

# Your Health

 Health Partners

NOVEMBER 2023 NEWSLETTER

## DIABETES & HEART & HEALTH

*plus articles on  
alcohol and  
Seasonal Affective  
Disorder*



In this issue of Your Health, we take a detailed look at type 2 diabetes, also known as The Silent Killer. 'Silent' because many of the signs and symptoms are slow to manifest and can be easy to miss. The good news is that many, if not most, cases can be reversed through a healthy diet and exercise. We cover heart health and what you can do to reduce the risk of cardiovascular disease. And we round off the issue with articles on alcohol (how and why you should reduce consumption) and, as we approach winter, we look at what Seasonal Affective Disorder is and how to prevent it.



## Diabetes - The Silent Killer

Diabetes is a serious condition characterised by high blood sugar. Its full name is diabetes mellitus. There are different types of diabetes mellitus, and they have one thing in common: the body's diminished ability to action insulin correctly.

Insulin is a hormone produced in the body by an organ called the pancreas. It promotes the absorption of glucose (sugar) from the blood into the liver, fat and skeletal muscle cells. When the action of insulin is diminished, the sugar remains in the blood, and this can be dangerous to health.

Diminished insulin action can result from:

- Decreased insulin secretion;
- Reduction in the effectiveness of secreted insulin (insulin resistance);
- A combination of the above.

### TYPES OF DIABETES MELLITUS

Diabetes can be divided into primary and

secondary. Secondary diabetes is diabetes that results as a consequence of another medical condition, such as cystic fibrosis, and is less common than primary diabetes.

Most people who have diabetes have primary diabetes – you may have heard of the common primary diabetic syndromes: type 1 and type 2 diabetes.

**TYPE 1:** Type 1 is characterised by insulin deficiency. Injected insulin is needed to replace the deficiency. It is therefore known as insulin-dependent diabetes mellitus (IDDM).

**TYPE 2:** Type 2 is characterised by insulin resistance. Control may be achieved in some cases by dietary changes alone, or in combination with medication, without

the requirement for insulin. It is therefore known as non-insulin-dependent diabetes mellitus (NIDDM). Sometimes however, it can be difficult to achieve adequate control of type 2 diabetes with oral medication alone and insulin treatment can be needed. This is known as insulin-treated type 2 diabetes.

**PREDIABETES:** You may have heard of 'prediabetes', a term used to describe people who are at high risk of type 2 diabetes. It means that your blood sugars are higher than usual – not high enough for you to be diagnosed with type 2 diabetes, but puts you at a high risk of developing type 2 diabetes. At this stage, for many, there may be an opportunity to completely reverse the diabetes.

### RISK FACTORS FOR TYPE 2 DIABETES

- **AGE:** your risk increases with age. You are more at risk if you are over 40 and white, or over 25 and African-Caribbean, Black- African, or South Asian.
- **FAMILY HISTORY:** you are two to six times more likely to get type 2 diabetes if you have a parent, brother, sister or child with diabetes.
- **ETHNICITY:** Type 2 diabetes is two to four times more likely in people of South Asian, African-Caribbean or black-African descent.
- High blood pressure.
- **WEIGHT:** the more you weigh the greater your risk, especially if you are large around the middle.
- Other factors including smoking, a history of diabetes during pregnancy, polycystic ovary syndrome, mental health conditions, e.g. schizophrenia, bipolar disorder or depression, sedentary lifestyle, increased alcohol intake and poor sleep.

Approximately five million people in the UK have diabetes, including almost one million who have type 2 but haven't been diagnosed. The number of people with diabetes is increasing at an alarming rate, and we are fast approaching epidemic proportions globally, which is a major public health problem.

### PREVALENCE ACROSS DIABETES TYPES

Type 2 diabetes has grown at a particularly high rate and is now one of the world's most common long-term health conditions. Most cases are linked to increased obesity. In the UK, type 2 diabetes accounts for about 90% of all diabetes and type 1 for 8%, with 2% having rarer types, including gestational diabetes that can occur in pregnancy.



*“Type 2 diabetes can be easier to miss [than type 1] as it develops more slowly.”*

**WHAT IS THE RISK OF DEVELOPING DIABETES?**

Type 1 diabetes cannot be prevented, and there is no way to predict who will get it.

It can appear at any time in someone’s life after the destruction of the pancreas cells, which produce insulin. The pancreas progressively reduces the amount of insulin it produces until it stops producing any at all.

It is often not clear why these cells are damaged, although it is thought to be triggered by infection.

