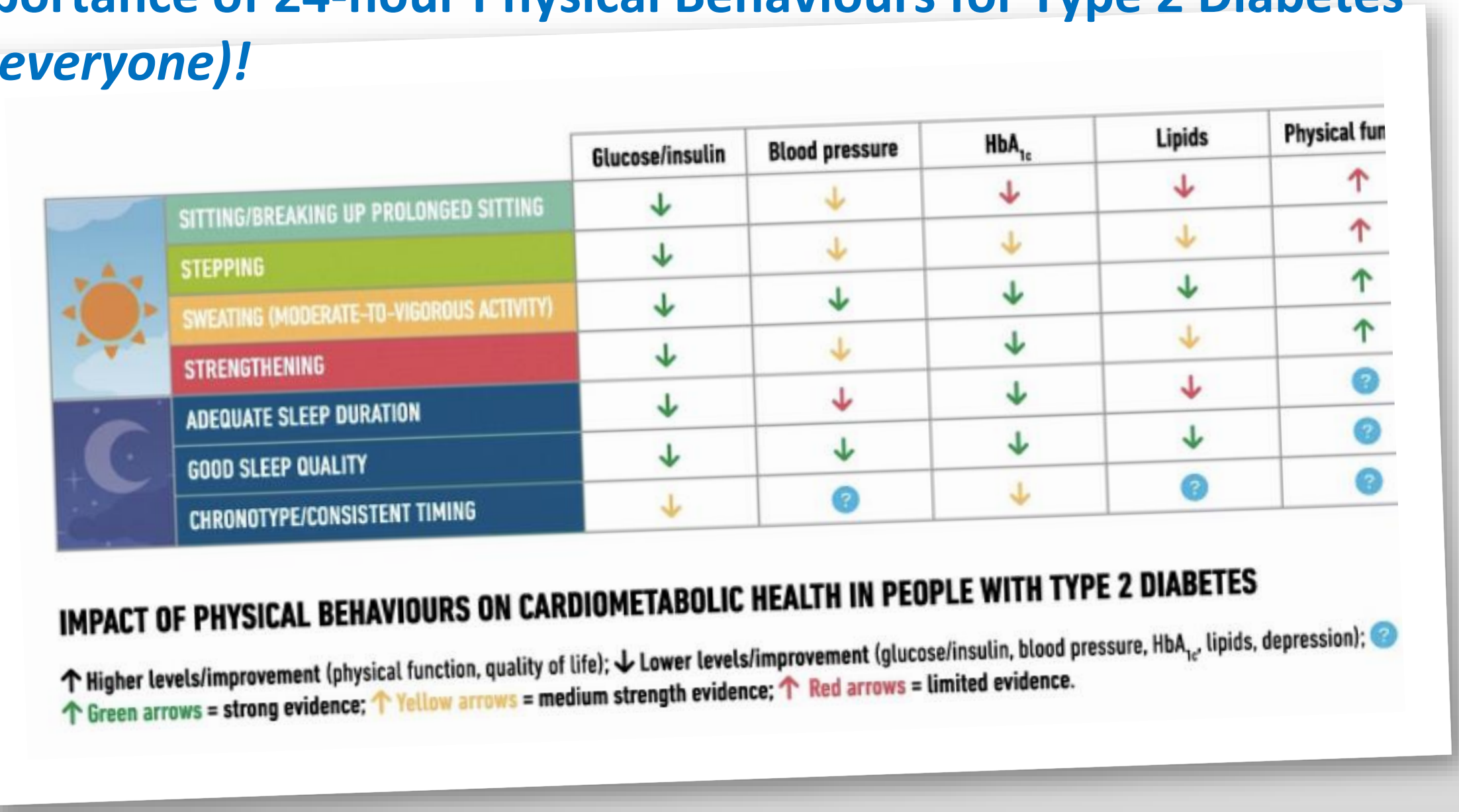
Hip fracture 68%

Fertility issues 32%

Infections ??
Overtraining 13%

https://pubmed.ncbi.nlm.nih.gov/32207799/

Importance of 24-hour Physical Behaviours for Type 2 Diabetes *(& everyone)!*



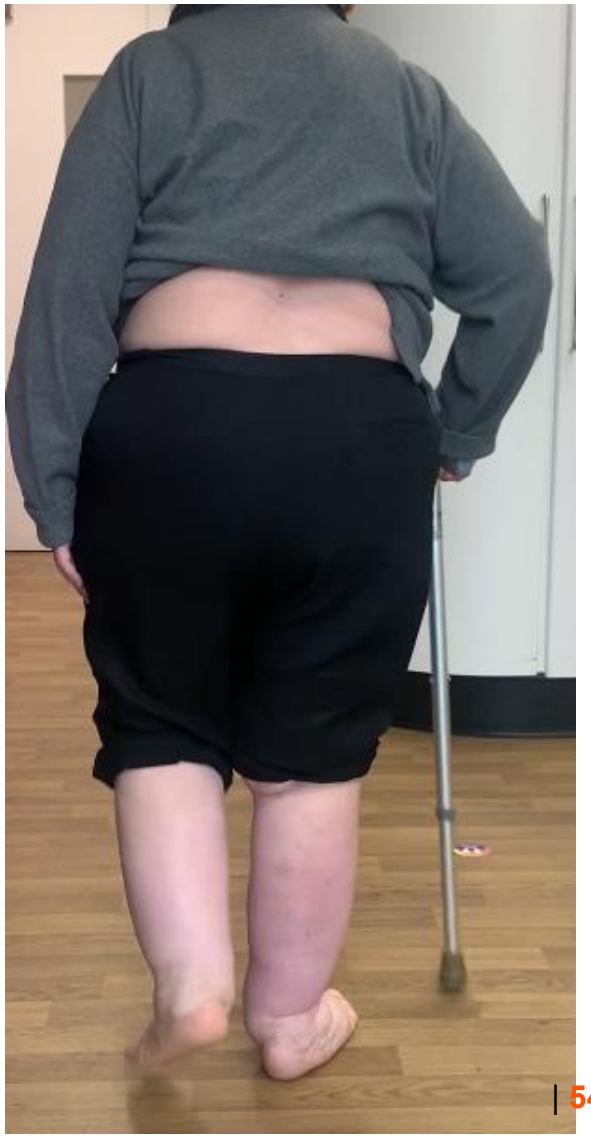
	Glucose/insulin	Blood pressure	HbA_{1c}	Lipids	Physical fun
SITTING/BREAKING UP PROLONGED SITTING	↓	↓	↓	↓	↑
STEPPING	↓	↓	↓	↓	↑
SWEATING (MODERATE-TO-VIGOROUS ACTIVITY)	↓	↓	↓	↓	↑
STRENGTHENING	↓	↓	↓	↓	↑
ADEQUATE SLEEP DURATION	↓	↓	↓	↓	?
GOOD SLEEP QUALITY	↓	↓	↓	↓	?
CHRONOTYPE/CONSISTENT TIMING	↓	?	↓	?	?

Dr Kevin Fernando

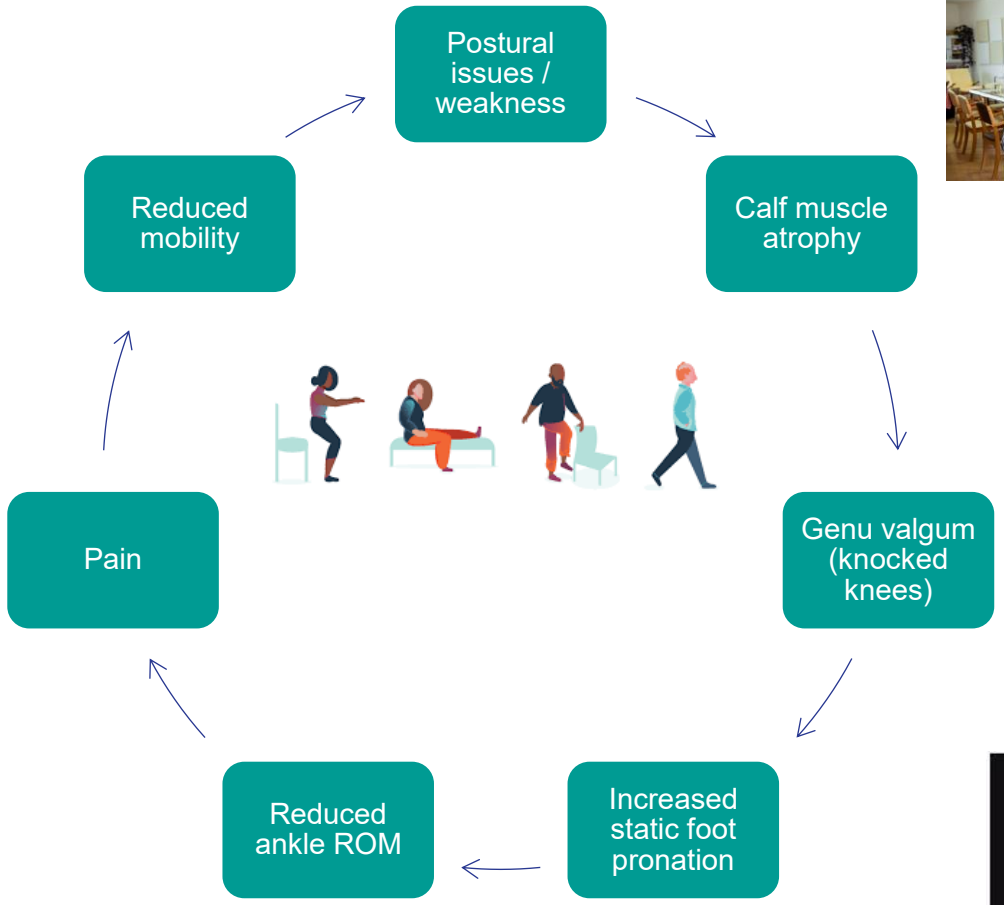
Look at your patients – standing & walking

Accelerate



Biomechanical issues = decreased mobility and swelling



Good news EASY does it – Revive in 5!

Easy

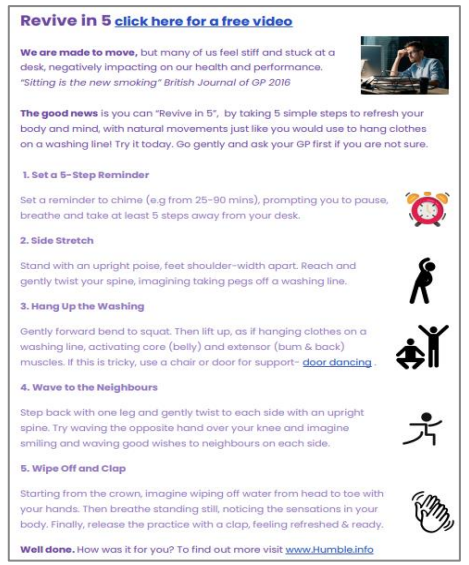
Appealing

Supported

Yours

Every step counts

<5 mins



Revive in 5 click here for a free video

We are made to move, but many of us feel stiff and stuck at a desk, negatively impacting on our health and performance.
"Sitting is the new smoking" British Journal of GP 2016

The good news is you can "Revive in 5", by taking 5 simple steps to refresh your body and mind, with natural movements just like you would use to hang clothes on a washing line! Try it today. Go gently and ask your GP first if you are not sure.

1. Set a 5-Step Reminder

Set a reminder to chime (e.g from 25-90 mins), prompting you to pause, breathe and take at least 5 steps away from your desk.

2. Side Stretch

Stand with an upright poise, feet shoulder-width apart. Reach and gently twist your spine, imagining taking pegs off a washing line.

3. Hang Up the Washing

Gently forward bend to squat. Then lift up, as if hanging clothes on a washing line, activating core (belly) and extensor (bum & back) muscles. If this is tricky, use a chair or door for support- door dancing .

4. Wave to the Neighbours

Step back with one leg and gently twist to each side with an upright spine. Try waving the opposite hand over your knee and imagine smiling and waving good wishes to neighbours on each side.

5. Wipe Off and Clap

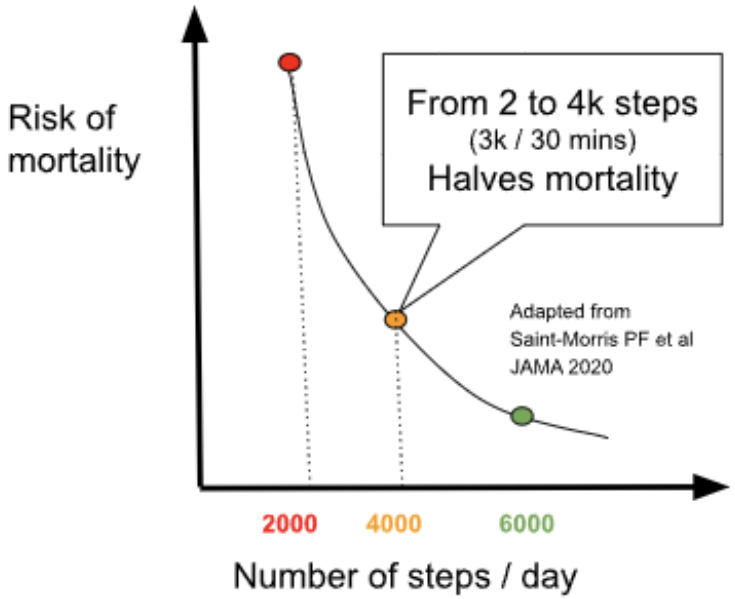
Starting from the crown, imagine wiping off water from head to toe with your hands. Then breathe standing still, noticing the sensations in your body. Finally, release the practice with a clap, feeling refreshed & ready.

Well done. How was it for you? To find out more visit www.Humble.info

www.Humble.info

Zahrt OH, Crum AJ. Effects of physical activity recommendations on mindset, behavior and perceived health. Prev Med Rep. 2019 Dec 9;17:101027.

How does that feel?



Yay
Every step counts

Exercise helps
Feeling good
Living good
Doing good
Looking good

Boosts
Mood and energy
Metabolism & immunity
Memory and focus,
Muscle & tissue health

Reduces
Anxiety, depression & pain
Obesity, cancer, diseases
Errors and dementia
Fat and poor posture

ESC European Society of Cardiology

European Journal of Preventive Cardiology (2023) **30**, 1975–1985
https://doi.org/10.1093/eurjpc/zwad229

FULL RESEARCH PAPER
Prevention in practice

The association between daily step count and all-cause and cardiovascular mortality: a meta-analysis

Maciej Banach [1,2,3,4]*, Joanna Lewek[1,2], Stanisław Surma [5], Peter E. Penson [6,7,8], Amirhossein Sahebkar [9,10,11], Seth S. Martin[4], Gani Bajraktari[12,13], Michael Y. Henein[13], Željko Reiner[14], Agata Bielecka-Dąbrowa[1,2], and Ibadete Bytyçi[12,13]; on behalf of the Lipid and Blood Pressure Meta-analysis Collaboration (LBPMC) Group and the International Lipid Expert Panel (ILEP)

[1]Department of Preventive Cardiology and Lipidology, Medical University of Lodz (MUL), Rzgowska 281/289, Lodz 93-338, Poland; [2]Department of Cardiology and Adult Congenital Heart Diseases, Polish Mother's Memorial Hospital Research Institute (PMMHRI), Rzgowska 281/289; 93-338 Lodz, Poland; [3]Cardiovascular Research Centre, University of Zielona Gora, Zyty 28, 65-046 Zielona Gora, Poland; [4]Ciccarone Center for the Prevention of Cardiovascular Disease, Division of Cardiology, Department of Medicine, Johns Hopkins University School of Medicine, 600 N. Wolfe St, Carnegie 591, Baltimore, MD 21287, USA; [5]Faculty of Medical Sciences in Katowice, Medical University of Silesia, Medyków 18, 40-752 Katowice, Poland; [6]Liverpool Centre for Cardiovascular Science, University of Liverpool, William Henry Duncan Building, 6 West Derby Street, Liverpool L7 8TX, UK; [7]Department of Cardiovascular and Metabolic Medicine, Institute of Life Course and Medical Sciences, University of Liverpool, William Henry Duncan Building, 6 West Derby Street, Liverpool, L7 8TX, UK; [8]School of Pharmacy and Biomolecular Sciences, Liverpool John Moores University, Byrom Street, Liverpool L3 3AF, UK; [9]Biotechnology Research Center, Pharmaceutical Technology Institute, Mashhad University of Medical Sciences, Mashhad, Iran; [10]Applied Biomedical Research Center, Mashhad University of Medical Sciences, Mashhad, Iran; [11]Department of Biotechnology, School of Pharmacy, Mashhad University of Western Australia, Mashhad, Vakilabad Blvd., 9177948954, Iran; [12]Clinic of Cardiology, University Clinical Centre of Kosova, Medical Faculty, University of Prishtina, 10000 Prishtina, Kosovo; [13]Department of Public Health and Clinical Medicine, Umeå University, SE 901 87 Umeå Sweden; and [14]Department of Internal Medicine, University Hospital Center Zagreb, Mije Kišpatića 12, 10000, Zagreb, Croatia

Received 26 March 2023; revised 3 July 2023; accepted 7 July 2023; online publish-ahead-of-print 9 August 2023

Aims There is good evidence showing that inactivity and walking minimal steps/day increase the risk of cardiovascular (CV) disease and general ill-health. The optimal number of steps and their role in health is, however, still unclear. Therefore, in this meta-analysis, we aimed to evaluate the relationship between step count and all-cause mortality and CV mortality.

Methods and results We systematically searched relevant electronic databases from inception until 12 June 2022. The main endpoints were all-cause mortality and CV mortality. An inverse-variance weighted random-effects model was used to calculate the number of steps/day and mortality. Seventeen cohort studies with a total of 226 889 participants (generally healthy or patients at CV risk) with a median follow-up 7.1 years were included in the meta-analysis. A 1000-step increment was associated with a 15% decreased risk of all-cause mortality [hazard ratio (HR) 0.85; 95% confidence interval (CI) 0.81–0.91; $P < 0.001$], while a 500-step increment was associated with a 7% decrease in CV mortality (HR 0.93; 95% CI 0.91–0.95; $P < 0.001$). Compared with the reference quartile with median steps/day 3867 (2500–6675), the Quartile 1 (Q1, median steps: 5537), Quartile 2 (Q2, median steps 7370), and Quartile 3 (Q3, median steps 11 529) were associated with lower risk for all-cause mortality (48, 55, and 67%, respectively; $P < 0.05$, for all). Similarly, compared with the lowest quartile of steps/day used as reference [median steps 2337, interquartile range 1596–4000), higher quartiles of steps/day (Q1 = 3982, Q2 = 6661, and Q3 = 10 413) were linearly associated with a reduced risk of CV mortality (16, 49, and 77%; $P < 0.05$, for all). Using a restricted cubic splines model, we observed a nonlinear dose–response association between step count and all-cause and CV mortality ($P_{nonlinearly} < 0.001$, for both) with a progressively lower risk of mortality with an increased step count.

