

# Your Health

 Health Partners

AUGUST 2023  
NEWSLETTER

## WOMEN'S HEALTH & HAPPINESS

*plus articles on grief awareness  
and energy levels*



In this issue of *Your Health*, we take an in-depth look at women's health, focusing on pregnancy, menopause and some of the more common health concerns affecting women. We also have articles from our clinical team on grief awareness and on energy levels (with tips on how to boost your energy when it's low).

## HEALTH CONCERNS

### CERVICAL CANCER

Some of you may have heard about changes to cervical cancer screening and may be confused or concerned.

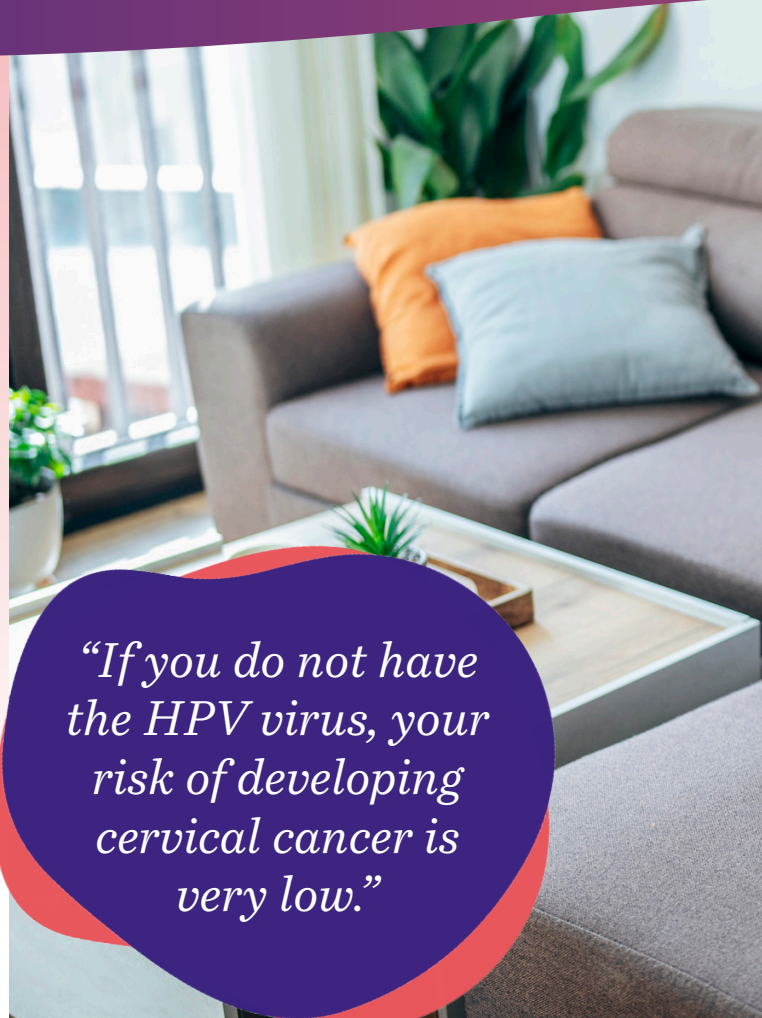
A cervical screening (otherwise known as a smear test) checks the health of your cervix. You will be invited to attend for a test from the ages of 25 to 64.

The sample taken during the test is used to check for certain types of human papillomavirus (HPV), which have been identified as high risk for causing cervical cancer. If the test is negative, you require no further treatment and will be recalled for screening dependent on your age (and where you live in the UK).

In England, between the ages of 25 to 49, you will be recalled every three years. In Scotland, the move has been made to recall all age groups if no evidence of HPV every five years.

The change has been made because it is believed that HPV causes 99% of all cervical cancers, and therefore if you do not have the virus, your risk of developing cervical cancer is very low.

This is why secondary school girls and boys are now being offered the HPV vaccine as a further preventative measure.



*“If you do not have the HPV virus, your risk of developing cervical cancer is very low.”*

### WHY DO WE NOT SCREEN UNDER 25?

This type of cancer is very rare under the age of 25, and if you were to be screened, you may end up having treatment that you did not need as there is evidence that abnormal cells often return to normal in younger females.