**WHAT ARE THE SIGNS AND SYMPTOMS OF DIABETES?**

Having signs or symptoms of diabetes does

not mean you definitely have it, but you should always contact your GP, just to make sure. Common symptoms are:

- Going to the toilet a lot, especially at night;
- Being really thirsty;
- Feeling more tired than usual;
- Losing weight without trying;
- Genital itching or thrush;
- Cuts and wounds take longer to heal;
- Blurred vision.

Many people have type 2 diabetes without realising. This is because symptoms do not necessarily make you feel unwell.

The symptoms for type 1 or type 2 diabetes are similar. However, it is hard to miss the symptoms of type 1 diabetes as they come on rapidly. The patient will feel very unwell and, if left untreated, will develop a condition called diabetic ketoacidosis. This is when the blood sugar levels are dangerously high, which can result in a potentially fatal coma.

Type 2 diabetes can be easier to miss as it develops more slowly, especially in the early stages.

**COMPLICATIONS OF DIABETES**

With good diabetes control and a healthy and active lifestyle, it is possible for people to live a full and healthy life for many decades without any complications. Keeping your blood sugar, blood pressure and blood fats (cholesterol) under control will hugely help to reduce your risk of developing complications.

However, if you have had less-well-controlled diabetes, have led a less healthy lifestyle or had undiagnosed diabetes for a number of years, the complications of diabetes are more likely to develop earlier.

Uncontrolled diabetes can lead to short- and long-term health complications. The short-term/acute complications include:

- Hypoglycaemia: when the blood sugars are too low;
- Hyperglycaemia: when the blood sugars are too high;
- Hyperosmolar hyperglycaemic state (HHS): a life-threatening emergency that only happens in people with Type 2 diabetes, brought on by severe dehydration and very high blood sugars;
- Diabetic ketoacidosis (DKA): a life-threatening emergency caused by a lack of insulin and high blood sugars.



*“Losing around 15kg significantly increases your chances of type 2 diabetes remission.”*

Whilst there is no cure for diabetes, the strongest evidence for reducing your risk of the complications of type 2 diabetes is making sure that your blood sugar stays within a safe range as much as possible. Some people who have type 2 diabetes

**LONG-TERM/CHRONIC COMPLICATIONS INCLUDE:**

- Eye problems;
- Foot problems;
- Heart disease and stroke;
- Kidney problems;
- Nerve damage;
- Mouth problems;
- Sexual problems;
- Other related conditions like cancer.

**REDUCING THE RISKS OF/REVERSING TYPE 2 DIABETES:**

- Eat well;
- Move more;
- Lose weight.



can work towards pushing the condition into remission with the measures outlined in this article.


Weight loss can be achieved through lifestyle and diet changes, but for some, weight loss surgery, called bariatric surgery, may be necessary. Losing around 15kg (or 33 pounds) significantly increases your chances of type 2 diabetes remission.

Remission means that the diabetes has not gone for good

but that blood sugar levels are now within a normal range as a result of the weight loss. However, your GP should continue to monitor you.

There is no such thing as a special diet exclusively for people with diabetes, as there is no one-size-fits-all diet. The diet should, however, be nutritious, reflective of how different carbohydrates impact on blood sugar and include foods with a lower glycaemic index, which can help to maintain healthy blood sugar levels.

To prevent the complications of diabetes,

it is important you keep your blood sugars, blood pressure and cholesterol levels as close as you can to the numbers your doctor recommends. Be physically active regularly, eat a nutritious diet to help you reach or maintain a healthy weight and do not smoke. 

**Sources**

- NHS, Diabetes UK, NCBI, International Diabetes Federation.

## Keep Your Heart Healthy!

There are currently approximately 7.6 million people in the UK living with heart and circulatory diseases, and one in two of us will experience a heart or circulatory condition during our lifetime.

However, making small changes to your daily routine can make a big difference to your heart health, which could, in the long term, help reduce your risk of heart and circulatory-related conditions, such as diabetes, stroke, vascular dementia or heart disease.

Your heart is about the size of a fist and sits in the middle of your chest, slightly to the left. It is the muscle at the centre of your circulation system, pumping blood around your body as your heart beats. This blood sends oxygen and nutrients to all parts of your body and carries away unwanted carbon dioxide and waste products.

There are four chambers that make up the heart: two on the left side and two on the right. The two small upper chambers are the atria. The two larger lower chambers are the ventricles. These left and right sides of the heart are separated by a wall of muscle called the septum.

