

4TH EDITION NEWSLETTER 2024

Remember, your emergency services provider has changed. For any medical emergency transport or care, you must call Discovery 911 at 0860 999 911.

HOW HEALTHY IS YOUR HEART?

Around the world, heart disease is one of the leading causes of death. According to the WHO (World Health Organization), as many as 85% of all global deaths in 2019 were caused by heart attacks or stroke.

HOW TO RECOGNISE PROBLEMS WITH YOUR HEART HEALTH

Signs and symptoms may vary according to the type of heart disease a person has but, common indicators can include:

- Chest pain or tightness
- Heart palpitations or irregular heartbeat
- Breathlessness / shortness of breath
- Light-headedness
- Fatigue
- Fluid retention or swelling – especially the ankles
- Nausea
- Sweating
- Pain, numbness, weakness or coldness in the arms, legs, jaw, throat, upper belly area or back

WHAT CAN INCREASE YOUR RISK?

- **Gender** – men are more typically at risk, however a woman's risk can increase after menopause
- **Age** – older ages are at increased risk of narrowed or damaged arteries, as well as a thickening or weakening of the heart muscle
- **Smoking** – tobacco can damage arteries
- **An unhealthy diet** – excessive consumption of fat, salt and sugar, as well as harmful use of alcohol
- **Hypertension / high blood pressure** – unmanaged or uncontrolled, can cause arteries to thicken and harden
- **High cholesterol** – increases the risk of a thickening and hardening of arteries
- **Diabetes**
- **Obesity / excess body weight**
- **Sedentary lifestyle / lack of exercise**
- **Stress (unrelieved / chronic)**
- **Family history**

I'M TOO YOUNG TO WORRY ABOUT HEART DISEASE, RIGHT?

According to the American Heart Institution the average age of a first heart attack is around 65 years of age for males and 72 for females. However, incidence among younger populations (under 50) has been on the rise for well over a decade already.

Among people under the age of 50, this 2020 study noted the following about heart attack incidence:

- Those 20 – 29 years of age had an incidence rate of 2.1 per 100,000 people
- Those 30 – 39 years of age increased to 16.9 per 100,000 people
- Those 40 – 49 years of age jumped to 97.6 per 100,000 people

What was concerning was that even though the incidence of heart attacks in those aged 40 – 49 was not significantly high, one in ten of those who did have a heart attack either died or had a second heart-related event later. The same study noted that most individuals who experienced a heart attack by age 45 were male, smokers, obese and had a family history of premature heart problems.

According to the CDC (Centres of Disease Control and Prevention), heart disease prevalence in people aged 18 and over was 6.2% in 2009. By 2020, this increased marginally and was measured at an average 6.3%. The stats are clear, an increase in conditions like high blood pressure, stroke, diabetes and chronic kidney disease among younger people increases the chance of a heart attack. Drug use, especially cocaine or cannabis, is also prevalent among people under the age of 50 and can also be a contributing factor.

SEVEN WAYS TO LIVE HEART-HEALTHY

1. **Know your health history and maintain your health condition today** – find out what your family history of heart disease is and keep your overall health in check with regular medical check-ups and screenings every year – especially your blood pressure, cholesterol, and blood sugar levels. Your annual Personal Health Assessment will help you keep an eye on these markers.
2. **Maintain a nutritious diet** – incorporate more fresh fruit, vegetables, whole grains, lean protein meats, fish, healthy fats, and low-fat dairy products. Reducing your intake of salt, added sugar, processed foods and saturated fats will be helpful too. You can also consider substituting sugary drinks for water, limiting, or stopping alcohol consumption altogether, and limiting your daily caffeine intake.
3. **Get active** – a minimum of 150 minutes of moderate-intensity aerobic exercise a week or 30 – 60 minutes a day (such as brisk walking) are recommended, as well as activities to strengthen muscles at least twice a week.
4. **Quit smoking** – non-smokers must also be mindful to stay away from second-hand smoke.
5. **Maintain a healthy weight** – the middle section of the body is most often the trouble area. Visceral fat can raise your risk of heart conditions.
6. **Get quality sleep** – a sleep schedule and proper sleep hygiene can help to ensure a full nights' sleep without disruptions.
7. **Manage your stress levels** – chronic stress can increase the risk of heart-related health problems. 'Emotional eating', smoking / vaping and even consumption of alcohol are harmful ways to "cope" through stressful times. For a good indication of your current stress levels, you can conduct your Mental Wellbeing Assessment.





YOU'VE JUST BEEN DIAGNOSED: NOW WHAT?

'Cancer.' Hearing your doctor utter the word can see you experience a heart-stopping moment, coupled with shock, disbelief and terror. These normal reactions can send you into a complete tailspin, as you begin exploring your options.

Unfortunately panic and hysteria are not going to get you anywhere other than making you feel even more out of control than you already feel right now. What you actually need to do is to stop. Take a deep breath. Then another. And another. Because the only way to tackle the journey that lies before you – and to try to regain some semblance of control – is to take this one small step at a time.

