

The Hippocratic Post

BLOGGING ON THE WORLD'S MEDICAL STORIES

Media Pack



The Hippocratic Post

BLOGGING ON THE WORLD'S MEDICAL STORIES

Who Are We?

- World's first global blogging site specialising in medical issues
- Reaching out to medical professionals and students as well as savvy consumers in the UK and abroad to keep them abreast of latest developments in their field
- Featuring blogs from some of the world's most eminent medical professionals including professors from Harvard, Oxford, Cambridge, KCL and UCLA
- Interactive site where visitors can post comments, submit blogs for consideration and take part in online polls
- Connecting healthcare professionals across international boundaries

The Hippocratic Post

BLOGGING ON THE WORLD'S MEDICAL STORIES

The Founding Directors



CAROLE STONE CBE

Carole was for many years the producer of BBC Radio 4's 'Any Questions?'

Since leaving the BBC she has worked as a journalist and media consultant.

She is a former governor of the Tavistock and Portman NHS Foundation Trust and a patron of the mental health charities SANE and TOP UK.

She chairs the external advisory board of the YouGov Centre for Public Opinion and Policy Research based at the Cambridge University Department of Politics and International Studies.

Carole has established her own scholarship for the international charity One Young World.

Carole is a senior fellow of Regent's University London.



THEA JOURDAN

Thea has been a health journalist and medical editor for the last 20 years writing for publications ranging from the Daily Mail, Harpers Bazaar, The Economist and the Evening Standard.

in 2005, she launched her own content agency in the UK and the US and clients include the Telegraph Group, the BBC, Fox News and AARP in the States.

She also edits Apothecary, the journal of the Worshipful Society of Apothecaries and is a Liveryman of the City of London. For the last two years she has sat on the Executive Committee of the Medical Journalists' Association.



JANE JOHNSON

During her 20 years in the media, Jane has worked at a senior level across TV, digital, magazines and newspapers.

Jane has been an executive on six national newspapers including Saturday Editor of The Sun, Executive Editor of the Sunday Mirror, Assistant Editor of The Scotsman and Woman's Editor of the Daily Mirror.

She launched Closer magazine, which won seven awards during her five years as its editor and also created and launched award-winning Fabulous magazine which is published with The Sun every Sunday.

As Director of Sky Living, she ran a female-focused entertainment channel - growing its audience substantially - as well as overseeing the digital operation for all the Sky entertainment channels including Sky Atlantic and Sky Arts.

She is currently Executive Content Director at Bauer Media where she oversees the editorial direction of eight brands including Grazia and Empire magazine.

The Hippocratic Post

BLOGGING ON THE WORLD'S MEDICAL STORIES

Meet the Team



Joanna Montgomery
Social Media Editor



Alan Chapman
Project Manager
& Consultant



Lucy Costa Duarte
Chief Financial Officer
& Consultant



Cathy Austin
Content Strategist



Sue Carr
Head of Special Projects



Nina Morgan
Account Director



Nancy Andrewes
Marketing Director

The Hippocratic Post

BLOGGING ON THE WORLD'S MEDICAL STORIES

Site Design & Format

The screenshot displays the homepage of 'The Hippocratic Post', a medical blog. At the top, there is a navigation bar with links for Home, Aging, Cancer, Diabetes, Heart & Lung, Infection, Men's, Women's, Mental, Muscular, Drugs, Surgery, Innovation, and Vascular. Below this is a prominent blue banner for a 'DONATE TO OUR URGENT REFUGEE CRISIS APPEAL'. The main content area is divided into several sections: 'Top Spot' featuring an article 'Why we'll never beat the flu virus (unlike Zika)' by Professor John Gifford; 'Latest' with articles like 'Working in Aleppo' and 'Gorilla baby born at Bristol Zoo'; 'A Game of Genetics' by Nicola Braden; 'The Triage Trio' featuring three medical professionals; 'Dear Doctor's Diary: Communication Skills' video; 'Lake Tanganyika Floating Clinic'; 'Then and Now: Doctors' Pay'; 'Talking Points' including 'One Young World' and 'The China Connection'; 'Recte ex Equi Ore' (Your Views on the Medical World); 'Viral Rounds'; 'About Town' (Social Scene, Parties and Fundraising Events); and 'Call of Duty' (Medics Who Go Above and Beyond). The site uses a clean, modern layout with a mix of text, images, and video embeds.