Your heart pumps blood around the body all the time – about five litres (eight pints) of it – and this is called circulation. Your heart, blood and blood vessels together make up your cardiovascular system.

The right side of the heart receives blood that is low in oxygen because most has been used up by the brain and body. It pumps this to your lungs, where it picks up a fresh supply of oxygen. The blood then returns to the left side of the heart, ready to be pumped back out to the brain and the rest of your body.

Your blood is pumped around your body through a network of blood vessels. Blood vessels are able to widen or narrow depending on how much blood each part of your body requires. This action is partly controlled by hormones.



Your heart has four valves. They act like gates, keeping the blood moving in the right direction. For your heart to keep pumping regularly, it needs electrical signals which are sent to the heart muscle telling it when to contract and relax.

**BLOOD PRESSURE:** This is the measurement of the pressure within the arteries. It plays a vital role in the way your heart delivers fresh blood to all your blood vessels.

For blood to travel throughout your body quickly enough, it has to be under pressure. This is created by the relationship between three things:

- Your heart's pumping action;
- The size and stretchiness of your blood vessels;
- The thickness of the blood itself.

One heartbeat is a single cycle in which your heart contracts and relaxes to pump blood. At rest, the normal heart beats approximately 60 to 100 times every minute and it increases when you exercise. To ensure an adequate blood supply around your body, the four chambers of your heart have to pump regularly and in the right sequence.

Check out how your heart works: <https://youtu.be/ep4cQrYFL0w>

### HEART ISSUES

Cardiovascular disease (CVD) is a general term for conditions affecting the heart or blood vessels. It is usually associated with a build-up of fatty deposits inside the arteries (atherosclerosis) and an increased risk of blood clots. It can also be associated with damage to arteries in organs such as the brain, heart, kidneys and eyes.

CVD is one of the main causes of death

and disability in the UK, but it can often largely be prevented by leading a healthy lifestyle.

There are many different types of CVD. Four of the main types are described below.

**CORONARY HEART DISEASE:** This occurs when the flow of oxygen-rich blood to the heart muscle is blocked or reduced. This puts increased strain on the heart and can lead to:

- **Angina:** chest pain caused by restricted blood flow to the heart muscle;
- **Heart attacks:** where the blood flow to the heart muscle is suddenly blocked;
- **Heart failure:** where the heart is unable to pump blood around the body properly.

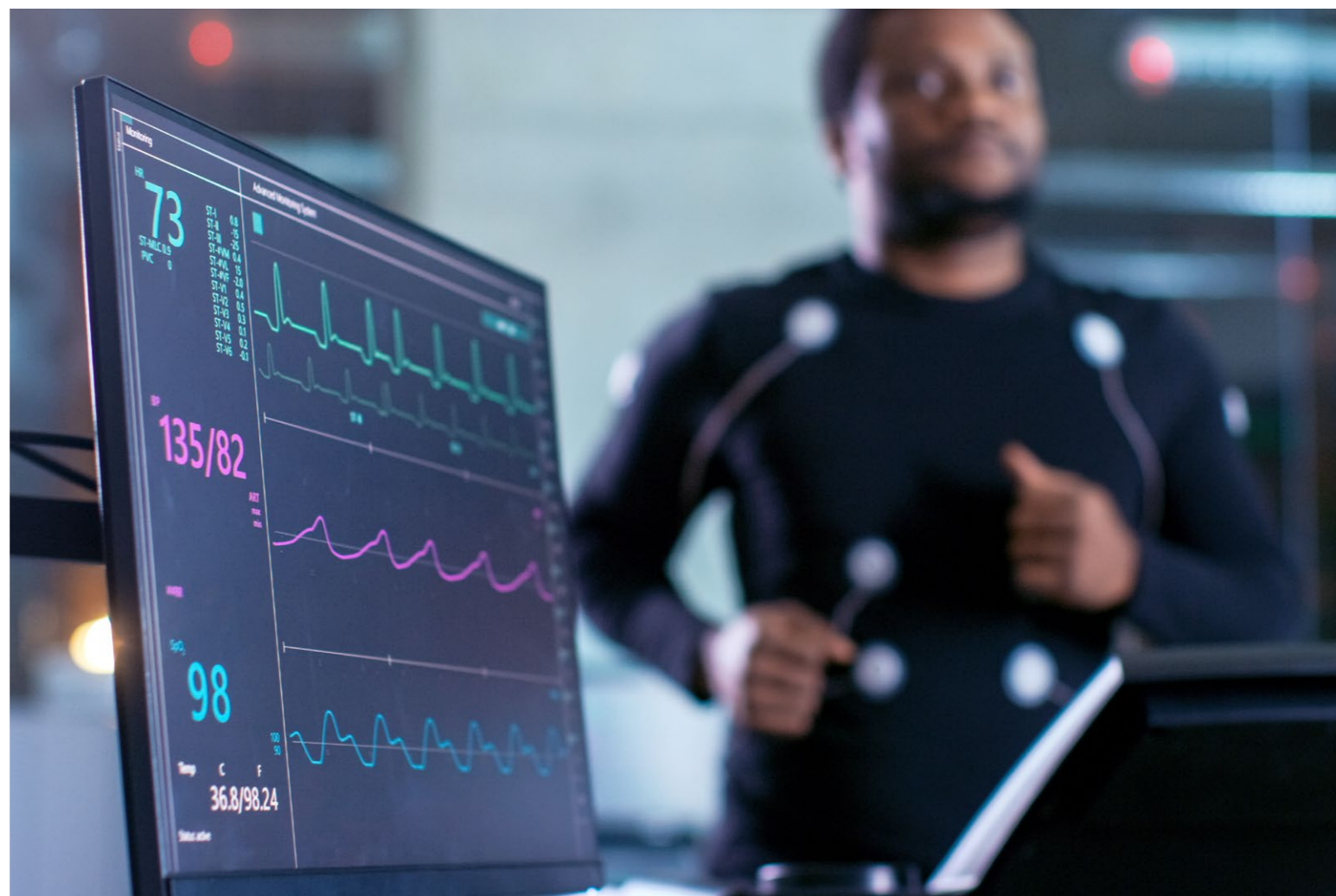
**STROKES AND TIA:** A stroke is where the blood supply to part of the brain is cut off, which can cause brain damage and possibly death. There are two types of stroke – a haemorrhagic stroke and an ischaemic stroke.