### WHY NOT OVER 64?

The risk of cervical cancer is low. You will only be invited for ongoing screening if one of your last three tests was abnormal.

For more information or to check for regional test information, we advise you visit the [NHS website](https://www.nhs.uk).

### OVARIAN CANCER

This topic was covered in depth in our March 2023 Your Health newsletter. Please refer to the article for information or go to [www.ovarian.org.uk](https://www.ovarian.org.uk), and if you have



any concerns about symptoms, please get yourself checked out.

**ENDOMETRIAL/UTERINE CANCER**

Endometrial cancer is a cancer of the uterus (womb). The cancer begins in the lining (endometrium) of the uterus.

Around 9,700 females are diagnosed with this type of cancer each year, making it the fourth most common cancer in in the UK. It tends to present in older individuals and is much less common in those under 40.

*Symptoms*

- vaginal bleeding after the menopause;
- bleeding between periods;
- changes to vaginal discharge;
- pelvic pain.

**RISK FACTORS**

Anyone with a womb is at risk, but high oestrogen increases your risk. You may have high oestrogen if you are:

- overweight;
- on HRT;
- have never given birth;
- have polycystic ovarian syndrome;
- have the menopause after 55.

You may also be at higher risk if you have:

- diabetes;
- a family history of bowel, ovarian or endometrial cancer;
- have been on Tamoxifen (used to treat breast cancer);
- have had radiotherapy on your pelvis.

**MAKING THE DIAGNOSIS**

The first test will usually involve an ultrasound scan that is performed by inserting the scanning device into your vagina (transvaginal scan) – although this may be a bit uncomfortable it should not be painful.

To confirm the diagnosis, a biopsy will be taken so the cells can be analysed. You may require blood tests and further scans to identify if the cancer has spread beyond the womb to help your doctors decide on the best treatment for you.

**TREATMENT**

Surgery is often the main treatment especially if the cancer has been found early. Options include:

- hysterectomy: removal of the uterus/ womb and removal of ovaries and fallopian tubes;
- depending on spread you may require removal of lymph nodes or potentially the bladder or rectum if the cancer has spread.

Radiotherapy may be offered as the main treatment if you cannot have surgery or if the cancer has spread or is large, or as additional treatment to help prevent recurrence.

Chemotherapy may be used along with radiotherapy (chemoradiotherapy) as treatment or as additional treatment after surgery to avoid recurrence. You may have a single drug or a combination of two or three drugs.

## OUTCOME

The survival rates for this type of cancer for females in England are:

**90%** survive for one year after diagnosis;

**75%** will survive for five years or more after diagnosis;

**70%** survive for 10 years or more after diagnosis.



## ENDOMETRIOSIS

You may have seen a lot of information recently about endometriosis on the news or via social media, but what is it?

Endometriosis is the condition where tissue similar to the lining of the womb grows in other places, such as the ovaries and fallopian tubes.

In the UK, 1.5 million females are living with the condition. Endometriosis can affect you from puberty to menopause.

## WHAT ARE THE SYMPTOMS?

### *Pain:*

- period pain that limits normal activities;
- pain can be felt in your lower abdomen or back – often worse during your period;
- pain during or after intercourse;
- pain during bowel movement;
- pain when passing urine.

### *Bleeding:*

- heavy periods;
- prolonged periods;
- may pass clots;
- spotting.



*“There is currently no cure for endometriosis but there are treatments to help manage the symptoms.”*

#### Other symptoms

- fatigue;
- depression;
- you may have difficult conceiving.

#### DIAGNOSIS

Getting a diagnosis may take time. Scans, blood tests and internal examinations may not lead to a conclusive diagnosis.

The only definitive way to diagnose endometriosis is by a laparoscopy. This is an operation where a camera is inserted into the pelvis via a small cut near the navel.

#### TREATMENT

There is currently no cure for endometriosis, but there are treatments to help manage the symptoms and improve an individual's quality of life. The choice of treatment will depend on your age, symptoms, if you are planning to become pregnant and how you feel about surgery.

