Colour code your consultations:
Red flag questions: Key questions, key symptoms
Provide: Explanations tailored to the patient
Safety net: If I'm right, this will happen. If I'm not right, this is what to look out for…

2.02 Red flag questions
I need to ask you some key questions. These key questions might help me to figure out what is going on. But it might help us both, if you are able to remember these key symptoms afterwards.
- Have you noticed any persistent change in your bowel habit?
- How has your weight been?
- Has there been any blood in your stool?

2.02 Safety netting with checking understanding
Do you remember any of the key symptoms I mentioned earlier?
Yes doctor, a persistent change in my bowel habit, or blood in my stool.
Yes, that's right, and also weight loss without effort too. Please watch out for those key symptoms. We need to see you again sharpish if any of those happen. Occasionally they may suggest cancer. Even if that might only be a small risk. (A small risk might be a 1 in 20 risk or less.)

If I'm right, that you have irritable bowel syndrome, I would expect that your symptoms should come and go. If I'm not right, and your symptoms are constant, please come back to see me in 4 weeks time, or come back more urgently if you have any more of the key symptoms that I just mentioned. (Shall I write them down for you?)

Cancer

3.13 Bowels

RFQs
- Have you noticed any change in your bowel habit?
- How has your weight been?
- Has there been any blood in your stool?
- Is there a family history of this sort of thing (of any bowel problem)?

Safety nets:
You don't have any worrying features in your story. If your stools are persistently looser beyond 4-6 weeks, or have persistent bleeding, we really should investigate further. If you are losing weight, (without trying,) I would be concerned.

Provide
a) The patient has a (pre-test) low risk of bowel cancer:
For now we should do a blood count and check that you aren't anaemic. Call for the results in a week, and talk to me if the blood count is not normal. You mentioned that you are not keen on having any camera tests of your bowel or stomach, that seems reasonable if you are not anaemic.

b) *A new presentation of symptoms that might be irritable bowel syndrome but the patient is 50:*
I agree, your symptoms do sound a little like irritable bowel symptoms. Usually, I would suggest that we do a colonoscopy, (a look inside your lower bowel with a camera,) and a blood test to make sure that there is nothing more serious going on (since you are over 50). How does that sound? (and a Ca125 for women >50.)

c) *Full blood count shows Iron deficiency anaemia:*
Your blood count shows that you are anaemic. The most likely reason for that is that you are losing small amounts of blood into your gut. I would recommend that we arrange to look inside your

stomach and your bowel to look for a cause…..The majority of these bleeds are not caused by cancer. But, it is important to rule cancer out or to diagnose cancer early. Would it be OK if I refer you, down the rapid access route, to get a couple of camera tests done…….Yes, I would suggest you take your partner to the appointment, so that they can help you to remember details, or ask any important questions.

2.01 Fatigue

RFQs
- Have you noticed any change in your bowel habit, or blood in your stool?
- How has your weight been?
- Do you have a cough? Fever? Sweats? Swellings or lumps?
- Is there a family history of this sort of thing?
- How have you been emotionally recently? Please tell me a little about your stresses.

Safety nets:
The majority of people who are tired most of the time don't have a problem that is helped with tests. I would usually wait for a month before doing those tests. How does that sound?
I should see you again at that time too. I know you were worried about (cancer), but your symptoms don't point towards cancer at this stage.
Symptoms that would make me want to rule out cancer would be (remove the ones that are not relevant to your patient):
- persistent looser stools,
- persistent blood in your stool, or blood in your urine,
- losing weight when not trying, or loss of appetite,
- night sweats or persistent fever,
- a persistent cough (longer than 4 weeks),
- coughing up blood when there is no chest infection,
- any lumps or swellings, bigger than a couple of centimetres, that persist for more than a couple of weeks. ((Or lymph nodes that are painful when you drink alcohol.))
- food catching in your gullet as you swallow,
- dyspepsia that doesn't get better with treatment,
- breathlessness,
- (itching all over)

Would it be OK to leave any tests until I see you again in a months time? (Do you think any tests really need to be done at this stage?)

2.01 Thrombocytosis (raised platelets)

Your platelet numbers are high. If the numbers stay high, we should do some tests.
RFQs
- Can I check that you are well in yourself?
- How has your weight been?
- Have you noticed any change in your bowel habit? (Has there been any blood in your stool?)
- Do you have a persistent cough?
- What about any unusual swellings?
- What about the pattern of your periods?

Provide
The majority (80%) of patients with a persistently high platelet number do not have a worrying cause. But a few (20%) turn out to have cancer. At this stage it would help to do a chest X-ray, to examine a small sample of your stool (poo) (FIT testing where available). (And to ultrasound your womb.)

Safety nets:
We need to know if your bowel habit changes, particularly if you become looser, or if you have blood in your stool.
Also let us know if you have a persistent cough, or any unusual swellings.
If you have irregular vaginal bleeding, bleeding after sex or after the change, please let us know.
Also let me know if you are losing weight without effort.

3.12 Cardiovascular

Blood pressure

RFQs
- Can I check: Do you get any pains in your chest? What about any episodes of weakness or difficulty speaking?

Provide
Your blood pressure is (a little) high today. I'm not sure if that is normal for you. I would suggest that we get my nurse to repeat your blood pressure, and if it stays (a little) high, we can measure your blood pressure over a 24 hour period. Is that alright?

We worry about blood pressure being high since, over a long period of time, it increases the risk of heart attacks and strokes.

Safety nets:
In the short term the risks of having high blood pressure are tiny. But, if you get a crushing pain in your chest, (with nausea or a cold sweat), then please call 999, just in case it's a heart attack. If you can't move your arm, leg or face, or speak properly, then please call 999, just in case it's a stroke.

Provide
Your blood pressure is high (on average). You may not prefer to use medicine to bring it down at this time. There are several lifestyle changes that will almost certainly bring your blood pressure down more safely than tablets. Here is a decision aid that allows you to decide which changes you might be happy to make at this stage.
(The absolute CVD risk/benefit calculator at: http://bestsciencemedicine.com/chd/calc2.html)

If you are not keen on blood pressure tablets, but we decide together that lifestyle changes aren't being effective, then perhaps you would be happy to try very low doses of blood pressure tablets. One quarter or even an eighth of a tablet, per day, gives most of the benefit whilst minimising any side effects or risks.

(BP meds: 1/8–1/4 of maximal doses resulted in 60–70% fall in BP compared to maximum doses.
Half the maximum dose resulted in 90% fall in BP compared to maximum doses.)

Palpitations

RFQs
- When do these episodes occur?

- Does it ever happen during exercise.
- Do you ever faint or feel faint with this?

Provide
Your palpitations don't sound at all worrying, especially since there are no inherited heart conditions in your family. Perhaps we should do a heart tracing (an ECG), a blood count, a kidney test and a thyroid test to make sure there is nothing important causing the palpitations.

Safety nets:
I do need to know if you are getting palpitations during exercise, or if the palpitations make you feel faint or faint.

Provide
We did a heart tracing (an ECG), because you were fainting. The ECG shows that you might have a condition called long QT syndrome. It's good news that we have picked it up, because untreated it can be dangerous. I'd like you to see a heart doctor and there is a long list of medicines that you will need to avoid. Shall I give you that list now?

3.04 Child health

Bronchiolitis

RFQs
- How is she managing with her feeds? (How much is she taking compared to normal? And how long does it take her to feed?)
- Does she vomit? What about diarrhoea? How many times today so far?
- Have you noticed a fever?

Provide
Cindy has bronchiolitis. It's caused by a viral infection affecting the lungs. There is no special treatment, except in rare circumstances when the breathing becomes particularly difficult.

Safety nets:
Almost all children with this will start to get better within 5 days. But let's see her again urgently if she goes off her feeds (less than 50% of normal) or if she is not wetting her nappies at least 3 times a day. We also need to see her urgently if she seems to be working a lot harder with her breathing. Let us see her again if she is poorly, or no better after 5 days.

The cough is likely to go on for 3 weeks or so, and there is no medicine that will help with that. But if she has a fever for more than a couple of days, or she seems more unwell, we need to see her again.

Infantile colic

RFQs
- How is she growing?
- Does she vomit? How much? What about between feeds?
- How are her bowels?
- Is she passing urine OK?

Provide
Lily looks really well. She is not vomiting and she is growing well. Her tummy feels fine and she is opening her bowels normally. I think she just has colic. Baby massage might help (your health visitor can teach you this) but it is important that you are happy that nothing serious is going on.

If your baby tends to regurgitate a lot it may be worth a go with a stay down formula, or I could give you some carobel to thicken her feeds.

Safety nets:
If I am wrong about this being simple colic: If she is really unsettled, during or after her feeds, then she might even have cows' milk protein intolerance.
If she is vomiting repeatedly, particularly between feeds, then we should see her urgently. Or if she has blood in her stool.
If she is not wetting at least 3 nappies a day or if she is dropping through her growth lines please let us know.

Provide
Since your baby isn't thriving, and she seems to be distressed during feeds, together with her stool being mucusy, she may have Cow's Milk Protein Intolerance.
If I'm right a 2-6 week trial of Cow's Milk Protein Intolerance (CMPI) formula, followed by a swap back to normal formula should make the diagnosis. Usually within a week or so on the new formula you will have a different baby.
For breast fed babies: the mother would need to go dairy free for at least a month (with dietician support).) If I'm wrong then I should see her again within 2 weeks and perhaps we should ask for a specialist opinion.

Baby's with colic, or reflux, may also benefit from being propped up after feeds.

Cough

RFQs
- How is her breathing?
- Is there any asthma in the family?
- Is she growing alright?
- Did this come on suddenly? Could she have choked on something?

Provide
Amber is well despite her cough. Her lungs sound fine and she has no fever now. She is not working hard with her breathing. Most coughs go on for 2 to 3 weeks, and medicine does not seem to help. A wet cough lasting for more than 4 weeks, or a cough occurring with feeds needs to be checked out.

I worry about coughs that come on suddenly, because they can be caused by something getting into the lungs. A peanut, or a bit of a toy, perhaps.

Since there is no family history of asthma, and Amber is not wheezy or breathless let's just check that she is growing OK. If she does get wheezy with colds and exercise, we may need to consider asthma as a diagnosis. It's important that nobody smokes in the house.

Since this is the second time that Amber has had pneumonia let's ask a paediatrician to check her out.

Safety nets:
We need to see Amber urgently if she is working hard with her breathing, or if she has dropped to less than 50% of her normal feeds. Or if she vomits repeatedly.
I would expect her cough to be improving within 2-3 weeks (for a cold). If this is not happening, or if she seems poorly, we should see her again.
(I would expect her cough to be improving within 2-3 days for croup; or within 3 to 4 weeks for bronchiolitis.)
Also we should see her if she has a very high temperature. (Temperature 38.5 °C or above.)

Let us know if she is dropping through her growth lines, or if she is getting wheezy with exercise as well as colds.

Fever

RFQs
- Has he vomited? Or has he had diarrhoea? How many times today?
- Is there a rash? Does it go pale when you press on it and separate your fingers (or does it go pale when you press on it using a glass)?
- Is he acting normally? Is he moving his neck freely? And is he shy of the light? How is his breathing?

Safety net:
If your child has a fever, check that they are not poorly. If she is pale, ashen, mottled or blue we need to see her immediately. If she doesn't response to you, or you can't wake her, again that could be an emergency.
A non-blanching rash, light shyness, stiff neck, or repeated vomiting, need immediate assessment. Grunting, fast breathing (more than 40 breaths per minute) warrants an immediate appointment. We also need to see her urgently if she seems to be working a lot harder with her breathing. If she is not passing water twice or more a day, we need to check her out.

Provide
If you chid has a fever, and is uncomfortable with this, you could use paracetamol and/ or ibuprofen. Don't rely on these medicines to control the fever. But paracetamol or ibuprofen (or both) may make the child feel a little better. Ibuprofen should only be given after food or milk, and not if your child is not taking fluids well, it can irritate the stomach or the kidneys.

Pneumonia

RFQs
- How is he managing with eating? (How much is he taking compared to normal?)
- Does he vomit? What about diarrhoea? How many times today so far?
- Have you noticed a fever?

Provide
Salim has an infection affecting his lungs. Yes, pneumonia. It's a common problem and usually pneumonia leaves no long term complications. Because Salim doesn't have any underlying health problems I would normally treat him out of hospital.

Safety net:
With this treatment I would expect him to be improving within 48 hours. Please watch out for any of the following problems:

A very high temperature. (Temperature 38.5 °C or not starting to settle after 48h of treatment.)
Fast breathing. (Give numbers for this child's age from the table below:)

LOW RISK (but take any single abnormal sign seriously)	<1y	1–2y	3–4y	5y	6–7y	8–11y	≥12y
RR	<50	<40	<35	<24	<24	<22	<21
Pulse (Note: if under 12y, pulse <60 is a high risk criteria)	<150	<140	<130	<120	<110	<105	<91

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Difficult breathing. Watch out for the skin beneath the rib-cage and between the ribs or above the sternum (here), being sucked in a lot. Or flaring of the nostrils. Or if Salim seems to be getting exhausted.
If he isn't managing to take feeds or fluids.

If he vomits repeatedly.
If any of these problems occur, we should see him urgently, either here or call 111 to see the on call doctor, or take him straight to paediatric casualty if you are particularly worried.

Telephone triage for serious infection in children

Hi Mrs Jones. Would you mind just confirming Justin's date of birth for me? Tell me a little bit more about Justin….and how he has been?….since when?…..please tell me more…
Would you mind me asking:
RFQs
- How is his breathing?
- Does he have a rash? What is the rash like? Does it fade when you press it and separate your fingers? (or does it go pale when you press on it using a glass?)
- Is his colour normal?
- Is he acting normally? Is he moving his neck freely? And is he shy of the light?
- Does he have a fever?
- Are you worried that he might have a really serious infection?

It's hard to tell for sure on the phone, but things don't sound too serious for now.
Please bring him straight down to the surgery. I will see him as soon as you arrive. I'll let my staff know that you're coming. (Perhaps you could give him a dose of paracetamol or ibuprofen if you have some handy. Otherwise he can have a dose after he sees me.)

Sore throat

RFQs
- Has he had a temperature?
- What about a cough?
- Is he swallowing OK?
- (Cervical lymph nodes and pussy tonsils are sought on examination.)

Provide
It's hard to be sure what sort of bug is causing Thomas' sore throat. But his cough makes it more likely that it is a virus, the lack of a fever also makes it less likely to be bacterial, as does the lack of pus and nasty redness in the throat and tonsils. He does not have big swollen glands in his neck near his tonsils either. All of these 4 things together help me to guess that there is only a ten percent chance that this is caused by a bacterial infection.

