

PARENTING WITH LISA SALMON



Don't lose sleep over your teens

POOR sleep can have a big impact on pre-teens, but there's lots you can do to tackle it.

Now my 11-year-old son's at high school he thinks he can go to bed whenever he likes, which causes lots of rows. How much sleep do children need at this age, and have you got any tips for how we can encourage him to go to bed at a reasonable time?

Vicki Dawson, CEO of The Children's Sleep Charity, says: "Unfortunately this is a common problem, but the good news is that there are some things you can do to help to support your son.

"Firstly, it can help to educate young people about the importance of sleep. Sleep deprivation can impact on their concentration, weight, mood and appearance. Try looking at advice from the Sleep Council to help you broach the subject.

"The amount of sleep youngsters need can be variable, but on average, a young person of his age should be having around nine to nine-and-a-half hours a night.

"Young people's body clocks alter as they enter the teenage years, meaning they often have a tendency to stay up late but then struggle to get up in the morning. A set going-to-bed time and wake-up time are important to keep the body clock on track.

"Try to encourage him to do the same thing around the same time each day, even at weekends.

"Exposure to daylight can also support the body clock - open the curtains as soon as he wakes up and encourage him to spend time outside.

"Avoiding screens in the hour leading up to bedtime is important too, as they can interfere with the production of melatonin - the hormone that helps us to feel tired.

"Try to encourage him to take part in more relaxing activities that interest him as an alternative.

"Also, it is important to ensure the bedroom environment is calming and not stimulating - we have some tips about this on our website teen-sleep.org.uk."



LINK PUT STATINS IN THE SPOTLIGHT

HEALTH

With Dr Zak Uddin



STATINS, drugs which lower cholesterol, are back in the spotlight, with a recent American study demonstrating a massive 36 per cent increase in the risk of type 2 diabetes in those prescribed the medications.

The research, headed by Dr Jill Cranwell, from Albert Einstein College of Medicine, New York, observed just over 3,200 individuals, over a ten year period, who were already at high risk of developing diabetes.

The link between statins and diabetes has been researched previously, but until now, it was thought that the increased risk of developing diabetes due to statins was a more modest 10 to 12 per cent.

It is not exactly clear how statins are linked to diabetes. It seems that they either reduce the production of insulin, or reduce the body's sensitivity to normal levels of insulin. Insulin is one of the major hormones involved in controlling blood sugars.

As one of the most commonly prescribed medicines, this will come as potentially very frightening news to the six million UK residents currently taking a statin. Statins work by reducing the amount of LDL cholesterol, the so-called "bad cholesterol", in the bloodstream. It is this type of cholesterol that is implicated in narrowing of blood vessels, leading to heart attacks and strokes. They are typically prescribed if your risk of a heart attack or stroke, collectively known as a cardiovascular event, will be more than ten per cent in the next ten years. Unfortunately, statins are associated with multiple side



effects including muscle aches, low mood and even kidney failure in rare cases. And although Diabetes UK states that nearly 99 per cent of people will not benefit from being on a statin, the one per cent who will means that thousands of devastating heart attacks and strokes are prevented every year.

At the same time, diabetes is associated with an increased risk of cardiovascular events, blindness and amputation; all appalling consequences. So are we trapped between a rock and a hard place?

Despite standing behind their work, the researchers themselves advise that "a potential modest

increase in diabetes risk clearly needs to be balanced against the consistent and highly significant reduction in myocardial infarction (heart attack), stroke and cardiovascular death associated with statin treatment". The study also has limitations in that it followed patients who were already at high risk of diabetes, and it has been suggested that statins merely "unmask" diabetes, rather than causing it.

Diabetes itself is associated with raised levels of cholesterol and indeed a statin is often part of the treatment regimen.

Current advice is that if you are on a statin, you do not

discontinue it without a discussion with your regular doctor. The benefits of statins and their proven track record cannot be overstated. Nevertheless, in high risk individuals, it is important for both doctors and patients to be wary to the potential for developing diabetes. A healthy lifestyle may reduce the chances of developing diabetes, while regular monitoring of blood sugars will detect it early on.

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Useful websites
www.diabetes.co.uk
www.heartuk.org.uk

Here's your chance to Ask Dr Zak...

Q: I've had low back pain for the past two months. I went to my GP who examined me and has referred me for physiotherapy, but I was hoping for a scan of some sort - John, 29

A: Back pain is a very common complaint, and you don't need to be old to suffer from it. It sounds like your symptoms are due to musculoskeletal back pain. The spine is made up of vertebrae (bones) and the discs between them that act like shock absorbers. Together these protect the spinal cord. If you aren't getting pains down your legs, it is less likely that a nerve coming off spinal cord is trapped, and any

scan will be normal. A physiotherapist will address your core strength and posture, often with good results. However if you are no better after this, there may be reason for your doctor to request a scan.

Q: My father developed prostate cancer in his late seventies, but when he died last year (aged 80) we were told he had had a heart attack. Should I be screened for prostate cancer - Harold, 59

A: At present there is no actual screening tool for prostate cancer. The PSA (prostate specific antigen) is a simple blood test;

however it can be raised for a number of reasons other than cancer, for example in the few days following vigorous exercise or sexual intercourse, or indeed for several weeks following a urinary tract infection. Current advice is that you consult your GP if you are having any lower urinary tract symptoms, which include difficulty starting to pass urine, a poor flow, or dribbling at the end. A full assessment includes a rectal exam to assess the size of the prostate, as well as the blood test. If either of these is abnormal you may then be referred to a specialist.

If you have a question for Dr Zak, please email: askdoctorzak@gmail.com
W: doctorzak.co.uk
T: @AskDoctorZak

Dr Uddin's advice is provided in good faith and in accordance with currently accepted evidence. However, this content is not intended to be a substitute for professional medical advice, diagnosis, or treatment. You should always seek the advice of a GP, or other qualified health provider, regarding a medical condition.