

Do a U-TURN on UTIs

They're incredibly common, but the consequences can be more serious than you think...



even lead to a delayed bladder cancer diagnosis, because women aren't always referred to urology promptly.

'The more armed you are with knowledge, the more likely you are to get a fast diagnosis and manage and treat your UTI effectively.'

Know the risk factors

Helen says, 'It's important to stress to UTI sufferers that they have not caused the problem. Urinary tract infections are usually caused by bacteria from the rectum or vagina entering the urinary tract via the urethra and, as women have a shorter urethra, bacteria is more likely to reach the bladder and cause an infection.'

'As you go through perimenopause and menopause, when oestrogen levels drop and consequently your body's ability to fight off bacteria reduces, women can become more vulnerable to developing a UTI.'

Mr Demetri Panayi, a specialist at The London Women's Centre who specialises in treating women with chronic and recurrent UTIs, says, 'Menopause is one of the recurring themes we

see. Other factors that can increase the risk of getting a UTI include having sex, conditions which block the urinary tract, having compromised immunity, or even just struggling to drink enough fluids.'

Get treatment early

Helen says, 'The sooner a UTI is diagnosed, usually the easier it is to treat. Often the symptoms will be obvious, such as having a burning or stinging sensation when passing urine, needing to pee more frequently, or having cloudy, strong-smelling urine. However, not everyone's symptoms are the same. Some women describe needing to pee more at night, having a heavy feeling in the vulva area, or just feeling off.'

'If symptoms escalate, you might notice a high or very low temperature, feeling hot or shivery, having pain in the lower tummy or back, or blood in the urine, in which case it's vital to seek medical help from NHS 111 immediately.'

'Even if you have mild symptoms, if after 48 hours of trying to flush the infection out things haven't improved or have worsened, you will

need to see your GP.'

Mr Panayi says, 'In the first instance, a patient with a recurrent or chronic UTI may need a prolonged course of antibiotics to get rid of the infection. However, it's also important to do some other investigations, for example, looking at the patient's urinary tract and inside their bladder with a camera, just to exclude other causes.'

'It's about formulating a clinical picture of each patient and tailoring their specific treatment around that.'

Prevent recurrent infections

Helen says, 'Adequate hydration is the number one factor in helping to prevent UTIs. Try to drink between

one and three litres a day of water a day, and try not to hold your pee in if you need to go. Cutting down on alcohol and caffeine may also help.'

'Other simple, but vital, steps include keeping the genital area clean and dry, taking time to really empty your bladder, wiping from front to back, and peeing both before and after sex.'

'Eat more anti-inflammatory foods like leafy greens, oily fish, olive oil and oregano oil, which has antibacterial properties.'

'Some studies suggest that some berries, such as cranberries, contain proanthocyanidins or PACS, a class of polyphenols which can help prevent the adhesion of harmful bacteria to the lining of the urinary tract.'

'Meanwhile probiotics, such as lactobacillus, can be useful too in encouraging healthy bacteria and keeping your vaginal microbiome healthy.'

Mr Panayi adds, 'For peri-menopausal, menopausal or post-menopausal women, vaginal oestrogen has been shown to reduce the risk of urinary tract infections.'

'Unfortunately, treating and preventing recurrent or chronic UTIs is not always a straightforward journey, but usually patients will get better. The more we can do to speed this process up for them, the better.'

● For more info, please visit theurologyfoundation.org (helpline: 0808 801 1108) and londonwomenscentre.co.uk



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Our Health SOS

After a worrying diagnosis, my future felt uncertain. Then my hubby switched on the TV

THE ONE SHOW SAVED MY LIFE!



From Chloe Flevill, 37, of Oldham, Gtr Manchester

I sat on Mum's lap as we looked through the box of photos together.

'That's Anna when she was a baby,' Mum said.

My sister Anna had died two years before I was born.

At just five months old, she'd been diagnosed with dilated cardiomyopathy, or DCM, a disease of the heart muscle, where your heart chambers become enlarged and the muscle wall becomes thinner and weaker, making it harder to pump blood around.

She'd died at two, while waiting for transplant, leaving my parents devastated.

Worried about having another child with the condition, they'd spoken to a doctor who'd reassured them, 'Lightning doesn't strike twice with this condition.'

Still, they'd been relieved when I'd been born healthy.

When I was old enough, they'd told me all about Anna and while I'd never met her, she remained a big part of our family.

Then, at 29, I began suffering from palpitations and shortness of breath.

I didn't think too much of it until a colleague said, 'You look quite grey, are you feeling OK?'

It pushed me to see my GP and after blood tests, he said, 'Don't be alarmed but I'm calling an ambulance. You've got some heart irregularities.'

After tests and scans in

A&E, I was diagnosed with DCM.

'Am I going to die, like my sister?' I panicked.

'Your sister was small and fragile when she was diagnosed,' the doctor said. 'Technology has advanced a lot since then.'

But breaking the news to my parents, who'd already lost a child to the disease, was awful.

I was put on medication and had regular checks.

Then one day, my husband David was watching *The One Show* when I spotted a familiar face on the screen. It was Barry, someone I'd met with DCM at a conference a few years earlier, talking about an innovative treatment that had changed his life.

When I last saw him, he looked so ill – but he looked so healthy now!

After watching the interview, I reached out to him. Barry put me in touch with his doctor and after an assessment, I was approved for treatment,

which involved extracting bone marrow from my hip and injecting it into a cannula that led directly to my heart, so my own stem cells could work to repair it.

A few months on, Mum asked me to pop something in the postbox on my way home and realising I wasn't out of breath like I'd normally be, I rang her in tears and said, 'I feel like a new person!'

Although I'll always have DCM and still need medication, I'm no longer in congestive heart failure.

I'm raising money for the Heart Cells Foundation, the charity that funds this incredible treatment, so others can benefit in the future.

Thanks to *The One Show*, I'm able to live a normal, healthy life.

● To find out more, visit heartcellsfoundation.com and to donate visit GoFundMe.com and search for 'Chloe Flevill'.

Dilated cardiomyopathy (DCM)

● **What is it?** DCM is a disease of your heart muscle where your heart chambers become enlarged and your heart's muscle wall becomes thinner and weaker.

● **What are the symptoms?** The most common symptoms include tiredness, chest pain, shortness of breath,

swollen feet, ankles, stomach and lower back, and palpitations.

● **What's the treatment?** Usually medication aimed at improving heart function, controlling symptoms, and preventing complications.

● **Where can I find out more?** Visit bhf.org.uk

By Danielle Lett