Safety net:
If I'm right: his sore throat will probably be much better within 7 days. But if I'm not right:
please see us urgently if Thomas can't swallow at all or seems really poorly. If his sore throat is no better within a week we should see him again. This does not look like glandular fever, or an abscess, at this stage, but it is worth us seeing him again if he seems any worse.

(GP Centor criteria
0-1 <10%
2 15%
3 32%
4 40-60%

Wheeze

RFQs
- How is her breathing?
- Is there any asthma in the family?
- Is she growing alright?
- Did this come on suddenly? Could she have choked on something?

Provide
Tania has a wheeze but she is not distressed with it. She seems to get this problem when she gets colds, but this doesn't appear to affect her activities at any other time. She doesn't have eczema or much of a family history of asthma. She probably doesn't have asthma. I don't think inhalers would make her feel any better. I think it would be reasonable to see how she goes.

Safety net:
But if she is distressed at all with her breathing we should she her again. Urgently if she seems exhausted.
If I'm not right, and this is asthma, Tania will be wheezy under other circumstances, not just with colds. With exercise or at night for example. If that is the case: it would be worth seeing her again at an early opportunity, to think about the diagnosis and any useful treatment.

3.21 Dermatology

Acne

RFQs
- How is this affecting you?
- Do you get painful acne cysts at all?

Provide
Option 1:
Your acne is relatively mild. You sound keen to try something from me to help. Perhaps you might be interested in a cream? The cream could potentially irritate your skin initially (so try it on a small area on alternate days to start with), and it can tend to bleach you pillows and sheets. It would be likely to take 2 or 3 months before it helps. If you are getting painful cysts I would be happy to see you again, otherwise perhaps we could talk on the phone before you run out of the cream.

Option 2:
You have some nasty, painful cysts here. That can make you prone to scarring. One of your options for this, is to see a dermatologist and to consider using low dose isotretinoin. If you would consider that: we should arrange a couple of blood tests (to check your liver function and your lipid levels) and also make sure that you are well protected from getting pregnant. Isotretinoin can be quite drying to the skin, but at low doses is normally well tolerated and usually effective for this sort

of acne. It is dangerous to unborn babies, so the dermatologist will insist that you are on very effective contraception.

Safety net:
It's likely to take 2 to 3 months before you see any benefit with the treatment changes that you have opted for today. Let me see you again in 3 months time if you are not happy with your progress, or make a telephone appointment if you want to request the next option. If you start to get painful acne cysts, or if you become much more distressed by your acne, I'd be happy to see you earlier.

Eczema

RFQs
- How are you in yourself? Have you had a fever?
- What do you think is behind your eczema flaring up?
- Could work or activities be a trigger?

Provide
Holly's eczema looks OK at the moment, but I would keep on using the zeroderm and zerocream emollients at least a couple of times a day. Rather than using soaps, that night remove the natural oils from the skin, it would be better to use zerocream as a soap substitute. I'll prescribe it in a pump dispenser.

Safety net:
If her skin becomes angry, it would be worth using the steroid ointment again for a few days. If the eczema ever gets blistered and weepy, or she has bad eczema and seems unwell or feverish, then we need to see her straight away. Don't worry that's really rare.

Leg ulcers

RFQs
- Do you get pain in your calves or legs when you walk?
- Do you have any symptoms of diabetes, including thirst and peeing a lot?
- Do you have any problems with your breathing, or any chest pains?

Provide
Your ulcer looks as if it is most likely to be caused by poor circulation back from your legs. Varicose veins are likely to be part of the problem. Because your veins don't empty properly, they will need some help. Three things should make a difference: 1 wearing support stockings during the day; 2 elevating your feet when you are sitting; and 3 being more active to encourage the muscles in your legs to pump blood away from your legs (the fourth in over-weight people is to lose weight). Since I can feel your pulses, it is safe for you to use the stockings. But if the stockings seem to cause agony in your feet, please take them off and let me know.

Since it's hard to feel your foot pulses I would like you to have a blood pressure reading in your legs to check for artery narrowing. Our nurses can do that test. It's called an ABPI (Artery Brachial Pressure Index).

Please take this prescription to the pharmacy where they can measure your legs for the special stockings. These stockings are proven to empty blood and swelling from swollen legs and protect you from and treat varicose ulcers. A greasy moisturiser applied to your legs before and after you use the stockings is protective too. Would you like some of that too?

The stockings can be difficult to put on. Particularly if you have arthritis. Perhaps you have someone who would be willing to put them on for you? I can prescribe a metal frame to help you put the stockings on if you like? (Acti-glide).

Our nurses (often district nurses) are experts in treating these ulcers. Would you mind seeing the nurse to get some dressings and some input to help your ulcer get better? (Sometimes our nurses will use special compression dressings to help the ulcers to heal.

Safety net:
The nurses will make sure that your ulcer is getting better and they will contact me if it is getting worse or not healing. Please let us know urgently: if your calf becomes tender and swollen. That might suggest a clot in your leg veins. Or if your ulcer or leg becomes red and sore and tender, or if you develop a fever. Those symptoms might suggesting infection.

Melanoma

RFQs
- Is there any family history of melanoma or skin cancer?
- Is there any reason why you might be prone to melanoma or skin cancer?
- Has this mole changed?

Provide
This brown mark on your skin doesn't look worrying. It's uniform in colour and has a nice smooth outline. It's not particularly big. But why don't we keep an eye on it. Perhaps you would prefer for me to look at it again in 2 or 3 months if it has changed at all?

Safety net:
If I'm wrong about this being a harmless brown mark: The things that you would be looking for that might suggest that your mole might be turning bad would be:
- The mole is not symmetrical.
- The border of the mole is irregular.
- The colour is different in different parts of the mole.
- The mole is bigger than 6mm.
- Some extra features including bleeding and itching.

I'll give you a list of what to watch out for if you like. Where shall we leave things today?

3.03 Emergencies

Picking up diabetes

RFQs
Do you have any symptoms that make you think that you might have diabetes?
- Increase in thirst
- Peeing a lot
- Weight changes

- Feeling more tired

We really should test your urine for sugar now….

Provide
Since you have sugar and ketones in your urine I now need a drop of blood from a finger prick to test it for sugar. Ketones can suggest that you are more poorly and that you might need more urgent medical care.

Your blood sugar is high. 11 (or above) mmol/l. I'd like to talk to the diabetes team, and to arrange for you to see them urgently (often today).

Yes I agree, you are above your ideal weight. Technically, this is obesity (class 1 (above 30), class 2 (above 35) or class 3 (above 40)). Obesity carries all sorts of risks. What bothers you about your weight? (Which risks are of a concern to you from this list?) You mentioned that you were worried about developing diabetes like your mum (and that she had a heart attack). We really should test your average blood sugar to see if that is happening.

Risks linked to obesity. These risks can be reduced with regular exercise and dietary changes:
- death
- stroke and heart attack
- diabetes and metabolic syndrome
- hip fracture and osteoarthritis
- colon and breast cancer

Safety net:
Your blood sugar shows that you don't have diabetes. But since you have such a strong family of type 2 diabetes it's reasonable to test you from time to time if you are still overweight. Would you like us to help you with your weight? Perhaps you would like to listen to the options discussion on realgeneralpractice.co.uk and then come back to my team once you have decided what you are ready to do?
Do let us know if you have symptoms of diabetes: persistent thirst, peeing a lot, losing weight without effort, or unreasonable and persistent tiredness.

Sepsis

RFQs
Do you have a fever?
Has your thinking been clear?
Have other people been concerned about your behaviour?
How is your breathing? Are you breathing faster than usual?
How are your hands and feet? What about your skin colour?

Provide
I can understand that that newspaper article made you anxious about sepsis. You seem pretty well today, but your throat does look pretty sore. You've already decided to take antibiotics for it. Normally, I'd expect that your symptoms should start to improve within a couple of days. If you can't swallow at all, or feel much worse, then we need to see you straight away, just in case you are developing an abscess next to your tonsil, this is also known as a quinsy.

Sepsis is really rare with this condition.

Safety net:
Usually, if you are developing sepsis you will get some warning. If you are unwell; get your husband to keep an eye on you. If you are getting confused, or not behaving normally, or your

resting speed of breathing is faster than 20 breaths per minute (change speed according to age in

LOW RISK (but take any single abnormal sign seriously)	<1y	1–2y	3–4y	5y	6–7y	8–11y	≥12y
RR	<50	<40	<35	<24	<24	<22	<21
Pulse (Note: if under 12y, pulse <60 is a high risk criteria)	<150	<140	<130	<120	<110	<105	<91

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table below) let's get you assessed straight away, either here, or in accident and emergency. We would also need to see you straight away: if your hands and feet were really cold and your skin is mottled, or if you are passing urine less than twice a day.

3.15 ENT

Sore throats

RFQs
Are you able to swallow?

Provide
It's difficult to be totally sure what is causing your sore throat. Whatever is causing your sore throat, 85% of people will be better within 7 days. With your pussy throat, big glands, fever and lack of cough there is a 50% chance that your sore throat is caused by a bacteria, and antibiotics might help you to feel better, a day sooner. But on the downside there is a 10-20% chance that antibiotics could cause diarrhoea, a rash or a nasty allergic reaction. Is it important for you to feel better a day sooner?

Safety net:
We would need to see you again urgently if you are finding it difficult to swallow liquids, in case you might be developing an abscess (a quinsy). We should probably do a blood count and a test for glandular fever if you are no better in 2 weeks.

Common cold

RFQs
Do you have a fever?
How is your breathing?
Is there any pain in your chest?

Provide
It looks like you have a cold. Perhaps you might like to give zinc tablets from the health shop a go? (75mg per day with the first few days of your symptoms, or when you are exposed to someone else with a cold). That's the only medicine that might help you to get better faster. You were worried about having a chest infection.

Safety net:
If I'm right about this being a cold you should be starting to feel better within 3 days. Since you aren't particularly prone to lung infections: let's see you again if you are getting more breathless, or if you have a persistent fever or pain in the chest when you breath.

Vertigo

RFQs
What brings on the sensation of movement or spinning?
How long does it last for?
How is it affecting you? Have you fallen?
Are you safe to drive?

Provide
I'm almost certain that you have benign positional vertigo, an easily treated, and harmless, condition that is linked with crystals in the wrong part of your balance organs near your ears. You get giddy or spinning when you turn your head, but the spinning lasts for less than a minute.

The Epley manoeuvre, that I've just done for you, usually improves the vertigo (70% experience a cure or substantial improvement), but it may need to be repeated. If you get vertigo when you are driving, turn your head back to the front and it will stop. You can look safely, as you continue your journey, by just moving your eyes rather than your head if needs be. But, don't drive if you are still getting vertigo.

Safety net:
If I am wrong about this being benign positional vertigo and the spinning carries on much longer than a minute at a time, or if you get deafness or ear discharge then let's see you urgently.

3.13 Gastroenterology

Anal fissure

RFQs
- Have you noticed any change in your bowel habit?
- How has your weight been?
- Has there been any blood in your stool?
- Is there a family history of this sort of thing?

Provide
I can see that it's really sore when you pass stool (have a poo). You have a tear in your anus called an anal fissure. Anal fissures usually heal quickly, so long as we keep your stool soft. You may choose to have something from me to soften your stool. Something mild like bisacodyl tablets, or something reliable like laxido sachets. Take them until a couple of weeks after the pain has gone. Since you have a lot of spasm in your anus, even in between bowel movements I could give you an ointment (diltiazem) to put on the skin near your anus to relax the anus muscle and relieve the pain and speed the healing. You may even choose to put a cream like clotrimazole inside your anus after each bowel movement, to encourage the healing.

Safety net:
If you are still getting a lot of pain when you pass stools after 6 weeks we should see you again. We could then think about getting a bowel doctor to take a look at your anus. He may recommend a botox injection to relax the anus and to allow the tear to heal.

Constipation

RFQs
- How has your weight been?
- Have you noticed blood in your stool? What shade is it? Is it mixed in with the stool?

Provide
I agree that this looks like simple constipation. You have a choice of something mild like bisacodyl tablets or something reliable like laxido sachets to soften your stool. What would you prefer? Take them until at least a month after the problem has settled, but you will probably want to reduce the dose, so that you are not too soft or going too frequently once your bowels have started working again and the backlog has shifted.

Safety net:
Your blood count was reassuring. but if you notice blood in your stool, or if you bowel habit changes significantly, or you lose weight, without meaning to, we should see you again.

Acute infectious diarrhoea in adults

RFQs
- Have you been abroad recently?
- How many times have you opened your bowels today? What is the stool like?
- Is there any blood in your stool?
- Have you had a fever?
- Have you vomited? How many times today?
- Are you passing urine as normal?

Provide
So you haven't been anywhere exotic recently (abroad). Since your diarrhoea is not bloody, and you don't have a fever, you probably don't need any special treatment for this apart from drinking more fluid than usual. Drink enough to make sure that you are passing urine at least 3 times a day.

Safety net:
If you become unwell, or have blood or mucus in your stool, or if your symptoms haven't improved within 14 days, please let me know. We might need to see you, or send a stool sample off to the lab.

Provide
Since you handle food at work, you won't be allowed back at work until 2 days after your diarrhoea has settled. Please make sure that you wash your hands after every visit to the toilet.

You have a bug called cryptosporidium which normally gets better without treatment. But you will need to stay out of swimming baths for 2 weeks after your symptoms settle. Do we need to consider an HIV test for you?

Gallstones

RFQs
- Have you had a fever?
- Have you noticed any yellow jaundice?
- Does your pain persist between episodes?

Provide
Your pain is almost certainly caused by gallstones that are caught at the top of the gallbladder, or in the gall duct. It will be worse after fatty meals. Avoid fatty meals if you can. I'll refer you to a surgeon if you like. We can take out your gallbladder, usually with keyhole surgery. Would you like me to give you some tablets (hyoscine) to use if you are getting more pain after eating? They may

cause a dry mouth, or a slight blurring of your vision, but are designed to relax your gall duct and usually help the pain.

Safety net:
Whilst you are waiting for your surgery: watch out for things getting much worse. We need to see you urgently if you have yellow jaundice, or a fever.

Non alcoholic fatty liver disease

RFQs
- Do you mind me asking about your alcohol consumption? What would you drink in a typical day? Do you know what a unit of alcohol is? How many units do you drink in a typical week?
- Can I check that you don't have any symptoms of diabetes? Thirst; peeing a lot; weight changes; tiredness?

Provide
Your liver is irritated. Since you are not a big drinker, the most likely cause for this is linked to your weight. You probably have non alcoholic fatty liver disease. Shall we arrange an ultrasound exam on your liver to confirm the diagnosis? I would also like to check your average blood sugar. That's a simple blood test to look for type 2 diabetes, which is common in people with fatty liver disease.

