

CREW HEALTH ADVICE

Maintaining a healthy liver

The liver carries out essential work fighting infection, destroying poisons and alcohol, cleaning the blood and controlling cholesterol. Liver disease can be fatal and rarely shows any signs or symptoms until it is too late.

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A seafarer in his mid-thirties, examined for the fourth time at Angelus Medical Clinic under the UK P&I Crew Health Programme, was rated 'pending' for elevated liver enzymes. He was given a temporary unfitness status after an additional ultrasound showed Diffuse Parenchymal Liver Disease.

Alcohol drinking, commonly expressed as an "occasional social drinker" on a PEME record, provides a continuing trial for the examining physician.

Following inspection by the attending Gastro Intestinal Specialist, the seafarer mentioned above was diagnosed as a heavy alcohol drinker for at least eight years, contrary to his disclosure at the time of his pre-employment medical exam (PEME). He received an official diagnosis of Alcoholic Hepatitis, and was prescribed medication twice daily for at least six months, including total alcohol abstinence.

Many similar cases are missed when there are no signs or symptoms (e.g. fever, jaundice, nausea, vomiting, right side abdominal pain below the ribs, and tenderness). The challenge for examining physicians is to continue the awareness campaign to minimise the alcohol drinking habit. Failure to control alcohol intake and modify lifestyle can result in End-Stage Liver Disease.

Signs of liver disease

Appearance of signs and symptoms vary depending on the stage of liver disease. Acute Hepatitis A manifests with flu-like symptoms, nausea, vomiting, loss of



appetite, yellow eyes (jaundice), dark brown urine and pale to clay-coloured stools and fever. Known Hepatitis B carriers, including newly diagnosed cases at the PEME, are usually symptom-free. Likewise, incidental Fatty Liver cases remain asymptomatic. With advanced or End-Stage Liver Disease (Cirrhosis), liver cells turn to scar tissues and presents as bleeding gums, confusion, enlarged breasts in men, and fluid accumulation in the abdomen and legs.

Treatment

Hepatitis A is a self-limiting disease, and as soon as you recover, you gain permanent immunity. Hepatitis B and C patients, when diagnosed at the PEME, are referred to medical specialists for management. Known Hepatitis B carriers showing evidence of viral activity are treated with anti-viral medication. Hepatitis C is treated by prescription medication, which can last for around six months. Drug-induced Hepatitis and Fatty Liver are addressed effectively by lifestyle modification. No specific treatment is

recommended for mild Alcoholic Hepatitis. Seafarers are simply advised to stop drinking alcohol.

Protecting your liver

- Why suffer treatment when you can be vaccinated against Hepatitis A or B?
- Observe proper hygiene. Drink safe bottled water on your travels.
- Have your own personal grooming items, like nail clippers and razors.
- Observe a low fat, low carbohydrate diet, and monitor your weight.
- Eat food that is good for the liver: cruciferous vegetables like broccoli, cabbage, kale and rocket.
- Avoid medicines that are harmful to the liver, like statins and cholesterol-lowering drugs.
- Abstain from alcohol. Heavy drinking can lead to irreversible liver damage or Alcoholic Liver Disease.

CREW HEALTH PROGRAMME

The Club was the first to launch a crew health scheme in 1996 due to increasing crew illness claims and a lack of accountability of clinics. Since 1996, the Crew Health programme has become one of the Club's leading loss prevention initiatives. The aim of the programme is to reduce the volume and value of crew illness claims which are caused by a pre-existing illnesses or disease. These underlying conditions often impact on the crew member's fitness for service and can endanger not only the health of the seafarer but also the onboard safety of other crew.

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Sophia joined Thomas Miller in 1992 and from 1994 worked as a claims handler dealing mainly with French and Spanish Members. In 2004, Sophia became the Crew Health Programme Director. Sophia has undertaken a large number of clinic audits, implemented the standard medical form and clinic guidelines. She has also lead the scheme through the largest period of growth and development with a doubling of approved clinic facilities and a four fold member increase. Sophia is a Director of Thomas Miller & Co. Ltd.

Saidul Alom

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Saidul Alom joined Crew Health from the European Region Service Team in 2004. Saidul provides administrative support to the Crew Health programme and is responsible for liaison with the approved clinics on financial billing matters and ensuring prompt payment of all clinic fees

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Stuart joined Thomas Miller in 1998 as a claims trainee for UK P&I Club's Greek Members. In April 2005 Stuart joined Crew Health as the Team Administrator. Stuart is responsible for co-ordination of Member entries and administration for the clinic approval process.