One of the first things you need to understand as a newly diagnosed cancer patient is that there is no need to jump into any decisions, explains Professor Carol Ann Benn, a surgeon with a special interest in breast cancer.



Remember that cancer is not the flu. It didn't arrive yesterday and will not be gone tomorrow. The average doubling time of breast cancer cells, for example, is 40 days, which is why there is no such thing as an emergency mastectomy. So, once you've received a cancer diagnosis, there's absolutely no harm in taking a few days to explore your treatment options and to go for a second opinion. It always amazes me that patients are too scared to do this and yet it's a vital part of ensuring you're in the best possible hands. Tell your doctor you are going for another opinion and when you do so, don't tell the second (or third) doctor about what has been discussed otherwise it's not a true second opinion.

Prof. Benn suggests you always take someone along with you whenever you consult with your doctors to be your ears and to write down all the answers to your questions. "When faced with potentially worrying news, you take in less than 25% of information given, so don't be afraid to ask for re-explanations whenever you're feeling lost. It's your body and your life so never stop asking questions about the procedures suggested, the number of times the doctor has done this procedure and the complication rates in that unit. Speak to other patients who have been treated by the doctor you choose and never make any life changing decisions until all the information is processed."



IT'S A TEAM EFFORT

Never forget that you are only as good as your medical team – so keep building it. A team can approach a problem from many different angles and ensure that there is always a solution, which is why the multidisciplinary unit is the gold standard in cancer treatment and management today.

According to Prof. Benn, cancer treatment should never be a stage by stage, one-size-fits-all. "While there are certain fundamental treatment principles that should be strictly adhered to – such as who should receive chemotherapy, who should receive radiation therapy and different surgical options available – treatment always needs to be individually tailored, which is why listening to you and understanding your physical and psychological make-up is so essential. In other words, the size of your tumour, the type of your cancer, and the position of the tumour is just as important as the state of your general health and your psychological make-up when it comes to determining which treatment options are utilized and in what order they are employed. That's why waiting for a day or two, participating in discussions with your medical team, voicing your opinions – and your concerns – and learning exactly what lies ahead is the most empowering thing you can do when first diagnosed. Not only will this give you some peace of mind, but it will also ensure that you receive the ultimate emotional and cosmetic results and the best possible cancer management and care".

IMPORTANT QUESTIONS TO ASK YOUR DOCTOR RIGHT NOW

- Do I have a choice of treatments?
- How much time do I have to think about this?
- What do you feel is the best treatment for me?
- How long will your suggested course of treatment take?
- What will be the costs throughout my treatment e.g. medication, surgery etc. and is this covered by my medical scheme plan?
- Is there anything I can do before, during or after treatment to assist in my recovery?
- What information is available about my cancer and its treatment, e.g. in books, websites, etc.?
- Are there any complementary therapies that you believe may be helpful or that are known to be bad for me?
- Is there someone I can talk to who has been through this treatment?
- Are there support groups that can help me and my family deal with this illness?

Members of Engen Medical Benefit Fund have full coverage for approved chemotherapy, radiotherapy, and other treatments prescribed by their cancer specialist under the [Oncology Benefit](#).

SPINAL CONSERVATIVE CARE PROGRAMME

The **Spinal Conservative Care Programme** offers non-surgical treatment and management of back and neck pain through a coordinated, out-of-hospital approach. It provides access to a network of healthcare professionals specialising in spinal pain, including physiotherapists, chiropractors, spinal surgeons, and general practitioners.

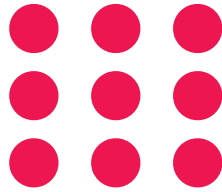
HOW IT WORKS:

- **Eligibility:** You may qualify for the programme if you have recently been in the hospital for back or neck pain or if a spinal surgeon refers you. To join, you must meet certain medical requirements.
- **What You Get:** The programme provides up to 24 weeks of treatment with a physiotherapist or chiropractor. You can choose to have appointments either in-person or online.
- **Tracking Your Progress:** Your healthcare professional will monitor your progress, and you can share your medical information with them to help plan your treatment.

WHAT TO KNOW:

- You can join the programme only once a year.
- If you had spinal surgery in the last year, you cannot join.
- Emergencies, cancer-related back issues, and severe injuries are not covered by this programme.

The programme aims to reduce the need for surgery by providing care and support to help manage your back or neck pain.



WHAT TO DO WHEN YOUR MSA IS DEPLETED

When your Medical Savings Account (MSA) is depleted, it means that you have used up all the funds allocated for your medical expenses for the year. The MSA is calculated and allocated at the beginning of each year, based on the number of dependents on your membership as of January 1st. This upfront balance is available to cover day-to-day medical claims throughout the year, from January 1st to December 31st.

If your MSA runs out before the year ends, you can still access healthcare through the Primary Care benefit, which comes with specific limits. This benefit helps cover essential medical services, but it's important to understand the limits and plan your medical expenses accordingly for the rest of the year.

Please read [page 15](#) of your member guide to learn more.