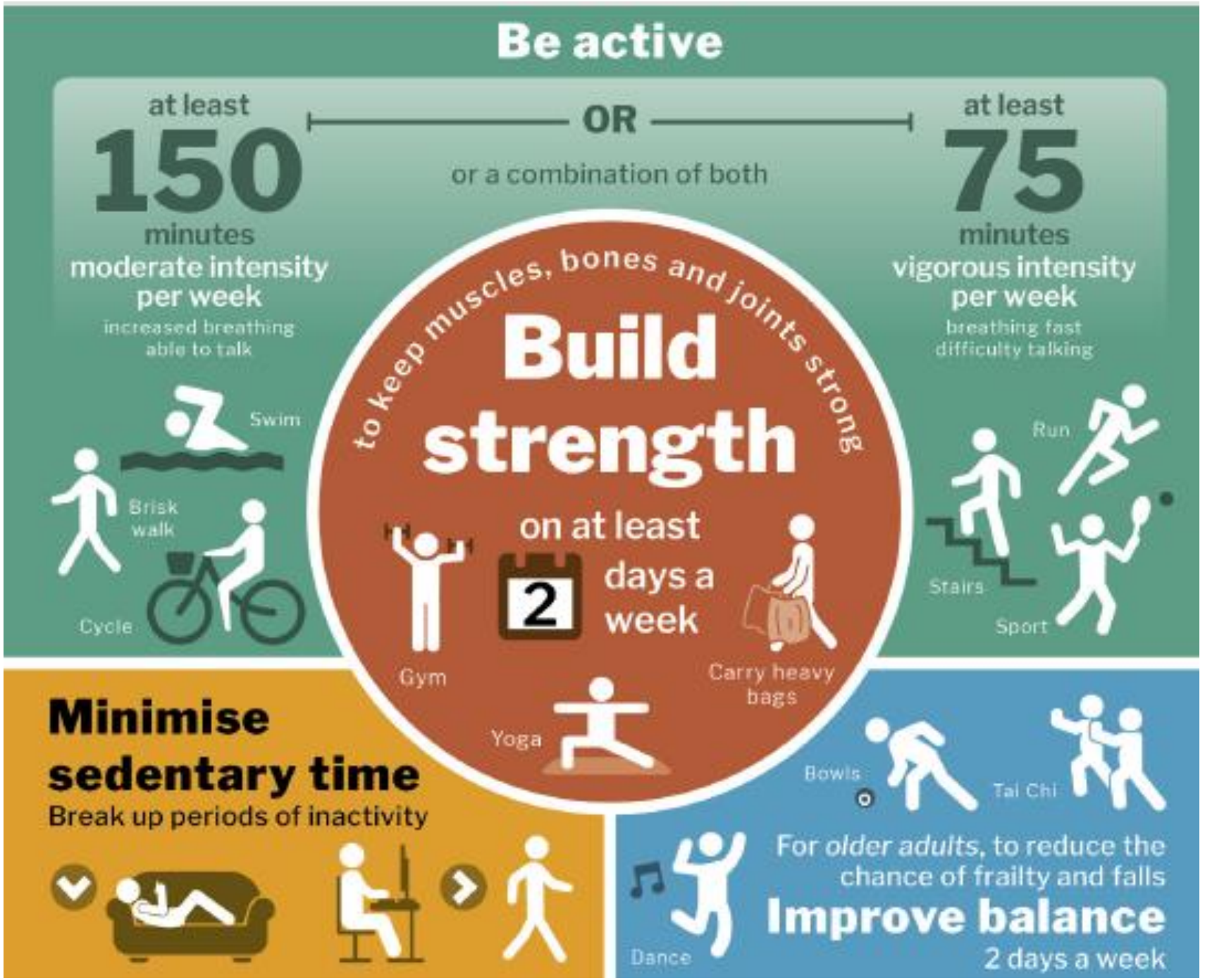
Conclusion This meta-analysis demonstrates a significant inverse association between daily step count and all-cause mortality and CV mortality with more the better over the cut-off point of 3867 steps/day for all-cause mortality and only 2337 steps for CV mortality.

* Corresponding author. Tel/Fax: +48 422711124 , Email: maciej.banach@umed.lodz.pl, ibadetebytyci@gmail.com

Dr Kevin Fernando

- The more steps the better!
- Benefits noted up to 20,000 steps daily
- Each 1000-step increment = ⬇️ 15% all-cause mortality
- Each 500-step increment = ⬇️ 7% CV mortality
- 3867 steps daily required to ⬇️ all-cause mortality
- 2337 steps daily required to ⬇️ CV mortality

Dr Sonal Shah

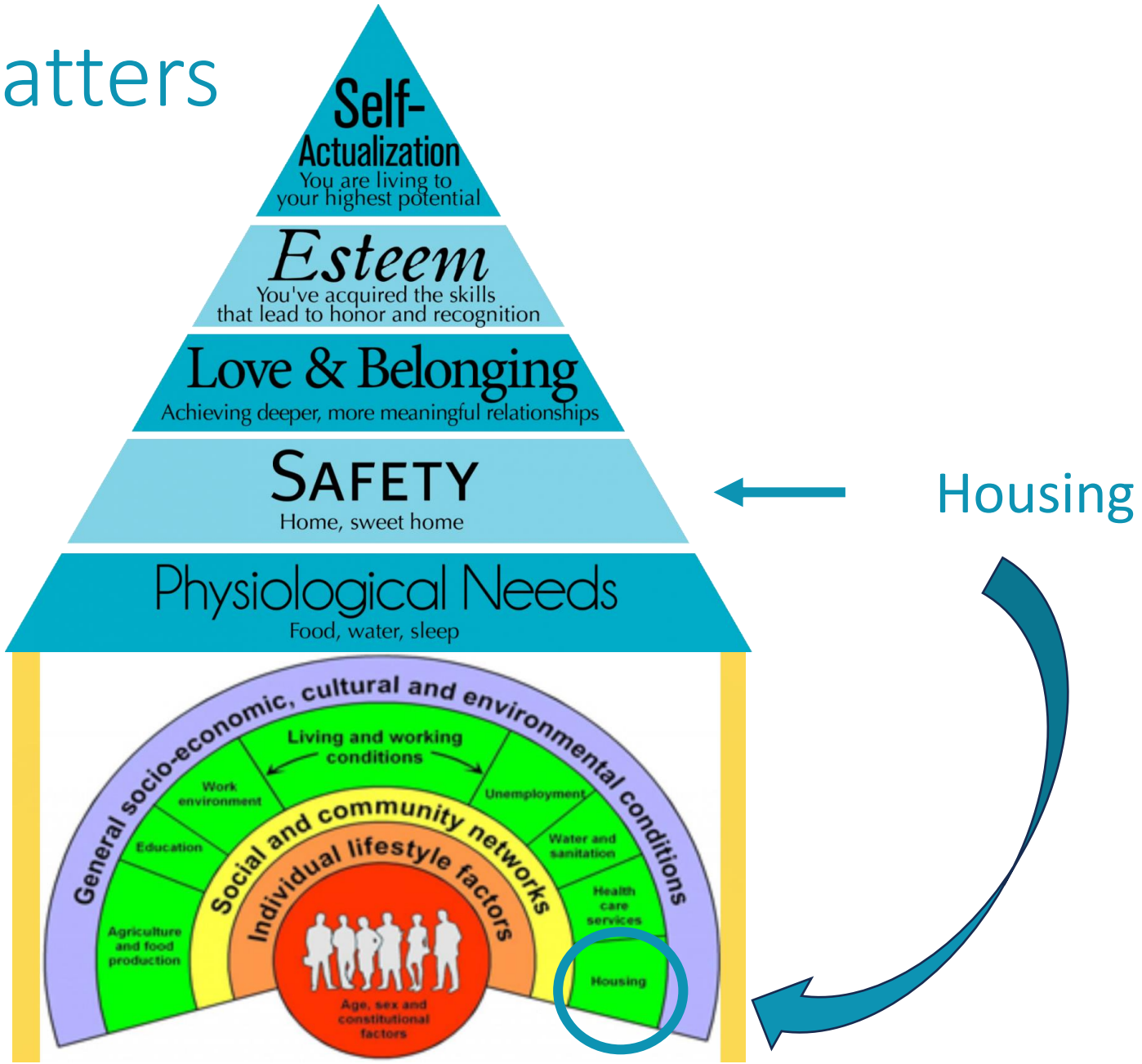


Dr Sonal Shah

Minimising Harmful Substances

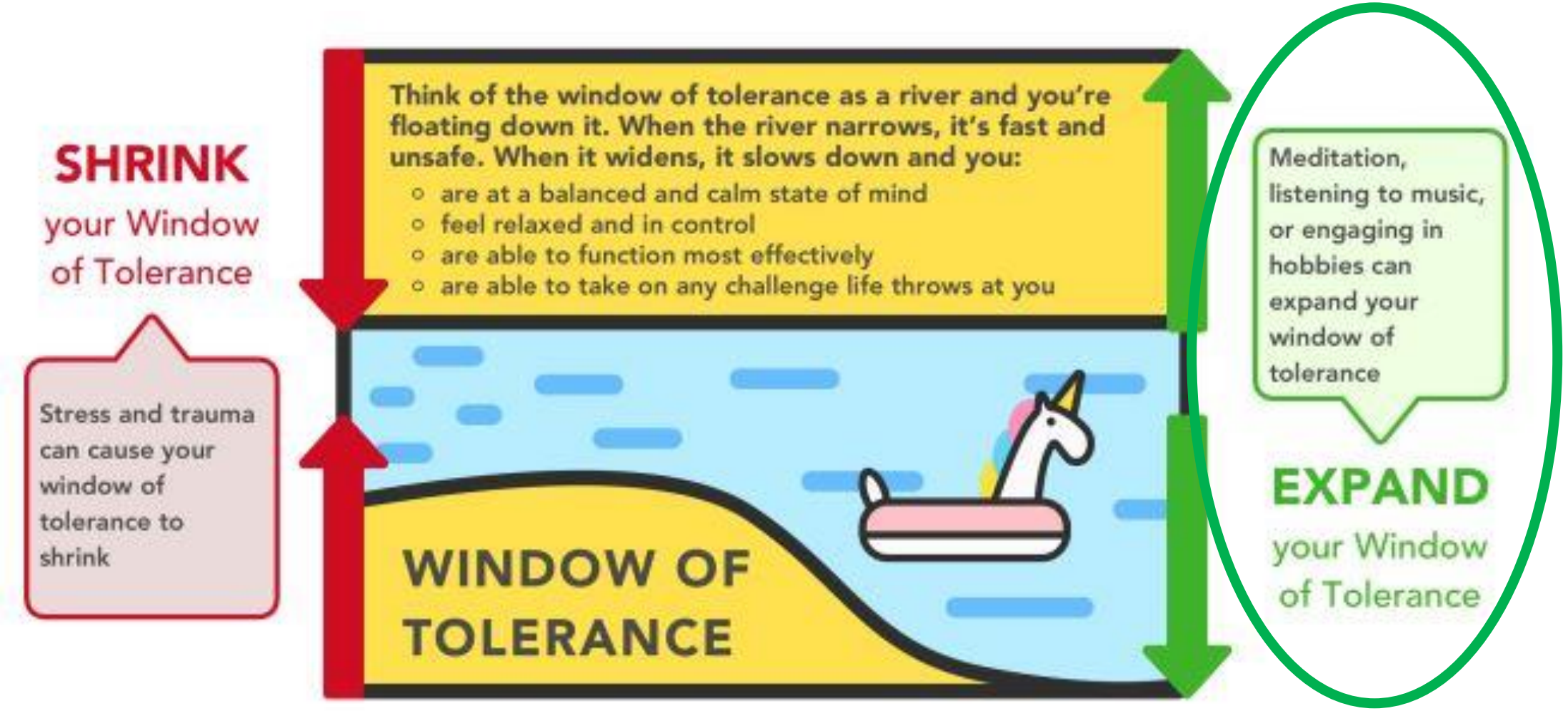
- 24% of adults in the UK regularly drink over recommended guidelines
- Excessive alcohol consumption is linked to hypertension, heart disease and stroke.
- Smoking is a major cause of cardiovascular disease (CVD) and is responsible for **one in every four deaths from CVD**
- Smokers are 2 to 4 times more likely to develop heart disease than non-smokers, and smoking doubles the risk of stroke.

Why Maslow Matters



What is the Window of Tolerance?

The zone in which we can function & react to stress or anxiety effectively



Why?

Peterborough July 2021

- **Average age of the death of a rough sleeper in UK is 40.5 years** compared to national average of 74 for men and 79 for women.

- 78 rough sleepers were found in Peterborough during June 2023

- Between Apr-Jun 2023: 644 clients presented through general homelessness as either being at risk of homelessness or homeless on the day.

Greater Peterborough
Network

Health Inequalities

•**People experiencing homelessness suffer from worse physical and mental health than the general population;**

•45% of respondents reported they are **self-medicating with drugs or alcohol** to help them cope with their mental health;

•Barriers in accessing needed support for physical and mental health means people experiencing homelessness are over reliant on emergency health care services, with 48% of respondents having used A&E services in the last year: three times more than the general population;

•For those who had been admitted to hospital nearly **a quarter (24%) had been discharged to the streets;**

•**Nutrition presents as a big challenge** with a third of respondents reporting that on average they eat only one more meal a day.

homeless link

Peterborough, January 2022

Homelessness: The Legal definition: you must either lack a secure place in which you are entitled to live or not reasonably be able to stay [1,2]

Rooflessness

Hostels

Long term B&B

Sofa surfing

Sleeping rough

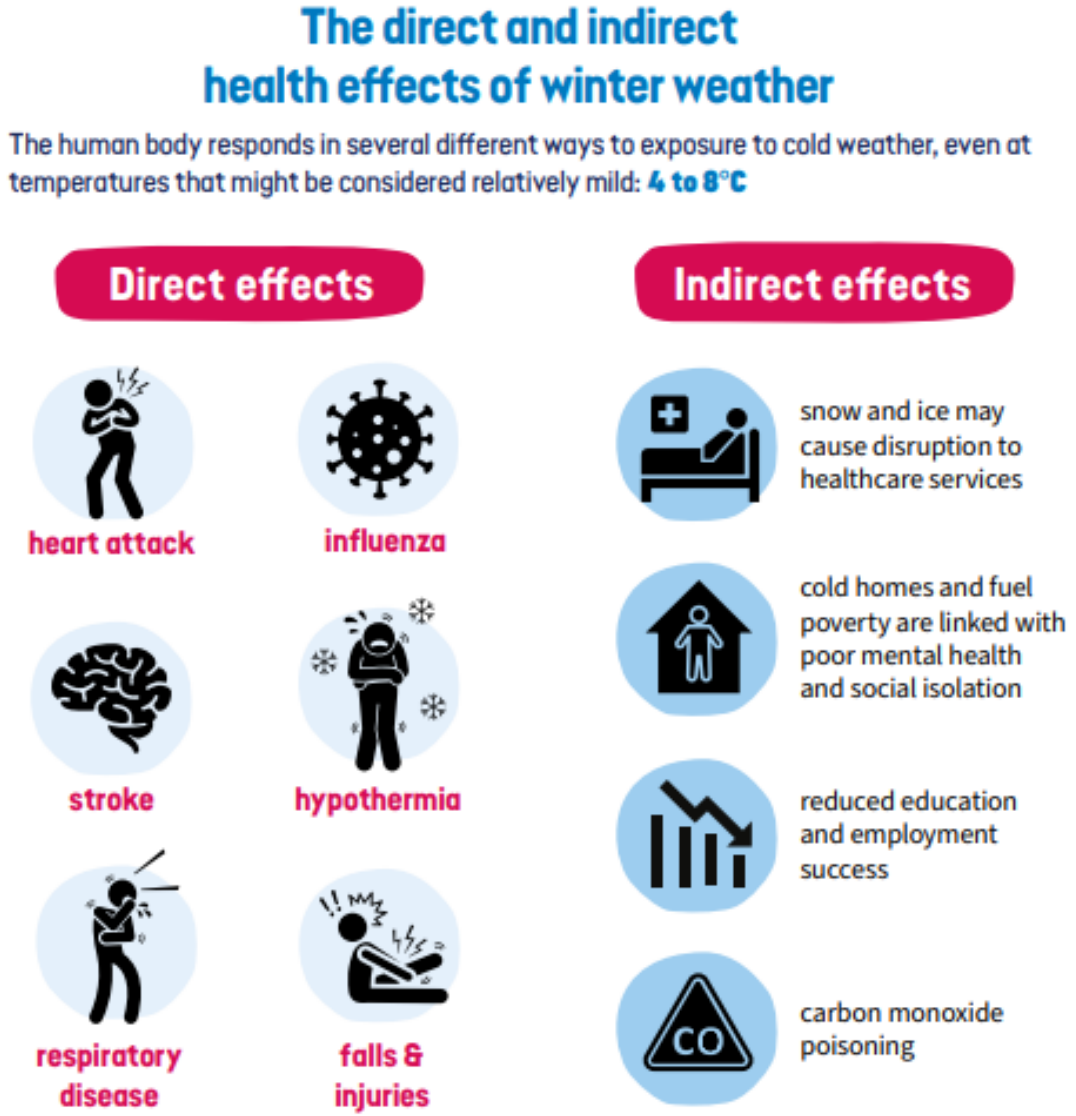
Living in insecure housing as threatened by eviction

Illegal Campsites

Living in inadequate housing due to extreme overcrowding

COLD HOMES & HEALTH INEQUALITIES

It is estimated that 34% of UK households (9.6 million households), are at risk of living in a cold home, on a low income and unable to pay anything to help insulate their home.



Left Out in the Cold: The Hidden Impact of Cold Homes - IHE (instituteofhealthequity.org) Feb 2024

2023-24 Director of Public Health annual report | Oxfordshire County Council

Cold homes & Mould

GOV.UK Menu

Home > Housing, local and community > Housing and communities > Being a landlord and renting out a room > Damp and mould: understanding and addressing the health risks for rented housing providers

Ministry of Housing, Communities & Local Government | Department of Health & Social Care | UK Health Security Agency

Guidance

Understanding and addressing the health risks of damp and mould in the home

Updated 15 August 2024

Credit: Verywell / Theresa Chiechi

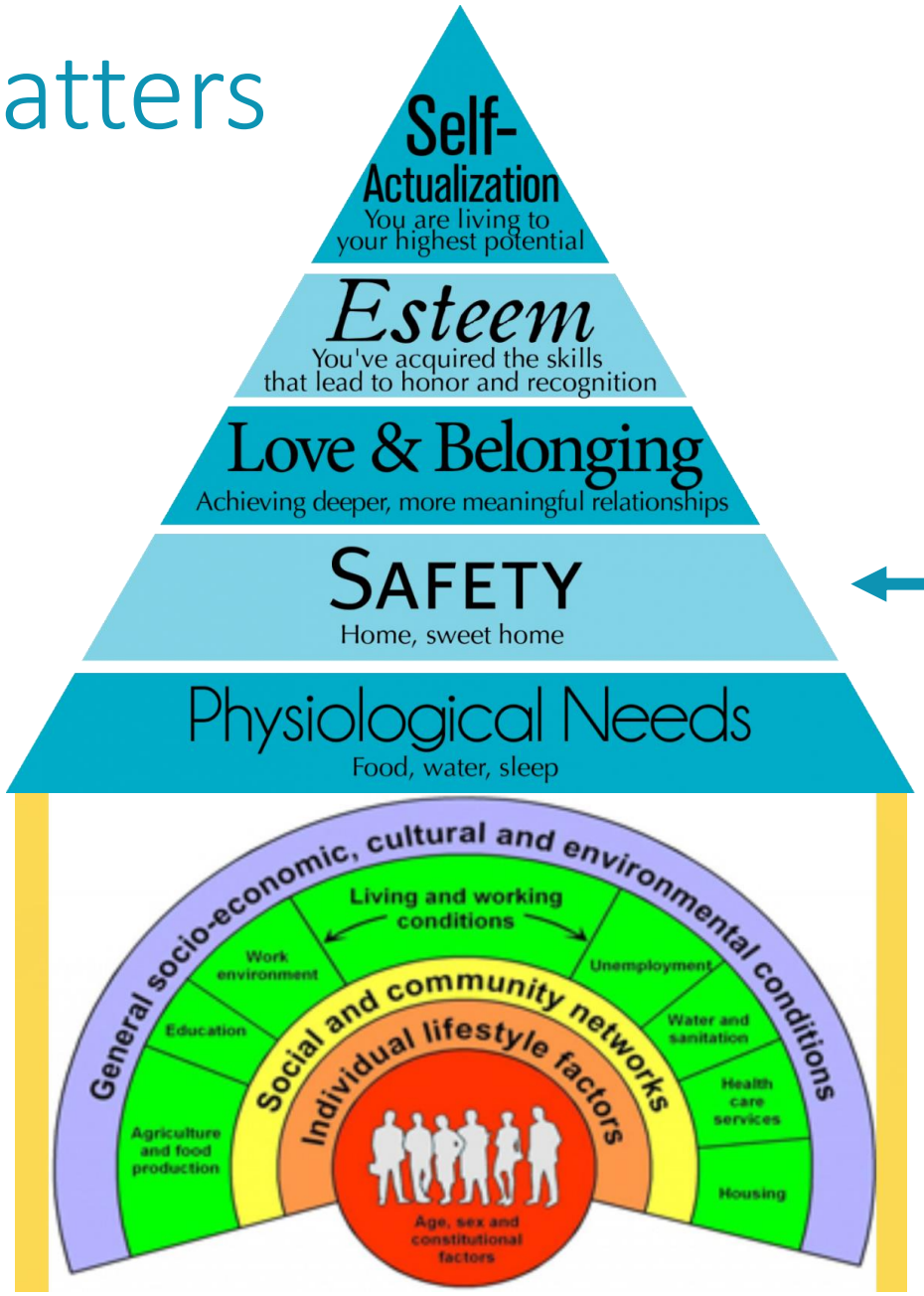
Awaab Ishak: Boy's death linked to mould in flat, inquest told

[Risks of damp and mould gov.uk]

Socially deprived groups are disproportionately exposed to the causes of asthma and triggers of asthma attacks

