

Breast Screening

Breast Cancer is the most common form of cancer among women



One woman in twelve will develop breast cancer by the age of 75. Each year there are 850 new cases of breast cancer and just under 300 deaths.

Breast cancer is not common in young women, as with most cancers the risk increases with age. Breast screening can detect breast cancer at an early stage, before it has caused any symptoms or signs, and when it is

easier to treat and cure. At breast screening an X-Ray (mammogram) is taken of each breast.

In Northern Ireland all women who are aged between 50 and 64 are invited for screening every three years. About 45,000 are invited each year. Only 3 out of every 4 women invited attend for screening. At present, women aged 65 and over are not automatically invited for

screening, but they can continue to attend by making an appointment through their local screening centre. There are however plans to extend the breast screening programme to include women up to age 70. This will not be in place for 2-3 years as it takes time to train the extra staff needed to run the programme.

Routine breast screening is not offered to women under 50 because their risk of breast cancer is much lower. Also, younger women have denser breast tissue which makes the mammogram more difficult to interpret.

No matter what your age, if you are worried about a breast problem you should contact your GP. The GP will refer you to the hospital clinic if necessary. The treatment of breast cancer is now more successful than ever before and the services being offered in Northern Ireland are of very high quality.

Cervical Screening

About 30 women die in Northern Ireland each year from cervical cancer, yet it can be prevented.

Cervical screening, which involves a smear test, can prevent 8 out of 10 cancers developing. The smear test can detect changes at the neck of the

womb or 'cervix' before any cancer is present. These early changes are easily treated and the development of cancer is stopped before it even gets started.

The smear test is currently offered to women aged between 20 and 65 at least every 5 years.

However, only about 7 out of every

10 women attend for the test when invited. When asked why they have not attended for screening women have given a range of reasons, such as: 'too embarrassed', 'the time was not convenient', and 'fear of it being painful'.

You can request to have your [👉](#)

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smear taken by a female doctor or nurse. You can also choose to have it taken at your GP surgery or at a family planning clinic, at a time which is convenient for you.

The majority of women who have developed cervical cancer have never had a smear test. Taking up the invitation from your GP for a smear test could save your life.

Prostate Cancer

Prostate cancer affects mainly older men

Prostate cancer affects mainly older men. It is rare below the age of 50. By the age of 80, about two-thirds of men will have some cancer cells in their prostate, but in only a few will it cause problems. Most men with prostate cancer will die from some other cause rather than prostate cancer.

There is no reliable screening test for prostate cancer. The PSA (Prostate Specific Antigen) test is

If you change your name or your address you should notify your GP. This is important so that you receive your invitation for breast and cervical screening.

The majority of women who have developed cervical cancer have never had a smear test

Bowel Cancer

Bowel (colorectal) cancer is the second most common cause of cancer death in Northern Ireland. On average 900 people are diagnosed each year and around 400 die from it.

Earlier detection and treatment is important in reducing the number of people who die from bowel cancer. A bowel cancer pilot scheme offering screening to men and women aged between 50 and 69 years has been established in one region in England and in one in Scotland. Early indications are that screening is effective in identifying the disease at an earlier stage when treatment would lead to a much improved outcome.

As expected it has also confirmed that the introduction of bowel cancer screening would require a significant expansion in services. Such developments would take a number of years to put in place as many doctors, nurses and other staff would have to be recruited and trained.

You can however reduce your risk of developing bowel cancer by eating a healthy diet which includes at least 5 portions of fruit and vegetables each day. Also, if you notice blood in your bowel motion or if it has become altered you should contact your doctor.

Should I have the PSA test?

Benefits of PSA testing

- It may provide reassurance if the test result is normal.
- It may find cancer before symptoms develop.
- It may detect cancer at an early stage when treatments could be beneficial.
- If treatment is successful, the consequences of more advanced cancer is avoided.

Downside of PSA testing

- It can miss cancer, and provide false reassurance.
- It may lead to unnecessary anxiety and medical tests when no cancer is present.
- It might detect slow-growing cancer that may never cause any symptoms or shortened life span.
- The treatments of prostate cancer have significant side-effects, including impotence and incontinence. Also, there is no certainty that the treatment will be successful.

MMR

Chief Medical Officer recommends MMR vaccine for all children in Northern Ireland

What is MMR?

MMR vaccine is the safest and most effective way to protect your child against measles, mumps and rubella (German measles). It is given to children at 15 months and again as a booster before they go to school. Since MMR was introduced here in 1988 the number of children catching these diseases has fallen to an all time low. MMR uptake rates in Northern Ireland are the highest in the British Isles – 9 out of 10 parents here choose to have their child immunised with MMR.