The Hippocratic Post

BLOGGING ON THE WORLD'S MEDICAL STORIES

EDIT ACCOUNT | LOG OUT | Sunday, 28th February | Search the site

The Hippocratic Post

BLOGGING ON THE WORLD'S MEDICAL STORIES

Home Ageing Cancer Diabetes Heart & Lung Infection Men's Women's Mental Muscular Drugs Surgery Innovation Vascular

Sexual Health • Integrative • Paediatrics • Lifestyle • Junior Doctors • NHS • Medico-Legal • Neurology • Fertility • Palliative • Nutrition • Aesthetic • CPD



Home | Infection/Disease | Why we'll never beat the flu virus (unlike Zika)

Why we'll never beat the flu virus (unlike Zika)

Professor John Oxford | 29th February 2016 | INFECTION/DISEASE | No Comments



Zika, which has been linked to a huge increase in the number of babies born with small heads in Brazil, may be the scariest virus around just now, but it's actually going to be much easier to tackle and eradicate than flu, which has managed to evade our best attempts to wipe it out for decades.

Every year in February, scientists from around the world gather at the Head Quarters of the World Health Organisation in Geneva and decide which three flu types are likely to cause the most problems in the next flu season. This is based on what has happened during the previous winter (our summer) in the Southern Hemisphere, which gives an early indication of which flu viruses are likely to affect us next. The vaccines are then developed and given to people who need them in October or November, before the flu season starts in the Northern Hemisphere.

But don't expect the experts to get it right most of the time or even some of the time. As happened in 2015, we very often get our predictions wrong simply because the virus mutates faster than we can keep up. Zika, on the other hand, which is linked to brain damage in newborns in 25 countries including Brazil, is a virus that has hardly changed in 50 years. Even now, it remains perfectly possible that Zika has not mutated at all, but has just flourished in its new home (it used to be confined to Africa). It has simply exploited densely populated urban areas where many people collect rain water to drink and store it near their homes. This makes for the Zika-carrying Aedes aegypti mosquito, which bite anytime during the day, to breed right next to people and pass infected blood quickly from person to person.

This means it should be relatively easy to create a vaccine that works for a long time and prevents Zika infection taking hold. GlaxoSmithKline plc have announced that they are fast tracking feasibility studies if they can use existing vaccine technology to work on a Zika vaccine.

Canadian scientist Gary Kobinger, a scientist who worked on the Ebola vaccine and part of a consortium working on a Zika vaccine, has revealed that the first stage of human testing could start in early August meaning it could be ready by autumn 2016. He said that the vaccine he is working on mimics the virus triggering the body's immune system.

Flu jobs have to change constantly, sometimes even during a season. When this happens, vaccines developed against a mutated form of virus because they are designed to fight another slightly different version. In early 2015, scientists pinpointed Influenza A type H2N2 and two others which were thought to be less problematic. Although H2N2 is not as virulent as some other strains of flu, it mutates very early, which it seems to have happened. Around 20 per cent of patients were infected with mutated strains in higher respect, normally just two per cent.

Even without mutations to worry about, the scientists are doomed to be one step behind the flu constant cycle is a constant merry-go-round with new flu bugs constantly developing around the equator where the virus can thrive all year round. Every now and then, a super version like H2N1 or bird flu, proves resistant and causes a world wide pandemic - the last one we had was in 2009.

Flu pandemics have occurred every few decades, in 1918, 1957, 1968 and 2009, but there is good reason to believe that they may actually happen more regularly in future. This is due to the population explosion bringing people in much closer proximity to one another allowing the virus to spread, and the increasing number of people who expect to eat meat protein, often living in close quarters with pigs, fowl and other animals that are known to harbour flu which can cross the species barrier.

The good news is that we do produce vaccines that work most of the time for most of the people, and innovations like Tamiflu can protect people further who at high risk of infection. Treatment is so good now that so many people are more likely to survive outbreaks.

Flu pandemics will return again and again, but the Zika pandemic should be over when a vaccine is created, sadly leaving an appalling legacy to remember it by.



Professor John Oxford

John Oxford is Emeritus Professor of Virology at Queen Mary's School of Medicine and Dentistry. He is Founder of Retrovirus Virology Ltd and Oxford Media and Medicine Ltd.



Latest

MUSCULAR & SKELETAL Are you a Stiffy or a Bandy?

BY SAMMY MARGO

Sammy Margo says she would rather be a stiffy. When a patient walks into my clinic for the first time, I tend to automatically clock them as either a 'stiffy'...