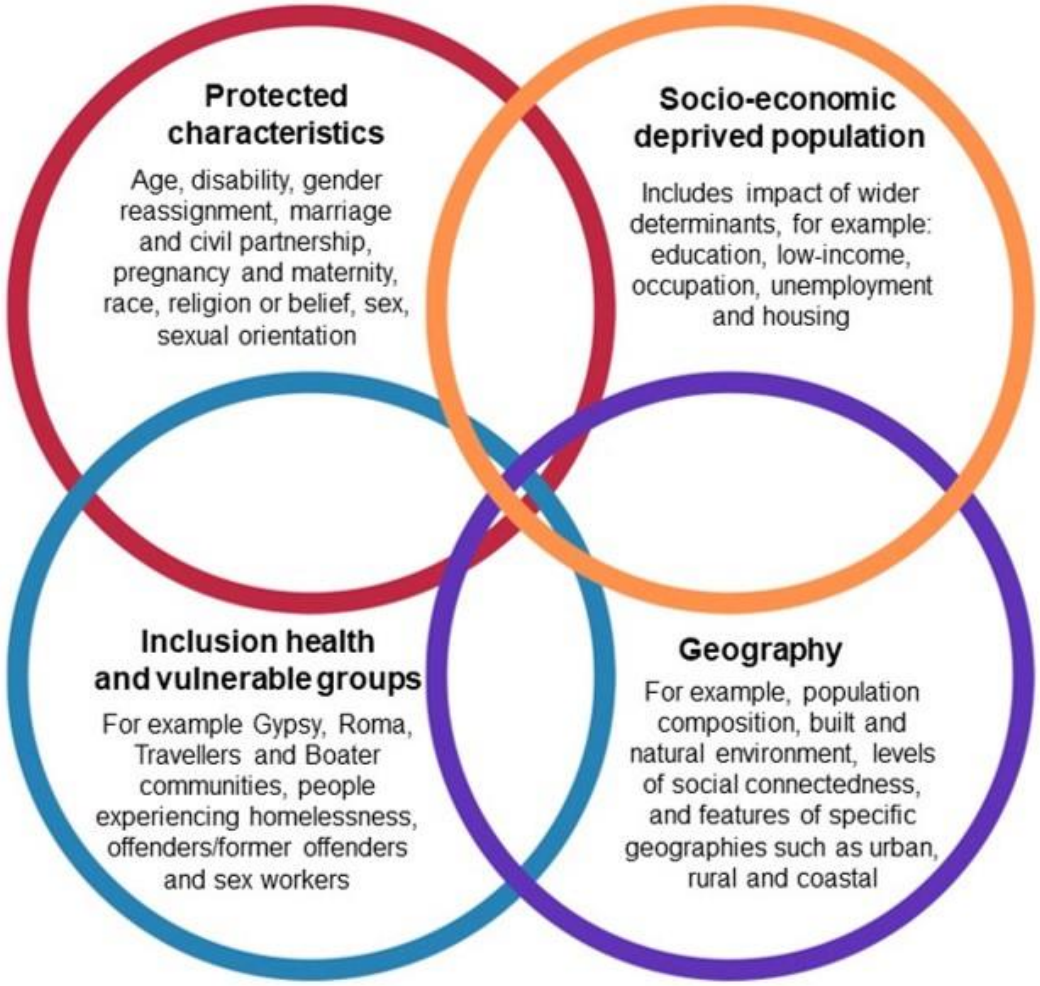
Deep End: EoE

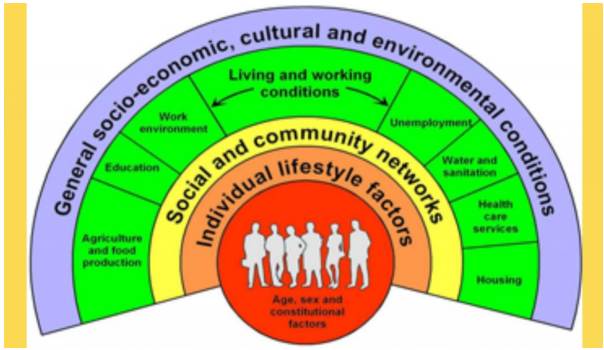
Why Maslow Matters

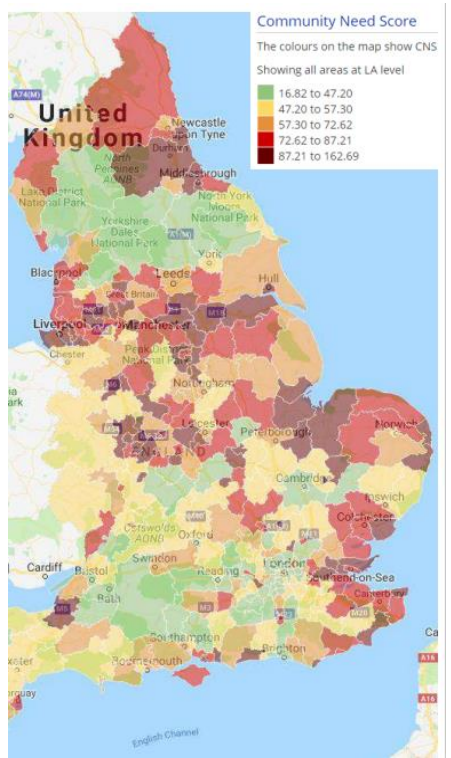


Safety

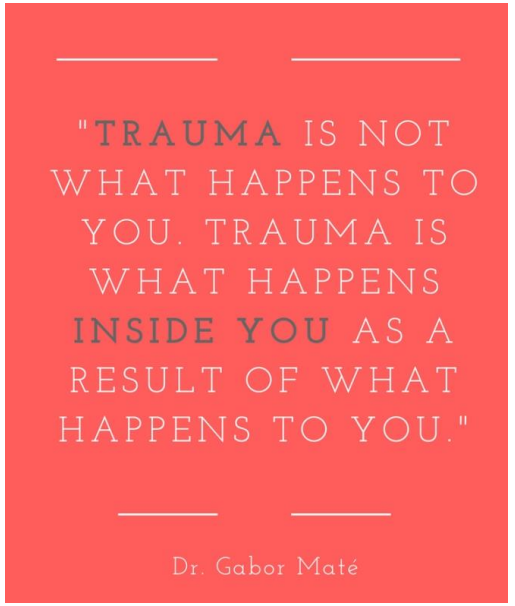
Intersectionality – Safety







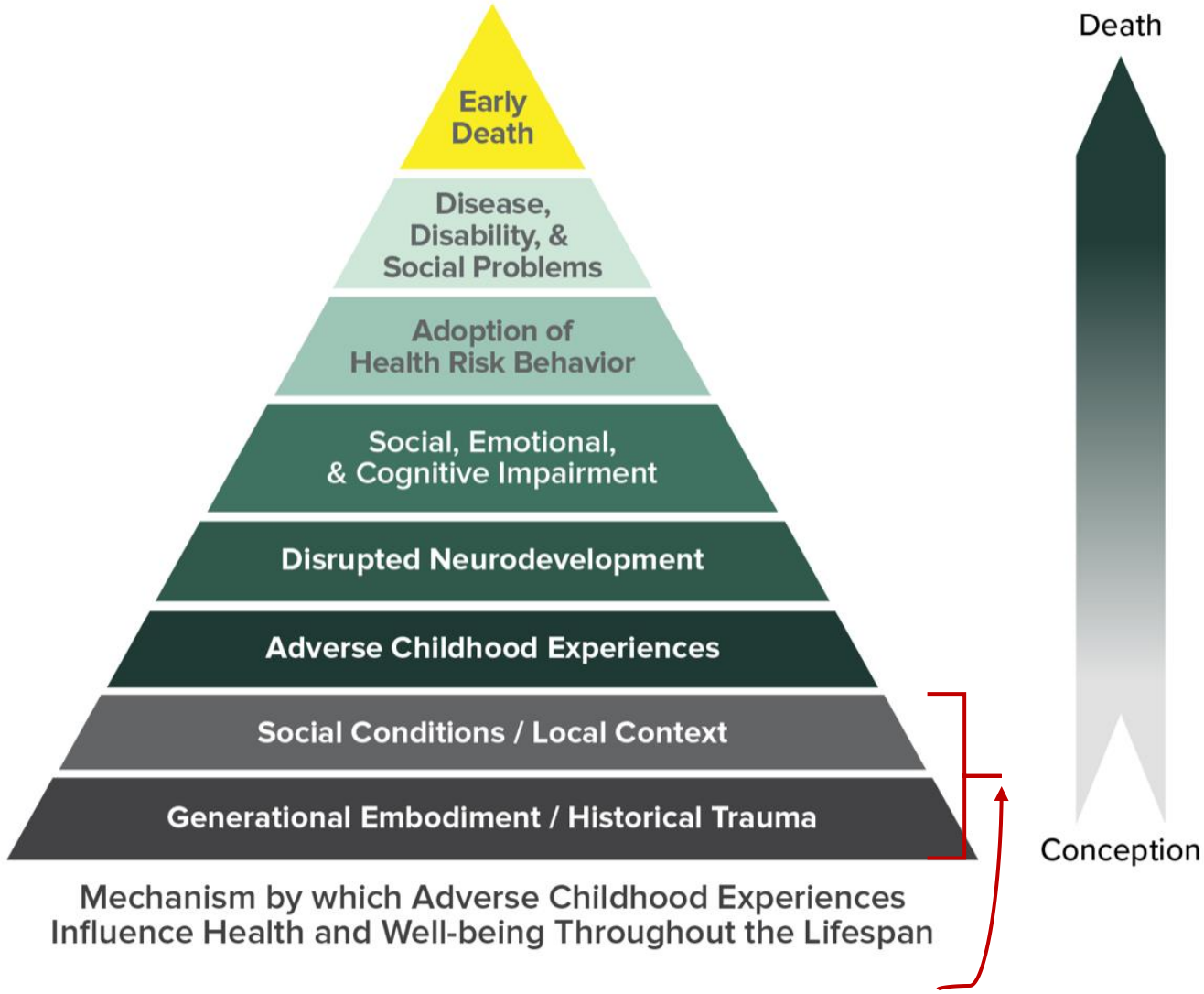
Psychosocial Stressors



- **And then you add their life experiences**
- **Psychosocial Stressors – 'Trauma' –** includes:
  - Injury
  - Assault
  - Threat
  - Displacement
  - Loss of Loved ones
  - Loss or damage to home or material possessions
  - Loss of Livelihood
  - Loss of dignity
  - Loss of infrastructure
  - Social isolation
  - Lacking basic needs – food, water, shelter, safety

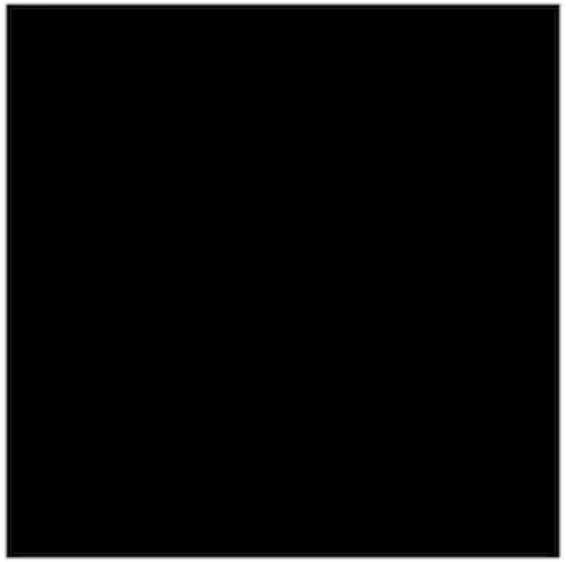
Adverse Childhood & Community Experiences (ACE's)

- Investigations of impact of childhood abuse & neglect and household challenges with later-life health & well-being.
- 17,000 people completed confidential surveys regarding their childhood experiences and current health status and behaviours.



CDC-Kaiser Permanente adverse childhood experiences (ACE) study

What is Trauma?

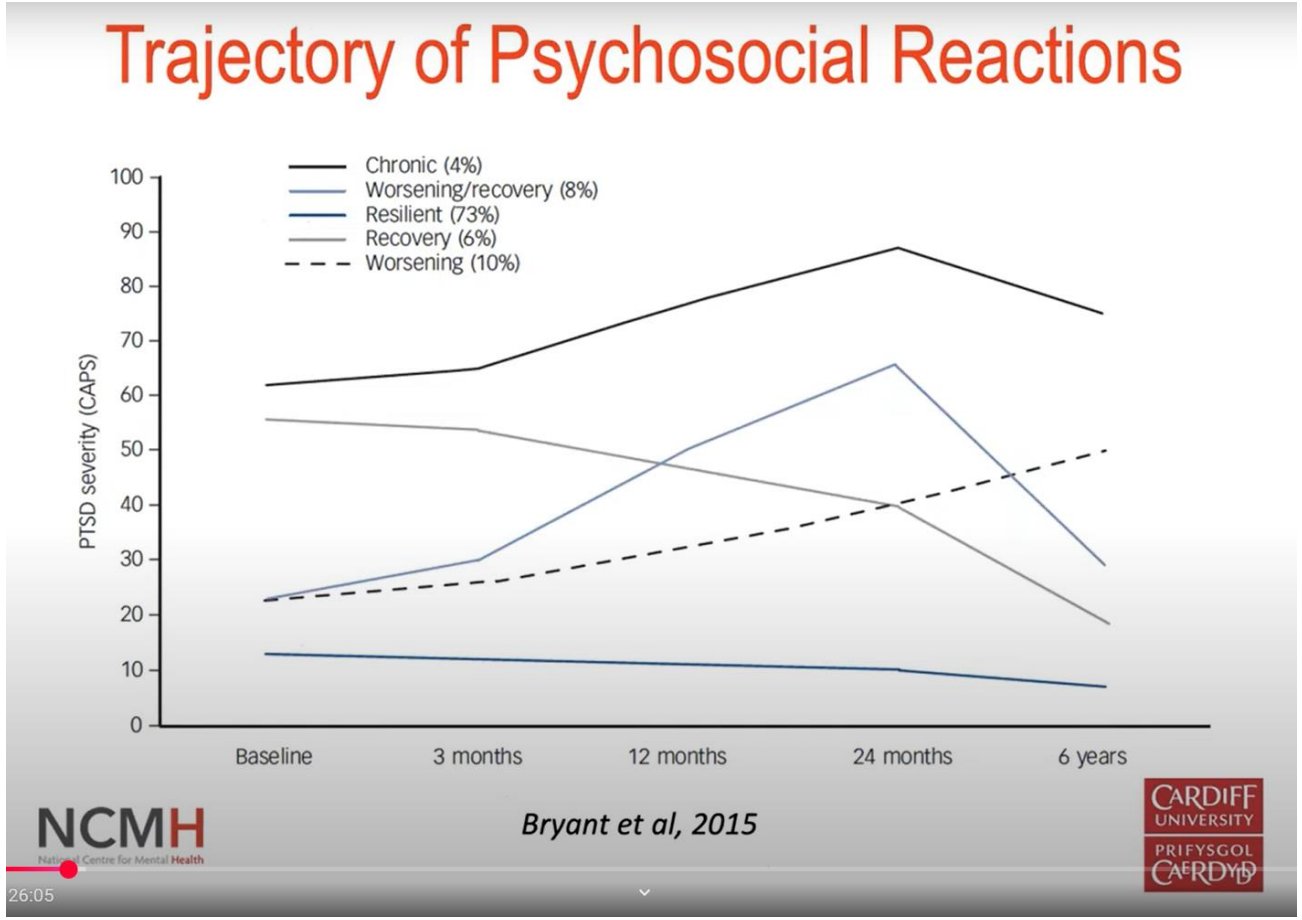


Taken from How to Overcome Trauma - School of Life

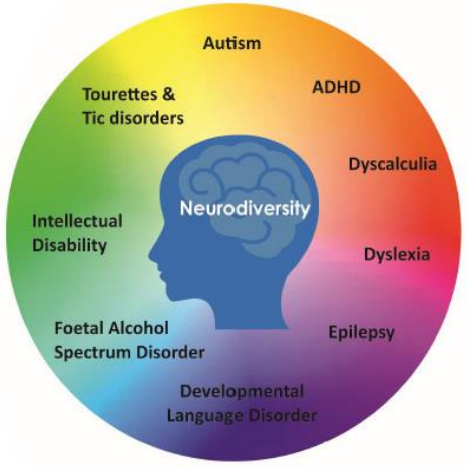
Psychosocial Reactions

- **Psychological & emotional distress**
- Grief, anxiety, depression, traumatic stress
- Expected reactions

- Positive psychological change – post-traumatic growth; hope; cohesion



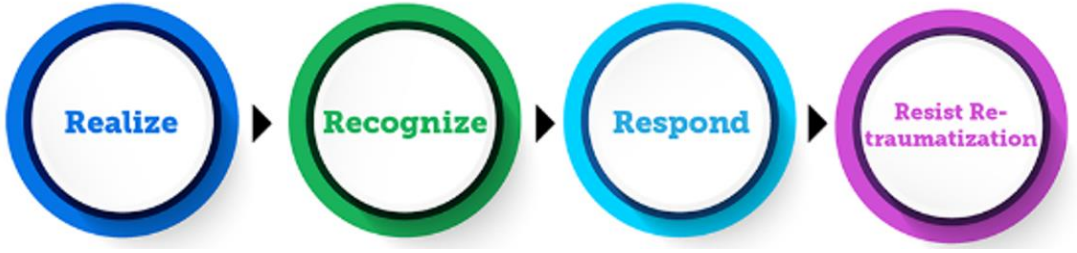
Trauma- informed care: So-called ‘Personality Disorders’

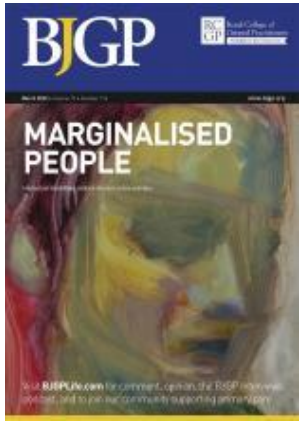


- PD is a confused and confusing medical construct that has **no demonstrable pathological disease basis**
- People aged 16 years and over screening positive for personality disorder ranges from 13.9% to 17.3% depending on their ethnic group! Gov.uk

- The behaviours associated with both borderline and antisocial PDs may be caused not by internal dysfunction but just as plausibly by the **effects of childhood adversity and poverty – ie C-PTSD**
- The diagnosis of **PD is harmful** to the health of those so labelled.