Is MMR Vaccine Safe?

MMR vaccine has an excellent safety record. All the available evidence shows that MMR is a safe and effective vaccine. More than 90 countries in the world use MMR and hundreds of millions of children have been protected by this vaccine for nearly 30 years.

Does MMR vaccine cause autism?

There is absolutely no credible scientific evidence which proves a link between MMR vaccine and autism. Many scientific studies have been carried out around the world to examine this issue and none have ever found a link between MMR and autism. International organisations, such as the World Health Organisation and the American Academy of Paediatrics, and national medical and nursing professional bodies, all continue to recommend MMR

as the only safe way to protect children from these serious infections.

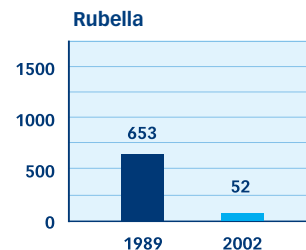
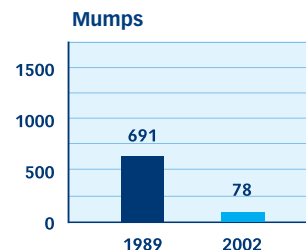
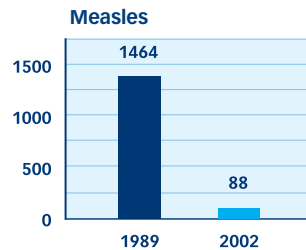
What are Measles, Mumps and Rubella?

Measles is a viral infection, which is spread from person to person. Symptoms of measles include fever, cough, a typical rash, swollen glands, red eyes and loss of appetite. Symptoms can last for up to 10 days in children and longer in adults. Serious complications and death can occur.

Mumps is caused by a virus. It makes you to feel generally unwell. Around 7 out of every 10 people with mumps will have painful swollen glands in the face and neck. Symptoms last for up to 10 days. Complications such as meningitis, deafness and swollen, painful testicles can also occur.

Rubella is a mild viral illness. It causes a rash, swollen glands behind the ear and the back of the neck and occasionally, in adults, painful joints. Infection is particularly serious in pregnant women as it can cause miscarriage or serious abnormality of the baby who may be born with brain damage, heart problems, blind or deaf.

The figures opposite shows how the number of children with mumps, measles and rubella have fallen since the introduction of MMR.



The truth about single (separate) vaccines

There are no health benefits from using three single vaccines against measles, mumps and rubella instead of MMR. No studies have ever been published which suggest that giving the vaccines separately would be safer than MMR; in fact there are no studies of the safety of single vaccines. No country in the world recommends this approach. There are a number of reasons why it is a bad idea.

Using single vaccines would mean that:

- six separate injections, instead of two, have to be given over a long period of time;
- there would be a fall in vaccine uptake rates as children may not complete the course of injections;
- children would be left without

protection against two of the diseases in the gaps between injections;

- babies could catch the disease from their older brothers and sisters who are unprotected between the separate injections;
- children who cannot have the MMR vaccine, such as those having treatment for cancer, would be more exposed to infection;
- pregnant women would be at a greater risk of rubella infection from their own unprotected children and the children of their friends.

There is also evidence that some unlicensed single mumps vaccines may be ineffective or less safe than MMR. One of these vaccines recently had to be banned from the UK market as a result of serious concerns.

Measles, mumps and rubella are serious infections which can be prevented by MMR vaccination. All children in Northern Ireland should be offered two doses of MMR. It is important to keep our vaccination uptake rates high to ensure that these diseases do not return.

Further information about MMR is available from your GP, Health Visitor or Practice Nurse.

Detailed information is also available at:

www.dhsspsni.gov.uk/publichealth
www.mmrfacts.org.uk

Sars Unmasked

In February 2003, an unknown illness causing fever and severe pneumonia was first reported to the World Health Organisation. This illness, later identified as Severe Acute Respiratory Syndrome (SARS), probably first emerged the previous November in Guangdong, China.

Over the next few months it spread to about 30 countries affecting about 8,500 people and

leading to over 900 deaths. On 5 July 2003, the World Health Organisation reported that the last human chain transmission of SARS had been broken. However, recently there have been a small number of confirmed cases in China but fortunately there has been no spread.

In the UK, four probable cases in returned travellers were reported, only one of these was

confirmed as SARS. There was also a case in the Republic of Ireland in someone who had been in Hong Kong. Thankfully there was no further spread of the infection within the British Isles.

SARS is an acute chest infection caused by a new virus, the SARS virus. It usually starts with a high fever (temperature over 38°C), with chills, muscular aches, headache and loss of appetite. After 2 to 7 days, this is followed by a dry cough and trouble breathing. If patients are ill enough to be in hospital, they will be treated in an isolation room, ☹

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with strict precautions to stop the infection being spread to others. Some patients will require help with their breathing and will be cared for in an intensive care unit.