SURGERY

Vitamin D: A lifesaver for pre-surgery patients

BY OLIVER GILLIE

An advance in survival of surgical patients is coming from a better understanding of vitamin D. Many doctors have been sceptical, but the benefits of vitamin D are now clearly...

Flu pandemics will return again and again, but the Zika pandemic should be over when a vaccine is created, sadly leaving an appalling legacy to remember it by.



Professor John Oxford

John Oxford is Emeritus Professor of Virology at Queen Mary's School of Medicine and Dentistry. He is Founder of Retrovirus Virology Ltd and Oxford Media and Medicine Ltd.

Tags: flu, Zika

Leave a Reply

You are logged in as [Nancy Andrews](#) | [Log out](#)

Be the First to Comment!

Notify of [new following comments](#)

[Start the discussion](#)

THE HIPPOCRATIC POST

Ageing
Cancer
Diabetes

Heart & Lung
Infection/Disease
Men's Health

Women's Health
Mental Health
Muscular & Skeletal

Pharmacy/Drugs
Surgery
Innovation

Newsletter

Sign up for the latest news

Email address

© The Hippocratic Post 2016 | [About](#) | [Contact](#) | [Advertise](#) | [Terms](#) | [Privacy & Cookies](#)

Blogs & Comments

The Hippocratic Post

BLOGGING ON THE WORLD'S MEDICAL STORIES

EDIT ACCOUNT | LOG OUT

Sunday, 28th February | Search the site

The Hippocratic Post

BLOGGING ON THE WORLD'S MEDICAL STORIES

Home | Aged | Cancer | Diabetes | Heart & Lung | Infection | Men's | Women's | Mental | Muscular | Drugs | Surgery | Innovation | Vascular

Sexual Health | Integrative | Paediatrics | Lifestyle | Junior Doctors | NHS | Medical-Legal | Neurology | Fertility | Palliative | Nutrition | Aesthetic | CPD

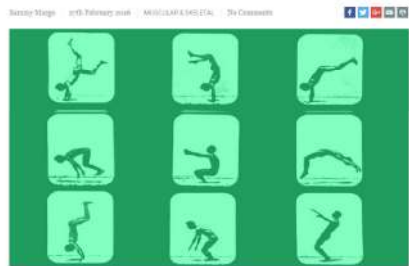


The BIRAX Regenerative Medicine Initiative funds cutting-edge research to tackle some of the world's worst diseases. [Find out more](#)



#News | #Science & Health | Are you a Stiffy or a Bendy?

Are you a Stiffy or a Bendy?



Sammy Margo says she would rather be a stiffy.

When a patient walks into my clinic for the first time, I tend to automatically clock them as either a 'stiffy' or a 'bendy'. It makes a difference to the way I treat them. Everyone falls somewhere on the stiffy/bendy scale and women are more likely to be bendy than men. Where they fall makes a difference as to how I manage their problem.

A stiffy is someone who doesn't have a very mobile joint system. This may be due to several factors such as less type III collagen in the joint ligaments and capsules. It can also be caused by raised muscle tone due to an imbalance in synergistic muscle groups or shorter muscle fibres and tendons restricting range of movement. As physios we encourage this group to lead healthy active lifestyles with an emphasis on movement little and often throughout the day.

Stiffies, who find it hard to touch their toes, never mind get into the Lotus position, will tend to stick to cardio vascular exercise, footie or weight bearing exercises as they find it easier than Yoga which bends naturally further towards.

Stiffies may have a higher resistance to change in their environment, but when their bodies fall, it can be very hard to put right. Bendies have looser joints. This is caused by the physiology of their collagen which is different to that of a stiffy. This is down to genetic predisposition. You inherit your bendiness. They tend to suffer from back ache and general joint pain and more serious cases can have frequent joint dislocations.

These are the clinic who are more loose and slump into the waiting room chair needing to lean against something. They will walk with a loose gait, perhaps outweighing their arms quite easily. They can even look a little wobbly on their feet if they have hypermobility. These were the girls who could do the splits at school without trying. In the hypermobile patient, high level activity actually helps them to stabilise their motor systems, therefore we push them harder with exercise choice and prescription to enhance their tone. You require 40 per cent more muscle tone to sit upright if you are hypermobile compared to someone who is 'stiff' and can hang on his or her ligaments for support.

It is interesting to note that most elite athletes are on the hypermobile spectrum. The joint laxity gives them motor control across a greater spectrum of movement and therefore perform at a higher level.

