

# Public Events and Talks

A number of talks will be given by Professor Gavin Murphy, British Heart Foundation Chair of Cardiac Surgery in 2016

February 9th  
Leicester General Hospital

**'Can obesity be good for you?'**

Education Centre  
6.00pm

Link: **Leicester's Marvelous Medicine**

March 5th  
Glenfield Hospital

**Informal talk to Take Heart Leicester**

Clinical Education Centre  
10.30am

Link: **www.takeheartleicester.co.uk**

## Cardiovascular Patient Group Meetings

**Would you like to help steer heart research?**

The patient and public group meet on the 14th January, 11th February, 10th March, 14th April at Glenfield Hospital at 10am. If you would like more information or to book a place to attend please contact the PPI Manager on 0116 258 4737.

## Lifestyle Research Public Meetings

**Are you interested in research about preventing illness, including diabetes?**

The lifestyle research unit holds focus groups several times a month. For information on the current agenda please contact Rebecca Pritchard on 0116 286 8686 or by email [rp237@le.ac.uk](mailto:rp237@le.ac.uk).



University Hospitals of Leicester  
NHS Trust



## Public Lecture Series

**Join us for one of our public lectures at Loughborough University.**

Brockington Building, Room U020  
Veronica Varela-Mato  
**Sitting at work? Do working lifestyles impact your health**  
27 January

Brockington Building, Room U005  
Professor Eef Hogervorst  
**Glucose or fats? Which is to blame for increasing risk for age-related morbidity?**  
16 March

Brockington Building, Room U005  
Dr Patrice Carter  
**Don't believe the hype! Understanding the truth behind the shock headlines in nutrition**  
13 April

Brockington Building, Room U005  
Professor Gavin Murphy  
**Can obesity be good for you?**  
24 May

Brockington Building, Room U005  
Dr Gary O'Donovan  
**Fat, fit and healthy: is weight loss the wrong goal?**  
14 June

Full directions are available on:  
[www.lboro.ac.uk/about/findus.html](http://www.lboro.ac.uk/about/findus.html)

**All lectures start at 6:30pm with refreshments served at 6pm**

To book your place please email Alison on [a.stanley@lboro.ac.uk](mailto:a.stanley@lboro.ac.uk) or telephone 01509 226445



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Leicester Cardiovascular; Leicester Respiratory; Leicester-Loughborough Diet, Lifestyle and Physical Activity; Biomedical Research Units in partnership with CLAHRC (Collaboration for Leadership in Applied Health Research and Care); University of Leicester and Loughborough University



**National Institute for Health Research**

# INform

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## Stand up campaign to boost office health

**Office workers at Leicester's three hospitals are being encouraged to stand up more on the job as part of a new research project.**

New height-adjustable desks or desk attachments are being made available in a bid to stave off the increased risk of chronic disease, such as Type 2 diabetes, associated with prolonged periods of sitting.

High levels of sitting have been linked to the development of Type 2 diabetes, heart disease and cancer but something as simple as regularly breaking up sitting by standing has been shown to benefit health

Staff at Leicester Royal Infirmary, Leicester General Hospital and Glenfield Hospital are being asked to take part in a new study called SMARt Work.

SMARt Work is providing NHS office

workers with the opportunity to reduce the amount of time they spend sitting at work by providing them with a height-adjustable desk or desk attachment that will allow them to switch between sitting and standing to work. The study will evaluate how this impacts on health over a 12-month time period

The project is a collaborative effort between Loughborough University, University of Leicester and the Leicester Diabetes Centre. The NIHR Leicester-Loughborough Diet, Lifestyle and Physical Activity Biomedical Research Unit has funded the project.

Dr Fehmidah Munir, from Loughborough University's School of Sport, Exercise and Health Sciences, is leading the study. She said: "Prior to the standing desks being installed we will be assessing how much time the staff taking part in the study spend sat down and inactive,

and then reassessing this at the end of the 12-month trial. This project is a real opportunity to help those who sit for long periods of time to change their sitting habits for the better."

