

The Northern Echo
The North's campaigning newspaper

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COMMENT

Funding the festive buzz

EVERYONE knows that festive feeling you get from shopping in a bustling town centre in November or December. With Christmassy jingles playing in the stores and seasonal lights twinkling in the streets, it's easy to spend an extra pound or five in the shops and markets.

While some deplore the commercialisation of a religious festival, for others Christmas shopping is an event in itself, and the more festive a town or city, the more likely they are to visit. So well done to Darlington Borough Council for recognising the importance of creating that special Yuletide feeling and looking again at how the town's Christmas lights could be funded for this year at least.

It had been thought that large scale budget cuts at the authority, combined with the demise of the town's Distinct Darlington group, would mean no Christmas lights or festivities this year.

But by re-allocating the £20,000 that its town centre sites had previously paid to Distinct Darlington, and finding sponsors for a switch-on event, the council will put on Christmas lights for 2017.

North-East retail consultant Graham Soult, who has previously urged the council to make the town centre as attractive as possible following recent store closures, said he was glad Darlington had "seen sense" and kept the lights.

The welcome from under-pressure traders has been overwhelming, with one saying it would bring a "feel-good factor" to the town, and another saying the lights could be an attraction in themselves.

It is clear the council still has difficult financial times ahead, with the planned closure of Crown Street Library yet to take place, but £20,000 for the lights is money well spent if it creates a much-needed buzz in the town centre.

 **What do you think?**
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QUALITY

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Cutting back on the risks



CHANGE: Smoking is arguably the single biggest modifiable cause of arterial disease, says Dr Zak Uddin Picture: JONATHAN BRADY/PA

SEPTEMBER is Vascular Disease Awareness Month. In the words of campaigners, it aims to "save the limbs and lives of those with vascular disease" through education about early recognition of symptoms, and those risk factors which can be altered to hopefully reduce the chance of developing vascular disease, as well as slowing its progression in those already affected.

Vascular disease, colloquially known as "hardening of the arteries", affects blood vessels throughout the body. It is due to the formation of fatty deposits on the inside of the arteries, which over time narrows them, reducing the smooth flow of blood, and can be likened to the closure of a lane on a busy motorway.

This deprives the body's organs of vital oxygen and nutrients. Turbulent blood flow may cause a deposit, also known as a plaque, to rupture, with immediate and total loss of circulation, similar to a massive accident bringing moving traffic to a sudden and complete stand still. This can be severe enough to result in loss of limb or life.

Vascular disease in the blood vessels of the neck and brain leads to strokes, in the heart it causes angina and heart attacks, while that affecting the legs results in a phenomenon known as peripheral arterial disease, where walking a certain distance brings on pain in the buttocks or legs, depending on where the narrowing occurs.

Peripheral arterial disease of the legs is estimated to be one of the commonest forms of vascular disease. Interestingly, it does not seem to affect the arms. As plaques build up over months to years, symptoms may be quite mild at the start, becoming steadily worse as damage to the blood vessels increases. In its most severe form, sufferers can have agonising limb pain even at rest. Other changes include pale, cold extremities, loss of hair over the lower legs, and ulcers of the skin, if its blood supply is particularly poor.

With the majority of diseases there are two types of risk factors, those which can be addressed, and those which are fixed, for



With four million sufferers in the UK alone, North-East GP **Dr Zak Uddin** discusses vascular disease, and what people can do to reduce their risk

example gender and strong family history of a particular condition. Smoking is arguably the single biggest modifiable cause of arterial disease. Excess alcohol, a diet high in saturated fats, and lack of exercise also encourage its development and progression.

Certain diseases, especially if not adequately treated, also play their part. Badly controlled diabetes and blood pressure both lead directly to the formation of fatty deposits in arteries, as well as making them more likely to rupture.

PERIPHERAL vascular disease is less likely in those under 50, although a form called Buerger's Disease does affect men under the age of 40 who are usually heavy smokers. For anyone who thinks they have symptoms or are at risk of peripheral vascular disease, the first step is to have a consultation with their GP, who will ask about the patient's symptoms, lifestyle and family history. Examination of the legs, checking for pulses and recording the pressure in the arteries also form part of the work up. Those with suspected vascular disease are usually referred to a specialist surgeon, who may request dye tests of the arteries to look for any narrowing or blockages.

Surgery involves either opening up the diseased segment of the artery or bypassing it with a vessel removed from another part of the body. Amputation is reserved for the

worse cases or where the above measures have failed.

While this may seem very worrisome, we know that addressing risk factors, especially lifestyle choices may halt disease in three out of four people with peripheral vascular disease, without the need for surgery. Simple measures can have a great positive effect. Only half an hour's walking per day can widen narrowed vessels. Stopping smoking on its own may treble the distance you can walk before pain comes on in more than four fifths of individuals.

Medications used specifically for vascular disease include statins to lower cholesterol, as well as drugs known as anti-platelets, including aspirin and clopidogrel, which aim to stabilise fatty plaques and reduce their likelihood of rupture. Good control of blood pressure and diabetes are also vital.

Undiagnosed and untreated vascular disease can have catastrophic results including amputation and death. However, if picked up and addressed through a combination of sensible lifestyle choices and appropriate medication, patients may find their symptoms and overall quality of life are actually improved, without needing surgical intervention.

■ [@AskDoctorZak](http://doctorzak.co.uk)

Useful websites

www.circulationfoundation.org.uk
www.nhs.uk/conditions/peripheralarterialdisease

Addressing risk factors, especially lifestyle choices, may halt disease in three out of four people with peripheral vascular disease

Dr Zak Uddin