A haemorrhagic stroke is where blood leaks from a blood vessel in or around the brain and is sometimes called a brain bleed or brain haemorrhage. The blood leaks out into the brain tissue at high pressure, killing brain cells and causing brain swelling.

An ischaemic stroke is where the blood supply is stopped because of a blood clot. This type of stroke accounts for 85% of all stroke cases. A transient ischaemic attack (also called a TIA or "mini-stroke") is a type of ischaemic stroke, but the blood flow to the brain is only temporarily disrupted.

The main symptoms of a stroke or TIA can be remembered with the word FAST:

- **Face:** the face may have drooped on one side, the person may be unable to smile or their mouth or eye may have dropped;
- **Arms:** the person may not be able to lift both arms and keep them there because of arm weakness or numbness in one arm;
- **Speech:** their speech may be slurred or garbled, or they may not be able to talk at all;
- **Time:** it's time to dial 999 immediately if you see any of these signs or symptoms.



**PERIPHERAL ARTERIAL DISEASE:** This occurs when there's a blockage in the arteries to the limbs, usually the legs. This can cause:

- Dull or cramping leg pain, which is worse when walking and gets better with rest;
- Hair loss on the legs and feet;
- Numbness or weakness in the legs;
- Persistent ulcers (open sores) on the feet and legs.

**AORTIC DISEASES:** these are a group of conditions affecting the aorta. The aorta is the largest blood vessel in the body, which carries blood from the heart to the rest of the body. One of most common aortic diseases is an aortic aneurysm, where the aorta becomes weakened and bulges outwards.

This doesn't usually have any symptoms, but there's a chance it could burst and cause life-threatening bleeding. All men aged 65 are invited to attend abdominal aortic aneurysm screening.

**CAUSES OF CVD:** The exact cause of CVD isn't clear, but there are lots of things that can increase your risk of getting it. These are called "risk factors". The more risk factors you have, the greater your chances of developing CVD.

In England, if you're over 40, you'll be invited by your GP for an NHS Health Check every five years (check for your country with your NHS or similar). Part of this check involves assessing your individual CVD risk and advising you how to reduce it if necessary.

The main risk factors for CVD are outlined here.

- **High blood pressure (hypertension):** Your blood pressure is too high which can damage your blood vessels.
- **Smoking and other tobacco use:** The harmful substances in tobacco can damage and narrow your blood vessels.
- **High cholesterol:** Cholesterol is a fatty substance found in the blood. If you have high cholesterol, it can cause your blood

vessels to narrow and increase your risk of developing a blood clot.