Study Co-ordinator Dr Sophie O'Connell said: "Our message is simple; sit less, move more and we're trying to encourage this in office environments. Changes in the demands of work and increased use of computers have led to long, uninterrupted periods of occupational sitting.

"In recent years, studies have emerged demonstrating that sitting is associated with an increased risk of Type 2 diabetes and heart disease, independent of the amount of exercise people do.

"This suggests that even if an individual goes for a 30-minute run every day this may not compensate for the amount of sitting time accumulated throughout the day. This is worrying since data shows that adults spend around 60 to 70 per cent of their waking day sitting, with office workers sitting for 80 per cent of the day."



The number of people diagnosed with Type 2 diabetes is increasing rapidly and about 2.6 million people in the UK currently have diabetes. Having Type 2 diabetes puts people at a high risk of having heart problems, kidney failure and complications resulting from nerve damage in the eyes and feet.

In total, we recruited 34 participants (all women), with 22 going on to complete the study. The study involved visiting the Leicester Diabetes Centre and undergoing two of the following three conditions in a random order (each condition lasted 7.5 hours):

## 2. Sitting with 5-minute bouts of standing every 30 minutes

The day after each condition, participants came back to the department to undergo the prolonged sitting condition, regardless of what they had done on the previous day.

We also found that these changes carried over into the next day, so the effects lasted at least 24 hours.

We would like to repeat these tests using slightly different measures to try and understand why standing and walking makes such a difference to sugar and insulin levels and whether similar results occur in men.

My work involves seeing volunteer patient patients at all stages of the trials whenever the protocol or the clinical status of the patients demands it. An important part of this at the beginning of a trial is explaining study obligations and taking formal, informed consent. This involves explaining procedures including possible risks and benefits that the trial may have for the patient. As patients have different levels of understanding and experience of clinical trials, this means modulating the information given whilst remaining true to the protocol. In practice it means telling the patients as much about the study as possible before they reach the point of information overload and stop listening! After a patient enters the trial the physicians' job is to make sure he or she remains eligible and evaluating study drug and trial procedures tolerance. All of this has to be recorded both on the trial documents and the hospital medical files. The latter are very important for trial coherence and above all for safety if the patient needs treatment outside of the unit.

Another more immediate pleasure is meeting the volunteers who give their time generously to the studies. Hearing the stories that have brought them to us is both agreeable and stimulating. In fact a major attraction of clinical research is having the time and space to get to know the patients. Being part of a like-minded team is also a great privilege—especially as there are so many expert bakers who demonstrate their talents regularly. Literally the icing on the cake!



**Patients who survived the rare condition spontaneous coronary artery dissection and approached the Cardiovascular BRU to set up a patient led research project into the condition have established their own charitable organisation. The charity has been created to raise awareness of the under-diagnosed condition, support those diagnosed with it and their family and friends, and help raise money for research into the condition.**

It can affect all age groups and is recognised as a cause of heart attacks in young adults. Both sexes can be affected but it is more common in women, in particular during or soon after pregnancy. This condition cannot be predicted and as yet the cause is unknown.

The SCAD study is a fantastic example of patient led research with survivors of this condition getting together via social media and then approaching Dr Adlam to investigate this condition in the UK.

More information can be found on their website [beatscad.org.uk](http://beatscad.org.uk)

Coronary artery disease (CAD) is one of the most common causes of premature death and disability in the UK and lifestyle factors, such as smoking and poor diet play a huge part in increasing your risk of developing CAD. However, we also know that heart disease can be inherited. There has already been significant progress made in identifying individual genetic differences that can affect your risk of CAD, but further research is being carried out to help us better improve our accuracy of identifying those people who are at higher risk of developing CAD, so that we can better target preventative measures.

This study is being delivered by GP surgeries across the whole of Leicestershire. GPs recruit patients when they attend for their NHS Health Check. The first GENVASC participant was recruited at the end of September 2012 and to date over 15,000 participants have taken part. The recruitment phase of the study is set to continue until March 2017.



If you would like any more information about the GENVASC study, please go to [www.le.ac.uk/bru](http://www.le.ac.uk/bru).