The triple f**k syndrome: medicine and the systemic oppression of people born into poverty



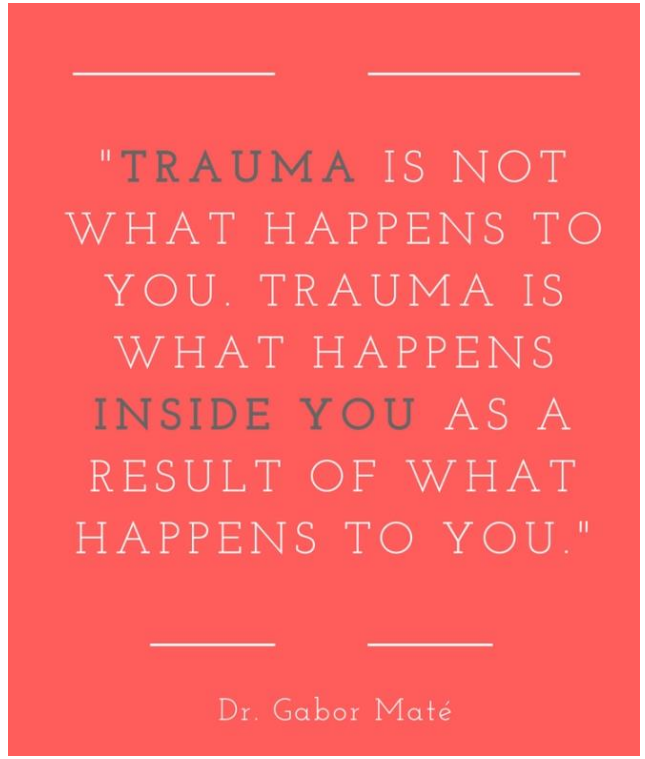


BJGP March 2022

ACCE and Trauma informed Care – Complex PTSD

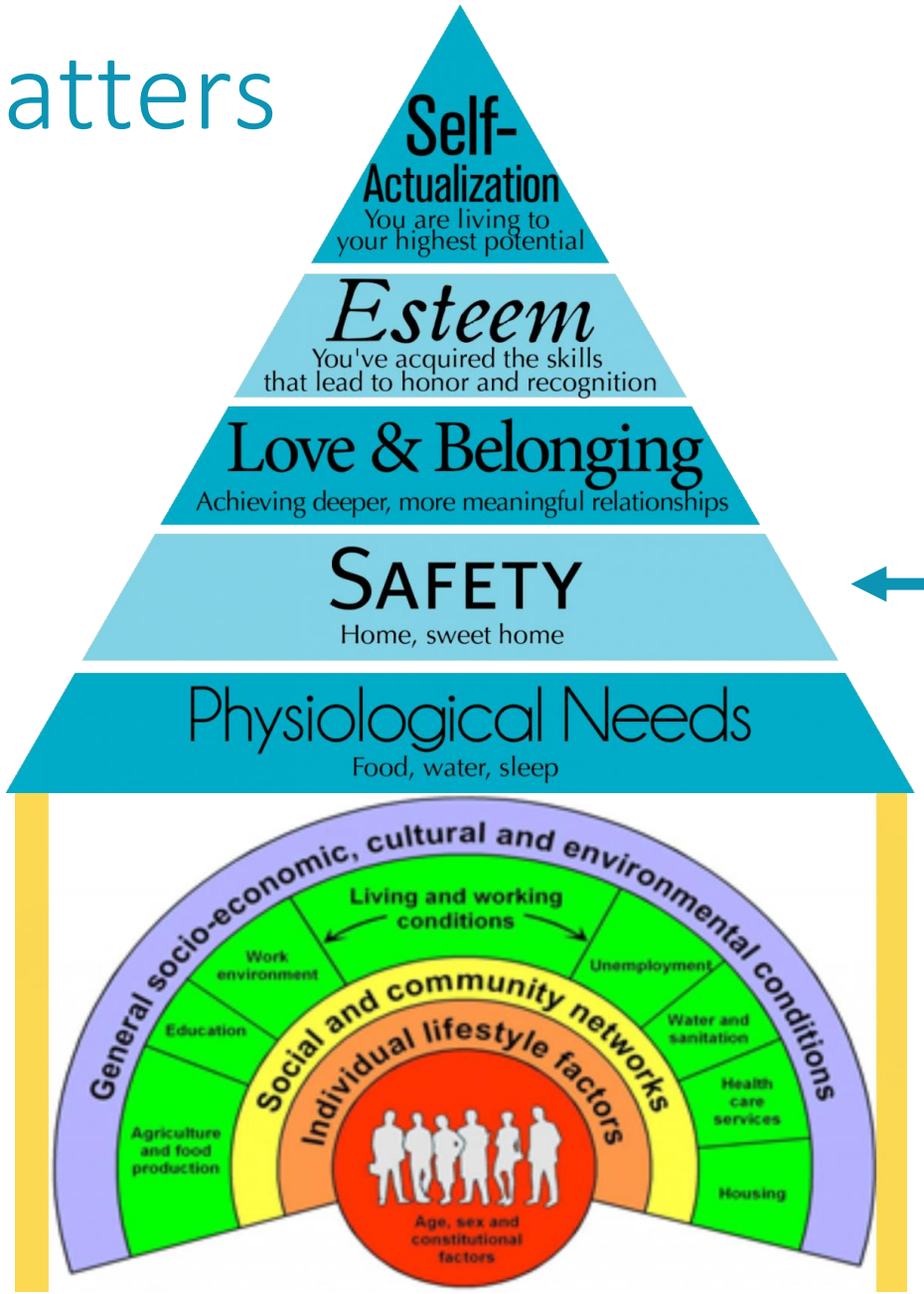
- **Complex post-traumatic stress disorder (C-PTSD)** is a new diagnosis in the International Classification of Diseases (ICD) 11.1

- **Caused by recurrent, chronic, or sustained trauma**, C-PTSD has the clinical features of PTSD AND symptoms that reflect the prolonged impact of sustained trauma on self-organisation, encompassing affect regulation, negative self-concept, and difficulties sustaining interpersonal relationships.



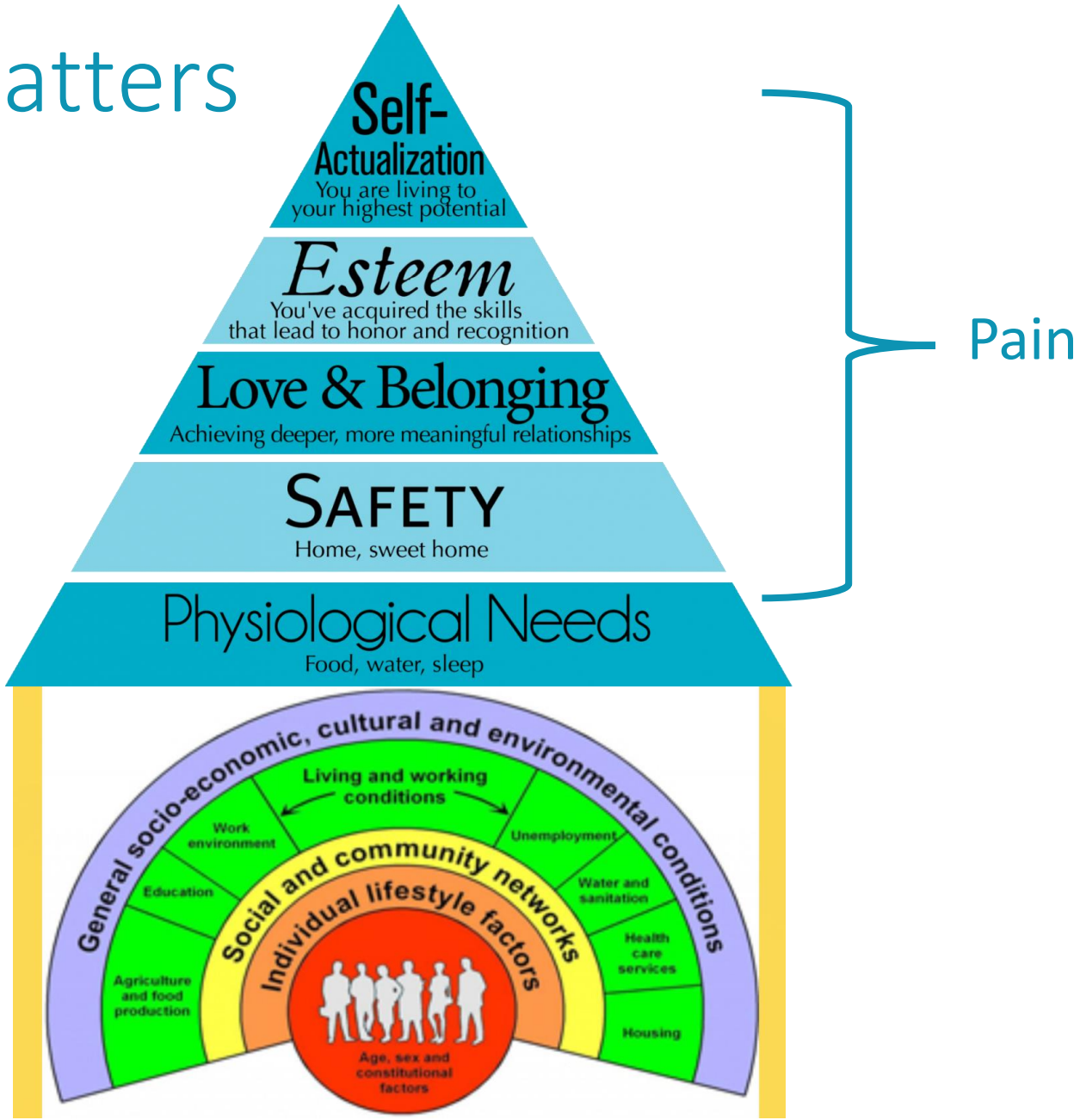
All illness AND ALL EXPERIENCES are interpreted through a person's bio-psycho-social circumstances

Why Maslow Matters

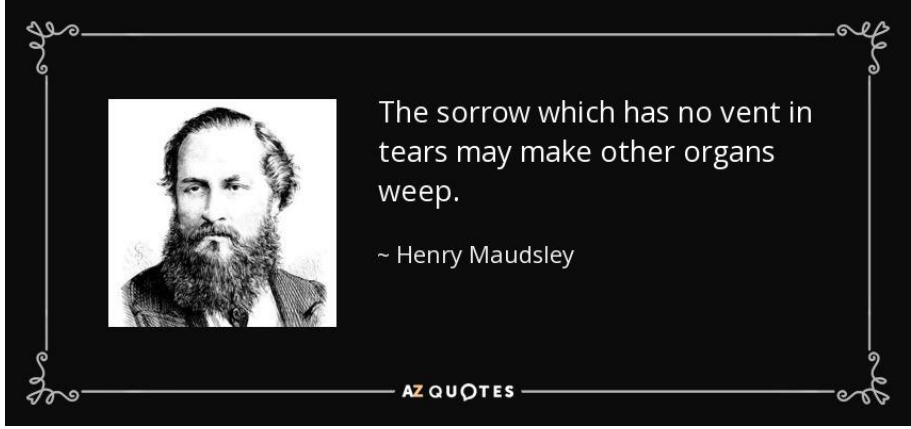


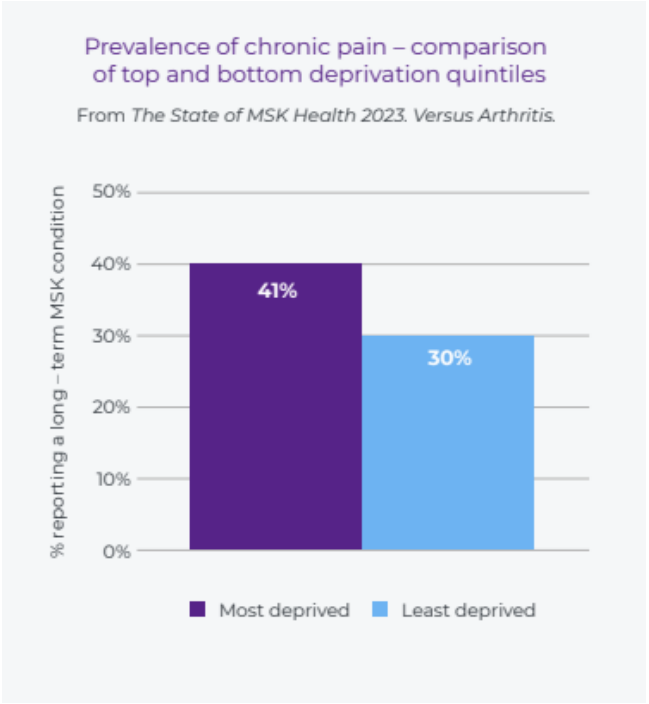
Pain

Why Maslow Matters



MSK, CHRONIC PAIN & DEPRIVATION





Reduce health inequalities in musculoskeletal health | ARMA

People from areas of deprivation compared with people in less deprived areas are:

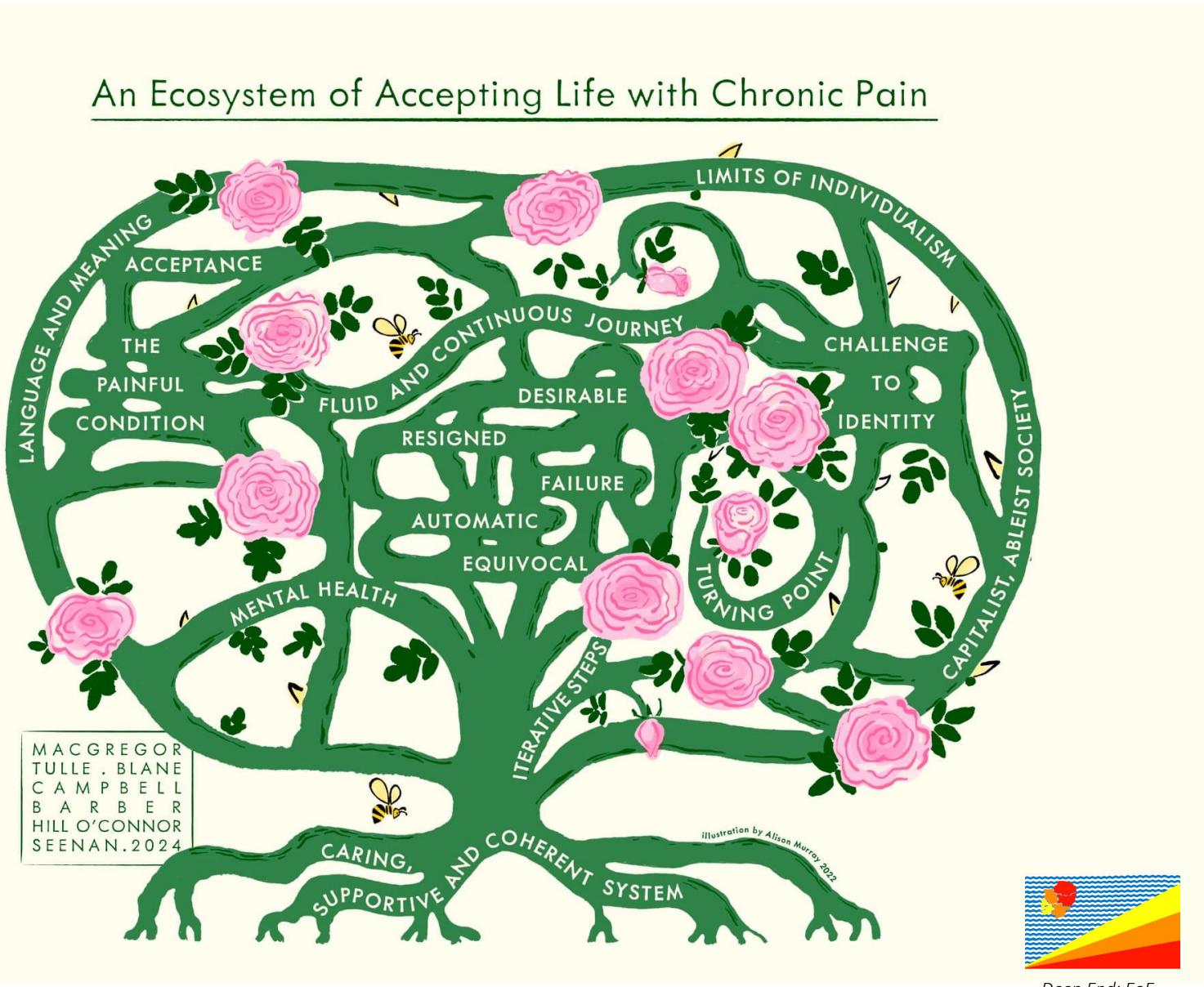
- More likely to be less physically active, have completed less education and have less social support
- Are less likely to be in work and more likely to have a worse financial situation
- More likely to have an MSK condition & this develops at a younger age.
- More likely to have **poor outcomes, increase disability and reduced quality of life** if they develop rheumatoid arthritis or osteoarthritis.
- More likely to take prescribed medicines for pain.
- Less likely to have good outcomes from joint replacement surgery.

Lack of financial resources, access, & support may limit adaptation, impact on mood, & interfere with pain management.

MSK, CHRONIC PAIN & DEPRIVATION

Pain

An ecosystem of accepting life with chronic pain: A meta-ethnography, 2024 (sagepub.com)



Deep End: EoE

What is the Impact of Chronic Pain: Prescription drug dependence – Opioid Epidemic

The 2019 PHE review of 5 classes of medicines: **26% of the adult population received**:

- Benzodiazepines (mostly prescribed for anxiety) – 1.4m (3%)
- Z-drugs (sleeping tablets) – 1m (2%)
- Gabapentin and pregabalin (together called gabapentinoids) – 1.5m (3%)
- **Opioids for chronic non-cancer pain – 5.6m (13%)**
- Antidepressants – 7.3m (17% of adult population)

Prescribing rates had a strong association with deprivation, being higher in areas of greater deprivation.

Deep End: EoE

Is England facing an opioid epidemic?

💊 In 2019, **UK had the world's HIGHEST rate of opioid consumption**!

🪦 Opiate-related drug poisoning deaths have increased by 388% since 1993 in England and Wales.

🏴 Whilst opioid mortality rates in England have not reached the levels of the US, the harms of opioid use and mortality have continued to increase.

🚑 The situation in UK can be defined as an **opioid epidemic** but not YET a public health emergency (like the US), as opioid addiction, overdose, and deaths have not yet threatened to overwhelm routine health services.

🩺 However, **UK is facing a chronic pain emergency** where investment & access to pain services for people with chronic pain and addiction are urgently needed.

Is England facing an opioid epidemic?, Feb 2023

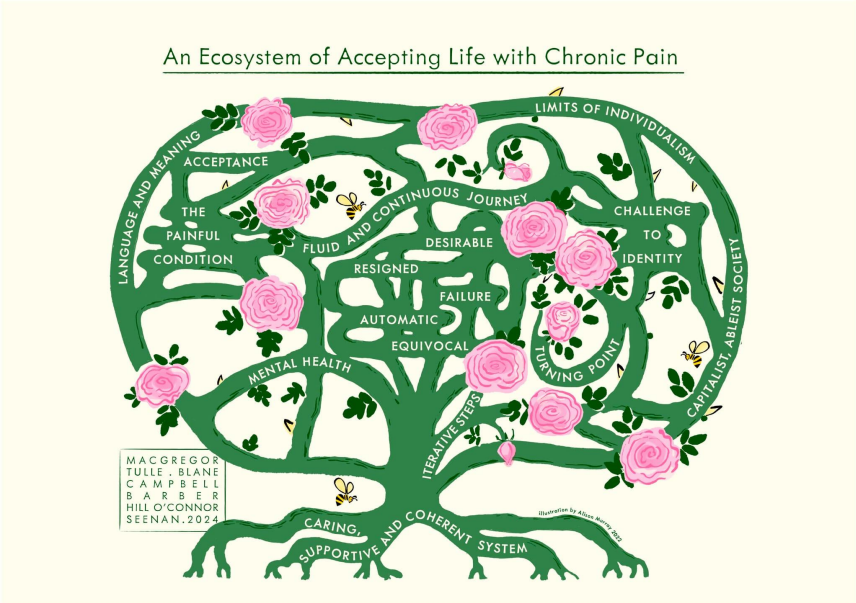
Deep End: EoE

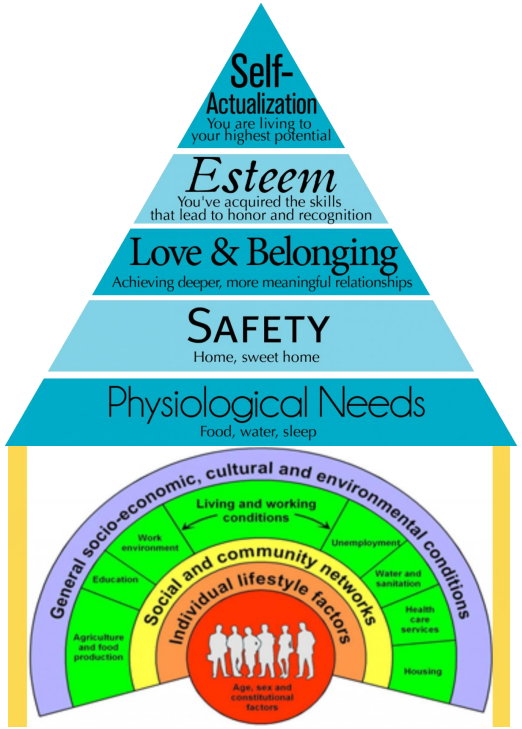
An epidemic not affecting all equally

🧐 NIHR research highlighted that **a higher proportion of those registered to Deep End practices are more likely to be living with chronic pain & /or opiate +/- gabapentinoid dependency**