#### Pain medications include:

- anti-inflammatories such as ibuprofen or paracetamol;
- heat and comfort – using hot water bottles or a hot bath;
- TENS machines;
- stronger pain relief and guidance may be required through a pain clinic.

#### Hormone treatments include:

- combined oral contraceptive pill;
- progesterone: as a progesterone-only pill, as an intrauterine device or as a contraceptive implant or injection;
- gonadotrophin: releasing hormone analogues can cause a temporary menopause by reducing oestrogen.


#### SURGERY

During surgery, the surgeon aims to remove or destroy areas of endometriosis tissue; this can help improve symptoms. Most commonly, this would be carried out laparoscopically (keyhole surgery).

During the procedure, patches of endometriosis are cut away or treated with a laser, heat or a beam of special gas. You will need a general anaesthetic for the procedure.

Symptoms can recur after surgery if endometriosis tissue is left behind. There are also risks associated with a surgical procedure.

If no other treatment has been effective and you do not wish to get pregnant, then a hysterectomy may be considered. If you need to have your ovaries removed as well, then you may need to consider HRT afterward.

A hysterectomy is a major operation and would need to be carefully considered along with guidance from your doctors. 

**Sources:** *Endometriosis UK*

## PREGNANCY

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If you are planning a pregnancy, it is recommended that you take a 400 microgram daily supplement of folic acid three months before and continue to take this until the end of the first trimester at 12 weeks. This is to help reduce the chances of your baby developing neural tube defects such as spina bifida. Some individuals will need a bigger dose due to their medical history. Speak with your doctor if you are concerned.

Don't worry if you get pregnant unexpectedly: just start taking the supplements as soon as you find out.

Other ways to look after you and your baby include stopping smoking, cutting out alcohol and maintaining a healthy diet and weight. Take advice from your doctor if you are on any medication.

### First trimester: 1-12 weeks

Pregnancy is dated from the first day of your last period, and so for approximately the first two weeks you aren't technically pregnant. Adjusting to pregnancy can be an exciting time but includes a range of physical and emotional changes. What will you be experiencing during the first 12 weeks?

- your periods have stopped;
- you may feel nauseated or vomit – the term “morning sickness” is sadly misleading as the symptoms can happen at any time of the day or night. Some people have no symptoms, but an unlucky few can develop hyperemesis gravidarum, which results in severe vomiting and will require medical treatment;
- feeling tired or sometimes exhausted;
- feeling exhilarated and/or up and down due to hormonal changes;
- tender breasts;
- increased sensitivity to smells, changes in taste.





### Baby

- just after 12 weeks the foetus is fully formed. Organs, muscles, limbs, bone and sex organs are in place;
- you will usually have your first scan at the point where you will be able to see your baby.

### Second trimester: 13-27 weeks

During the second trimester at around 20 weeks, you will usually be offered a detailed ultrasound scan. The scan checks on the development of the baby and can help to identify any potential problems. At this scan the sonographer may be able to tell you the sex of the baby. However, some hospitals may refuse. You should check your local hospital's policy.

For most individuals, the sickness and exhaustion improve during the second trimester. You will notice your bump starting to grow and you may see skin changes. You may develop a dark line down the middle of your stomach. These changes will gradually fade after the baby is born.

You will also start to feel the baby moving. This is usually between 16 and 24 weeks. If it is your first baby, you might not notice movements until 20 weeks.

### Third trimester: 28-40+ weeks

This is the home stretch. During this trimester, your baby is continuing to grow and its lungs and central nervous system are maturing. Towards the end of the trimester (depending on the position of your baby), the head will often "drop" into your pelvis.

As the baby grows, some individuals experience additional symptoms:

- heartburn and shortness of breath;
- excessive tiredness;
- swollen feet or hands (if the swelling develops suddenly or gets a lot worse, contact your midwife to check for a condition called pre-eclampsia);

- difficulty sleeping;
- increased urinating especially at night;
- Braxton-Hicks contractions, or “practice contractions” from 30+ weeks. These are caused by the womb starting to contract;
- varicose veins as the bloodflow around your legs slows down;
- leaking a milky fluid called colostrum from your breasts.