There is no specific treatment or vaccine for SARS. Health authorities have had to resort to the time-honoured means of controlling the spread of infection by good hygiene, washing hands regularly and wearing the appropriate protective wear. Rapid isolation of cases and quarantine of contacts is also required.

SARS is spread mainly through close contact with someone who already has the disease. Most cases have occurred in close family members of an infected person or hospital workers who cared for a SARS patient. About a fifth of all SARS cases occurred in nurses and doctors and other health service staff who were in the frontline.

There are several reasons for taking this infection seriously.



Firstly, it has shown how a new infection can be spread rapidly by modern day international travel. Secondly, it was capable of bringing hospitals to a standstill. Thirdly, the non-specific symptoms, the lack of a current reliable rapid test, and the occurrence of other respiratory diseases, including 'flu', make it difficult to diagnose and will lead to concern being raised in people who will prove to have another illness.

All these point to the need for

our health and social services to be prepared for a future outbreak of this disease. In June 2003 the Chief Medical Officer established a Taskforce to prepare the Health and Social Services in Northern Ireland for SARS.

A SARS section has been created on the Department's website at www.sarsni.gov.uk and includes information on SARS for the public and health professionals, as well as links to other sites for SARS information.

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death or injury. The Northern Ireland Drugs and Alcohol Campaign has been raising awareness of the problem and targeting particularly parents and retailers.

Generally drug misuse impacts on individuals, their family and carers and the community. Early intervention is important to prevent progression to drug dependence. It will also help prevent individual tragedies and reduced quality of life, anguish of family and friends, and reduce the impacts on the community, including illicit drug related crime. Locally there are a range of prevention, education and treatment initiatives in place that aim to reduce the level of drug related harm. These include work with young people, parents, local communities and users themselves.

Alcohol our favourite drug



Alcohol is Northern Ireland's favourite drug. Three out of four adults now drink alcohol. The majority of them drink without causing undue harm to themselves or others. However, the patterns of drinking, which are becoming more apparent are of concern.

Binge drinking is common in Northern Ireland with both men and women consuming large amounts of alcohol in a single session. A survey in 2000 found that half of the men and a third of women had engaged in at least one binge drinking session during the previous week. The binge drinking culture appears to be more common among the younger age group.

There are also growing concerns about the number of women drinking. The number continues to increase as does the proportion who are now drinking more than the recommended level of 3 or less units a day. The greatest increase is seen among younger females.

Drinking and drinking to get drunk is also a feature of the lifestyle of teenagers. A recent survey found that half of those

interviewed reported being intoxicated over the previous 30 days and the majority (90%) had at some time consumed alcohol.

There is no doubt that alcohol is a lethal yet popular drug which can impact on the health of individuals, on their families, on society and the Health and Social Services. Heavy drinking can cause liver damage, stomach problems, high blood pressure and obesity. The risk of suicide has been found to be eight times higher in those who misuse or are dependant on alcohol. Also, alcohol misuse is often a factor in domestic violence and child abuse as well as divorce, unemployment, debt and homelessness.

Everyone has a part to play in tackling alcohol misuse. The aim is to encourage a responsible approach to drinking. It is recommended that men do not drink more than 4 units per day and women not more than 3. The number of units of alcohol in frequently consumed drinks is shown below.

Drug use in Northern Ireland



Illicit drug use in Northern Ireland is becoming more common. A recent survey of Drug Use in Ireland and Northern Ireland reported 1 in 5 adults have used drugs at least once. It is also a particular issue for young people as many view their use of drugs as 'normal' and may mistakenly believe that some drugs are 'safe'. Locally cannabis remains the most regularly used drug with use of ecstasy more common among young people.

The use of heroin and cocaine in Northern Ireland is low compared to other areas of the UK, however use tends to be concentrated within certain geographical areas. To address this increasing use treatment options are being developed, for example substitute prescribing for heroin dependence.

Solvent misuse continues to be an issue for young people and on occasions results in sudden


 **pint of lager
2 units**

 **half pint of lager
1 unit**

 **half pint of cider
1 unit**


 **NI pub measure of
spirits
1.5 units**

 **small glass of wine
1.5 units**

 **alcopop/
ready-mixed drink
1.5 units**

 **bottle of lager
1.5 units**

 **pint of stout
2 units**

 **can of extra
strong lager
4.5 units**

 **small pub
bottle of wine
2.25 units**

 **bottle of wine
9 units**

 **bottle with
units marked
on the label**