Non alcoholic fatty liver disease can cause cirrhosis, but it is far more likely to be linked with type 2 diabetes and the complications of being overweight. Would you like some help with your weight at all? If you are worried about cirrhosis we could arrange a special test on your liver using sound waves.

Safety net:
Your non alcoholic fatty liver disease is almost certainly linked to your weight. We should check your average blood sugar and then probably repeat it every year or two, unless we can help you to lose some weight. Do let us know if you develop symptoms of diabetes: thirst, peeing a lot, surprising weight changes or tiredness.

3.01 Lifestyle and public health

Prevention of dementia and frailty

RFQs
- Where does this concern come from?
- How has your mood been?
- Do you smoke?
- What about alcohol? How much?
- How is all this affecting you?
- Would you mind if I quickly test your memory? (GP mini COG test.)

Provide
You were worried that you might be developing dementia, but it look like your memory has been affected by your anxiety and low mood. Let's talk about what might help your anxiety and mood. Would you like to consider the options of what might help you reduce your anxiety and to lift your mood? Talking therapy or listening to the options discussion on realgeneralpractice.co.uk would both be good places to start.

You can protect yourself from dementia, or becoming frail, by getting our help to quit smoking or at least take up vaping in it's place.

Becoming more active will also help. What's the best way of making that happen? Activity should be fun so that you will do it regularly. Perhaps you could start with things like tai chi and consider zumba as you get fitter.
Do you mind me talking about your alcohol consumption? Alcohol kills brain cells. What about having at least 2 alcohol free days a week? Do you need any help to cut back?
A healthy diet will also help protect against dementia and frailty. Would you like me to signpost you to a healthier diet? We can also help you to lose weight if you like. That protects your brain too.

Safety net:
If I'm not right about this being linked with your anxiety and stress: I would expect that things will slowly become more difficult for you despite what we do to help your stress levels and mood.
Please let us know if you are struggling more (or if your relative seems to be having more difficulty).
What about we repeat your memory test in, say 3 months, to see if things are changing?

3.07 Men's health

Erectile dysfunction

RFQs
- How is your sex drive (libido)? And your mood?
- Do you still get erections? In the morning for example?
- Have you lost any body hair, or noticed any change in the size of your testicles?
- Do you smoke? Have we checked your risk of heart attacks and strokes?
- Do you have any problems exerting yourself?

Provide
It's reassuring that you are still getting morning erections and that you are still interested in having sex. To make sure that your arteries are not part of the picture: can I check that you don't get any chest pain, or pain in your legs when you are walking?
Smoking can make you prone to long term problems with your erections. Problems with your erections can suggest possible narrowing of your arteries. Should we perhaps check your blood pressure and lipid levels?

It's really common to have some difficulty with erections early in a new relationship. You might like to temporarily use some viagra (sildenafil) to help out, and to improve your confidence. They might cause some facial flushing or a throbbing headache. Perhaps try a tiny dose, an hour or so before sexual contact. What do you think?

Safety net:
Please let me know if the viagra (sildenafil) doesn't seem to be doing the trick after you have used it 4 times or so.
Also let us know if you are sad, depressed or stressed.

Gynaecomastia

RFQs
- Would you mind me asking you how much you drink?
- Have your testicles changed, or have you lost any body hair, or lost your interest in sex?
- Have you noticed any discharge from your nipples? Do you have a family history of breast cancer?
- Do you use any medications, including steroids, recreational drugs or complementary therapies that might be responsible?
- How are you emotionally? How is your mood? Is your body shape dominating your life?

Provide

I agree that you have a little extra breast tissue and that this is not just you being overweight. Losing weight will still help. Would you like any support with that?

None of your prescribed medication seems to be responsible.
(Antiandrogens, Calcium channel blockers, Spironolactone, Antiretrovirals for HIV, PPIs, H2 receptor antagonists especially cimetidine, Ketoconazole (oral), Opiates - including codeine and tramadol, Antipsychotics, Recreational drugs, e.g. cannabis, anabolic steroids, Alcohol, Occupational exposure to phthalates)
Do you use any other preparations including steroids? What about recreational drugs, or pain killers? Would you mind me checking your testicles (as well as your breasts)?
We should probably do some blood tests (LFTs,TSH, U+Es, 9am testosterone), would that be OK?

It might be possible to reduce your breast size by blocking your oestrogen receptors. Do you have a family history of clots (in the legs or the lungs)? Tamoxifen, a treatment that we commonly use in breast cancer can be helpful, but it does slightly increase your risk of getting clots in your legs or lungs (used over 5 years it causes 4-7 excess clots per 1000 women with breast cancer). The risk is very small over a 3 month treatment period. Would you be interested in that? Most patients get a worthwhile benefit. We would normally treat you for about 3 months.

Of course, we would need to see you if you are getting breathless, or if you have a tender swelling in your calf. If you become breathless out of the blue, call 999.

It's unlikely that you would get surgery to remove breast tissue on the NHS, but we could ask if you like.

Breast tissue enlargement is normal for some boys in puberty (and babies after birth), and it normally improves, without treatment (90% of the time), within a couple of years (a few months in babies). But it is worth avoiding weight gain.

Safety net:
I definitely need to see you if you have a new lump in your breast, or if you have a discharge from your nipple.
Let me see you again: if this is getting on top of you, or if you lose your sex drive.
We should talk again if you are struggling to control your drinking (or weight), or if you can't manage at least 3 alcohol free days per week.

Lower urinary tract symptoms in men

RFQs
- Have you ever had a urine infection?
- Do you ever pass blood in your urine, or semen?
- Do you ever feel that you can't empty your bladder?
- Would you mind filling in this questionnaire? It will help me to understand how your symptoms are affecting you (IPSS).
- How are your erections?

Provide
Your urine sample does not show any sign of a water infection, and your prostate does not feel worrying. Would you be happy for me to arrange a blood test to check your kidneys are OK and that your prostate is OK?

Safety net:
We should see you urgently if you have blood in your urine, or if it hurts to pass urine, especially if you have a fever or tummy pain.

If your symptoms are disrupting your life: we should see you again, so that we can consider your treatment options together (alpha blockers for benign enlargement of the prostate).
Very occasionally some men stop being able to pass urine at all. This feels awful and you will need immediate medical care if this happens.
Your symptoms are most likely to be caused by a benign enlargement of your prostate, that strangles the pipe leading to the penis. There is a small possibility that your symptoms could be caused by a slow growing prostate cancer, so please don't ignore worsening symptoms or constant pains in your bones.

Provide
You were worried about prostate cancer, but I can't feel any hard lumps in your prostate and your PSA (prostate specific antigen) test is normal. That is reassuring. I think that you have a benign enlargement of your prostate.

Your questionnaire (IPSS) shows that this is causing you a lot of bother. I would recommend that we try you on a medicine that is likely to shrink your prostate down, and make your water work symptoms better. It usually works within a month. You would be likely to need to use it long term. Perhaps we could use a small dose first? Watch out, it drops your blood pressure a little, so if you feel faint, to start with, sit down, or lie down, to avoid falling.

You are still quite troubled with your water works despite taking the tamsulosin (or doxazosin) for a month or so. You might like to try another medicine (finasteride). It usually takes several months to work, and it can cause considerable side effects. These include difficulties with your sex life, mood changes and even suicidal thoughts. Do let me know if you have any breast changes or nipple discharge.

Safety net:
If your water work symptoms are changing we should see you again. If you have symptoms of a water infection - discomfort when you pee, going frequently, or a fever with lower tummy pain or pain in your flank we should see you urgently with a urine sample. We also need to know if you have blood in your urine, or constant bone pain.

3.10 Mental health

Anxiety, Panic and Social anxiety disorder

RFQs
- How much is your anxiety impacting on your life? At work and at home?
- Do you self harm?
- Can I check: is alcohol a part of your life? How big a part?

Provide
We see an awful lot of you, and your family, Alexa. I wonder if this could be part of an anxiety problem. Most of your consultations appear to be for little worries. What do you think?

How much is your anxiety impacting on your life? At work and at home? Would you be ready to look at the options of things that might help you? Have you ever had any talking therapies? How did that go? Do you know anything about the types of talking therapies there are? You might want to talk through the options in detail with a specialist mental health nurse.

Cognitive behavioural therapy is pretty much risk free for you, but it does take some time commitment. It is a good way to help you to learn of the link between our actions and how we feel. You can learn how to make your self feel more in control of your feelings and how to make you feel less anxious. It is drug free and it works in the long term. So long as you practice what you learn.

Safety net:

We don't normally recommend antidepressant medication unless cognitive behavioural therapy isn't for you. Perhaps you could contact me again (by phone) if your anxiety is impacting on your life more, or if the cognitive behavioural therapy doesn't work.
Please also contact me urgently if you are contemplating self harm.

Depression

RFQs
- When did all of this start? What do you think is behind all of this? Did something particularly difficult for you, happen at that time? Some people lose a parent or experience abuse for example? Did something like that happen to you, maybe?
- Would you mind giving me a score out of 10 for your mood. A score of ten would mean that you couldn't feel happier (do you ever feel like that?) and a score of zero would mean that you would be planning to walk out of here, and kill yourself, no matter what we do to help you today.
- It would be helpful for me to ask you about some, less than helpful, habits that can be linked with depression. What is your relationship with alcohol like? What about recreational drugs? Do you use any other substances? That might include pain killers or sedatives from us, or from health shops?
- Before we decide how to help you, can I also check: have you ever been particularly high in your mood, or over-confident? Does bipolar disease, or manic-depression run in your family?
- Would you say that food dominates your life?

Would you mind filling in this screening questionnaire to make sure that you are not prone to bipolar disease?

I'd like to ask some questions about your relationship with food (if you diagnose depression in women or young men):
- Have you ever felt so uncomfortably full that you have had to make yourself **Sick**?
- Do you ever worry you have lost **Control** over how much you eat?
- Have you recently lost or gained more than **One** stone in a three-month period?
- Do you believe yourself to be **Fat** when others say you are too thin?
- Would you say that **Food** dominates your life?

Score 1 point for every 'yes' answer: scores of ≥2 indicate possible eating disorder.

Safety net:
These tablets (SSRis) usually make you less anxious quite quickly. There is a small risk that these tablets could make you more worked up or agitated initially. If that does happen; stop them straight away and let us know. There is a remote risk of suicidal thoughts being triggered. If so, contact us urgently or phone the crisis team on this number.

You also need to know of the tiny increased risk of bleeding from the gut or stomach, so please don't take ibuprofen or anti-inflammatory drugs, with this medicine without our involvement. And do let us know if you have black tarry poo or persistent upper tummy pain.

Do let us know if your mood is getting particularly dark. Feel free to talk to us on the phone, or to make an urgent appointment with the duty doctor, or to call the crisis team, on this number.

Fatigue

RFQs
- Could I check to make sure that there is no suggestion of something serious going on? How has your weight been?
- (With you being overweight, have we ever thought about sleep apnoea? Do you stop breathing at night? Do you tend to nod off during the day?)
- Have you had any change in your bowel habit?

- What about bleeding from anywhere, from your bowels for example, or have your periods been heavy or irregular?
- What about changes in your water works, such as going more often, or even being particularly thirsty?
- Have your joints been OK? No swelling or stiffness? Have you noticed any lumps or bumps?
- Would you mind if I take a look at your skin, particularly on your hands. I'd like to check your blood pressure (sitting and standing). You don't appear to have any obvious physical symptoms to explain your tiredness. I wonder how much of this might be emotional. What do you think? What has been going on in your life recently? How is your mood? It might help us to talk about your habits, good and bad? Such as drinking, smoking or substance use?

Provide
I would usually leave it for a month before doing any blood, or urine, tests because so many patients with your symptoms get better within that time. Would that be OK?

(Simple blood tests are as revealing as multiple tests. After a focused history and examination, and once red flags are excluded, then doing only basic tests (Hb, ESR, TSH, glucose +/- coeliac) is sufficient. I'd also like to check a urine sample for blood and protein.)

I saw you a month ago with this problem. I wondered at the time about how much of your tiredness might be linked with your emotional stresses. Does that sound possible? Perhaps we could do those blood tests to rule out the possible physical causes of tiredness and then offer you some help with managing your emotional difficulties.

Safety net:
Do let me know if your sleeping partner tells you that you stop breathing at night, or if you are losing weight without effort, if you become particularly thirsty, or if your mood becomes dark.

Grief

RFQs
- Can you keep yourself safe? (Have you had any thoughts of harming yourself at all?)

Provide
It's been a dreadful time for you. We are here to support you, if and when, you need it. Are you able to share your feelings with anyone? A friend or a relative perhaps? Who are you close to? I guess it will be difficult to talk about your loss. And it can be hard to cry and to be emotional. But the tears and talking about what you have been through, can help you. Would you be interested in reading an article about grief, to help you and the people around you, to know what to expect?

If you don't mind crying a bit, and laughing a bit, perhaps you might like to listen to some comedians talking about *their* grief. If you have smart phone you can download some griefcast podcasts. As you would expect from comedians, they will make you laugh. But they will also make you cry, and probably help you to realise that the pain of grief is the most natural of things. Painful but necessary. Shall I write that down for you?

Since everything is staying so raw for you I would suggest that we think about arranging for you to have some talking therapy. How does that sound? Here is the number for our local bereavement counselling service. It can really help you move on with your grief.

Safety net:
If at any stage you are struggling, give me a call and we can get you some support. Perhaps I should see you again in a month or so's time to see how you are getting on?
We could even think about antidepressant medication if your mood fails to lift.

Insomnia

RFQs

- It's particularly important that I check that you are not using alcohol to excess. Alcohol causes poor quality sleep, anxiety and depression. A lot of people think that alcohol helps them to get off to sleep. But alcohol results in poor quality sleep. Alcohol is also linked with snoring and sleep apnoea and a full bladder. Can I also check about other substances? What about smoking, or caffeine, or even too much fluid?
- How is you mood? What about your anxiety levels?
- Is pain an issue?
- Might you have sleep apnoea? (If overweight.) Do you stop breathing at night? Perhaps your sleeping partner could watch you for half an hour as you sleep? It would also help me to know how likely you are to nod off during the day. Would you mind filling in this Epworth questionnaire before you leave the surgery?
- Could you fill in this insomnia questionnaire out, to bring back next time? For the time being, you might want to read this sleep hygiene leaflet (or access it on this website….) to see if we can improve the quality of your sleep.

Provide
Have you got any thoughts as to what is causing you sleep difficulties? Perhaps we should try to figure that out in a separate appointment, since it is so important.

I rarely recommend sleeping tablets, unless they are essential for a short term crisis. (They can leave you drowsy the following day - with knock on dangers for tasks such as driving).
But some shift workers need to reset their body clock with the body clock hormone melatonin. (We use it for international travellers who want to avoid jet lag and for children with autism who have a faulty body clock.)