- **Diabetes:** This is a lifelong condition that causes your blood sugar level to become too high. High blood sugar levels can damage the blood vessels, making them more likely to become narrowed. Many people with type 2 diabetes are also overweight or obese, which is also a risk factor for CVD.
- **Inactivity:** If you don't exercise regularly, it's more likely that you'll have high blood pressure, high cholesterol levels and be overweight. Exercising regularly will help keep your heart healthy. When combined with a healthy diet, exercise can also help you maintain a healthy weight.
- **Being overweight or obese:** You're at an increased risk of CVD if (i) your body mass index (BMI) is 25 or above – use the BMI healthy weight calculator to work out your BMI (ii) you're a man with

a waist measurement of 94cm (about 37 inches) or more or a woman with a waist measurement of 80cm (about 31.5 inches) or more.


- **Family history of CVD:** If you have a family history of CVD, your risk of developing it is also increased. You're considered to have a family history of CVD if (i) your father or brother were diagnosed with CVD before they were 55 (ii) your mother or sister were diagnosed with CVD before they were 65. Tell your doctor or nurse if you have a family history of CVD. They may suggest checking your blood pressure and cholesterol level.
- **Ethnic background:** In the UK, CVD is more common in people of south Asian and an African or Caribbean background. This is because people from these backgrounds are more likely to have other risk factors for CVD, such as high blood pressure or type 2 diabetes.

Other factors that affect your risk of developing CVD include age, gender, diet and alcohol consumption.

**PREVENTING CVD**

A healthy lifestyle can lower your risk of CVD. If you already have CVD, staying as healthy as possible can reduce the chances of it getting worse.

Ways you can reduce your CVD risk include:

- **Stopping smoking:** if you smoke, you should try to give up as soon as possible;
- **Having a balanced diet:** recommended for a healthy heart;
- **Exercising regularly:** adults are advised to do at least 150 minutes of moderate activity a week, such as cycling or brisk walking. If you find it difficult to do this, start at a level you feel comfortable with and gradually increase the duration and intensity of your activity as your fitness improves. Visit your GP for a health check if you haven't exercised before or you're returning to exercise after a long break;
- **Maintaining a healthy weight:** if you're overweight or obese, a combination of regular exercise and a healthy diet can help you lose weight. Aim to get your BMI below 25;
- **Cutting down on alcohol:** if you drink alcohol, try not to exceed the recommended limit of 14 alcohol units a week for men and women. If you do drink this much, you should aim to spread your drinking over three days or more;
- **Medication:** if you have a particularly high risk of developing CVD, your GP may recommend taking medication to reduce your risk. Medications that may be recommended include statins to lower blood cholesterol levels, low-dose aspirin to prevent blood clots and tablets to reduce blood pressure. 

*Sources*

- Stroke.org, British Heart Foundation, NHS

## Seasonal Affective Disorder (SAD)

Every year we experience the seasons changing, with fewer hours of sunlight and colder temperatures in the autumn and winter here in the UK. It's quite normal for people to feel more sluggish in the winter months, with more time spent indoors and the diminished daylight – but some people experience a deeper sense of low mood during this time, which is known as Seasonal Affective Disorder, or SAD.

### WHAT IS SAD?

SAD is a form of recurrent depression, which occurs at the same time each year, usually in winter, with symptoms lasting about four to five months per year. A less-common form of the disorder causes depression during the summer months, beginning in the late spring or early summer and remitting in the autumn.

### WHAT CAUSES SAD?

The exact cause is not fully understood. SAD has been linked to a biochemical imbalance in the brain, prompted by shorter daylight hours and less sunlight in winter. SAD is more common in people living far from the equator, where there are fewer daylight hours in the winter.

SAD is three times more common in women than in men, and certain people may be more vulnerable to SAD as a result of their genes, as some cases appear to run in families.

According to the Royal College of Psychiatrists, approximately 3% of us will be so seriously affected by SAD that it will interfere with our everyday lives.

### SYMPTOMS OF SAD

These include those symptoms associated with major depression and some specific symptoms that differ for winter-pattern and summer-pattern SAD. Some people just find the condition a bit irritating, while

### SAD SYMPTOMS CAN INCLUDE:

- A persistent low mood;
- A loss of pleasure or interest in normal everyday activities;
- Irritability;
- Feelings of despair, guilt and worthlessness;
- Feeling lethargic (lacking in energy) and sleepy during the day;
- Sleeping for longer than normal and finding it hard to get up in the morning;
- Use of drugs or alcohol for comfort;
- Craving carbohydrates and gaining weight.

for others, it can be severe and have a significant impact on their day-to-day life.