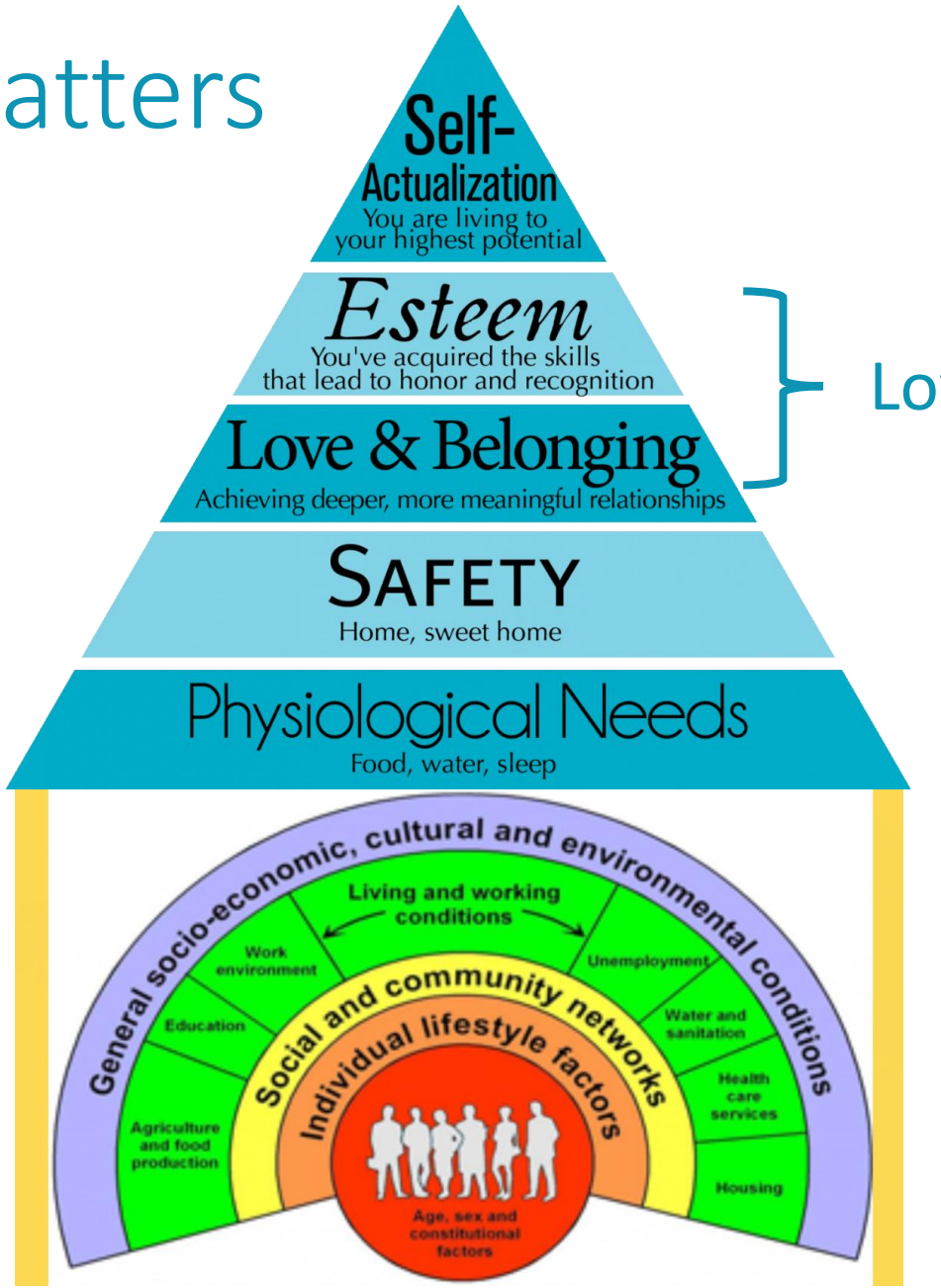
🏚️ This opioid epidemic reflects social & health inequalities 💔

Deep End: EoE





Why Maslow Matters



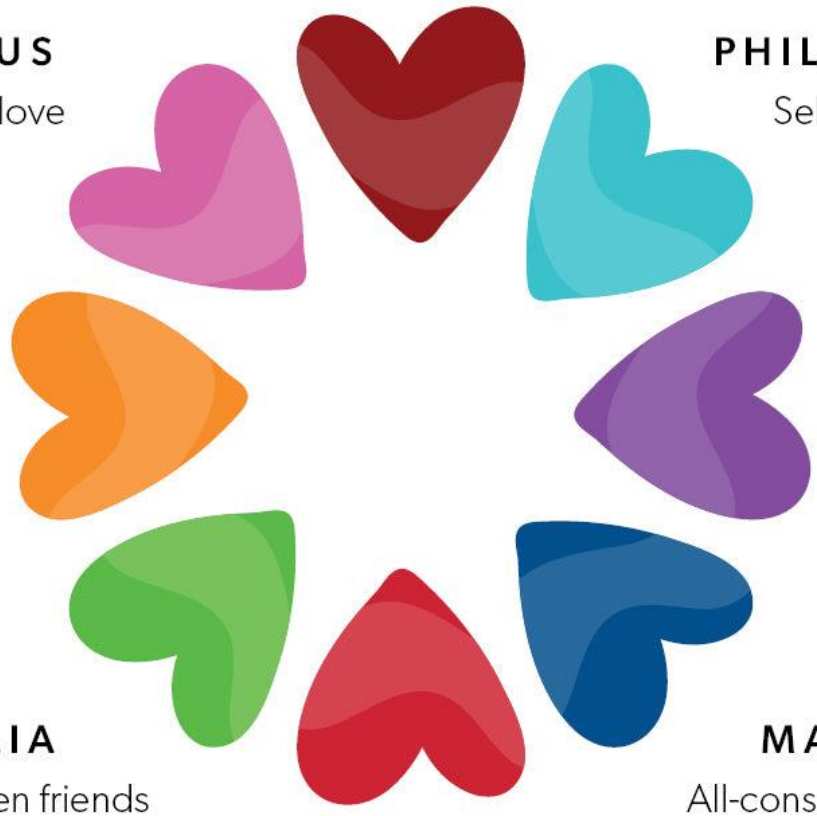
Love & Sex

Types of Love

AGAPE
Love for humanity

LUDUS
Playful love

PHILAUTIA
Self-love



STORGE
Familial love

PRAGMA
Love that lasts

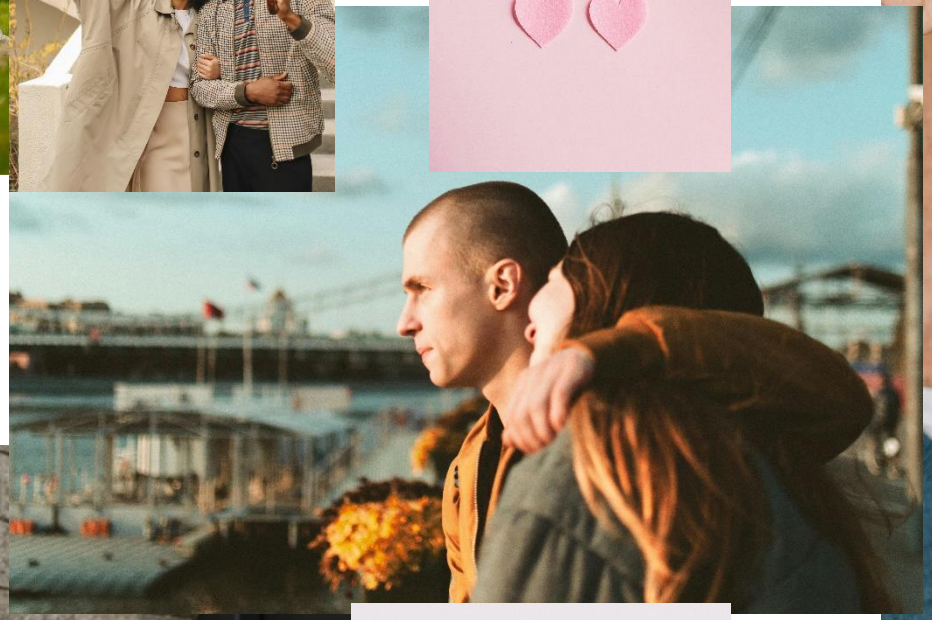
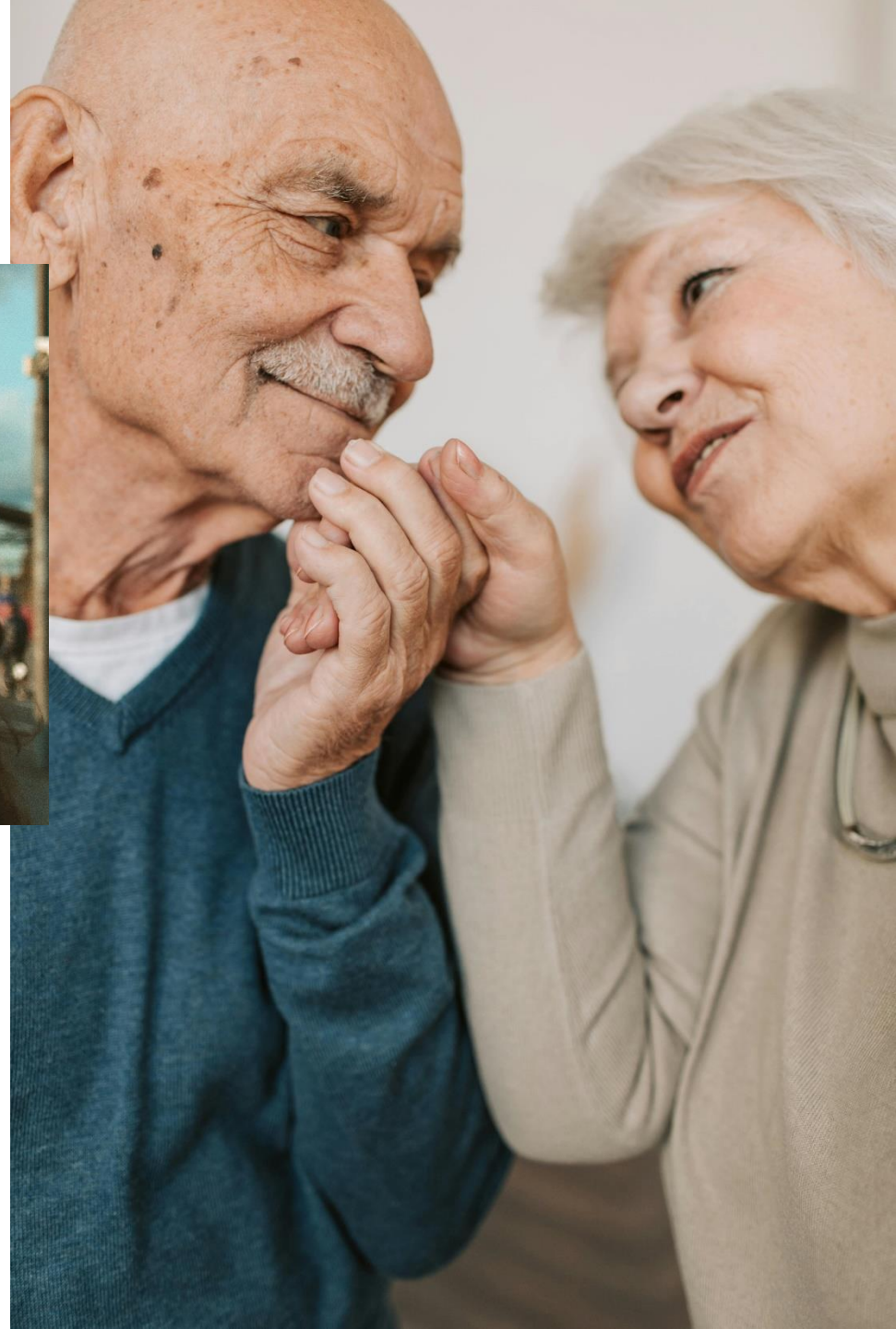
PHILIA
Love between friends

MANIA
All-consuming love

EROS
Romantic love





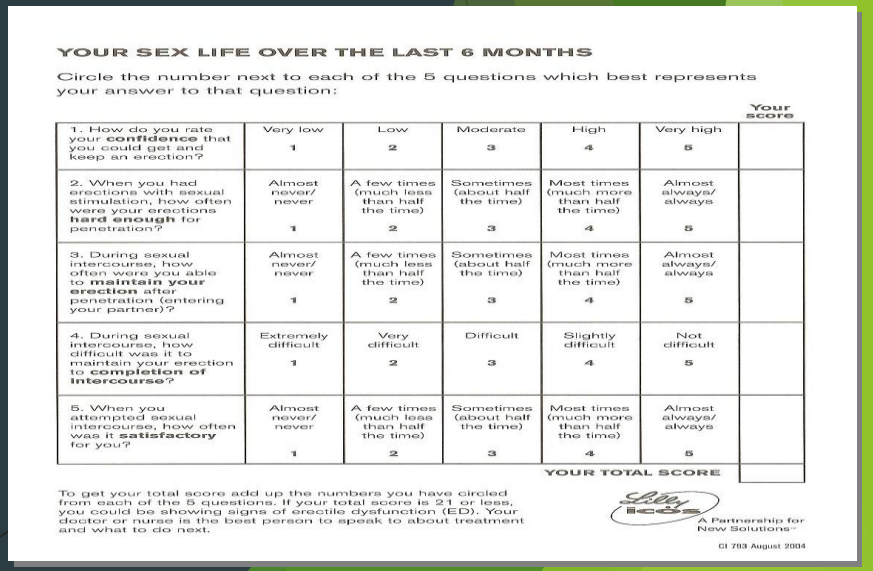
Carol Edmunds

ERECTILE DYSFUNCTION

- The persistent inability to attain or maintain an erection sufficient for sexual activity which is satisfactory for both partners•
- World prevalence increasing - 322 million men in 2025** …. 90% never seek care!
- ~ **35% to 75% of men with diabetes** will experience at least some degree of erectile dysfunction
- Use IIEF

- ** McKinlay JB. Int J Impotence Research 12: 6-11, 2000

Affects 19% of men



YOUR SEX LIFE OVER THE LAST 6 MONTHS

Circle the number next to each of the 5 questions which best represents your answer to that question:

						Your score
1. How do you rate your **confidence** that you could get and keep an erection?	Very low 1	Low 2	Moderate 3	High 4	Very high 5	
2. When you had erections with sexual stimulation, how often were your erections **hard enough** for penetration?	Almost never/ never 1	A few times (much less than half the time) 2	Sometimes (about half the time) 3	Most times (much more than half the time) 4	Almost always/ always 5	
3. During sexual intercourse, how often were you able to **maintain your erection** after penetration (entering your partner)?	Almost never/ never 1	A few times (much less than half the time) 2	Sometimes (about half the time) 3	Most times (much more than half the time) 4	Almost always/ always 5	
4. During sexual intercourse, how difficult was it to maintain your erection to **completion of intercourse**?	Extremely difficult 1	Very difficult 2	Difficult 3	Slightly difficult 4	Not difficult 5	
5. When you attempted sexual intercourse, how often was it **satisfactory** for you?	Almost never/ never 1	A few times (much less than half the time) 2	Sometimes (about half the time) 3	Most times (much more than half the time) 4	Almost always/ always 5	
					YOUR TOTAL SCORE	

To get your total score add up the numbers you have circled from each of the 5 questions. If your total score is 21 or less, you could be showing signs of erectile dysfunction (ED). Your doctor or nurse is the best person to speak to about treatment and what to do next.

Lilly ICOS
A Partnership for New Solutions™

CI 703 August 2004

Women's Sexual health

- One in three women in the UK will suffer from a reproductive or gynaecological health problem.
- Less than 2.5% of publicly funded research is dedicated solely to reproductive health
- There is five times more research into erectile dysfunction, which affects 19% of men, than into premenstrual syndrome, which affects 90% of women.

'Women have been woefully neglected': does medical science have a gender problem?

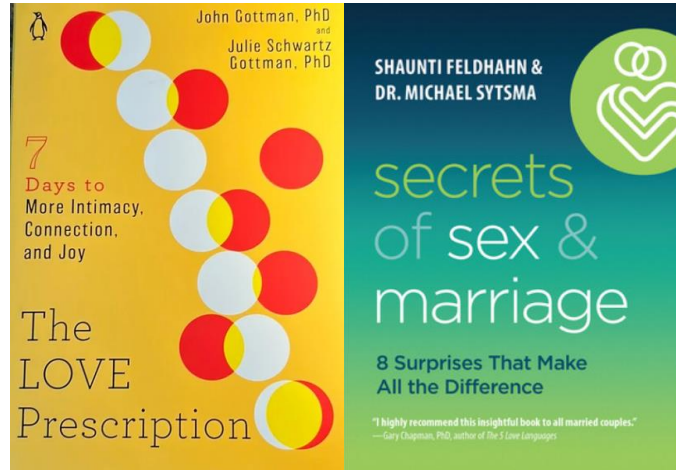
One is probably more normal than one thinks

Every sexual relationship deals with issues/concerns

- Average male reaches orgasm in 5.4 min of intercourse; average female takes 14 min to reach orgasm

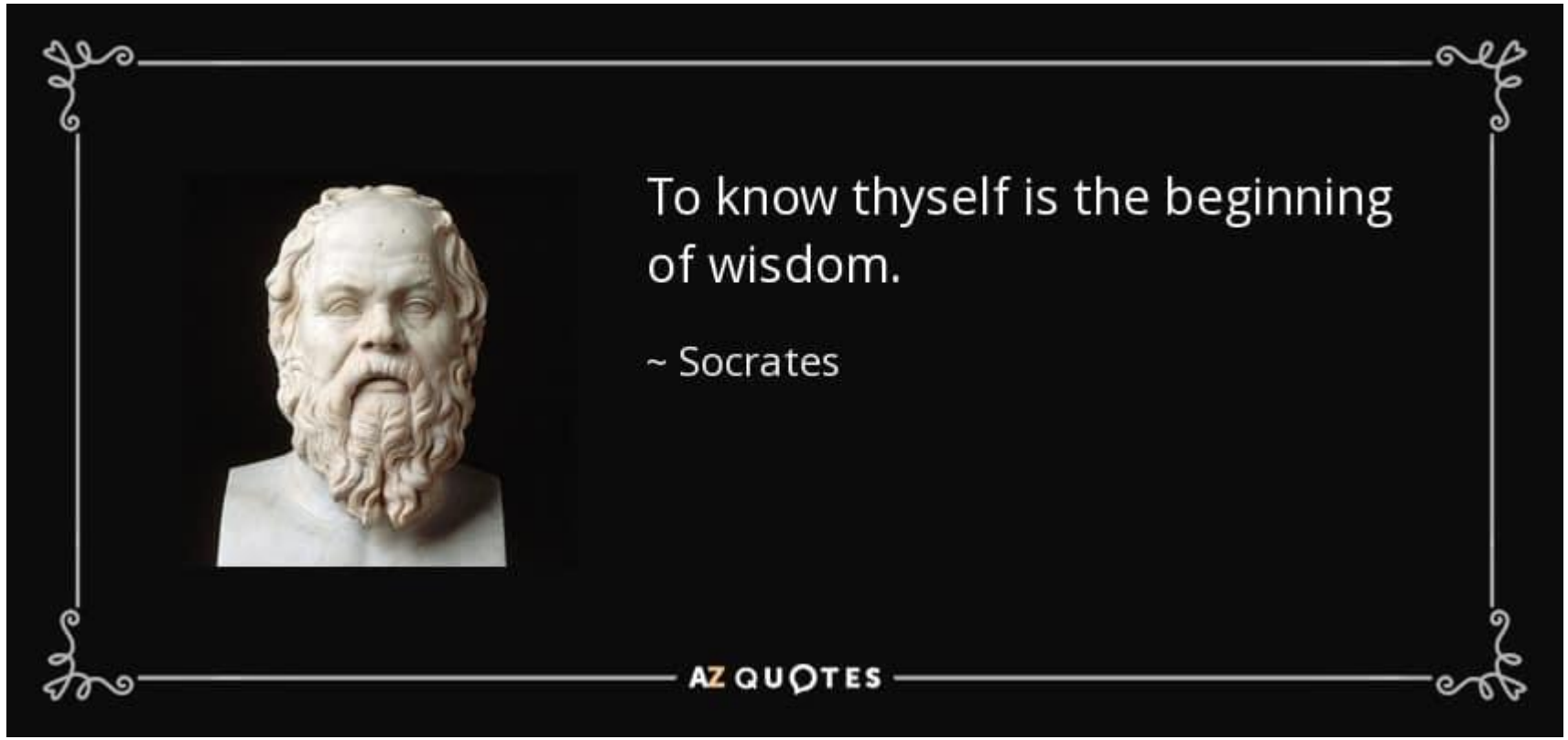
- Average frequency for sexual activity is 1.3x per week (4x every 3wks)
- 14% of couples are low-sex (less than once a month); 9% are no-sex

- 12% men & 32% women feel pain 1/3rd of the time
- 58% of women have occasional pain;
- 40-50% of women with chronic pain do not seek help