It looks as if you are mostly having difficulty switching off at night, from your stresses. What might we do to help you deal with your anxiety? (eg CBT for insomnia and anxiety)

It's common for depression to affect your sleep. You are waking early and you're feeling unrefreshed. Let me help you to tackle your low mood and depression. Would you mind me giving you some choices of what is proven to help depression and poor sleep? Any treatment that will help with your depression, will help your sleep pattern in time. But there are a couple of options of antidepressant medications that will also help you to sleep as a side effect. One option is a tablet called mirtazapine. It is an antidepressant that has a happy side of effect of improving your sleep. But it tends to increase your appetite too. If you are not keen to gain weight, it might not be a good choice in the long term. What shall we prioritise? Sleep or mood? Or both to start with? And then we could swap you to something with less side effects, once you have had some sleep and benefit for your mood?

This questionnaire, that you have filled in, suggests that pain is interfering with your sleep. Amitryptiline has a long track record of treating both pain and sleep, although it was originally developed as a treatment for depression. I don't often recommend it as a treatment for depression these days, since at high doses it can be too sedating, and it causes a lot of dryness of the mouth. Would you be interested in trying out a tiny dose, to help you with your pain and your sleep? Since some people are more sensitive than others to this medicine, I would suggest that you start with either half a tablet (use a pill cutter), or a single 10mg tablet. So long as you have no trouble with side effects, you can then slowly increase the dose each 3-4 days until your sleep improves. Reduce the dose if you are too dry in the mouth or too drowsy in the mornings. The pain killing benefit might take a couple of weeks to kick in, after each dose change.

Since you are above your ideal weight we should consider the possibility of sleep apnoea. Would you mind asking your partner to watch you at night, for half an hour or so, to check that you don't stop breathing? And I'll ask you fill in this Epworth questionnaire to see how likely you are to nod off during the day.

Do you have jerky movements of your legs or violent movements in bed? Occasionally, restless legs can be part of the problem. What about breathlessness? Do you ever wake up very breathless at night?

Cognitive behavioural therapy for sleep, CBTi, combines sleep hygiene, sleep restriction and relaxation, with a program that is proven to be more effective than sleeping tablets. And CBTi is likely to work in the long term by changing behaviours. You can do it through a computer program, an app or with a therapist.

Exercise has proven benefits for your sleep too and has lots of other benefits.

Again even Nytol (Diphenhydramine) is not great at helping you to sleep, and causes day time sedation, just like other sleeping tablets. and there is concern that sleeping tablets are linked with dementia.

Safety net:
Since we haven't found any obvious medical problem, there is a good chance that you are just spending too much time in bed. I would suggest that you keep a sleep diary for a week, so that we can figure out how much sleep you need. We should aim for you to limit your time in bed so that your sleep efficiency is 75% or better. So for example, if you only need 6 hours sleep. In order to get up at the same time as the rest of the family: it would be far better for you to go to bed no more than 7 and a half hours before you want to get up. I can give you a more detailed regime to tackle this "primary insomnia" problem if you are interested?
Perhaps we could refer you for Cognitive Behavioural Therapy for insomnia if things aren't picking up with the sleep hygiene advice that I've given you. Let me know if things aren't improving within a month.

Obsessive compulsive disorder

RFQs
- Your hands look dry and sore. Would you mind me asking how much you wash your hands? Are you finding your compulsion to wash or clean intrusive? Do you also do a lot of checking?
- Is there any thought that keeps bothering you, that you'd like to get rid of, and can't?
- Do your daily activities take a long time to finish?
- Are you concerned about putting things in a special order? Are you very upset by mess?
- Do these problems trouble you?
- Could I ask about your use of alcohol? Alcohol can make this problem worse.

Provide
It looks as if you have a problem called obsessive compulsive disorder. Does that sound familiar? What do you understand about the term OCD? Could this be linked with any other emotional health difficulties?
This problem sounds really quite intrusive. I would usually encourage you to have some specialist support, and to think about having a talking therapy called cognitive behavioural therapy, which is normally very helpful for this this problem. What do you think? Medicine may be worth considering, particularly if you are not able to see a therapist. Perhaps we could arrange a heart tracing (an ECG) to check that it would be safe for you to use medication if needed. Shall we arrange to meet again after you have had some help from your therapist?

Safety net:
Of course, if everything is getting more difficult and intrusive for you, I would be happy to talk to you urgently on the phone, and arrange to see you if needed.

Suicide and self harm

RFQs
- Would you mind giving me a score out of 10 for your mood? A score of ten would mean that you couldn't feel happier (do you every feel like that?), and a score of zero would mean that you would be planning to walk out of here and kill yourself, no matter what we do to help you today.
- Have things ever got so drastic and difficult that you have considered taking your own life?
- Did you make any plans? What would you do, if it came to it?
- Can you protect yourself from those thoughts? How? Or why do you know you are safe?

Provide
From the sound of things, we should give you some immediate support with this.

I can see that you have been cutting (scratching). This is a really common problem amongst young people who are going through changes or stresses. Does that sound like you? Can you tell me more?

How's about wearing a big elastic band on your wrist. Not tight though, because we don't want to cut off the circulation to your hand.

Safety net:
Whenever you feel the impulse to self harm or need to feel pain, then pull the elastic band and release it to hurt your wrist. This is painful, but it won't leave you with a nasty scar.
Please let me know urgently (with a phone appointment) if your thoughts are getting particularly dark. Should I give you the crisis team number?

3.20 Musculoskeletal medicine

Chronic pain

RFQs
- How is this affecting your activities at work and at home?
- How is your mood? Has your mood been so low that you have contemplated doing anything drastic?
- How much of your pain is emotional do you think?
- Alcohol can make you prone to chronic pain, how much do you drink in a normal day, or in a week? What about other non prescriptions remedies for pain or recreational substances?
- How has your sex drive been?
- Are you safe to drive, or to work, when you are using these medications?

Provide
There are real risks to using opiates for long term pain. Dependence and potentially even death is a risk. And there is not much evidence that they actually help much with the pain!

The list of problems linked with opiates, such as codeine and tramadol, includes drowsiness, constipation and problems with your sex life.

We really should only ever be using codeine (or tramadol) for a few days, or a couple of weeks, to get you through this flair up of your symptoms. I won't be putting it on your regular medication, and I will only give you a week or two's worth of medication at a time.

Your pain sounds very difficult for you. It's important that I don't make you more disabled with anything that I prescribe. Activity is generally the best treatment for your back.

I know that your previous back X-ray showed some wear and tear. That is normal for people of our age and you won't be causing any damage by being active.

No, I would suggest that it would not be helpful to do an X-ray, or any imaging of your back. It is almost never helpful and it can be harmful to image the back.

Safety net:
Your doctors should be told if you have ever had a history of cancer.
If you ever have progressively worsening pain, particularly as you rest in bed, or if you have any worrying symptoms, like loss of control of your bladder, numbness around your anus, please let us know straight away.
Please don't drive if you are drowsy. It's illegal and dangerous, and you may lose your license.
If you are feeling suicidal, or your thoughts are particularly dark, please get in touch urgently.
If your condition is stopping you from being active, we really ought to be seeing you again.

Fibromyalgia

RFQs
- How is your general health?
- Has your weight changed?
- Apart from the widespread pains do you have any other symptoms?
- Do you have any swollen or stiff joints?
- Is there a family history of any arthritic condition?
- How is your mood? Is stress an issue? Tell me about that please.
- What about your sleep?
- What activities do you do? Does your skin get any sunlight?

Provide
These sort of widespread pains are typical of a problem related to poor sleep quality, de-conditioning with lack of exercise, lack of vitamin D from sunshine, and muscular tension that pulls on all these tender muscle tether points. This tends to turn into fibromyalgia unless we change all of these habits. Tests are unlikely to be helpful, but you may wish to take vitamin D supplements (high dose initially and then a standard dose, particularly over the winter in England and year round in Scotland).
What can we do to help you with your sleep pattern? What about your activity levels? There is good evidence that Tai chi can help you with your pain, and Tai chi can also get your muscles back into regular use.
(Age concern provide regular classes. What about doing it with your friends from a DVD or by watching it on Youtube?)

Would you like to read more about fibromyalgia? (Signpost to patient.info) Perhaps you might be interested in listening to the options discussion about what works for fibromyalgia on realgeneralpractice.co.uk?

Safety net:
Please let me know if you are losing weight without effort, or if you are getting any swollen joints, or becoming unwell.

After you have listened to our options discussion, perhaps you would be happy to make a phone appointment, to talk to me about the next steps that we can take together, to help you with this problem.

Low back pain and sciatica

RFQs
- Do you have control of your water works?
- Can you feel the toilet tissue when you wipe your backside? Have you noticed any weakness or numbness?
- Is the pain with you all the time, or do some things make it easier?
- Have you ever had cancer?
- How has your weight been? Do you have any other symptoms?
- Before we choose a pain killer for you, can I check: is your blood pressure well controlled? Have you ever had an ulcer?
- How have you been emotionally? How is this pain affecting your activities? Both at work and elsewhere?

Provide
Since your blood pressure is well controlled, and you have never had an ulcer, you might want to use an anti-inflammatory pain killer such as naproxen, or ibuprofen. Can I check that these tablets have never made you wheeze. There is a small risk (10%) that they could make patients with asthma worse. Stop them if that happens. For those who are not able to take anti-inflammatories we often use short term codeine or tramadol. Again these have risks, and side effects, and should not normally be used for more than 2 weeks.

It's important that we make sure that your pain is adequately relieved, so that you can get mobile again. That's the best treatment for you.

Safety net:
If you are feeling that you might never get better, then it would be worth considering arranging physiotherapy, cognitive behavioural therapy, or another talking therapy, to help you to cope. and to get you to be more active.

I'm not worried about your back pain just now, especially since it came on suddenly, without a nasty injury. Features that would make me more concerned about your back pain might be:
Gradual onset of morning stiffness that lasts for more than an hour after getting up.
Pain that is not eased with rest. In fact, I need to see you if you are consistently getting night pain that disturbs your sleep. (Activity is usually a good thing for the back.)
If your back pain isn't eased by what I have recommended for you, sufficiently to allow you to get mobile again, please make a phone appointment with me. Or if you are having side effects with the medication.
I would need to see you urgently if you lose control of your bladder, if you can't feel the toilet paper when you wipe yourself, or if you experience weakness or numbness. Otherwise, let me see you if you are not improving within 4 to 6 weeks.

3.18 Neurology

Headaches

RFQs
- When do your headaches come on?
- Describe your headaches please. Does anything go along with the headache? Visual symptoms for example?

- How quickly does the headache come on?
- Have you ever vomited with the headache?

Provide
You mentioned that you were worried about a brain tumour, but realistically you thought that this was a tension headache. Your story fits for tension. The headache gets worse as the day goes on, and the headache isn't so bad on a good day. There are none of the worrying features that I might expect with a brain tumour. On top of that; your blood pressure is normal, and the pressure at the back of your eye looks normal.

Safety net:
Please let me know if you are waking early with a worsening headache, vomiting, or if the headache is worse with coughing, bending or exercise. Or if there is a big change in the nature of the headaches.

You need to be seen immediately: if you experience a sudden severe headache out of the blue. That can suggest a bleed inside the head. It is extremely rare. Headaches with vomiting can be worrying unless we know that you normally get migraines.

In view of your HIV (or chemotherapy) we need to see you urgently if you have a significant headache.

Transient loss of consciousness

RFQs
- Was this witnessed by anybody?
- Did you get any warning?
- Were you disorientated afterwards?

Provide
I'm glad that you brought your partner with you today. It's so helpful to get a good description of what happened. You mentioned that there is no family history of heart rhythm problems, but a rhythm problem is one of the possible causes of what happened. Your blood pressure, sitting and standing, is normal and your heart sounds normal. Because this happened when you had been standing in the heat for a while, and you felt it coming on. I'm pretty sure that this was only a simple faint. It's quite normal to twitch for a few seconds after a faint. It's worth you knowing a bit more about faints and how to avoid them happening. Would you like some more information at this stage?

In answer to your earlier concern: no, you don't need to stop driving. This is extremely unlikely to have been a convulsion.
I would suggest that we do a heart tracing - an ECG - and perhaps a couple of blood tests (consider glucose or FBC).

Safety net:
However, if you are having more episodes, especially without warning, when you feel disorientated for a while afterwards, then stop driving and let us know urgently.

If you are feeling hot and tired, then avoid working at heights, or with heavy or potentially dangerous machinery, including motor vehicles.

3.05 Older people

Carers

RFQs

- Thank you for seeing me without your partner. It's easy for us to forget about *your* health with him (his name) being so dependent. Honestly now, how are you feeling? Physically and emotionally? Please could you give me a mood score? Could you give me a score out of 10. Ten would be as happy as you could ever imagine being. Zero would tell me that you are so unhappy that you are planning kill yourself today, no matter what I do to help.
- Are you falling into any bad habits? Drinking to help you to sleep for example? What about substances or smoking?

Provide
Did you have any thoughts about what I might help you with? What most worries you? Would you mind me making some suggestions. I see people in your sort of position all the time. Getting support makes all the difference. We have a special clinic here are Herrington in which we focus on your physical and emotional health. Michelle will even help you to plan how to cope in an emergency. Would that be something that you might be interested in?

Perhaps even more important to you at the moment is for us to think about you getting some practical support. Our local carers centre is full of people you really understand your situation and can give you local advice and support. For example: to get you help with benefits, house adaptations, legal advice and respite care. Would you mind me recording that you are a carer in your records? What about I ask someone from our carers' centre to get in touch with you?

OK, there's no rush.

Safety net:
Please let me know, when and how you would like our support. Feel free to make a phone appointment to talk to me about your own health, and of course we are happy to visit you and your partner at home when you need it.
Do let us know if things are ever getting on top of you. And please don't forget your own health.

Delirium

RFQs
- How is your health now?
- Have you had a fever recently?
- How are your water works? And your bowels?
- Do you have any chest symptoms: breathlessness, or cough for example?
- Have you had any falls? Or felt disorientated?
- Can I ask you about your use of alcohol, and check what medications you are using?

Provide
I'm calling to see how you are getting on after your hospital stay. It looks as if you had a tough time. What do you remember about your illness? What did the doctors say to you about the underlying problem? What changes were made to your medications? They told me that you were a bit disorientated at times. Would it be OK for us to see you again, to check that your brain is working properly again? How shall we arrange that? Could someone bring you in to see me and my nurse in the next few days?

My nurse has tested your orientation and memory. Your brain seems to be working well. Let's see if we can minimise the risk of you becoming disorientated again. Can we stop any of your medication, do you think? I wonder if we could stop your antihistamines? They are quite prone to making your thinking fuzzy. What about halving the amitryptline tablets (with a pill cutter, or getting the pharmacy to put half tablets in to you nomad boxes) and giving you just 5mg at night?
We really ought to stop the codeine (or tramadol). The evidence that they work for long term pain is poor. Perhaps we could try you with a rub on pain killer (eg algesal cream) or we could half the dose of codeine? What do you think?