You will see your midwife more frequently as the pregnancy reaches term, and you may have bloods taken at around 28 weeks to ensure you are not becoming anaemic.

Most babies do not arrive on the due date, and many individuals go past their expected delivery date. This is common and not something to be concerned about.

In most cases labour will have started naturally by 42 weeks. If not, you will be offered an induction to start your labour as there is a higher risk of stillbirth beyond 42 weeks.

## Labour

The experience of labour can be different from one person to another, but generally everyone giving birth will experience:

- contractions or “tightenings” – as labour progresses, these increase in intensity and frequency;
- a “show” when the plug of mucus at the entrance to your womb has come away;
- back pain;
- waters breaking – labour will normally start within 24 hours of your waters breaking; if not, you will be offered an induction, because without the amniotic fluid there is an increased risk of infection for your baby.

## Stages of labour

- 1st stage: contractions are gradually dilating the cervix, and for most women this is the longest stage of labour and



*“Many individuals go past their expected delivery dates. This is common.”*

can take many hours, particularly if it is your first baby. You are not in “established labour” until you are at least 4cm dilated.

- 2nd stage: now you are fully dilated and your body is ready to push and deliver your baby.
- 3rd stage: delivery of the placenta – this can happen naturally or actively if you have treatment to make it happen faster. Your midwife will discuss your options with you.



## BREASTFEEDING

It is never too early to start thinking about how you would like to feed your baby. Although not every mother is able to breastfeed, the benefits of breastfeeding are numerous for both you and your baby, and giving nothing but breastmilk is recommended for the first six months of your baby's life.

Additional resources:

- [World Health Organisation](#)
- [NHS: Breastfeeding & Bottle Feeding](#)



### Pregnancy and work

Most people can safely continue to work during their pregnancy. Speak to your employer about carrying out a pregnant worker's risk assessment.

Pregnancy is a protected characteristic under the Equality Act 2010.

You will need a MAT B1 form which is usually completed by your doctor or midwife. This confirms the pregnancy and expected week of confinement (EWC) and is issued after your 20th week of pregnancy.

You should inform your employer of the date you plan to start maternity leave no later than 15 weeks before your baby is due.

## MENOPAUSE

The menopause is usually signalled by periods stopping due to lowered hormone levels. This usually happens between the ages of 45 and 55.

However, many individuals will experience symptoms during the perimenopausal phase. During this stage you will still have periods. Once your periods have stopped for 12 months, you have reached the menopause.

An early menopause describes the menopause between 40 and 45, and under 40 is described as a premature menopause.

### What symptoms will I experience?

There is a huge spectrum of symptoms, and the experience is different for every individual. Some lucky individuals have no symptoms; however, for some the symptoms can have a big impact on their daily life and at work.

Physical symptoms include changes to your periods. In perimenopause, your periods often become irregular or more frequent and they may be lighter or heavier. In addition to menstrual changes, individuals may experience hot flushes and night sweats.

Insomnia, joint and muscle pain, urinary symptoms, vaginal dryness and a reduced libido may all be possible symptoms associated with the menopause, as well as mood swings, feeling anxious and irritability.

Symptoms may be exacerbated by poor sleep and night sweats. You may also notice poor concentration and memory.

### Self help

To help mitigate some of the symptoms:

- keep cool;
- avoid spicy foods, caffeine, alcohol, smoking and understand how to manage stress;

- wear layers to allow you to take off clothes when you are too hot;
- exercising regularly will lift your mood and help with sleep;
- pelvic floor exercises may help with bladder control.

### Medication

If you are struggling with symptoms see your GP to discuss hormone replacement therapy (HRT). HRT helps to restore hormone levels. The treatment may contain both oestrogen and progesterone or oestrogen only. HRT comes as tablets, patches, skin gels, sprays and vaginal tablets.

For those with libido problems particularly, there is a move towards using testosterone. This can be in a gel or patch form. It is not currently licensed for use in females, but you may be offered this if it was felt to be appropriate after specialist discussion.

If you are suffering with low mood or erratic temper, the doctor may also discuss using antidepressants or making a referral for talking therapy.