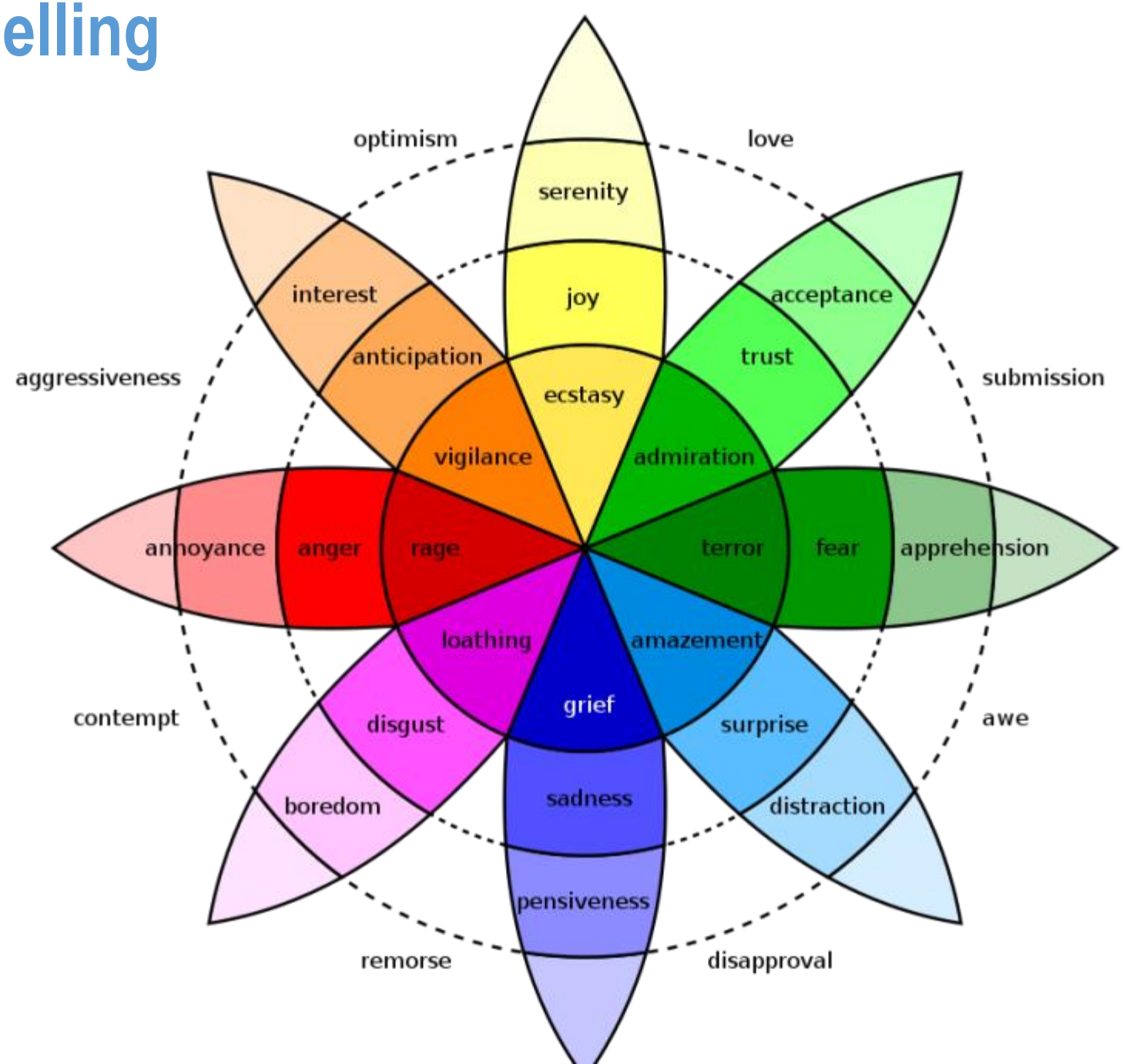
Life Partners

Can Our Partners Change? School of Life

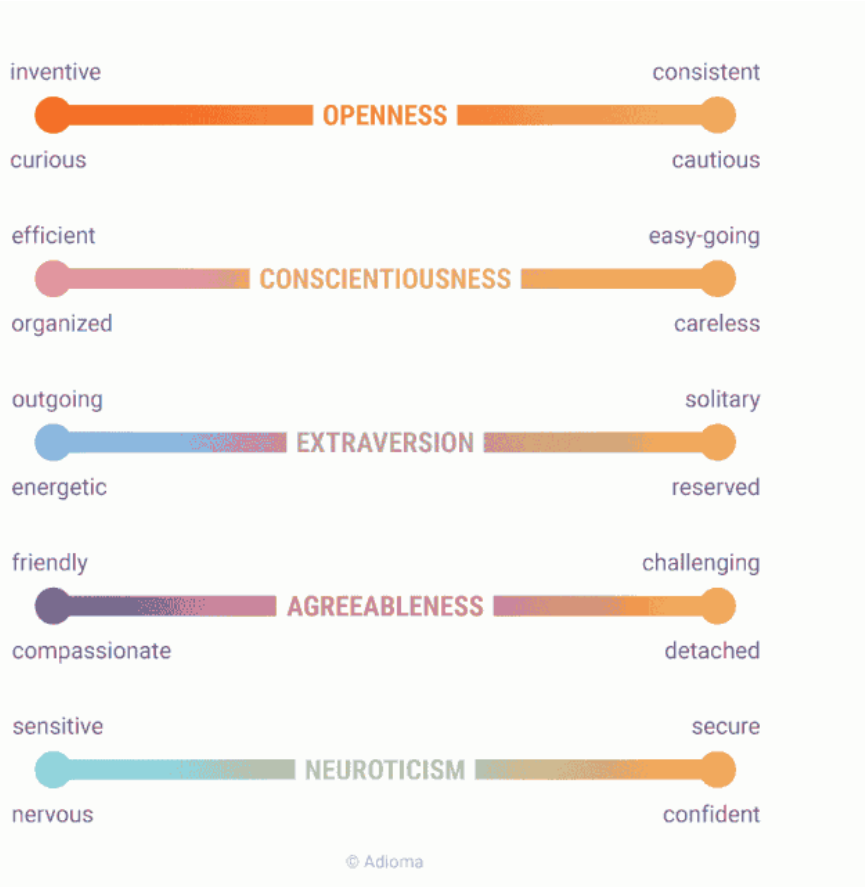

To know thyself is the beginning of wisdom.
~ Socrates
AZ QUOTES

~399BC

Affect Labelling

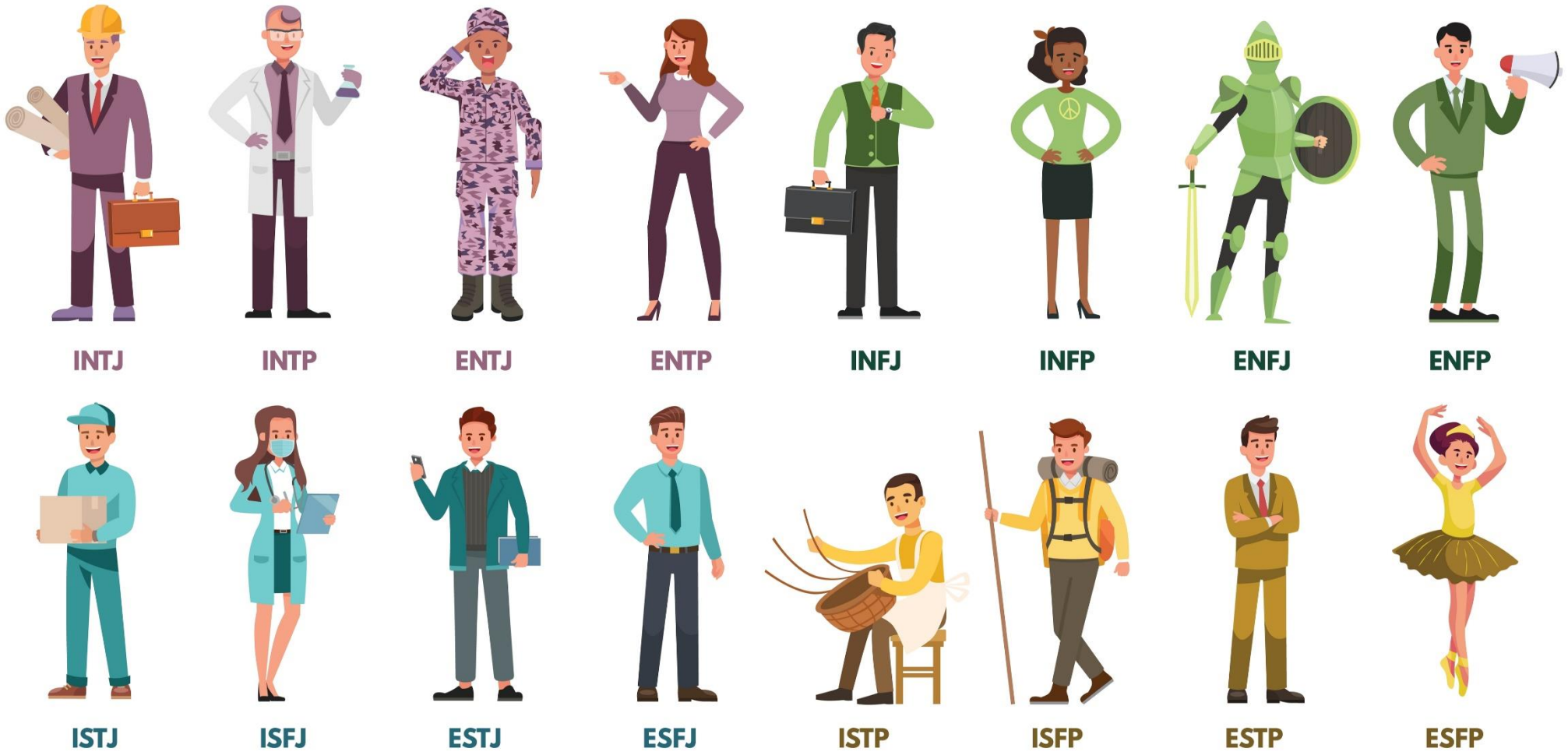



Openness
Conscientiousness
Extraversion
Agreeableness
The Big Five Personality Traits
Neuroticism
verywell


inventive
consistent
OPENNESS
curious
cautious
efficient
easy-going
CONSCIENTIOUSNESS
organized
careless
outgoing
solitary
EXTRAVERSION
energetic
reserved
friendly
challenging
AGREEABLENESS
compassionate
detached
sensitive
secure
NEUROTICISM
nervous
confident
© Adioma

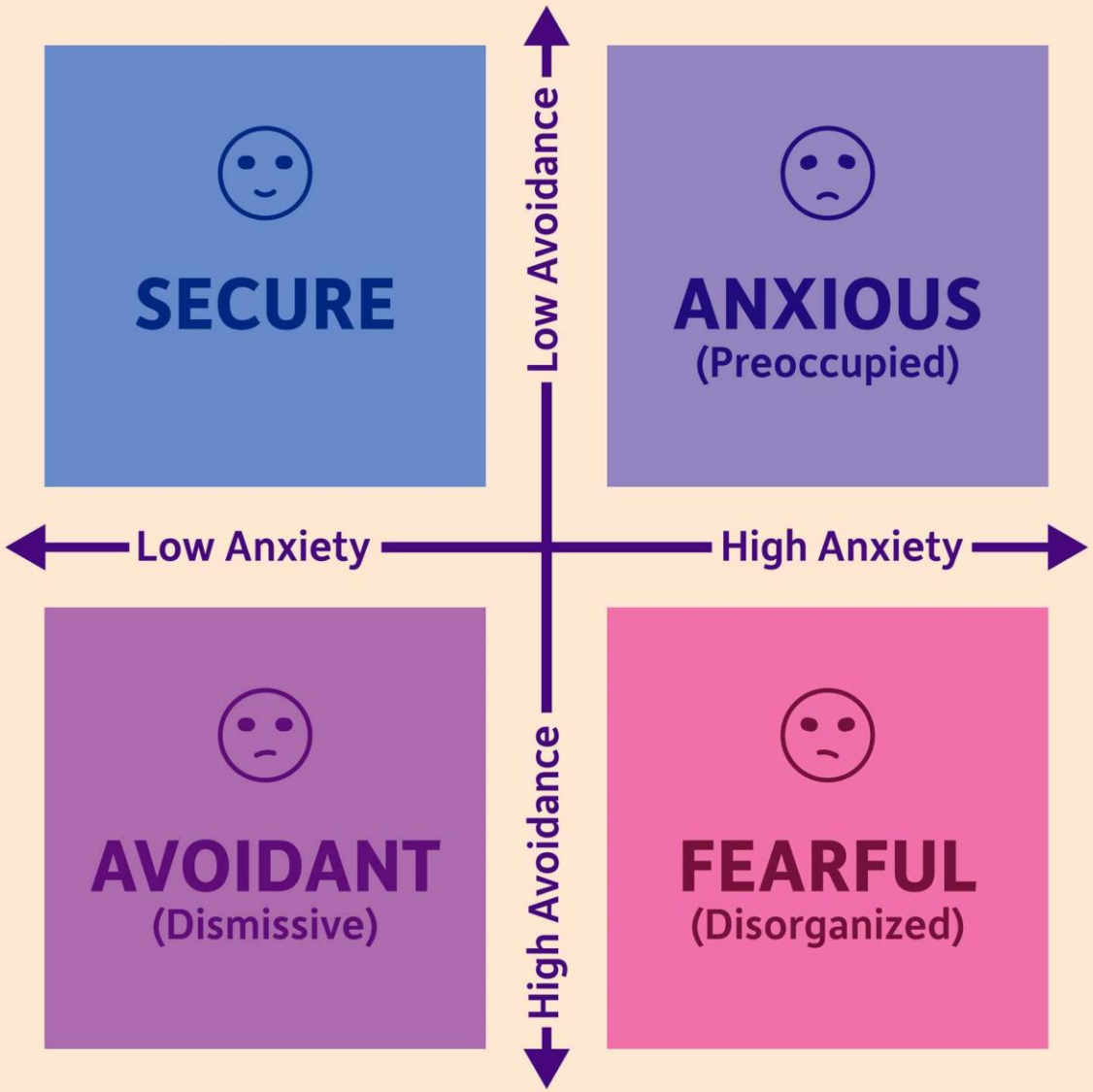

THE SUNDAY TIMES BESTSELLER
Quiet
Susan Cain
The Power of Introverts in a World That Can't Stop Talking

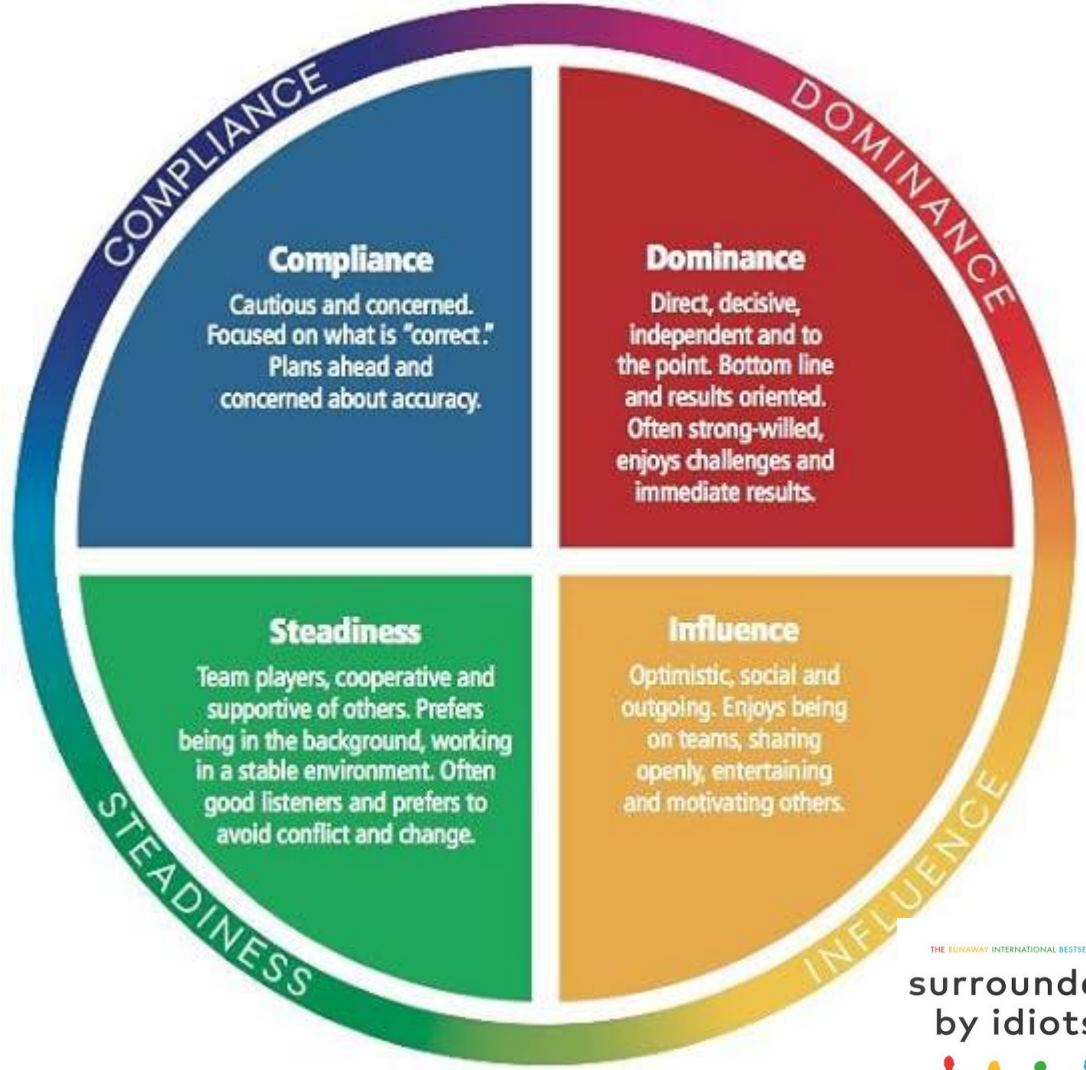
16 PERSONALITIES

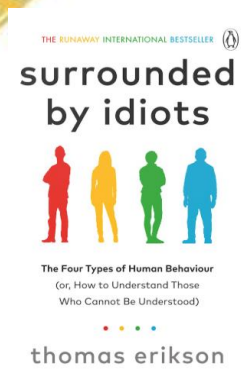


https://www.16personalities.com/

ATTACHMENT STYLES







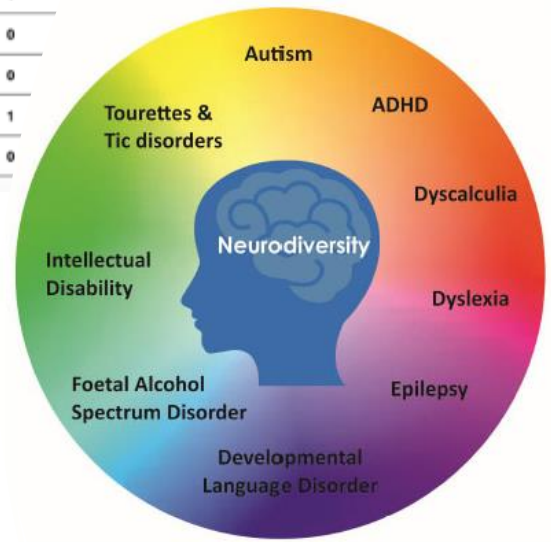
	Not at all	Just a little	Quite a bit	Very much
1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks				
2. Often has difficulty sustaining attention in tasks or play activities				
3. Often does not seem to listen when spoken to directly				
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties				
5. Often has difficulty organizing tasks and activities				
6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort				
7. Often loses things necessary for activities (e.g., toys, school assignments, pencils or books				
8. Often is distracted by extraneous stimuli				
9. Often is forgetful in daily activities				
10. Often fidgets with hands or feet or squirms in seat				
11. Often leaves seat in classroom or in other situations in which remaining seated is expected				
12. Often runs about or climbs excessively in situations in which it is inappropriate				
13. Often has difficulty playing or engaging in leisure activities quietly				
14. Often is "on the go" or often acts as if "driven by a motor"				
15. Often talks excessively				
16. Often blurts out answers before questions have been completed				
17. Often has difficulty awaiting turn				
18. Often interrupts or intrudes on others (e.g., butts into conversations/ games				
19. Often loses temper				
20. Often argues with adults				
21. Often actively defies or refuses adult requests or rules				
22. Often deliberately does things that annoy other people				
23. Often blames others for his or her mistakes or misbehaviour				
24. Often is touchy or easily annoyed by others				
25. Often is angry and resentful				
26. Often is spiteful or vindictive				