You're also on a medicine to try to make your bladder less trigger happy. How helpful is it? Should we try reducing the dose, or stopping it, to see if you feel better off it?

Would you mind me talking about your drinking? You mentioned that you tend to drink to help with your sleep. My experience is that alcohol causes people to have poor quality sleep. Perhaps you would be willing to keep a sleep diary, and fill in one of our insomnia questionnaires? Try 2 alcohol free days a week for now, and we could see, together, if you are better off cutting back.

Safety net:
I need to see you again if you are having falls or feeling disorientated. Or if you are not feeling any better within the next couple of weeks. I'm happy for you to see the duty doctor urgently if you are more poorly. Or if you are unable to come into the surgery: please let us know, we might even need to see you at home. Bring a urine sample unless it's obvious what is making you poorly.

Dementia detection

RFQs
- What do you think might be going on?
- Is your mood OK?
- Had you been concerned about how you have been feeling and behaving?
- Did you have any thoughts about what we should be doing to help you?
- Have there been any worrying, or dangerous things going on, at home or on the road?

Provide
I understand that you are worried that you might be becoming demented. Perhaps you wouldn't mind me checking your memory quickly today? Please remember these 3 thing: my hand, my pen and my watch. Have you got that? Keep them in your head if you don't mind. Now, please write the numbers on this clock face. Thank you. What were those 3 things I asked you to remember just now?

(Your memory seems good. It's very unlikely that you are dementing. If you like, we can get my nurse to do a special test to completely rule out dementia. Perhaps it would be worth me checking your mood. Have you been feeling sad or low or anxious of late? Could you give me a score out of 10 for your mood? 10 is really happy. Zero is so sad that you would kill your self today, for sure.)

Joyce, thank you for coming here with your daughter. She has been worried that your behaviour has changed, and that your memory hasn't been quite right. What do you think might be going on? Is your mood OK? Had you been concerned about how you have been feeling and behaving? Did you have any thoughts about what we should be doing to help you?

It's not very obvious, at this stage, as to why your thinking isn't so clear, but since it seems to be affecting your life so much, perhaps we should do a few tests. Could you see my nurse for a mini mental test, some blood tests and a urine test? And would you mind going to the local walk in centre with this chest X-ray form? It's a walk in service so you don't need an appointment. The form tells you when the walk in centre is open. Would that be OK? Shall I see you next week with the results?

Your mini mental state examination shows that there may be a significant problem. (Yes, you are probably suffering with early dementia.) Would you be happy for me to ask the local memory team to see you? I'll give them your daughter's phone number, so that they can arrange to see you at home with her? How does that all sound?

Safety net:

If things are getting dangerous for Joyce at home, (or on the road), please get in touch. The memory team will contact you within the next month to let you know when they will come to assess Joyce. Please call a week after the tests, to check that we don't need to take any action but we will see Joyce urgently if she is particularly confused or unwell.

Dementia and agitation

RFQs
- How are you feeling Joyce? Have you had any symptoms or problems? Are you in pain at all?
- Has there been any suggestion of fever?
- Has Joyce had any accidents with her waterworks or bowels?
- Has Joyce been short of breath or had a cough?

Provide
There is no sign of infection in your urine Joyce. And there is no suggestion of constipation. Usually it's best not to sedate her to deal with her distress. Often a bit of social interaction or distraction will be very effective. But it may be worth considering whether pain might be the cause. What do you think? Paracetamol is often very effective. If there is good evidence of pain we may use other painkillers too. Let me know if you think that could be worth a try.

Safety net:
If Joyce is unduly distressed, in the future, it would be worth checking a urine sample. We should make sure that she is not constipated (by doing a rectal exam) and examine her to check for painful joints. If we can't find anything obvious, we could give paracetamol a try in the first instance.

Unintentional weight loss

RFQs
- How have you been in yourself? Have you noticed any problems, or symptoms, yourself? Why do you think that you have lost weight? What is your worst fear about your health?
- How is your mood?
- Have you had a cough, or breathlessness?
- How are your bowels? Any bleeding? What about your appetite? And your swallowing?
- What about your waterworks?
- Any pains, or lumps?

Provide
Yes, you've lost about 3 and a half kg, that's half a stone. From what you've told me, there is no obvious cause. We should do some tests at this stage to see if we can find out what might be causing this. Would you mind going to the local walk in centre for a chest X-ray? And having some blood tests done (FBC, U&E, LFT, TSH, CRP, ESR, HbA1c) and a urine sample checked (dip for blood and send for ACR).

(History or examination may suggest other investigations which may be pertinent *but these should be directed by clinical suspicion,* e.g. a PSA test, myeloma screen, gastroscopy or colon imaging.)

Safety net:
If you are continuing to lose weight, please let me know. (Perhaps you could check your weight at home tomorrow morning, before you put your clothes on, "wee and weigh". Then repeat your weight every couple of weeks.)

I also need to know about a persistent cough, any new lumps or bumps, any change in your bowel habit, or persistent abdominal pain, any bleeding, for example from your backside, or night sweats.

Your mood seems fine at present, and your memory is OK. Perhaps you or your family might let me know if there are any problems with you mood or memory, or if you are not managing to eat regularly.

3.16 Ophthalmology

Gradual visual loss in adults

RFQs
- Please tell me about how you came to notice your visual problems.
- Have you noticed any sudden visual changes? Such has curtains or shadows affecting your vision?
- Do straight lines seem to bend now?
- Do you have any medical problems, or any you on any medications that might affect your vision? Do you have any symptoms of diabetes? Such as thirst, peeing a lot, weight changes or tiredness?

Provide
Because your visual loss has being gradual, and we have plenty of other things to concentrate on in this consultation, I suggest that you make an appointment to see your optician about that. How does that sound? It's less likely that you have macular degeneration because you haven't noticed that straight lines seem bendy. Perhaps you have cataracts. If so, there Is a very straightforward and safe operation to remove them.

Safety net:
If you get lots of flashes in your eye, or if you notice curtains or shadows in your vision, go to the eye infirmary immediately.

3.06 Pregnancy

Ectopic pregnancy

RFQs
- When was your last period? Was It normal? Have you been taking precautions?
- Have you had any tummy pain? Please tell me about the pain.
- Have you had any discharge from your vagina? Or bleeding? Or pain during intercourse?
- Would you mind if I do a pregnancy test now?

Provide
Because your last period wasn't normal, and you have lower tummy pain, I'd like to do a pregnancy test straightaway, on a urine sample. Is that okay?

Your pregnancy test is positive, and because you have pain in your lower tummy I'd like your permission to talk to the gynaecology doctors about arranging an urgent scan to make sure that your pregnancy is in the right place. Is that okay?

The gynaecology doctors want to see you tomorrow morning in the clinic.

Safety net:
But if your pain becomes any worse, or if you feel faint, or unwell, please call 999 and tell the ambulance crew that I was worried about an ectopic pregnancy.

Nausea and vomiting of pregnancy

RFQs
- Does it hurt when you pass urine?
- Have you had any tummy pain or fever?
- I'd like to check your urine for infection if that's OK?
- Would it be OK for me to examine your tummy today?

Poor you. That sounds awful. Even though you don't have any symptoms of a water infection, I'd like to check your urine sample today to look for infection.

Provide
Yes, I agree it's worth giving ginger, acupressure and small, low fat, meals a try.

Since your nausea started so late (after 11 weeks), we need to think hard about what is causing your vomiting. Nausea in pregnancy should not cause abdominal pain.

Safety net:
This medication (cyclizine) can make you feel a little drowsy, so if that is the case please don't drive.
If the nausea is not getting better with the medication I give you today, it may be worthwhile doing a scan to check on your baby. And if you're not passing urine at least three times a day it may be worth thinking about giving you fluids, by another route, in hospital. Let's check your weight today, to make sure that you haven't lost too much fluid.

If that is not getting on top of the nausea give me a call and I will add (or swap you to) another medicine (metoclopramide). (Ondansetron is third line and should not be used in the third trimester.)

Postnatal phone call

RFQs
- Hi Shaneen. I'm just phoning to check that things are going okay after your recent new arrival. Is it a good time to talk? How is your baby?
- Are you breast, or bottle feeding? Are you getting plenty of support with that?
- And how are you? How was the delivery? Did they use forceps, cut you, or did you tear? Do things seem to be healing okay? Has your midwife checked you? Can I just check: are you having any accidents, or near accidents with your bowels or your waterworks? Are you able to open your bowels okay?
- How is your mood? Who is there at home, or nearby, to help you?
- Perhaps we could talk about contraception? What plans, or thoughts, do you have?

Provide
Would you like some help from the pelvic floor clinic at this stage?

Safety net:

If your bladder control isn't improving with you doing pelvic floor exercises regularly, please let me know, and we'll arrange for you to be seen in the pelvic floor clinic. Don't put up with it for longer than 6 months at the most.

3.17 Renal disease

Chronic kidney disease

RFQs
- Do you use any anti-inflammatory pain killers?
- Do you get any chest pain, when you exert yourself, or pain in your legs when you walk? How far can you walk?
- Have we assessed your future risk of getting a heart attack or a stroke? (This would include a test of your cholesterol numbers and perhaps an average glucose test.)

Provide
Your kidneys show a little wear and tear. You have a minor issue with your kidneys called CKD 3 (Chronic kidney disease stage 3). Your chances of this progressing to kidney failure is remote, (only 4% progressed to end-stage renal disease over 10 years), but we will keep an eye on your kidney function at least every year. We should however, make sure that we have assessed your future risk of heart attacks and strokes. We already have your cholesterol numbers, so you can go online to this website to look at your own risk of heart attacks and strokes and figure out what interventions that you would be happy to make, to minimise your future risks. Then please make a phone appointment to talk to me about any interventions that we might make together. You may choose to take a low dose of a statin, or make some specific changes to your lifestyle to get your blood pressure down.

Safety net:
Please don't forget about the DAMN drugs sick day rules. Would you like to go through them again now? Do you still have that booklet I gave you?
(If you have an illness, in which you have a fever, vomiting or diarrhoea for 24 hours or longer, you should suspend the medicines in this booklet, and give one of us a call. These are the so called DAMN drugs, that can damage your kidneys if you are dehydrated.)

Microscopic haematuria

RFQs
- Have you ever noticed blood in your urine?
- Do you get any pain in your flank or groin? Or do you have any water work symptoms?
- Do you smoke? What is your job?
- Has your blood pressure been OK?

Provide
There is a trace of blood in your urine. This is really common. Because the blood is not visible, it is very unlikely that there is anything nasty behind this. We should check your blood pressure, do a blood test to check your kidneys are OK, and check your urine sample for protein (ACR). We should also repeat the urine dip test for blood, another time, or on more two occasions (on different days).

Safety net:
If there still blood in 2 out of 3 urine samples: we should probably ask a specialist to see you. Since you are under 40, we will ask a kidney doctor to see you. Please let me know if you see blood in your urine.

Since you are over 40 we should ask a urologist to see you. There is a 1 in 20 chance of cancer. (These cancers are normally relatively easy to treat.)

Renal colic

RFQs
- Have you vomited with this pain?
- Are you able to pass urine? How many times a day?
- Do you have a fever?
- I'd like to examine your tummy now, if that's OK?

Provide
I can hear that you have been in agony, and there is blood in your urine. This is almost certainly renal colic. There is probably a stone in the pipe from your kidney to the bladder. I'd also suggest that we give you an anti-inflammatory pain killer to relieve your pain. Have you had any problems with that sort of pain killer in the past? Take it after food, or least with a drink of milk, whenever you get the pain (twice a day for naproxen).

(Since you have been vomiting, it might be sensible for me to give you a pain-killing injection (Diclofenac) and consider sending you to hospital. What do you think?)

Since you are still in pain, I would recommend that we give you a tablet (terazosin) to take daily until the pain has gone. This tablet may encourage the stone to pass through faster (NNT 4).

Are you happy for me to arrange an urgent CT scan, to look for stones in your kidneys? We should also do some blood tests (U+E, calcium and urate). You don't have a temperature, but I'd still like to send a sample of your urine off to the lab to check for infection. Would you mind sieving your urine to see if we can get a stone to send off to the lab to analyse?

Most people will pass the stone within a week (86% within a week, and 90% within a month).
It may be worth looking at your diet and your fluid intake. Would you mind reading the information leaflet about kidney stones from patient.info online? (Perhaps you would be happy to pee through a sieve, until after all your symptoms have gone, to see if you can catch a stone. If you do: please bring it in so that we can send it to the lab for analysis.)

No, surprisingly calcium in the diet doesn't increase you chances of getting stones. Avoid vitamin C supplements though. Eat plenty of vegetables and fruit. Swap sodium chloride (normal salt) to lo salt (mostly potassium chloride) for cooking, and for adding to food, it tastes the same. Avoid processed food, unless it is labelled as low in salt. Restrict your intake of meat and shellfish. Dairy is fine.

A specialist may occasionally recommend a medication to prevent stones, depending on the type of stones (thiazide for hypercalciuria, allopurinol for uric acid stones).

Safety net:
Let me see you again if you are still in pain next week.
If we can't control your pain it may be worth admitting you to hospital, particularly if you are vomiting. Please let us know urgently if this is happening.

3.19 Respiratory medicine

Asthma

RFQs
- How often do you use your blue inhaler?
- Have you ever been admitted to hospital with asthma?
- When was the last time that you took oral steroids for your asthma?
- Do you smoke?
- Do you use a spacer (eg aerochamber) with your inhalers?
- Does your asthma affect your activities, or your sleep?
- Have you coughed up blood, had a fever, or lost weight (or has his growth been affected)?

Provide
If you are getting no asthma symptoms then it would be worth reducing the dose of your brown inhaler by 25-50% each 3 months. You can always restart them if your symptoms come back. But please don't use the long acting relievers on their own, without a preventer, that would be dangerous.

You have a self management plan here. It tells you to use your 3 day course (or more if appropriate) of steroids if your peak flow number drops below …. (60% of normal). Please let us know when you do this, we may suggest a change to your regular treatment.

Your self management plan reminds you what to do if your asthma gets worse. But don't hesitate to call us if you are concerned, or to come and see our asthma nurse or the emergency doctor. Has the asthma nurse made sure that you know how to use your inhalers with the little spacer device (e.g. the aero chamber)?

Yes, since you are a smoker and your symptoms have come on relatively late in life, you may have COPD, Chronic Obstructive Pulmonary Disease. COPD is where the small airways are damaged, usually by smoke. COPD makes you prone to getting wheezy and unwell with mucky phlegm, particularly when you get colds. Shall I treat you with a course of steroid tablets and antibiotics for now? We should do a special blowing test called a spirometry test in 6 weeks time. We should probably also arrange a chest X-ray. How does that sound?