Hypermobility is arguably more 'highly tuned' like a F1 racing car. People who are hypermobile are often more resistant to changes in their environment - lower anxiety, anxiety, type A personality traits. But most of the bendies that I meet are not elite athletes, in fact with modern sedentary lifestyles they are struggling more than the stiffies. Stiffies tend to suffer from a reduction in their range of movement but aren't as aware of it as bendies so for example when arriving at a T-junction they may struggle to turn their head to watch for oncoming traffic.

Our first plan for treatment for both stiffies and bendies is to reduce pain and optimise mobility. But after that, treatment changes according to where you sit on the bendy/stiffy spectrum. Stiffies need to mobilise and stretch more whereas bendies have to strengthen and stabilise more. Interestingly, some physios are ruled by their stiffy/bendy status. Bendy physios have a shortened career span in a Manual Therapy setting whereas stiffie physios seem to go on for longer. As an employer, I encourage my hypermobile physios to develop a wide range of skills and evidence based practice and consider less manual types of work such as teaching pilates and acupuncture to 'save their hands'.

It is worrying that the number of people who suffer from hypermobility from childhood into adulthood is growing exponentially. When I started out as a physio more than 20 years ago it was so rare that I wasn't even aware of it.

Now, it's a common specialism for physios up and down the country. The reason for the change is simple - children are much more sedentary and much less active than they used to be.

When I was growing up, kids spent a lot of time outdoors playing with each other. Now, kids are more likely to be indoors watching TV or playing video games, partly to do with rising awareness of stranger danger.

The natural bendies don't build up muscle around the joints, which would stabilise them. When they get to adulthood, they start to suffer all sorts of problems, but it would have been easier to solve the problem in early life.

Building strength and muscles around the joints is key to improving outcomes for people with hypermobility, but I have to bully them to do more strengthening and less stretching and move away from yoga - which they need in - and towards other types of exercise which are going to build muscle.

In fact, the stiffies are the ones who should be doing yoga, but they tend to avoid it because they are 'not very good'. Instead, they opt for Pilates. It's all the hypermobile people who tend to do yoga because it comes easily to them, but in my opinion they should avoid it and do weight bearing exercises like jogging instead. I've treated countless numbers of bendies who have done serious injuries to their knees doing yoga positions that involve deep bending and lunging.

Even physios are ruled their stiffy/bendy status. Bendy physios have a shortened career span in a Manual Therapy setting whereas stiffie physios seem to go on for longer. As an employer, I encourage my hypermobile physios to develop a wide range of skills and evidence based practice and consider less manual types of work such as teaching pilates and acupuncture to 'save their hands'.

For my career choice and a musculoskeletal physiotherapist I'd rather be a stiffy than a bendy as my bendy colleagues have had to retire earlier.

Sammy Margo
Sammy Margo has been a chartered physiotherapist for the last 27 years. Based at North West London Physio and Rehabilitation Centre, she was English football's first female physio at Barnet FC. She is also a sleep expert.



Latest

Are you a Stiffy or a Bendy?

BY SAMMY MARGO
Sammy Margo says she would rather be a stiffy. When a patient walks into my clinic for the first time, I tend to automatically clock them as either a 'stiffy'...

Vitamin D: A lifesaver for pre-surgery patients

BY CHRISTOPHER GILL
An advance in survival of surgical patients is coming from a better understanding of vitamin D. Many doctors have been sceptical, but the benefits of vitamin D are now clearly...

Acid attacks - A challenge for reconstructive ...

BY PROFESSOR JAN AUTCHISON
Put your hands up to your face and carefully feel your eyelids, followed by your cheeks and then the tip of your nose. What you can feel is the huge...

Maya Fienies' Monday Plan

BY MAYA FIENIES
Monday Theme: Letting go of fear and doubt! You can be very scared of change and the first chink is all about change, about losing our rigidity and learning to...

The Dignity of Cancer Patients

BY MARY MCGEE
The dignity of cancer patients is a topic that is often overlooked. It is important to ensure that patients are treated with respect and compassion throughout their journey...

Blogs & Comments

For my career choice and a musculoskeletal physiotherapist I'd rather be a stiffy than a bendy as my bendy colleagues have had to retire earlier.



Sammy Margo
Sammy Margo has been a chartered physiotherapist for the last 27 years. Based at North West London Physio and Rehabilitation Centre, she was English football's first female physio at Barnet FC. She is also a sleep expert.