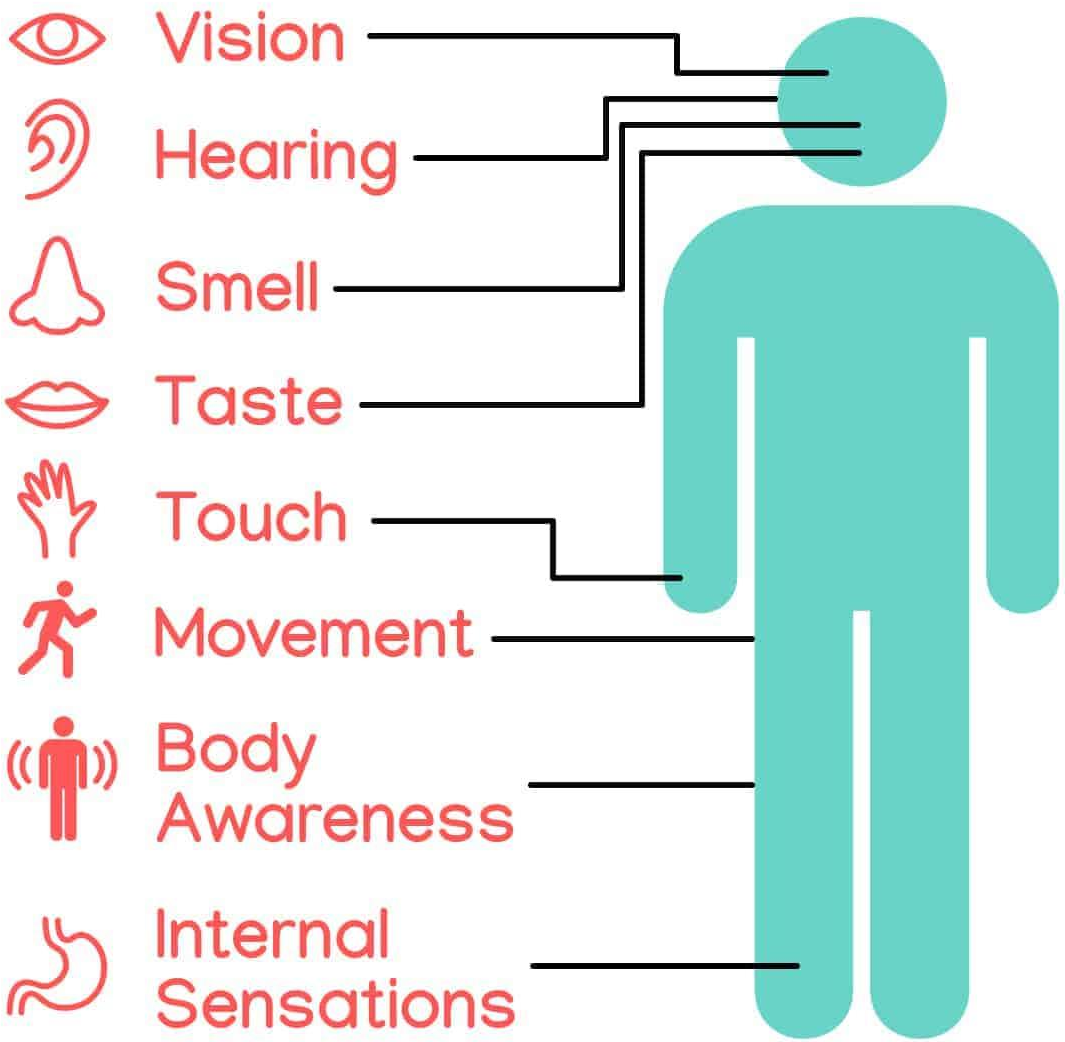
Autism Spectrum Quotient (AQ)

Instructions:

Choose one response that best describes how strongly each item applies to you

		Definitely Agree	Slightly Agree	Slightly Disagree	Definitely Disagree
1	I prefer to do things with others rather than on my own	0	0	1	1
2	I prefer to do things the same way over and over again	1	1	0	0
3	If I try to imagine something, I find it very easy to create a picture in my mind	0	0	1	1
4	I frequently get so strongly absorbed in one thing that I lose sight of other things	1	1	0	0
5	I often notice small sounds when others do not	1	1	0	0
6	I usually notice car number plates or similar strings of information	1	1	0	0
7	Other people frequently tell me that what I've said is impolite, even though I think it is polite	1	1	0	0
8	When I'm reading a story, I can easily imagine what the characters might look like	0	0	1	1
9	I am fascinated by dates	1	1	0	0
10	In a social group, I can easily keep track of several different people's conversations	0	0	1	1
11	I find social situations easy	0			
12	I tend to notice details that others do not	1			
13	I would rather go to a library than a party	1			
14	I find making up stories easy	0			
15	I find myself drawn more strongly to people than to things	0			
16	I tend to have very strong interests, which I get upset about if I can't pursue	1			
17	I enjoy social chit-chat	0			





SENSORY PROCESSING SENSITIVITY

low	medium	high
Dandelions	*Tulips*	*Orchids*

Different levels of sensory processing sensitivity – flower metaphor (Boyce and Ellis, 2005; Lionetti et al., 2018).

Fig. 2. SPS in across the population.
SPS is a continuous trait but people fall into three sensitivity groups along a sensitivity continuum.

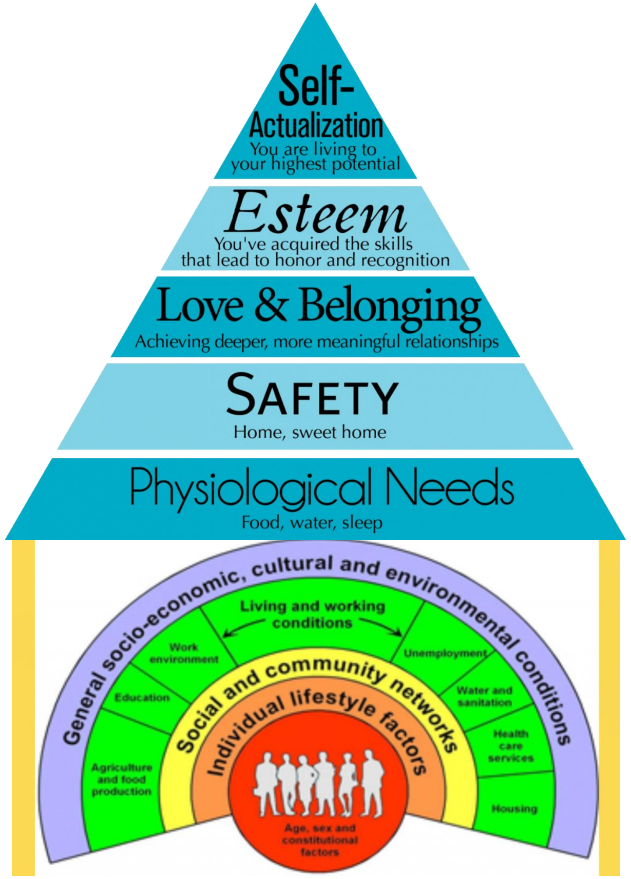
Greven et al. (2019)

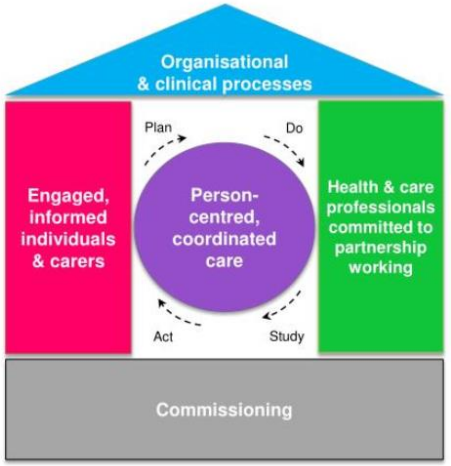
People in deprived areas often have greater need for treatment but less access to it

A BHF-commissioned UK-wide survey found significant differences in how social class impacts interactions with healthcare professionals: only 51% of working-class respondents felt they were listened to and believed by healthcare professionals, versus 62% of middle-class respondents.

BRITISH HEART FOUNDATION
BRIDGING HEARTS

Self-Actualisation for the Clinician.....





The House of Care

How do we want to respond?

....With compassion

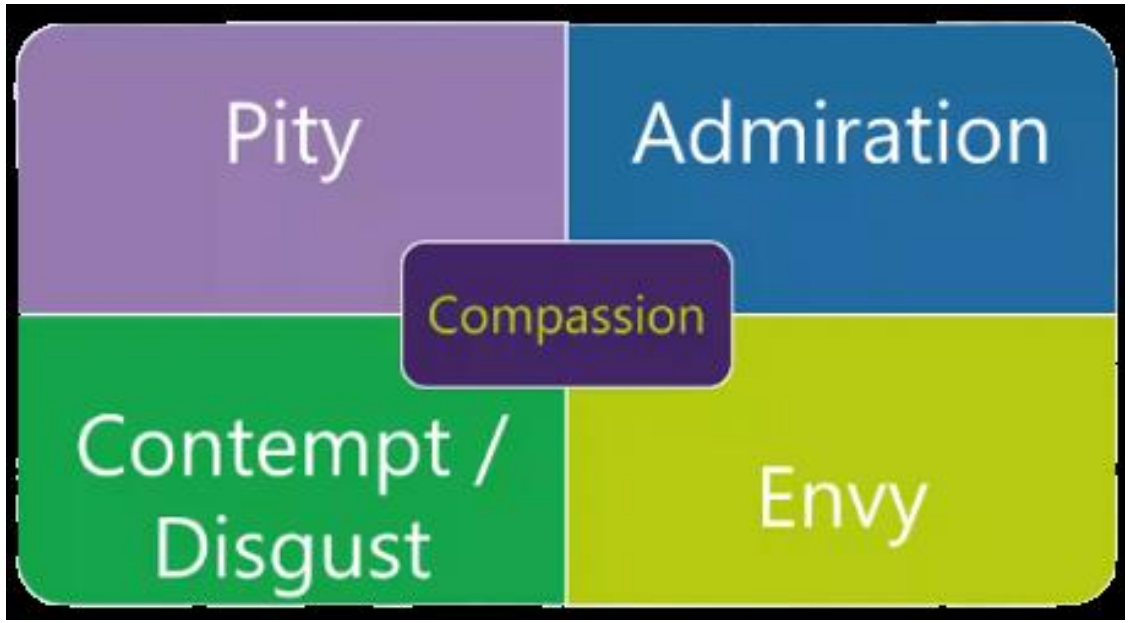
Compassion

Compassion is‘*a sensitivity to suffering in self and others with a commitment to try to alleviate and prevent it’* (Gilbert 2013).

We can experience compassion in different ways: *we can feel compassion for other people; we can experience compassion from others; and there is the compassion we can direct towards ourselves.*

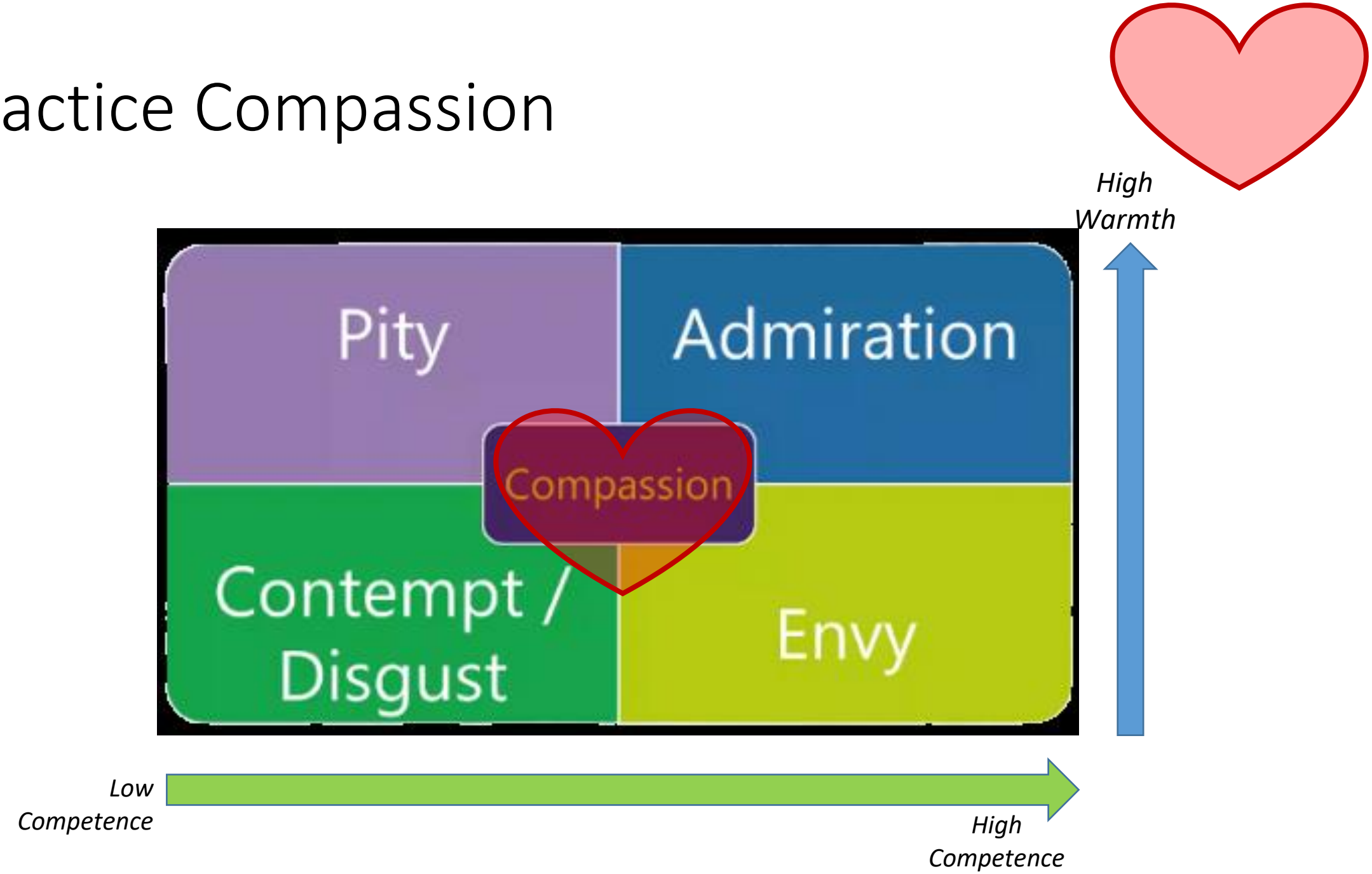
In the Consultation Room

In the Consultation Room, we each make an immediate judgement of how trustworthy a person seems; and how ‘competent’



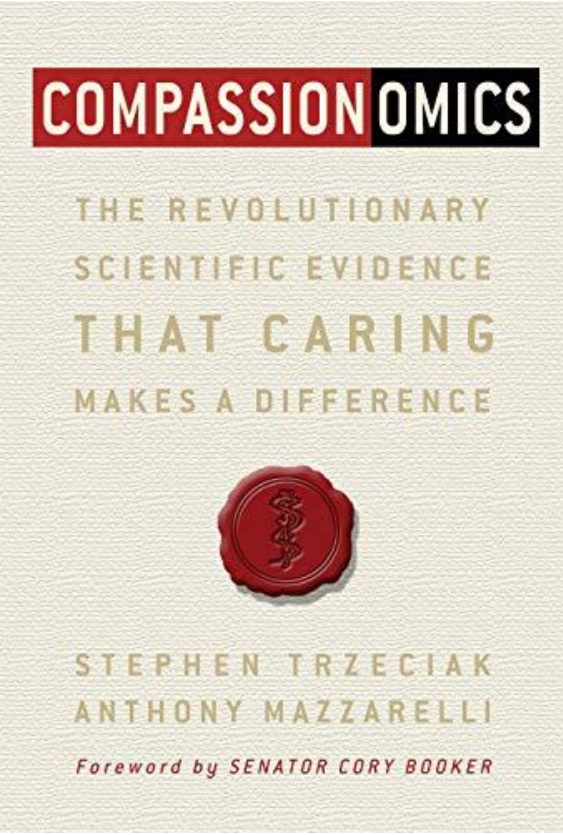
Warmth-Competence Matrix

Practice Compassion



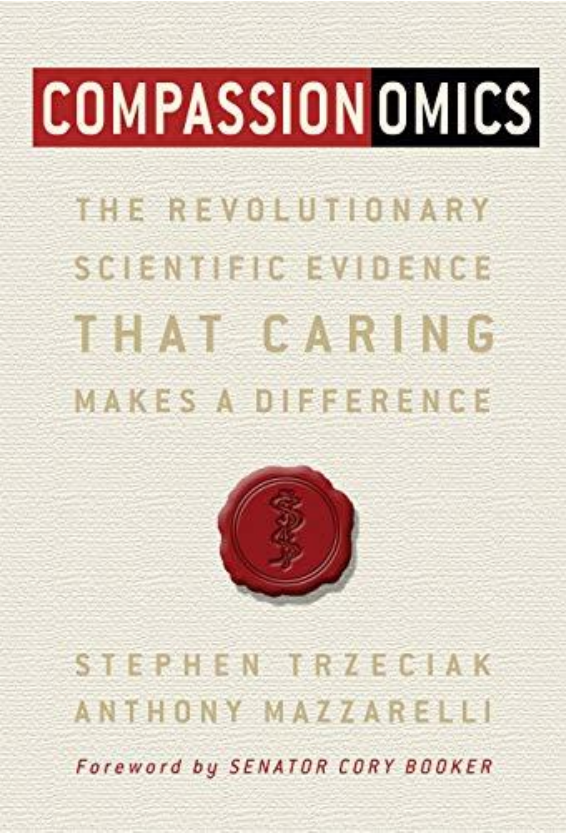
Compassion in Health and Care

- Compassion from anaesthetists vs sedatives – patients calm but not drowsy. 50% lower requirement for opiates post-surgery and shorter stay.
- Patients randomly assigned to compassionate palliative care survived 30% longer
- Diabetes – optimal blood sugar control 80% higher; 41% lower odds of complications
- HIV patients 33% higher adherence to therapy and 20% lower odds detectable virus;
- 21 RCTs large improvements in service-user depression, anxiety, distress and wellbeing

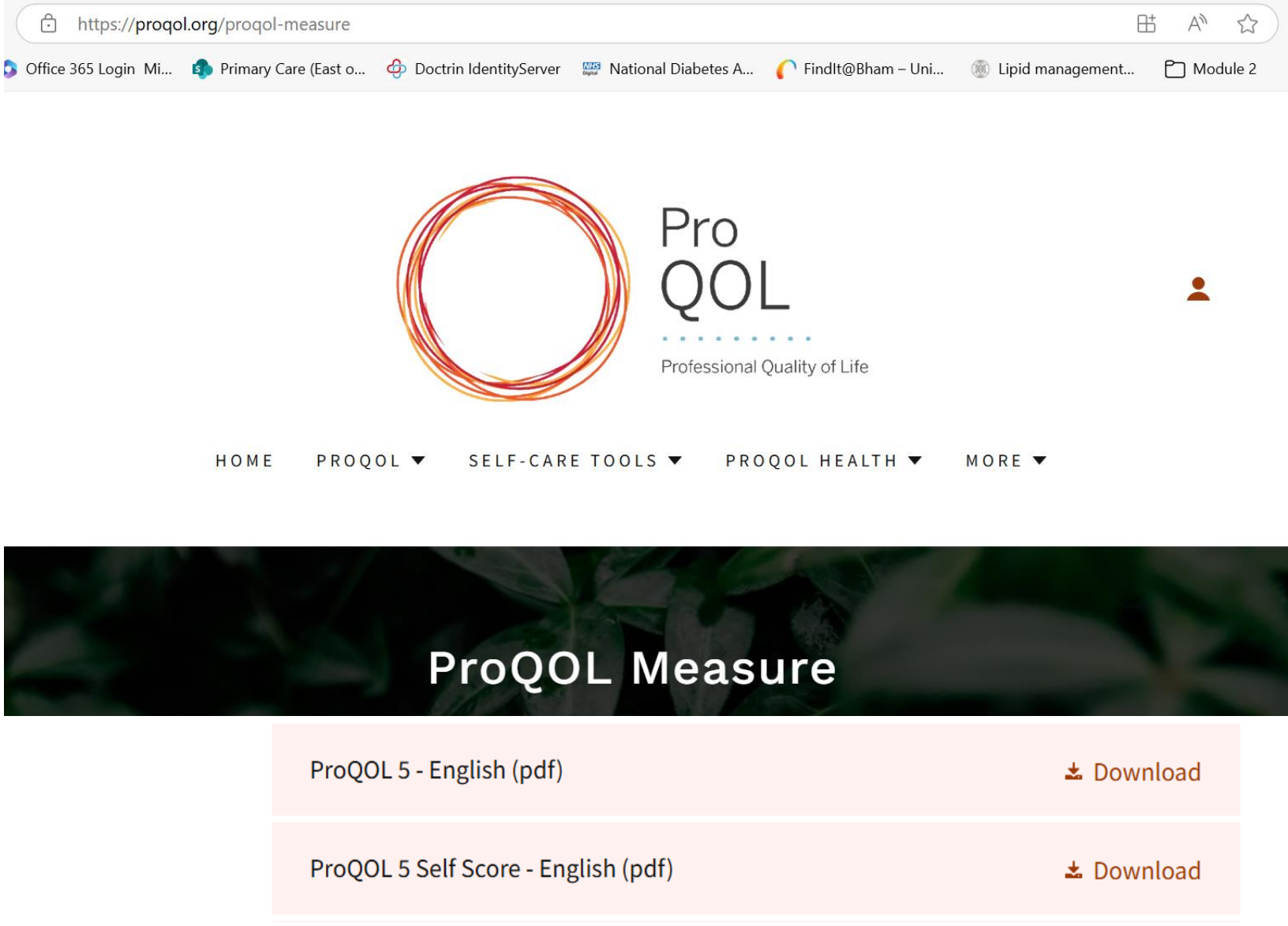


Compassion in Health and Social Care

- More compassion does not take time
- Clinician compassion – lower depression, anxiety, distress
- Cost savings - difference of 5.6% between high and low patient satisfaction hospitals
- 13 residential care homes. Beneficial outcomes for patients and staff.
- US GPs: 51% lower medical bill; Canadian GPs: 51% fewer referrals to a specialist; 40% less diagnostic testing.
- Canada RCT of homeless people at A&E; compassion group 33% less likely to return to A&E
- Greater than effects of aspirin in heart attacks and of statins in 5-year risk of cardiovascular event



ProQol – add to your diary – be proactive



Professional Quality of Life (proQOL) is intended for any helper - health care professionals, social service workers, teachers, attorneys, emergency response, etc.