You probably have exercise induced wheeze, rather than asthma. Use you reliever before exercise (salbutamol via an aerochamber), but if you are exercising more than 4 times per week we should probably give you a preventer too.

Safety net:
If you are needing to use your blue inhaler more often than 3 times a week, including during exercise (unless you have *only* exercise-induced wheeze rather than asthma), you should see our asthma nurse, this may mean that your asthma is not well enough controlled.
If you are more breathless than usual, please check your peak flow (best of 3). Then check your self management plan, it will tell you if you need emergency treatment, oral steroids, or to see the doctor or asthma nurse.
Since you have had oral steroids before, I would suggest that we give you a back up course of emergency steroids. You can start them (after breakfast, eg 6 tablets per day for 3 days) if your peak flow is ….. (60% below the predicted number for your age and height) and see the doctor urgently, to check your chest, and (s)he can give you more emergency steroids.

COPD

RFQs
- How has your weight been?
- What colour is your phlegm? Any blood?
- How is your breathing? How is it affecting you? Is there any pain in your chest?
- Are you smoking again? Would you like help to quit?

Provide
You have a condition called COPD. Chronic obstructive pulmonary disease. It is usually caused by smoking and it will be made worse by continuing to smoke. Are you happy to consider stopping at this time? (Please make an appointment on your way out, to see my smoking nurse. What about vaping? It's much safer than smoking.)

COPD is where the small airways are damaged, usually by smoke, and it makes you prone to getting wheezy and unwell with mucky phlegm, particularly when you get colds. Shall I treat you with a course of steroid tablets and antibiotics for now? We should do a special blowing test called a spirometry test in 6 weeks time. We should probably also arrange a chest X-ray. How does that sound?

Your blowing test (spirometry) confirms that you have COPD. (Although your blowing test doesn't yet confirm COPD, for sure, we should repeat the test every year, and consider treating you in the same way that we treat people with COPD. Does that sound sensible? (Code for suspected COPD.) Since you have been getting episodes of mucky phlegm and wheeze fairly often, would you like me to give you a course of standby steroids and standby antibiotics?

Please take the antibiotics when you are having night sweats or a fever or have coloured phlegm. Use the steroids if you are wheezy or breathless.
We'll give you a self management plan for your COPD if that's OK? It will remind you what to do when you are poorly and how to protect your lungs.

Please make sure that you get your flu jab every year and a once off pneumonia jab. The flu jabs come out in late September. Please put it in your diary. Flu is a killer, especially if you have an underlying health condition.

I'd like you to make an appointment, on your way out, to see my COPD nurse. She'll decide with you if inhalers might help you and make sure that you understand the information on your self management plan. If inhalers for your symptoms aren't helping, please let her know and she may stop them.

A small proportion of people with COPD (10%) will feel better for taking capsules to make their sputum less sticky (carbocisteine). You may like to give them a go. They can make your stool loose too. If you find them helpful, and you don't have too many side effects, please let me know and we can put them on your regular prescription.

Since we are both concerned about how often you are using steroids and the effect they may be having on your bones, would you be happy to try using a shorter course of steroids when you get wheezy? Perhaps 5 days or even 3?

Safety net:
Let's see you urgently if you are unwell with your chest. If you are coughing up more phlegm than usual, or if you have a fever, then you may wish to have a standby course of antibiotics to hand (eg doxycycline or amoxicillin) to take in advance of seeing the GP. The GP will need to check your chest and to give you more standby medications. If you are more wheezy than usual, you may choose to take a course of prednisone tablets (30mg after breakfast for 5 to 7 days), before seeing the GP or chest nurse.
Please don't ignore blood in your sputum or weight loss. Being an (ex) smoker you do still have a risk of lung cancer. (Although obviously that risk is much lower than it would have been if you'd have carried on smoking.)
(For patients with severe COPD: Clearly, if you are so breathless that you can't talk, you are going to need immediate assessment. That is very unlikely to ever happen. But it it ever did: call 999.)

Chronic cough including whooping cough

RFQs
- How has your weight been?
- What colour is your phlegm? Any blood?
- How is your breathing? How is it affecting you? Is there any pain in your chest?
- What about fever or sweats?
- Do you smoke?
- Do you have asthma or a family history of asthma?
- Has any one else had this type of cough?
- Do you get heartburn or any nasal symptoms?

Crikey, that's a fairly drastic cough. I wonder if you might have whooping cough?

Provide
Whooping cough typically causes a cough that can make you retch. It causes bouts of a dry cough but you will often feel fine in between coughing bouts. It is infectious for the first 3 weeks, are you in contact with anyone with poor immunity or ill health?
(Let's consider giving you some antibiotics to protect others from catching whooping cough.)
Unfortunately antibiotics are unlikely to help *your* cough unless we use them in the first week of your illness (and may cause you harm).

There is a 50% chance that this is whooping cough. If it is, your cough should start to improve after 6 weeks, but some cough symptoms may go for 3 months. The Chinese call it the 100 day cough for good reason.
Of course, there is a 50% chance that this is not whooping cough. Please let me know if you are coughing up blood or losing weight.

Could your cough be linked to asthma? Do you wheeze or feel breathless when you have the cough? Is there asthma in your family? Is it worth checking your peak flow in the mornings compared to your day time peak flow? What about we try you on a course of steroid tablets (or an inhaler)?

Do you get much in the way of nasal symptoms? If you are getting post nasal debris or a post nasal drip it may be worth using a saline flush, and / or a nasal steroid to settle your symptoms down. Nasal symptoms may even be triggered by silent heartburn (or not so silent heartburn).

What about heartburn? A lot of people have a cough at night caused by food coming up.
I would recommend that we try to control your symptoms by propping up your bed. Lift the head end of the bed by 8 inches (15cm). On bricks or a plank. You might also like our help to lose a little weight. This leaflet tells you the main things to avoid to minimise problems with heartburn. Smoking, or eating chocolate and mints can make things worse for example.

Perhaps we should stop your lisinopril. Lisinopril commonly causes a dry cough. If your blood pressure goes up again we can put you on a different blood pressure tablet that won't cause a cough. The cough may take a couple of months or so to improve after stopping the lisinopril.

For God's sake Tony, isn't it time that you stopped smoking? (Only if you know the patient well.)
Your chest X-ray is fine for now, but that is not an absolute guarantee that you don't have lung cancer. We should see you urgently if you are coughing up blood, or losing weight (and even shoulder tip pain). But the smoking really needs to stop. When might be a good time to do that? What about vaping?

Your platelet numbers are high. We probably ought to repeat that test in a month or so. Let me ask you a few questions to make sure that you have no symptoms that might suggest cancer. A persistently high platelet number can sometimes (one in five) suggest cancer.

(I know you think that there is no point in stopping smoking because you already have lung cancer. But you are wrong! There is plenty of evidence that stopping smoking, at this point, will improve your quality of life, and your life expectancy. How's about it?)

Safety net:
Since your cough is so typical of whooping cough, and your chest is clear we probably don't need to do a chest X-ray just yet.
Of course, there is a 50% chance that this is not whooping cough. Please let me know if you are coughing up blood, losing weight, or becoming breathless.
Because you used to smoke, we should probably do a Chest X-ray at this time. What do you think?

Pneumonia

RFQs
- Is there any suggestion that you have been confused or disorientated?
- I'm just going to check your blood pressure and your chest, if that's OK.

Provide
You have an infection affecting your right lung called pneumonia. I would suggest that we treat you with an antibiotic for 5 days.
Version 1: Since you are at a low risk of dying because of this infection, it would be OK for you to stay at home for treatment.

Safety net:
If you are not improving within 3 days we should see you again. If you are any worse, let's see you urgently. Because pneumonia can be dangerous you might prefer for me to examine you again tomorrow or the day after to make sure that you are no worse. What do you think?

Provide
Version 2: It's reassuring that you are not confused and your blood pressure is above 90/60, but since you are over 65 and you are breathing more than 30 times in a minute, I would suggest that we think about sending you to hospital. You have an intermediate risk of dying (1-10%) if we don't keep a careful eye on you.

Since you are not keen on going into hospital, would it be alright if I ask a nurse (from urgent care team) to see you every day until you are starting to improve? Of course if you are becoming confused, more breathless or feeling faint we should really send you into hospital urgently.
Within a week you should be feeling a lot better. The night sweats should have settled. It may take a month for the chest pain, and the extra phlegm, to settle down. The cough and breathless may hang around for up to 6 weeks. Most of you symptoms should have gone within 3 months but you might still feel a little fatigued.

3.08 Sexual health

Combined pill and risks

RFQs
- Do you have a family history of clots: deep vein thrombosis or pulmonary embolism?
- Do you get migraine? Have you ever had a warning aura before your migraine? Usually an aura is a visual symptom such as a zigzag lines or a blank spot.

- Do you have a family history of breast cancer?

Provide
You sound as if you might prefer to use a combined pill. It increases your risk of leg and lung clots from 2 clots per 10,000 women years to 5 per 10,000 women years (or up to 10 with Yasmin or Dianette). That is a reasonable choice for you, since you have a relatively low risk of clots. Are you happy with that size of risk, or would you prefer another method of contraception?

Some women choose the combined pill because it usually gives them a reliable withdrawal bleed or period. But it is also OK to use the combined pill without a break until there is breakthrough bleeding, when you can stop the pill for 5 days, to allow the lining of the womb to come away.

Safety net:
However, you would need to be seen urgently if you have a painful swelling of your calf, or if you have pain in your lungs or chest pain when you breathe. Or if you are coughing up blood, or you are breathless.
If the pill makes your migraine worse or triggers auras, we should swap it to another type of contraception, since worsening migraines or auras are linked with a higher risk of strokes.
No, the combined pill doesn't seem to cause breast cancer, but it can certainly make some breast cancers grow faster. We don't generally recommend the combined pill for women who have one of the BRCA mutations for familial breast cancer. And if you were diagnosed with breast cancer, we would swap you to another type of contraception.

Vaginal discharge

RFQs
- What is your discharge like? What does it smell like? Do you have any vulval skin changes or itchiness?
- Have you missed any periods? Was your last period unusual?
- Is it painful when you have sex? Do you bleed afterwards?
- Have you had a fever or abdominal pain?

Provide
Since you have no deep pain with sex, abnormal bleeding or fever or obvious skin changes, it would be OK to treat you for suspected bacterial vaginosis in the first instance. Unless you would prefer for us to do a vaginal examination and some swabs for sexually transmissible infections at this time?

Please don't drink any alcohol whilst you are using this medication. Take the tablets twice a day for 5 days, and if you are no better, we ought to do a vaginal examination and to take some swabs to look for infection including sexually transmissible diseases.

This sounds most likely to be thrush. How would you feel about us treating you for thrush in the first instance? Unless you would prefer for us to do a vaginal examination and some swabs for sexually transmissible infections at this time?

You have a choice between a fluconozole tablet (not during pregnancy) or a clotrimazole vaginal pessary. Which would you prefer?

Since you keep getting thrush we should check that you don't have diabetes. An average blood sugar test would help. Perhaps we might even need to think about your immune system. Is it worth thinking about doing an HIV test? Could you be at risk of HIV or any sexually transmissible infection?

Provide

Since you are concerned about your risk of having picked up a sexually transmissible infection let's arrange to have some tests done. You could either have these done at the local GUM clinic or our practice nurse will talk you through the tests. Our nurse could either do an examination, take swabs and do tests, or arrange for you to take the samples yourself. What would you prefer to do? Chlamydia tests might be better done 2 weeks after your sexual encounter. (HIV tests may take 2 months to become positive.) Which tests shall we do?

Safety net:
If you are no better we ought to do a vaginal examination and to take some swabs to look for infection including sexually transmissible diseases.
We need to see you urgently if you are unwell with lower abdominal pain, particularly if you have a fever, or if your last period is late or unusual.

Contraceptive failures
RFQs
- How organised are you?
- How important is it to you that you don't conceive at this time?
- Do you have an medical conditions, personally or in your family, which might make any types of contraceptive unsuitable?
- Are you happy with a 9% failure rate in 3 years (higher in young women)?
- What fears do we need to address regarding coils and implants?

Provide
No method of contraception is 100%, but some methods are much better than others. In the real world, with pills there are 9% failures over 3 years (young women are twice as likely to have failures). Coils and implants are 21 times better (0.4% failures) in terms of reliability (no difference in failures across the age range).

Safety net:
If you choose a pill: please don't rely on it to prevent pregnancy if you vomit, or get diarrhoea. Take extra precautions for 7 days (condoms).
If you miss a pill, follow the instructions on the information leaflet. (Take extra precautions if you have missed 2 or more COC pills for 7 days. And extra precautions for 2 days after a missed POP.)
No form of contraception is 100%. If you have symptoms of pregnancy (nausea, breast tenderness) then do a pregnancy test. (Luckily, if you still manage to conceive despite using contraception, the baby is likely to be unharmed by most contraceptives.)
And if you have severe lower tummy pain we should see you urgently to rule out an ectopic pregnancy.

2.01 Therapeutics

NSAIDs

RFQs
- How has your blood pressure been? Are you on blood pressure tablets?
- Have you ever had an ulcer? Do you use a tablet to reduce acid production in your stomach?
- Do you have any heart problems? That might include breathlessness or ankle swelling.
- Do you have any kidney problems?

Provide
These are risky tablets. They increase your risk of bleeding from your gut, and they put your blood pressure and your cardiovascular risk. They can also harm your kidneys.
They cause fluid retention and are dangerous in heart failure too.

Safety net:
Definitely stop the anti-inflammatory tablets if you are unwell with a fever, diarrhoea or vomiting. Stop them if your blood pressure is high. And watch out for persistent upper tummy pain or black tarry poo. That might suggest bleeding from the stomach or upper gut.

PPIs

RFQs
- We don't generally ask any red flag questions of patients before recommending PPIs!
- Do you get cramps or fatigue at all? Have we ever checked your magnesium levels?
- Is your only symptom heartburn? Would you be happy to try a drug free approach first?

Provide
Although generally regarded as relatively safe, this family of medications are associated with an increase the risk of death, fractures, infections, dementia, kidney disease and heart attacks and strokes. There is no evidence that they actually cause these problems.
They can cause cramps and fatigue through low magnesium levels. If you get cramp please let us know so that we can check your magnesium level. We may need to change you treatment.

If you are taking these medications for simple heartburn you may wish to "go organic". Why not prop your bed up on blocks? 15cm (8 inches) at the head end of your bed can transform your quality of life by sorting out heartburn related symptoms. These symptoms can include an irritating cough and nasal symptoms. Other options include weight loss, stopping smoking, or avoiding mints and chocolate.