Follow Me

Leave a Reply

You are logged in as Nancy Andrews | Log out

Be the First to Comment!

Notify of new follow-up comments

Start the discussion

Sammy Margo
Sammy Margo has been a chartered physiotherapist for the last 27 years. Based at North West London Physio and Rehabilitation Centre, she was English football's first female physio at Barnet FC. She is also a sleep expert.

The Hippocratic Post

BLOGGING ON THE WORLD'S MEDICAL STORIES

Special Franchises

The Triage Trio



OLIVIA HOUTERMANN ENTWISTLE, 22
Features editor of Pacemaker magazine, Oliva is in the third year of her six-year medical degree but is still unsure whether medicine is the right path for her.



LOUISE SELBY, 44
A hard working GP who is grateful that her student days are behind her but still feels she is on a steep learning curve.

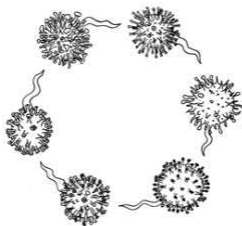


OLIVIA BRACKEN, 21
Half way through a six-year course studying medicine and is now thinking about her specialisms.

Critical List



Viral Rounds



WHAT'S TRENDING ONLINE IN THE MEDICAL WORLD

Call of Duty



MEDICS WHO GO ABOVE AND BEYOND

About Town



SOCIAL SCENE, PARTIES AND FUNDRAISING EVENTS

Drugs Review



YESTERDAY, TODAY, TOMORROW

The Hippocratic Post

BLOGGING ON THE WORLD'S MEDICAL STORIES

Resusc Room

Video



Dear Doctor's Diary: Communication Skills

To know about Short Sharp Scratch Productions, you first have to know about Dr Nicola ...



Lake Tanganyika Floating Clinic

BY HIPPOCRATIC POST

Water is at the heart of WAVE's work. Realising how fundamental the lake was to the region, they began to use the lake as a highway, using boats to deliver ...



Then and Now: Doctors' Pay

BY HIPPOCRATIC POST

If you have a minute or three, sit back and see how much has changed in the NHS since 1957. Have doctors ever felt that they received a fair deal ...

The Hippocratic Post

BLOGGING ON THE WORLD'S MEDICAL STORIES

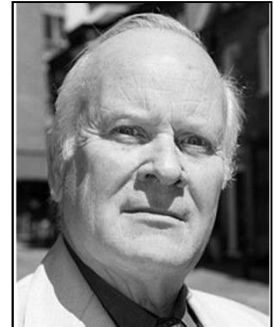
World Renowned Bloggers



Professor Karol Sikora
Cancer specialist



Professor June Andrews
Dementia



Professor Michael Baum
Breast cancer screening



Professor Wendy Savage
Women's health specialist



Professor John Oxford
Virologist



Professor Roger Kirby
Prostate specialist



Harpreet Sood
NHS England



Gillian Dacey
Ebola specialist



Aseem Malhotra
Cardiology & obesity specialist

The Hippocratic Post

BLOGGING ON THE WORLD'S MEDICAL STORIES

Where doctors
can have their say



Rectus ex equi oro

The Hippocratic Post

BLOGGING ON THE WORLD'S MEDICAL STORIES

Partnering with



CITY UNIVERSITY
LONDON



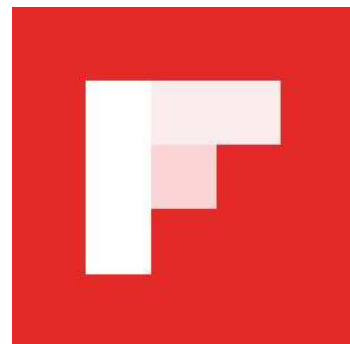
THE WORSHIPFUL SOCIETY
OF APOTHECARIES OF LONDON



The Hippocratic Post

BLOGGING ON THE WORLD'S MEDICAL STORIES

Reaching Out Through Social Media



The Hippocratic Post

BLOGGING ON THE WORLD'S MEDICAL STORIES

Hippocratic Post Inaugural Prize for Medical Journalism



- From 2016, Hippocratic Post will award three prizes for outstanding contributions to medical journalism from students at City University
- The prizes will be awarded as part of an ongoing mentoring scheme delivered by the founding directors of Hippocratic Post

The Hippocratic Post

BLOGGING ON THE WORLD'S MEDICAL STORIES

To find out about advertising opportunities with the Hippocratic Post, please email

advertising@hippocraticpost.com