### HOW IS SAD TREATED?

Treatment for SAD can be similar to that for depression, as well as some additional options. These may include:

- Light therapy;
- Psychotherapy;
- Antidepressant medications;
- Vitamin D.

### SELF HELP

There are a number of simple things you can try that may help improve your symptoms, including:

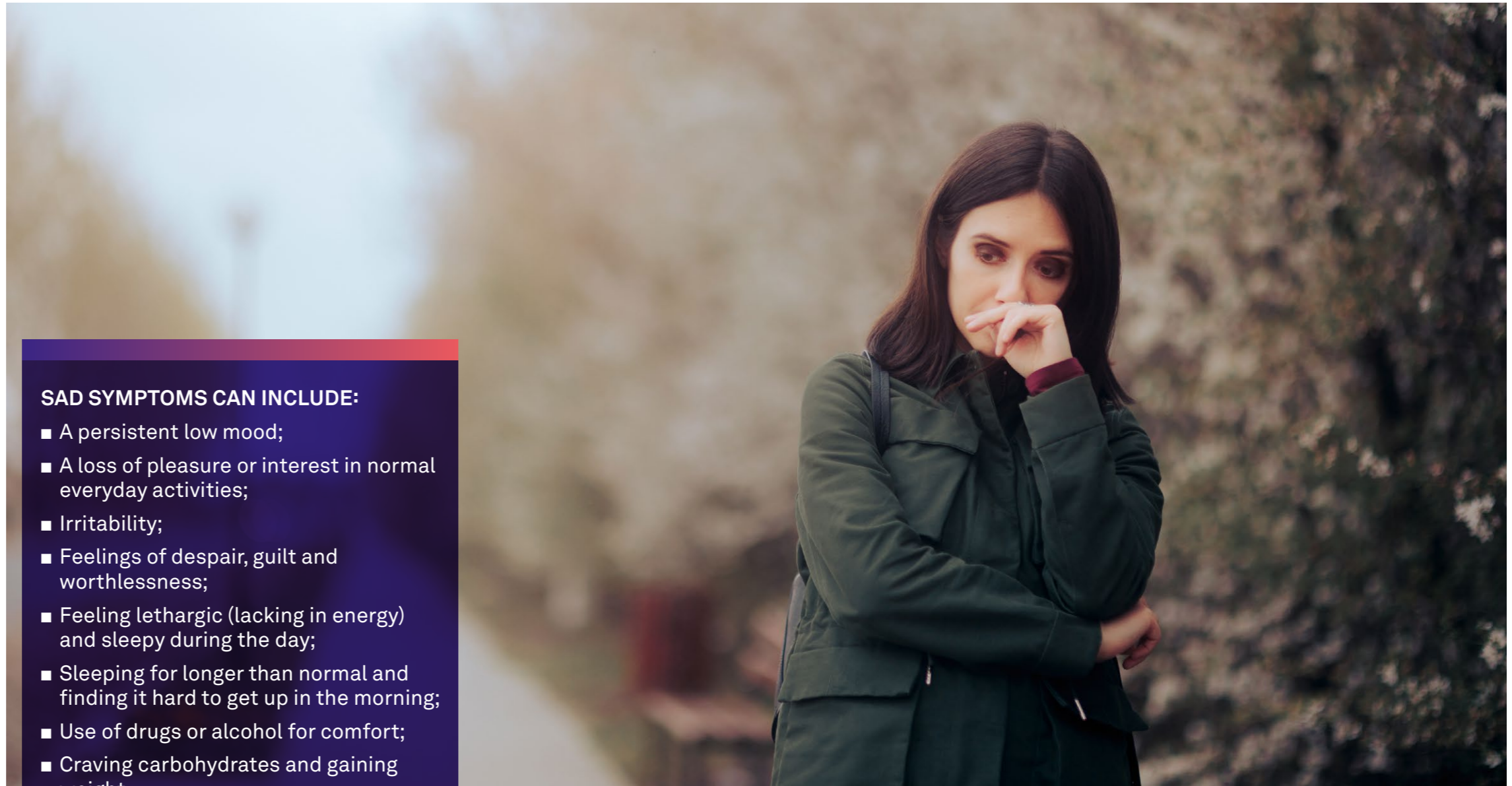
- Try to get as much natural sunlight as possible – even a brief lunchtime walk can be beneficial;
- Make your work and home environments as light and airy as possible;
- Sit near windows when you're indoors;
- Make sure you're getting enough sleep as it's essential for positive health and wellbeing;
- Cut down on stimulants like alcohol and caffeine and restrict screen time before bed;
- Eat a healthy, balanced diet;
- If possible, avoid stressful situations and take steps to manage stress. Relaxation tapes can help with this and improve overall mood.