It may be possible for you to wean down, or stop, your omeprazole or lansoprazole. If you have a Barrett's oesophagus, or if you have been put on these medicines for any other reason apart from heartburn, please don't stop these medicines until you have talked it through with your doctor.

Safety net:
These medicines can cause cramps and fatigue through low magnesium levels. If you get cramp please let us know so that we can check your magnesium level. We may need to change you treatment.
Lansoprazole may make your stools a little looser. If this is a problem, please let us know, so that we can swap it.

3.06 Womens' health

Endometriosis

RFQs
- What are your periods like? (typically heavy and painful)
- How is sex? (Do you have any problems when you are having sex?) (typically deep dysparunia)

Provide
- Common chronic disease resulting in significant morbidity from pain and infertility.
- Consider the diagnosis when women present with pelvic pain, dysmenorrhoea, dyspareunia, or cyclical gastrointestinal or bladder symptoms.
- Normal pelvic examination and normal ultrasound do not rule it out.
- Laparoscopy and histological confirmation is the gold standard investigation, BUT a trial of treatment is reasonable before referral UNLESS fertility is a concern.
- If pain is the major concern, offer CHC, progestogens and/or NSAIDs.
- Surgery can improve pain and fertility.

- Recurrence of symptoms off treatment is common – this is a chronic incurable disease!
- Post-hysterectomy, women with endometriosis who need HRT for their menopausal symptoms should be prescribed combined preparations or tibolone.

Non-cyclical chronic pelvic pain may also develop, associated with coitus, bowel or bladder dysfunction.

Safety net:
It's difficult to make a diagnosis of endometriosis. If your periods are really heavy, or really painful, you may decide that you would be happy for us to investigate you to make a diagnosis. Likewise: if sex is painful for you, and there is no sign of infection in your cervix, you may want us to investigate.
The main reason that it is important to make an early diagnosis is so that we can improve your chances of getting pregnant through specialist treatment.
Otherwise most forms of hormonal contraception will help with pain and women who want to conceive can take naproxen (and other NSAIDs) to help them with pain and heavy bleeding.
The one definite way to make a certain diagnosis is by laparoscopy - we us a camera to look inside the tummy under a general anaesthetic. A special vaginal ultrasound can now strongly suggest endometriosis.

Fertility

RFQs
- How long have you been trying to get pregnant?
- Are you having regular periods?
- Have you ever had a sexually transmissible infection?
- Do either of you have any children, or have you ever been pregnant before? Please tell me more…

Provide
- 80% of couples where the female is aged <40y and who are having regular intercourse will conceive within 12m, and 90% within 24m.
- Chances of conception are increased by having sex every 2–3 days through the cycle, limiting alcohol to 1–2 units per week for women and 21 units per week for men, having a BMI between 20 and 25, and stopping smoking.
- Evaluate, investigate and refer couples who have failed to conceive after 12m of unprotected intercourse.
- For women aged >36y or those with a known cause for infertility, refer sooner.
- Before referral, men should have a semen analysis, repeated within 3m if the results are abnormal.
- Women should have a D1–5 FSH/LH and a D21 (or 7d before period due) progesterone to assess ovarian reserve and ovulation. Rubella status, chlamydia screening and an up-to-date smear are also required.
- Other tests (e.g. prolactin, TSH) should only be done if clinically indicated.
- Prior to commencing IVF treatment, viral serology for HIV, hep B and hep C is needed for both partners.
- Treatment of infertility depends on the cause (see table above), but couples with unexplained fertility should not undergo ovulation induction or IUI, but rather have IVF after 2y of trying to conceive.
- NICE recommends that eligible women aged <40y should receive 3 full cycles of IVF, and women aged 40–42y should receive 1 full cycle of IVF, through the NHS.
- Local commissioning policies may vary.
- Studies have shown that infertility is as psychologically stressful for women as a cancer diagnosis – they need support.
- Not all fertility treatments on offer are evidence-based.

Safety net:

Would you mind reading this leaflet about preparing for a healthy pregnancy,. Please let me know if you need any support with making sure that you are both as healthy as possible in the run up to you being pregnant?
(for example: Do any medicines need to be reviewed or do any medical conditions need to be reviewed by a specialist before conception (eg epilepsy medications or health conditions.)
Please let me know if you haven't conceived after 12 months of trying.

HRT

RFQs
- What symptoms do you have and how are they affecting your quality of life?
- Have you had a hysterectomy?
- Do you have a family history of breast cancer or clots in the legs or lungs (deep vein thrombosis or pulmonary embolus)?
- Do you have recurrent urinary tract infections or stress incontinence?
- How is this affecting your relationships?

Provide
Options for HRT
Menopause 1 year since last period without hormones
FSH only if <45 or using progestogen. When FSH x2 >30 stay on contraception for 1 year if over 50, 2 years if under 50.
contraception - eg IUS (if amenorrhoea still or fitted after 45 can stay for 7 years)
Use progestogen if endometriosis (even after hysterectomy for 1 year +)

Sequential to treat menstrual irregularity and very heavy periods

Vaginal irritation/ sexual issues, frequent UTIs (50% reduction) and stress incontinence (20-90% improvement)
0.01% vaginal estriol safe to use lifelong (no evidence o risk in breast cancer or DVT)
consider estring for elderly in nursing homes with urinary symptoms (leave for 3 months)

Mood with flushes - HRT or CBT

All other forms protect against osteoporosis.

transdermal safest options, eg estradot 25, 2 squirts of 0.6% estradiol gel (sandrina)
Use Transdermal if patient prefers, poor symptom control with oral, bowel disorder - impaired oral absorption, FH DVT, BMI >30, high blood pressure, migraine, enzyme inducers, gallbladder disease, stroke. Hypertriglyceridaemia.
no increased risk of VTE,

Low dose unless premature ovarian failure (<40). Consider testosterone for bilateral oopherectomy.

Oestrogen only oral - increases VTE, (no increase of CVD) but small increase stroke (x1.5)
Combined oral no risk or small risk of CVD and small increase risk stroke (x1.5)

small risk breast cancer with combined patch, not with oestrogen only. Risk reverts after stopping.

Review after 3 months. Then annual review. Benefits outweigh risks until 60. Then no arbitrary age at which to stop
phytoestrogens same risks but unregulated
some evidence for black cohosh but probably placebo

Benefits of HRT
•Reduction of vasomotor symptoms. Relief of vaginal dryness and improved sexual function. •Improved sleep, joint pain and quality of life. Improved bone mineral density and reduced fracture risk. •HRT may improve psychological symptoms e.g. depression and anxiety. •Other possible benefits include the reduction in risk of colonic cancer, dementia/Alzheimers, prevention of diabetes, macular degeneration and cataract formation, with improved dentition and skin healing – these are still controversial and not seen as indications.

Risks of HRT
Breast Cancer
Women under the age of 50 on HRT are at no extra risk of breast cancer than they would be if their ovaries were working normally.
There may be a small increase in breast cancer in women who use HRT long-term.
This is mostly confined to women on combined HRT (not in women on oestrogen alone).
There will be 3 extra cases of breast cancer per 1000 women who use combined HRT (aged 50-59) per 5 years of use.
Ovarian Cancer
Studies are conflicting. If there is a risk it is very small. If 2,500 women take HRT for 5 years, there would be 1 extra case of ovarian cancer.
Endometrial Cancer
Giving women HRT oestrogen alone, if they have a uterus, increases their risk of endometrial hyperplasia and cancer. The addition of progestogen greatly reduces this risk. Continuous combined HRT gives better endometrial protection than cyclical HRT. Women should be converted to a continuous combined ("no bleed") preparation within 5 years of starting HRT where possible.
Venous Thromboembolism
The background risk of VTE in middle-aged women is low (5 per 10,000 women years). Oral HRT may increase the risk 2-3 times, but the risk is still small. Patches appear to be safe.
Cardiovascular Disease
Final analysis of the WHI study showed no increased risk of ischaemic heart disease (IHD) in women on oestrogen-only HRT. In fact there was a reduced risk compared to placebo.
IHD risk was only increased in women who started HRT over the age of 60. There may be a "window of opportunity" where HRT is started i.e. it confers benefit not harm.

See: Berkshire West CCGs HRT formulary and treatment guidance

Safety net:
Combined HRT increases your risk of breast cancer in the medium to long term. 3 extra women will be diagnosed with breast cancer for each 1000 women using combined HRT for 5 years. You might prefer to use HRT to control your symptoms for a period of a few months or a year or so. The risks of doing that would be very small.

Oestrogen only HRT does not appear to increase your risk of breast cancer.
Oral HRT increases your risk of clots. 5 or 10 extra clots will happen if 10,000 women use oral HRT for 1 year. Patches appear to be safe. Also there is a tiny increased risk in strokes with oral HRT (x1.5 - with a very low background risk).
Vaginal oestrogen appears to be very safe.

Abnormal uterine bleeding

RFQs
- What is your bleeding pattern like? Do you bleed between periods? Do you bleed after intercourse?
- When was your last period?
- Do you have pain during intercourse?
- Is your bleeding distressing or interfering with your life?

Provide
- Women with a low probability of pathology may be treated without examination or investigation.
- Arrange a FBC in all heavily bleeding women.
- Arrange an ultrasound only if the patient experiences pelvic pain or dyspareunia, or if examination reveals a pelvic mass or enlarged or tender uterus.
- We should refer ALL women with persistent intermenstrual or persistent irregular bleeding, and ALL women with infrequent heavy bleeding and risk factors for endometrial pathology (including obesity), DIRECTLY for outpatient hysteroscopy.
- The levonorgestrel IUS is an effective first-line treatment for abnormal uterine bleeding.
- Other hormonal options are combined hormonal method, cyclical oral progestogens or other progestogenic contraception.
- Tranexamic acid and mefenamic acid are effective non-hormonal treatments.
- Uterine ablation does not provide contraceptive cover, and intrauterine contraception should be avoided due to cavity distortion.

Safety net:
Please let me know if you are bleeding between periods, or after sex.
After menopause (no periods for longer than 12 months): Let me know if you have vaginal bleeding again if you have had no bleeding for at least 12 months.
If your bleeding is distressing or interfering with your life we ought to be hearing from you.

Polycystic ovarian syndrome

RFQs
- How often do you periods come on?
- Are you troubled by acne, hairiness or baldness?
- Have you had an ultrasound to look at your ovaries or a blood test to check your hormone levels?
- Would you mind me checking your blood pressure and perhaps examining you face and your tummy to check for hairiness?

Provide
Why don't you take a listen to the audio recording on realgeneralpractice.co.uk about the choices that you have with how we can manage polycystic ovarian syndrome? You may wish to focus on improving your chances of getting pregnant, keeping your risks of type 2 diabetes to a minimum, minimising the hairiness or acne or protecting yourself from endometrial cancer.
For now your blood pressure is OK and your average blood sugar is normal. But we ought to support you with your weight and keep an eye on your weight, blood pressure and average blood sugar regularly, say every 3 years. How does that sound?

Safety net:
Please let me know if you start to get male pattern baldness, or if your voice deepens.
I'll also need to see you again if your blood pressure is high or if you get easy bruising or stretch marks for no reason.
It's important that you have 4 or more periods per year. If that's not happening, please let us know.
Also let us know if you are having disorganised bleeding or bleeding after sex.
Since you've just started trying to get pregnant, please let me know is you are not pregnant within a year. And it will also be worth us letting the specialist know when you do get pregnant.

Post coital bleeding

RFQs
- What are your periods like? Do you bleed between periods?
- How is sex? Is it painful when you have sex?
- When was your last smear?
- Might you be at risk of sexually transmissible infections? When were you last checked?
- Have you done a pregnancy test?
- We need to arrange for your cervix to be examined. Would you be happy for my nurse, or a female doctor to do that today? We can also take swabs to check for sexually transmissible infections.

Safety net:
Your cervix looks normal today. If you continue to bleed after sex beyond 6 weeks, I should refer you to a specialist, please make a phone appointment to let me know. We never find a cause for this in half of women with this symptom but perhaps 2 or 3% of women who bleed after sex may have cervical cancer.
Please phone for the results of your swabs next week to check that you don't have any sexually transmissible infections. And let me know if you are in pain, deep inside, when you are having sex.

Premature ovarian insufficiency

RFQs
- When was your last menstrual period?
- Have you done a pregnancy test? (Or do you have any symptoms of pregnancy?)
- What age was your mum when she went through the change?

Provide
Your blood test suggests that you may have become menopausal. We should repeat it again in a month or so.

Safety net:
I can see that this is a big shock to you. If you need any support accepting all of this, please let me know.
5-10% of women with a really early menopause can still produce an egg and get pregnant, so I would suggest that you will still need to take precautions if you are not wanting to become pregnant.
This problem is very risky for your bones. Without treatment you may be very prone to broken bones later in life. Would you be happy for me to prescribe you HRT (or the combined oral contraceptive pill - provided it would be safe for you)? We should also think about other ways to protect your bones. Perhaps you would be happy to listen to the options for protecting bone health discussion on realgeneralpractice.co.uk?

Prolapse

RFQs
- Do you have a vaginal bulge, pressure or heaviness?

- Do you have any bowel symptoms… including accidents or incontinence?
- What about water work symptoms… including accidents or incontinence?
- Any difficulties with your sex life?

Provide
You mentioned a prolapse, I prefer to call it a bulge. But without treatment the bulge might get worse and can cause difficulties.
It's worth while doing regular pelvic floor exercises:
Breath throughout. It's the same feeling that you would get if you were stopping yourself from passing wind or urine. Look it up on youtube or I could refer you to a specialist physiotherapist if you are happy to travel to see the physio.
Three times a day for 4 months you should do: Ten 10-second holds or long squeezes, 50 quick pull up, or fast squeezes,
This is safe and very effective (NNT 3 in 4 months).
Since you are tending towards constipation we should treat you to avoid hard or infrequent stools.
How would you feel about working with us on your weight?

Safety net:
Please let me know if you develop any water work symptoms and bring along a urine sample for us to test.
Let me know if you have any difficulty with your bowels.
If all of this is affecting you emotionally, or causing trouble with you sex life, please get in touch.

Urinary incontinence

RFQs
- When do you wet yourself? (When you cough or sneeze for example, or when you can't get to the toilet quickly enough? Why does that happen?)
- Do you have any other water work symptoms? Blood? Pain or discomfort?
- Do you wet yourself without awareness that you are doing it? Can you feel the toilet tissue when you wipe yourself?
- I'd like to examine your tummy to check that you don't have a full bladder (after emptying). It would also help if we can arrange an examination with my nurse to check that you don't have too much of a bulge in your vagina.
- Could I have a urine sample from you to check for blood and infection please?

Provide
It doesn't sound as if you have a water infection, or anything worrying going on. (You were worried about …..but I don't think that you have…..because…..)