### Osteoporosis

Osteoporosis results in weakened bones, making them fragile and more likely to break. There is a direct relationship between a lack of oestrogen which occurs following the menopause and an increased risk of developing osteoporosis.

Your doctor may discuss supplements to help prevent the development of osteoporosis. You can help yourself by taking regular exercise, stopping smoking and reducing alcohol consumption.



*Please note that 'women' may include trans men, people who are nonbinary who were assigned female at birth and cis gender women; 'men' may include trans women, people who are nonbinary who were assigned male at birth and cis gender men. This wording is in line with NHS guidance.*

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**Sources:** NHS, Cancer Research UK, Women's Health Concern, Menopause Matters, Endometriosis UK, Ovarian UK, NICE



## GRIEF AWARENESS

Grief is a universal experience, but one that affects every individual differently. A grieving person might feel guilty, listless, frightened or angry. And at a time when they most need support, the bereaved person may find that other people turn away from them, not really knowing how to talk to them about their feelings and the person they've lost.

So how can we learn to better cope with grief in ourselves and in others?

### How do you feel?

In losing someone, you're likely to experience a host of emotions. Feelings you may encounter during the bereavement process include:

- **Shock and numbness:** at first you might feel like you're in shock. You might feel numb or carry on as if nothing has changed. This is because it can take a

long time to process what has happened. You may also feel disorientated, as if you have lost your place in the world. It's important to know that all of these feelings are normal.

- **Pain:** the death of someone close can be the most devastating experience that will ever happen to us. It can be very painful. People describe it as being cut in two or losing a part of themselves. These feelings can be very frightening and upsetting.
- **Anger:** it's normal to feel angry when someone dies. Death can seem cruel and unfair, especially when you feel someone has died too young or if you had plans for the future together. You might feel angry at the person who died, angry at others or even angry at yourself, for things you did or didn't do while they were alive.



*“Grief is a universal experience, but one that affects every individual differently.”*

- **Guilt:** guilt is another common reaction to grief. You might feel directly or indirectly to blame for the person's death. Alternatively, you might feel guilty if you had a difficult relationship with the person who has died. Try not to be hard on yourself; these feelings are completely normal.
- **Depression:** you may feel depressed after the death of someone close. It can feel like nothing matters. You might even feel like you don't want to go on living. If you start to feel you might act on suicidal feelings, please talk to someone. Your GP can also let you know about mental health support in your local area.
- **Seeing and hearing the person:** people sometimes think they can hear or see the person who has died. You may also find that you can't stop thinking about the events leading up to the death. "Seeing" the person who has died and hearing their voice can happen because our brain is trying to process the death and accept that it's final. It's important to know this is normal.
- **Physical feelings:** it's common to feel physically ill after someone dies – the pain of grief can be felt as a real pain. Every part of your health can be affected.
- **Loneliness:** particularly if the person was very close to you, you may feel lonely. Don't keep these feelings to yourself. Chat to someone you trust, your GP or the Samaritans.
- **Peace:** that the person is at rest. This feeling may come and go.

### When will I feel better?

You may never really "get over" the passing of a loved one as love is such a powerful



emotion. However, with time, you should learn to come to terms with the loss.

Nothing can replace the person who has died. However, gradually, most people find they are able to continue with life and start to even feel happy at times, while remembering those who have died and being grateful that the loved one was in their lives.

For some, it is as if there is a large hole inside them. Over time (and a lot of time in some cases), this hole becomes filled with other parts of life, events and memories.

There is no need to rush to fill that hole; the body and mind need time to digest



what has happened. The hole is never completely filled, because it is a specific person-shaped hole, but you can find a balance to keep going.

### What to avoid

- Rushing back into everyday life too quickly: for some, this may seem like a good idea, but the body needs to get over the shock and find some equilibrium, and you are also likely to struggle to manage your emotions at first.
- Drinking too much/taking drugs/gambling, etc: while these activities

may seem a great way to block out your feelings, the feelings are still there. They may, in fact, be worsened by the effects of what you are doing. Any guilt you may feel may put you in potentially dangerous situations – and the feelings will still be there when you stop.