### PSYCHOTHERAPY

A type of psychotherapy known as cognitive behavioural therapy (CBT) can be highly beneficial for people with seasonal depression. CBT is a type of talking therapy aimed at helping people learn how to cope with difficult situations. It can help to change negative patterns in how you think, feel and behave. It's an effective therapy for many types of mental health problems, including depression and anxiety.

### MEDICATION

Some people with SAD benefit from antidepressant treatment, especially if symptoms are severe. Any medication that would make people more tired or sleepy should be avoided, so SSRI antidepressants are usually used. SSRI antidepressants work



by acting on serotonin levels in the brain to reduce SAD symptoms.

Antidepressants are thought to be most effective if taken at the start of winter before symptoms appear and continued until spring.

**LIGHT THERAPY**

Also called phototherapy, you sit a few feet from a special light box so that you're exposed to bright light within the first hour of waking up each day.

Light therapy mimics natural outdoor light and appears to cause a change in the brain chemicals linked to mood. The idea is to try to provide extra light and to make up for the shortage of daylight in winter. A light box is usually used for 30 minutes to an hour each day. Light therapy works quite quickly and, if it is going to help, most people will notice some improvement in the first week.

Fortunately, any side-effects are usually mild. They include headache, nausea or blurred vision. It is usually best not to use a light box after 5.00 pm, because you may then find it hard to get to sleep.

However, exposure to very bright light may not be suitable if you:

- Have an eye condition or eye damage that makes your eyes particularly sensitive to light;
- Are taking medication that increases your sensitivity to light, such as certain antibiotics and antipsychotics, or the herbal supplement St John's Wort. Speak to your GP if you are unsure about the suitability of a particular product;

Dawn-simulating alarm clocks are also used. The device gradually increases the amount of light in your bedroom in the morning to simulate the rising sun and wake you up.

The light gradually increases, just as natural sunlight does, over a period of 30 to 45 minutes. Instead of waking in darkness, you wake to what looks like a sunny morning. This can help reset your circadian rhythm and improve your mood.



*“Light therapy appears to cause a change in the brain chemicals linked to mood.”*

**VITAMIN D**


It is important to take this if you have been indoors more than usual this year. Because many people with SAD often have vitamin D deficiency, nutritional supplements of vitamin D may help improve their symptoms.

Taking 10mcgs (400 IU) a day between October and early March may help, and if you are darker skinned you may be more susceptible to the lower levels of natural vitamin D in the UK.

However, studies testing whether vitamin D is effective in SAD treatment have produced mixed findings, with some results indicating that it is as effective as light therapy, but others detecting no effect.

Vitamin D foods include oily fish (salmon, sardines, mackerel); red meat; liver; egg yolk and fortified foods such as some fats and spreads and breakfast cereal.

Whether you suffer from full-blown SAD or are feeling more down than usual this time of year, there are things you can do to help boost your mood. If your symptoms of depression are overwhelming, it is always advisable to speak to your GP.

For more information, speak to your occupational health department. 

**Sources**

- <https://www.nhs.uk/conditions/seasonal-affective-disorder-sad/treatment/>
- [https://www.rcpsych.ac.uk/mental-health/problems-disorders/seasonal-affective-disorder-\(sad\)](https://www.rcpsych.ac.uk/mental-health/problems-disorders/seasonal-affective-disorder-(sad))
- <https://www.mind.org.uk/information-support/types-of-mental-health-problems/seasonal-affective-disorder-sad/about-sad/>



## Alcohol: Let's Get Thinking about Drinking

Do you or people close to you think you drink too much? Is it affecting your relationships, financial security, physical and/or mental health or your work? If so, or if someone close to you is drinking too much and you are concerned, read on...

Over the past few years, we have experienced a complex interplay between social isolation and uncertainty about the future – and many of us are now facing increasing financial pressure. These factors influence health behaviours and can contribute to an increase in excess alcohol consumption.

### WHAT IS ALCOHOLISM OR ALCOHOL DEPENDENCE?

Alcoholism is a disease – not a lack of willpower. It alters the part of the brain that controls a person's motivation and ability to make healthy choices. Once it takes hold, it can be hard to shake loose without the right help.