You probably have a problem called stress incontinence. Perhaps you would be happy to do some pelvic floor exercises? It may take 3 or 4 months before you notice a decent improvement. I can give you details of a good youtube video, or a print out if your like? Or if you are needing extra help to get your pelvic floor muscles working I can refer you to a specialist physiotherapist.

You probably have an overactive bladder. Would you mind filling in this diary to record what you are drinking and how much urine you are passing? Might you be interested in us training your bladder to be less trigger happy, and/or using some medication that can make you bladder less trigger happy too? The medication can make you a little dry mouthed, constipated or even a little woozy, so we tend to keep the dose to a minimum (tolterodine 1-2mg bd).

I would recommend that we give you vaginal oestrogen. This is often very effective for stress incontinence, overactive bladder or recurrent water infections in women (50% improvement). Either you can pop in a vaginal pessary twice a week on a regular basis, or some women prefer to use a special pessary every 3 months (estring).

Safety net:
Do let me know if you are passing blood or if it is painful to pass urine or to have sex.
If you feel woozy with the medication, please sit down before you can faint, and stop the medication and let me know if this persists.
If you lose all control of your bladder or you can't feel the toilet tissue when you wipe, that could be a rare medical emergency, please see a doctor straight away.
If you are not noticing an improvement within 4 months then please let me know, we may need the help of the specialist bladder service.

Acute urinary tract infections in women

RFQs
- Do you have any other water work symptoms? Blood? Pain or discomfort? Any incontinence?
- Do you have any fever or pain in your tummy?
- Might you be at risk of a sexually transmissible infection?
- Do you have a bulge in your vagina?
- I'd like to check your temperature, your pulse and examine your tummy to check that you don't have a full bladder (after emptying).
- Could I have a urine sample from you to check for blood and infection please?

Provide
I agree your symptoms suggest that you have a water infection. I'd like to confirm that, by sending a sample off to the lab (or: the dip test has confirmed that you have a water infection).

Safety net:
You should be feeling better within a day or two. I'd suggest that I give you a 3 day course of antibiotics to take twice a day. Perhaps you should take a probiotic during that time (do you know what I'm talking about?) Call us after that to confirm that you are on the right medication. If you become more unwell, develop a fever, vomiting or worsening tummy pain, we should see you urgently. Please let me know if you see blood in your urine.

Painful intercourse

RFQs
- What was going on in your life when this first started? (This sort of problem can be triggered by a distressing situation. Could that be possible in your case? Might you have been abused in any way?)
- What is your sex drive like? Are you particularly anxious about having sex?
- Do you have any vaginal discharge?
- When was your last period? Was it normal? What are you doing about contraception?
- Is the pain as penetration is attempted, or deep inside? Are you able to insert a tampon or a finger?
- Do you have a vulval skin condition or any sores?

Provide
I'd suggest that we do a really gentle examination of your vagina. Would you prefer me to arrange for a female doctor (or nurse) to do that? We can arrange is for a day when you are not on you period, according to you preference.

I know you were worried that you had picked up a sexually transmissible infection, but your vaginal examination did not suggest that. I have taken 2 swabs to check for infection, to give you extra reassurance.

SAMPLE QUESTIONS FOR EXPLORING SEXUAL AND DOMESTIC VIOLENCE
Setting the scene, eg:
– 'how are things at home?'
– 'I am concerned that we have already seen you in A&E three times this year . .

and it is important that I ask about your safety'
– I am concerned that this injury seems to be more severe than I would expect from tripping...
– 'it is good that you have asked for emergency contraception . . can I just ask whether the sex that happened was with your consent?'
– 'are you safe to go home?' HARK questions*
• H HUMILIATION
Within the last year, have you ever been humiliated or emotionally abused in other ways by your partner or ex-partner?
•A AFRAID
Within the last year, have you been afraid of your partner or ex-partner?
• R RAPE
Within the last year have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?
• K KICK
Within the last year, have you been kicked, hit slapped or otherwise physically hurt by your partner or ex-partner
*(screening questions developed for use in general practice (Sohal, 2011)

Safety net:
Please phone next week, to check on the results of the 2 swabs that I have taken to check that there is no infection. We need to see you if you have bleeding with intercourse, or unusual discharge from your vagina.
This must be so distressing for you. Would you be happy to read some more about this condition? And perhaps you would be happy to come and see me again, or speak to me on the phone, to decide the best way forward for you.

- Refer patients who have experienced sexual abuse, mental health difficulties or those who wish to conceive.
- Education and desensitisation with vaginal trainers are the mainstay of treatment.

2.02 Complaints

RFQs
I'm sorry that you are upset.
- Please tell me a little more about what happened.
- It's important that we learn from this, and that we take action to avoid something similar happening to others.
- I will talk things through with my team and would it be OK if I get back to you with some comments after a week or so?

Provide
We would usually encourage you to involve our practice manager and senior partner in addressing any concerns that you have about the quality of the care that we provide here at Herrington. It's important that we are able to improve what we do here to make sure that our practice is as safe as possible for you and others.

Safety net:
But if you prefer to take your concerns to an independent organisation the Patient Advice and Liaison Service will support you to ensure that you get fair treatment and to ensure that we make any necessary changes. Would you like their phone number?

3.14 Care of people who misuse drugs and alcohol

Prescription medication dependence

Red flags questions:

- Check the records for any suggestion of alcohol misuse, substance use, self harm or personality disorder.
- Knowledge of family misuse of alcohol, drugs or medication is useful.
- Beware “lost” prescriptions or urgent requests for medication.
- Do you drive an HGV, taxi or operate heavy machinery? Do you have sleep apnoea?
- These are potentially habit forming (addictive) medications. Are they a sensible choice for you? (Record warning given.)
- Have you ever self harmed or thought about suicide?

Don’t prescribe more than 50mg of morphine per day without discussing it with a colleague.
Pregabalin and gabapentin are also substances of abuse potential.
Provide:
These medications may reduce the chances that you will get back to work and normal activities. Are they really the best choice for you?
These medications are not proven to help for most causes of long term pain (excepting cancer). I will only give you enough to use for a week or two.

Safety net:
You should be aware that these medications can affect your road safety. It is illegal to drive if medication impairs your ability to drive.
The most common side effects of this medication are drowsiness (and/ or constipation). They may interfere with your sex life. Please let me know if any of these is a problem.
If this medication doesn’t help you with your pain, or causes significant side effects, please make a phone appointment.
If we suspect that you are becoming dependent on prescribed medication we will record it in your records, and we may potentially share that information with the DVLA and social services (and even the police or your employer).

Harmful alcohol use

Red flags:
- What worries do you have about your future health?
- Had you ever thought that (e.g. your depression) might be linked to your drinking habits?
- Could this problem be linked to any of your habits? Your drinking perhaps?
- Have you ever had the shakes (or DTs) when you have missed drinking for a day or two?
- How much alcohol do you drink in an average week? (work out units)
- Has your alcohol intake caused problems at work / with finances/ with your family?
- How is your mood?

(FAST questions:
1. How often have you had (6 or more units female) (8 or more units male) on a single occasion in the last year?
2. How often have you failed to do what was expected of you because of your drinking?
3. How often in the last year have you been unable to remember the night before because of your drinking?
4. Has anyone been concerned about your drinking, or suggested that you cut down?)

Provide:

Your drinking habits are hazardous and are likely to be causing you harm. You mentioned..

Your are drinking in a harmful way. This is already causing you harm. Perhaps I could check that you aren’t physically dependent on alcohol yet. Have you ever had the shakes (or DTs) when you have missed drinking for a day or two?

You seem motivated to do something about your blood pressure, but you are not overly keen to take tablets for the rest of your life. How’s about some easy life style changes? (Perhaps you would be happy to listen to this options discussion in realgeneralpractice.co.uk and come back to me, on the phone, for support once you know what might work for you.)

From what you have told me so far: alcohol is likely to be driving you high blood pressure. If we could help you to change your drinking habits, I bet that your blood pressure would be much better.

I've been looking at your notes and you seem to have kept the casualty department busy recently. I'm guessing that alcohol is playing a part in that? I'm concerned that you could be injuring more than just your skin and bones. Would you like any help, or suggestions, to tackle your drinking?

Losing your mum hit you hard and you mentioned that you were worried about your own risk of cancer. Alcohol causes cancer, including bowel cancer. Perhaps it's time that I supported you to drink more healthily?

Your liver enzymes show that your liver is getting some grief. You have a fatty liver. Partly through your drinking and partly through your weight. Fatty liver causes type 2 diabetes and sometimes cirrhosis of the liver. Perhaps we should check your average sugar test (a blood test) and you might even want an ultrasound test of your liver. What do you think? Would you like any help, or suggestions, to tackle your drinking?

You mentioned that you were worried about dementia (or your memory). You can reduce your risk of dementia by a factor of 3 by drinking safely. Does that interest you? Would….

Your sleep sounds a real issue. Even if you don't have sleep apnoea, alcohol causes you to have poor quality sleep, (although I admit that it can help you to get off to sleep), so it will leave you feeling unrefreshed after sleep. Perhaps you would be interested in listening to the options discussion on realgeneralpractice.co.uk about insomnia. Would ….

You mentioned that your energy levels were low (and that you were feeling anxious and/or low). Drinking harmfully will affect your energy levels and tackling that will almost certainly be the first step towards you getting your mojo back.

It's clearly not been easy for you to avoid gaining weight. You mentioned that you have been drinking a bit more than recommended levels. I reckon that that is making it almost impossible for you to get to your target weight. How's about you start by doing without alcohol for perhaps 2 (or 3) nights per week? Is that doable for you? How important is it for you to make this happen? Would….

It sounds like a lot of these headaches could be triggered by alcohol. Might you consider drying out for a month or so? Just to see if you can, and to see what effect it has on how you feel?

Crikey, it sounds as if your anxiety (or mood) is really impacting on your home life (or work, or both). I reckon that your alcohol consumption is likely to be making that a lot worse. Is it time that you started doing something about your drinking? Do you think Would…

Money sounds tight. I have a cunning plan for you…. What about doing without alcohol for 2 or 3 nights a week? Could you commit to that? What about calling me in a months time to let me know how you got on?

Perhaps you might be interested in knowing some tips from other people who have been successful in cutting back their drinking. Here is a list of tips, some of which might suit you (use the SBI leaflet). One suggestion would be to use a special wine cork and vacuum pump to keep wine fresh if you just want to drink one or 2 glasses rather than a whole bottle at one sitting. Other people have stopped drinking in rounds, or go out for a short walk together, rather than meeting in the pub. Please let me know what you think might be an achievable first step.

Harmful drinking means that your health problems are directly linked to alcohol. This is not alcohol dependence, but may lead onto dependence. The problems may be related to your stomach, your liver, pancreas, or your mental health. Harmful drinking also increases your risk of cancer, high blood pressure and heart disease or stroke.

Currently the government in the UK recommends a limit of 14 units weekly for both men and women. However, the latest evidence suggests that no amount of alcohol is safe, and in fact any alcohol intake is associated with an increased risk of certain cancers. There are lots of resources that can help you to work out how many units you are drinking (the drinkcoach app for example.)

There are different ways to try to reduce your alcohol. Some people replace their drinks with lower strength options. Others opt to replace every second drink with water or a soft drink. Some people find that they need to change their daily routine for example going for a walk in the evening rather than staying at home and having a drink.

Safety net:

With your current alcohol intake it's extremely unlikely that you would get the shakes with stopping drinking. If you did get the shakes, there is a tiny risk that you could have a convulsion, or see hallucinations. Have a drink (of alcohol) if you get the shakes and ween off the booze slowly.

We have talked about some of the ways in which you might start reducing your alcohol intake. If you notice that your alcohol intake is increasing, or you cannot get through the day without a drink in the morning, or if you get withdrawal symptoms such as a tremor when you miss drinking for a day, then please come back to see me.

If your mood drops and you are sad, depressed, or experiencing suicidal thoughts, please call me to talk about this. We can arrange an urgent appointment if needs be.

If you think that you might be alcohol dependent, please let me know. Make a phone appointment if you like. You might need specialist support to tackle the dependence, but I'm always happy to be your first port of call.

Alcohol dependence

Red flags questions:
- Do you get withdrawal symptoms if you don't have a drink for a day?
- Do you find you have to drink more alcohol to experience the effects of it?
- Have you experienced any harm as a result of your drinking? What have you thought about this?
- Do you feel able to control the amount you are drinking?
- Do you get any stomach pain or vomiting?
- Have you noticed any black tarry stools?
- Do you drive? What is your work?

Provide:

It sounds like you are dependent on alcohol. There are options for managing your drinking. However, it isn't safe to stop drinking suddenly. The best way for us to help you to reduce your drinking, is for you to see the specialist alcohol services. Are you motivated to reduce your drinking, or even to abstain completely?

The specialist service can help you to reduce your drinking in a supported way. This might include using medication, (such a baclofen).

There are also services that occasionally provide residential input to help you to achieve abstinence, as well as community based services who can support you such as the AA. Would you like some information about these?

Safety Net:

I would suggest that initially you don't stop drinking suddenly, but in fact continue to drink. Although you can try to reduce the amount you drink daily. If you do stop suddenly, you may get withdrawal symptoms such as nausea, a tremor, sweating, and you may even have a fit. If this is the case, I need you to get in touch urgently. If you start getting any vomiting with blood in it or your stools turn black or tarry, speak to me as soon as you can. Also if you get any episodes of severe stomach pain, it would be best to get this checked out.

Drug misuse:

Red flag questions:
Do you use any recreational drugs, or any other substances?
What drugs do you use? Do you inject drugs? (Assess for HIV/hepatitis risk.)
How is your mood? Do you have thoughts of self harm?
Do you work? What do you do?
Who do you live with? Are there any children in the house hold, or that you have responsibility for?

Have you been in trouble with the police at all?
Do you drive?

Provide:

Perhaps you would like to take a look at the talk to Frank website. Talk to Frank can allow you to get honest drug information. But if you are noticing that drugs are harming you, or your friends or family, our local wearrecovery organisation is a confidential place where you can get help. Should I give you their contact details?

We can help with your use of….. We can arrange for you to see my colleague who runs clinics for people who need help with drug and alcohol use. They work as part of a team who can offer you support.

Safety Net:

There are a few things to look out for if you are injecting drugs. If you ever notice an injection site is hot, red, sore and swollen please come and let us see it in case it is infected. If you begin to feel unwell in yourself with a high temperatures, shivers and sweats then please contact us urgently. If you think you ever have a fit, funny turn, or are feeling drowsy then you need to call 999 or see a doctor urgently.

Please let us know, or contact the local GUM clinic, if you think you might need to be tested for HIV or hepatitis or any other diseases that might be transmitted by unsafe injections or sexual practices.

The on-call doctor is happy to see you if you are vomiting, have black tarry poo, have severe tummy pain, or feel suicidal.