- Not taking care of yourself: the person who has passed is likely to have wanted you to be happy and healthy. Keep active and eat a balanced diet, especially as your body and mind are struggling. Visit [the NHS](#) for more advice.
- Hiding unresolved feelings or any feelings: shock can make us flat. However, these feelings are real, and pushing them away will not get rid of them. Take your time, but share them with someone you trust if you can.

### How do I cope?

Don't do it alone. Whilst your situation and feelings are unique to you, there are support groups out there to help you find your way or simply to provide a listening ear. These include:

- Samaritans: 116 123 (or 111/999 if it is an emergency);
- Your GP, Practice Nurse, EAP or Occupational Health provider – they can provide support, guidance and signpost/ refer you to sources of support;
- Cruse Bereavement Support, including one-to-one support: [www.cruse.org.uk/get-support](http://www.cruse.org.uk/get-support)
- WAY: a charity for those under 51 years of age who have lost a partner: [www.widowedandyoung.org.uk](http://www.widowedandyoung.org.uk)
- Way Up: for those over 50 who have lost a partner: [www.way-up.co.uk](http://www.way-up.co.uk)

### Managing the practicalities:

Managing a loved one's affairs when they die shouldn't be a bureaucratic and

traumatic nightmare. There is a [great guide](#) at GOV.UK that takes you through what to do for:

- registering a death;
- arranging a funeral;
- telling the government about a death – Tell Us Once is a service, which lets you report a death to most government organisations in one go: <https://www.gov.uk/after-a-death/organisations-you-need-to-contact-and-tell-us-once>;
- dealing with your own benefits, taxes and pension(s);
- checking on probate, and/or residency as appropriate;
- sorting banks/finances – the Death Notification Service is a free service, which allows you to notify a number of member organisations of a person's death, at the same time: <https://www.deathnotificationsservice.co.uk/>



## HOW TO SUPPORT SOMEONE WHO IS GRIEVING

- Don't let fears about saying or doing the wrong thing stop you from reaching out; often just being there is enough.
- Let the person know that you're there to listen – you don't have to tell them your experience, just be a listening ear for whatever they want to talk about.
- Understand that everyone grieves differently and for different lengths of time – there is no specific length of time a person should grieve. Avoid judgement. If you are concerned for their immediate safety, call 999.
- Offer to help in practical ways – simple things like offering to do their shopping or bringing them pre-cooked meals for the freezer, etc.
- Maintain your support after the funeral – this is key. The person needs ongoing support, even if it is a quick phone call, an outing or a regular email/text to say hello.
- At work, as a manager, read the organisation's bereavement policy and speak with HR to understand what you need to do. You should, of course, offer support, and it may be that the employee takes bereavement leave if it is a close relative, as defined by the policy. You may also be able to provide simple adjustments that help where appropriate, e.g. phased return to work, adjusted duties, etc. Your occupational health provider can supply advice if things are complicated.



- Checking if you can get bereavement benefits
- Dealing with the estate – the person may or may not have had a will and guidance is essential to help deal with this sometimes problematic area: [www.gov.uk/probate-estate?step-by-step-nav=4f1fe77d-f43b-4581-baf9-e2600e2a2b7a](http://www.gov.uk/probate-estate?step-by-step-nav=4f1fe77d-f43b-4581-baf9-e2600e2a2b7a)



### ADDITIONAL RESOURCES

#### Age UK

- [www.ageuk.org.uk/information-advice/money-legal/legal-issues/what-to-do-when-someone-dies](http://www.ageuk.org.uk/information-advice/money-legal/legal-issues/what-to-do-when-someone-dies)

#### Citizen's Advice

- [www.citizensadvice.org.uk/family/death-and-wills/what-to-do-after-a-death](http://www.citizensadvice.org.uk/family/death-and-wills/what-to-do-after-a-death)