Alcohol dependence is characterised by craving: a preoccupation with alcohol and continued drinking despite harmful consequences, e.g. liver disease or depression caused by drinking.

People with alcohol dependency may tend to gulp drinks, have extra drinks before going to social events, drink on their own, lie about how much alcohol they are consuming, drink on the way home and/or keep alcohol on them or nearby.

### WHAT MAKES ALCOHOL HARMFUL?

Some argue that alcohol has its protective mechanisms, with certain antioxidants reducing inflammation and enhancing healthy gut bacteria.

However, in excess and not drinking within the limits of government recommendations, it can become extremely damaging to our health.

When we consume alcohol, it can be converted into a carcinogen called



acetaldehyde, which can harm our DNA repair mechanisms. In addition, alcohol is broken down and rebuilt into triglycerides and cholesterol in the liver. If your triglycerides levels become too high, they can build up in the liver, causing fatty liver disease.

There are a host of other negative effects:

- Increasing oxidative stress – which can damage your cells, proteins and DNA;
- Gut inflammation;
- Inability to absorb vital vitamins and minerals;
- Encouraging engagement in risky behaviour – smoking, changes in eating habits;
- Excess calories leading to weight gain and

poor weight management;

- Alcohol has a high sugar content, putting us at risk of metabolic syndrome – a cluster of conditions that occur together, increasing your risk of heart disease, stroke and type 2 diabetes.

### WHAT ARE THE RECOMMENDED LIMITS?

Men and women are advised not to regularly drink more than 14 units a week.

### A unit of alcohol is about:

- Half a pint of lower- to normal-strength lager/beer/cider;
- A single small shot measure of spirits;
- A very small glass of wine;

If you would like more support in understanding units and how to manage them, please visit the NHS page on Alcohol Units.

### ARE CALORIES IN ALCOHOL A PROBLEM?

Did you know drinking four bottles of wine each month adds up to a yearly consumption of around 27,000 kcal? That's equivalent to eating 48 Big Macs.

Drinking five pints of lager each week adds up to 44,200 kcal over a year, which is the same as eating 221 doughnuts!

If we are trying to lose weight, we cannot just think about what we are eating, we also need to think about what we are drinking.

*“There are immediate benefits to cutting down on our alcohol intake.”*

Wine, beer, cider and spirits are made from natural starch and sugar. Fermentation is used to produce the alcohol content. Therefore, alcohol contains around seven calories a gram – almost pure fat. Calories in alcohol are known as ‘empty calories,’ meaning they have no nutritional value – they do not benefit our body.

Different alcoholic drinks have different amounts of calories in them, and many are high in sugar. A pint of lager can contain the same number of calories as a slice of pizza, and a large glass of wine can be very similar to an ice cream sundae.

**WHAT ARE THE BENEFITS OF CUTTING DOWN ON ALCOHOL?**

There are immediate benefits to cutting down on our alcohol intake: better weight management, feeling more energised and being less tired during the day and when we wake up first thing in the morning.

There is also a strong correlation between drinking and feelings of anxiety and low mood. Cutting down our overall consumption of alcohol will improve our behaviours (irritability, poor judgement) and will also enhance our wellbeing and mood.

Alcohol might help us fall asleep, but even a couple of drinks will affect our quality of sleep. Research shows, when we drink alcohol, we spend less of the night in a deep, restorative sleep, i.e. quality sleep, because it interrupts our natural sleep cycle.

When we implement drink-free days and change our relationship with alcohol, we can wake up feeling refreshed and ready for the challenges the day brings.


Top tips for cutting down alcohol intake:

- Have regular alcohol-free days;
- When socialising, consider meeting people in alcohol-free venues (gyms and cafes);
- Pace consumption by sipping drinks slowly or try mocktails.



- Keep an alcohol diary, set yourself an alcohol limit and stick to it;
- Set a budget for alcohol, only allow yourself a fixed range;
- Let your friends and family know you are cutting back on your alcohol, so you can resist the temptation of over-consuming.

If you think that drinking is costing you more than money, there are places you can go for help and advice:

- Alcoholics Anonymous: A free programme of recovery based on 12 steps, with group meetings and support:
  - Freephone: 0800 9177650
  - Email: [help@aamail.org](mailto:help@aamail.org)
- Drinkline: National alcohol helpline on 0300 123 1110
- Alcohol Change UK: A website with information and links to support
- Drink Aware: A website with information and links to alcohol support services. 

**NEXT ISSUE:**

- Mental Health
- People with Disabilities Day

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.**