Understanding the positive and negative aspects of helping those who experience trauma and suffering can improve your ability to help them and your ability to keep your own balance.

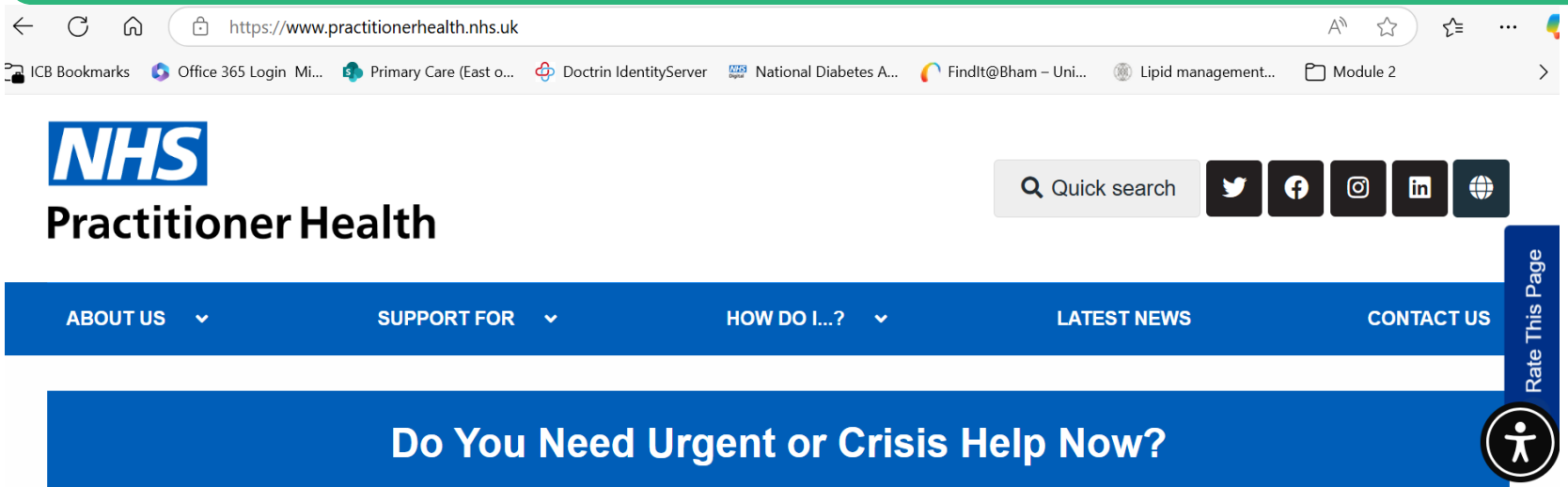
The ProQOL is the most commonly used measure on the negative and positive affects of helping others who experience suffering and trauma.

The ProQOL has sub-scales for compassion satisfaction, burnout and compassion fatigue.

The measure has been in use since 1995.

There have been several revisions. The ProQOL 5 is the current version.

Seek Help – we are all human - practice self-compassion



Friend
Family
Safe colleague
Trainer
TPD
LMC
Your own GP
NHS 111
Counselling Directory
UK Council for Psychotherapy
Listening Place
…

ESC Guidelines

2019 - Guidelines on Dyslipidaemias

2021 - Guidelines on cardiovascular disease prevention in clinical practice

2023 - Guidelines for the management of cardiovascular disease in patients with diabetes

Compassionately impart these guidelines

Dr Kevin Fernando

Dr Rob Howlett

Modifying RF not just for AF

The combined impact of adherence to five lifestyle factors on all-cause, cancer and cardiovascular mortality: a prospective cohort study among Danish men and women

Published online by Cambridge University Press: 18 February 2015

Kristina E. N. Petersen, Nina F. Johnsen, Anja Olsen, Vanna Albieri, Lise K. H. Olsen, Lars O. Dragsted, Kim Overvad, Anne Tjønneland and Rikke Egeberg

Show author details

British Journal of Nutrition

7 % of the entire Danish population aged 50–64 years
N=160,000

The combined impact of adherence to five lifestyle factors

1. Smoking
2. Alcohol intake
3. Physical activity
4. Waist circumference
5. Diet (Mediterranean)

On all-cause, cancer and cardiovascular mortality

80% reduction in CVD mortality

70% reduction in all-cause mortality

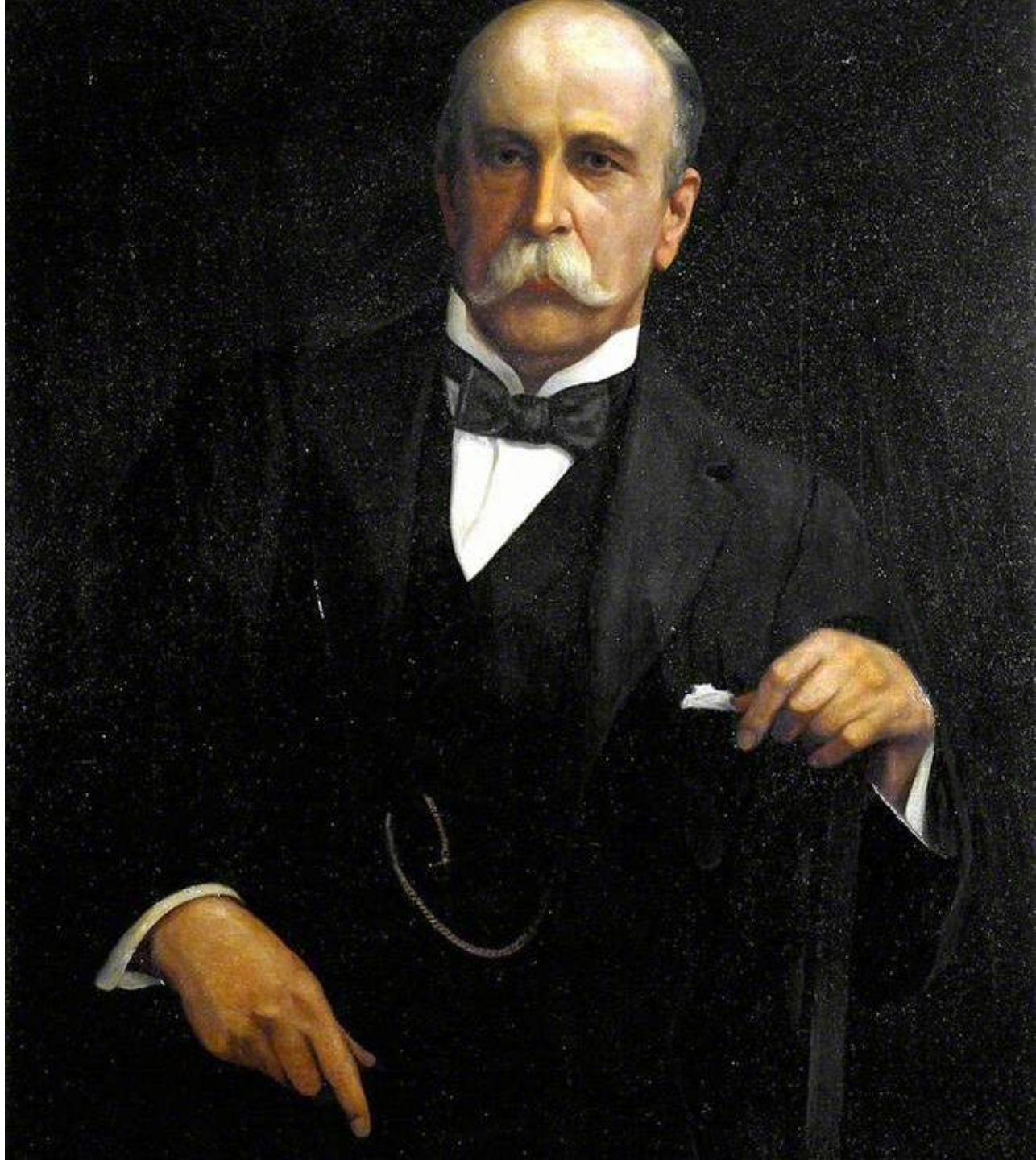
Adherence	HR all-cause mortality	HR Cancer mortality	HR CVD Mortality
1	1.00	1.00	1.00
2	0.71	0.75	0-64
3	0.54	0.59	0.50
4	0.36	0.39	0.35
5	0.27	0.33	0.20

“

‘The good physician treats the disease; the great physician treats the patient who has the disease’

Sir William Osler 1849–1919

Dr Kevin Fernando



Person-centred approach

Empowering Conversations Can Lead to Change

- **Start with the individual** – and this person-centred approach should reflect and acknowledge each person's unique challenges, circumstances and capabilities

Patient Autonomy; Compassionate Listening

- **Tailoring Interventions**: focus on what a person *can* do rather than what they *cannot*. This approach boosts confidence and helps individuals build on their strengths.
- **Starting Small**: Often, success comes from starting with small, achievable goals that can grow over time.
- **Empowerment**: By taking the individual's circumstances into account, lifestyle medicine empowers people to take control of their health. This empowerment leads to better compliance

DEEP END: EOE

Who are we?

Launched Sept 2021

A network of people, practices and PCNs who are working in areas of high deprivation, or with vulnerable populations, in order to:

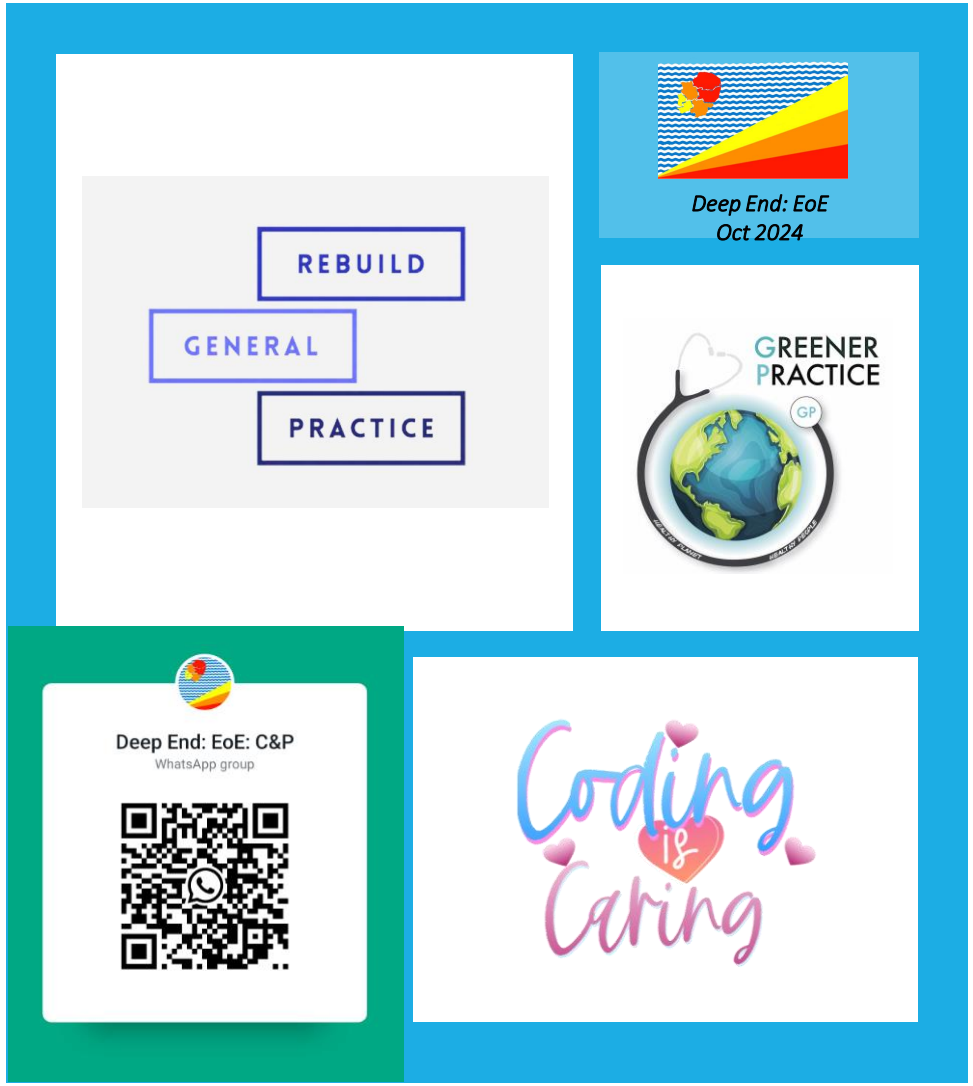
- **Collaborate**
- **Support**
- **Advocate**

in order to ensure ***sustainable healthcare provisions*** that work with their local community stakeholders to create health and improve wellbeing.

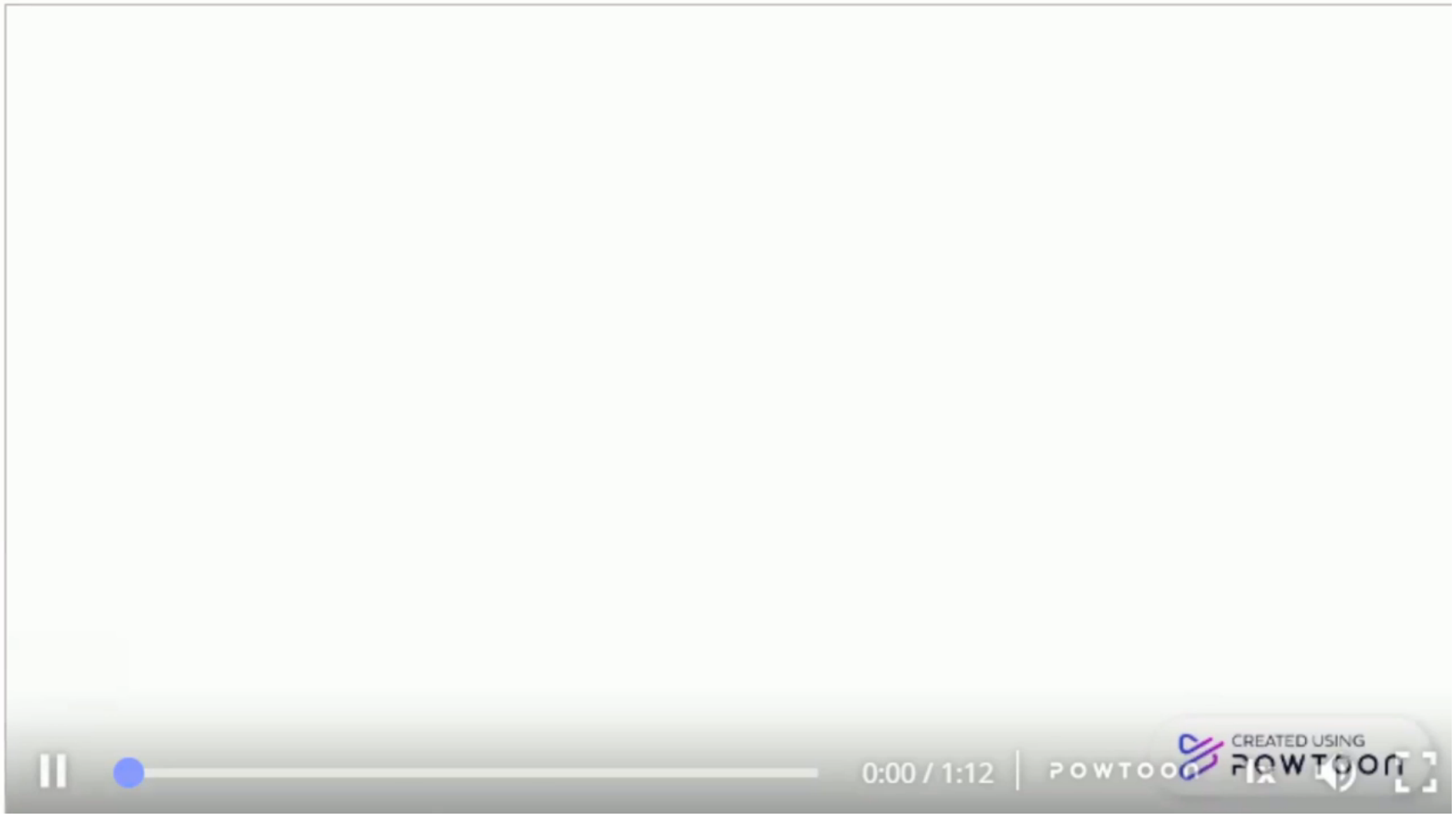
HOW CAN DEEP END: EOE SUPPORT IMPROVEMENTS TO CARE?

Deep End has 5 Main Workstreams: "A CREW"

- Advocacy
- Climate change & Environmental Sustainability
- Research
- Education
- Workforce & Wellbeing



Powtoon - Diving into the deep end: a scoping review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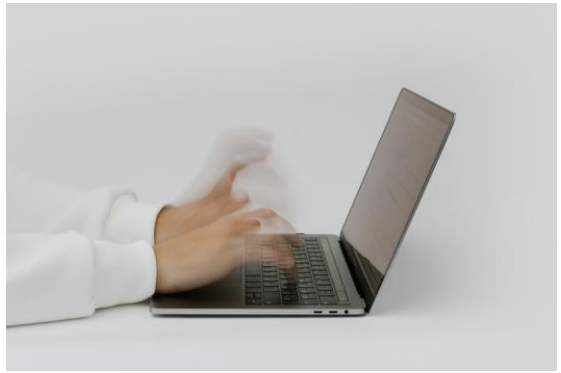
CREATED USING
POWTOON


Thank you

Please fill out your Feedback Forms!

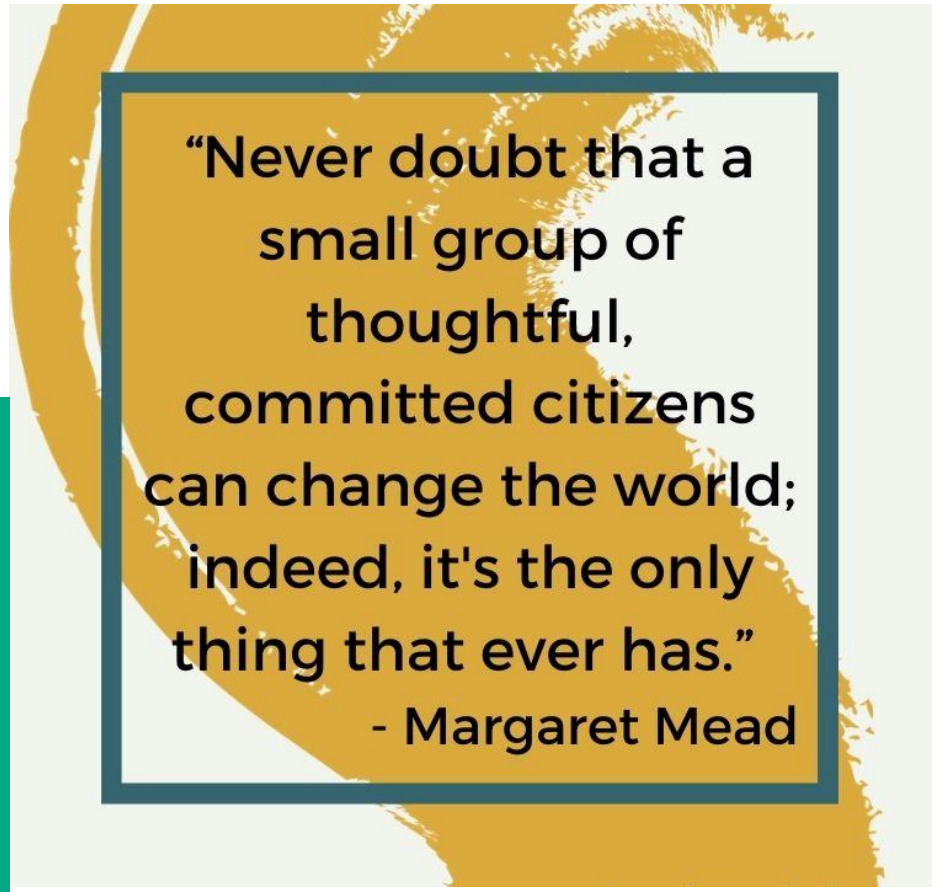
- Please write down at least one action you will do as a result of your learning today



Deep End: EoE

Deep End: EoE: C&P

WhatsApp group



Deep End: EoE