#### How to support in the workplace/generally

- [www.theguardian.com/lifeandstyle/2017/apr/15/15-ways-support-someone-grieving-recently-bereaved](http://www.theguardian.com/lifeandstyle/2017/apr/15/15-ways-support-someone-grieving-recently-bereaved)
- [getlighthouse.com/blog/bereavement-at-work/](http://getlighthouse.com/blog/bereavement-at-work/)
- [www.helpguide.org/articles/grief/helping-someone-who-is-grieving.htm](http://www.helpguide.org/articles/grief/helping-someone-who-is-grieving.htm)
- [hbr.org/2017/04/how-to-offer-support-to-a-grieving-colleague](http://hbr.org/2017/04/how-to-offer-support-to-a-grieving-colleague)
- [www.forbes.com/sites/laurashin/2015/06/08/grief-at-the-office-when-a-coworker-loses-a-loved-one/?sh=4640a0d62a13](http://www.forbes.com/sites/laurashin/2015/06/08/grief-at-the-office-when-a-coworker-loses-a-loved-one/?sh=4640a0d62a13)

#### Losing a partner or child in pregnancy

- [www.nhs.uk/conditions/baby/support-and-services/losing-your-partner-or-child-in-pregnancy/](http://www.nhs.uk/conditions/baby/support-and-services/losing-your-partner-or-child-in-pregnancy/)

#### Losing someone to suicide

- [www.mind.org.uk/information-support/guides-to-support-and-services/bereavement/bereavement-by-suicide](http://www.mind.org.uk/information-support/guides-to-support-and-services/bereavement/bereavement-by-suicide)

## BOOSTING YOUR ENERGY LEVELS

Energy levels are a measure of how energised and motivated you feel in your daily life. Your energy directly affects your productivity and wellbeing at home and at work.

Think of energy levels as a fuel gauge for your body and mind. When your levels are high, you feel alert, focused and enthusiastic. On the other hand, when your levels are low, you may feel tired, unmotivated and less productive.

Boosting your energy levels is essential for maintaining optimal performance and overall wellbeing. Here are some simple tips to boost your energy:

- **Get enough sleep:** Adequate sleep is crucial for recharging your body and mind. Aim for 7-8 hours of quality sleep each night to feel refreshed and energised during the day;
- **Eat a balanced diet:** Nutritious meals provide the necessary fuel for your body. Focus on incorporating fruits, vegetables, whole grains, lean proteins and healthy fats into your diet. Avoid excessive consumption of sugary snacks or drinks as they can lead to energy crashes;
- **Stay hydrated:** Dehydration can cause fatigue and affect your concentration. Drink plenty of water and unsweetened drinks throughout the day to maintain your energy levels;
- **Regular physical activity:** Engaging in regular exercise boosts your energy levels by improving circulation and releasing endorphins. Find activities you



enjoy, such as walking, jogging, cycling or dancing, and incorporate them into your routine;

- **Take breaks and relax:** Frequent short breaks during work can help prevent burnout and maintain energy levels. Use these breaks to stretch, meditate or engage in activities that help you relax and recharge.

If you're feeling drained or tired despite taking these measures, there are a range of things you can do to help move forwards.




*“Regular exercise boosts your energy levels by improving circulation and releasing endorphins.”*



- **Identify stressors:** Determine if there are specific factors causing your fatigue, such as excessive workload, lack of work-life balance or personal issues. Addressing these stressors can help alleviate fatigue.
- **Seek support:** Talk to your manager or supervisor about your workload and see if adjustments can be made. Engage with colleagues or support networks to share concerns and seek advice.
- **Prioritise tasks:** Break down your

workload into manageable chunks and prioritise tasks based on importance and urgency. This can help prevent feeling overwhelmed and conserve energy.

- **Practice self-care:** Engage in activities you enjoy outside of work to rejuvenate your energy. This could include hobbies, spending time with loved ones, practicing mindfulness or pursuing creative outlets.

Remember, it's important to listen to your body and mind. If fatigue persists or becomes chronic, it may be necessary to speak to your line manager or to consult a healthcare professional for further assessment and guidance. 

### NEXT ISSUE:

- Know Your Numbers / Fitness Month
- Suicide Prevention
- Work-Life Balance

At Health Partners we offer a full range of tailored health and wellbeing services.

**Our thinking is innovative.** We constantly develop new responses and tools designed to address the health and wellbeing challenges that face your business and people.

**Our commitment is total.** We invest in our services, creating new ones and keeping in step with every client. We constantly explore new ways of working and make no compromises in the quality of our services.

**Simply put, we are here to help people be their best.**