

Keeping Well?

The Newsletter of the Nuffield Patient Group

Autumn 2016 Issue 14

Welcome!

I love the autumn: evenings in front of the fire, no more mowing for a while, and a chance to catch up with all those jobs inside before the Christmas rush. And, of course, a whole new *Keeping Well?* to enjoy!

Our top story is a very honest patient account of prostate cancer. One of the most common cancers in men, it affects over 47,000 new patients every year in the UK, and is especially prevalent in men aged over 70 years. With many different management options to consider, the patient has a crucial role in deciding what to do (this page).

Also in this issue:

- some stark statistics about the scale of medicines waste in Oxfordshire and what you can do about it (page 3)
- a reminder of the pressure that general practice is under in Witney with the threatened closure of the Deer Park surgery (page 2)
- all the latest information on the flu jab (page 4)
- our regular feature from Cochrane UK, this time on shingles vaccination.

If you have a patient story that you'd like to share, do please get in touch! Contact details are on the back of this newsletter.

Prostate cancer: a patient's story

It's been a few years since I was diagnosed with prostate cancer, and thanks to Google, www.prostatecanceruk.org and my own experiences, I am turning into more of an expert than is strictly healthy! I offer these words in case they are helpful to others on the same journey.

The diagnosis

I was 69 years old when I received the diagnosis. Generally quite fit for my age, I had gone to my GP about some palpitations, but mentioned in passing that I had been having pains in my lower abdomen. We talked about them and she did an examination then she took some blood to do a PSA (prostate specific antigen) test. PSA is a marker for prostate problems.



A few days later the results came back "a bit high" so she referred me to a urologist. More tests and a somewhat invasive internal examination later and I was booked in for a biopsy to take some tissue from my prostate to see if it was healthy or not. The specialist also arranged an MRI scan.

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The biopsy showed a 'Gleason score' of 3. The Gleason scale, I learned, is a cancer grading system, and 3 is a fairly low but positive grade. My PSA was 16. The specialist diagnosed prostate cancer confined to my prostate as the MRI showed no cancer spread.

What should I do?

Often, but not always, prostate cancer is very slow growing; it can make sense to leave it alone because it may never become a major problem and the treatments can be horrible. On the other hand, cancer can spread and be painful and fatal.

I discussed with my specialist and everyone I knew what I should do, and spent a lot of time on the web looking at other patient experiences. Cutting out my prostate (a radical prostatectomy) was the only option to offer a 'cure' but that was not guaranteed and often comes with other potential life problems, such as impotence and incontinence. Radiotherapy, chemotherapy and various newer treatments were also there to be considered.

In my case I had to wait while the cardiologist checked out my heart (turned out to be nothing that beta-blockers couldn't fix). So, 4 months after I first saw my GP I couldn't delay making a choice any more.

The treatment

As a retired army officer I am used to facing death but see no reason to do so any sooner than necessary, and in the end I went for the only option that could 'cure' the disease, and my urologist booked me in for the surgery.



Importantly, surgeons do vary in their success rates, so I would counsel that you check to see how well yours is doing before going under his knife.

Surgery done, I woke up with a urinary catheter, a lot of other tubes, and generally feeling pretty groggy but definitely alive. It was well over a week before I was allowed home, with the catheter still in place. Not fun. After 4 weeks I went back to have the catheter removed and they made an appointment for a bone scan.

My specialist recommended that I bring my son to the next meeting, as prostate cancer can run in families and my son also carries an increased risk. The specialist recommended that he has regular annual check-ups from the age of 40 years.

I also advised my younger brother to have the same test, and I'm very glad I did as he was diagnosed with early prostate cancer and was successfully treated with a radical prostatectomy too.

Three months after my operation my PSA had gone from 17 just before surgery to 0.2 and my bone scan was clear. Let's hope it stays that way!

Help to save Deer Park Medical Centre

You may have heard that the Deer Park Medical Centre is slated for closure. This will put a lot of pressure on other practices in West Oxfordshire at a time of significant population growth and when appointment waiting times are growing.

It will not be easy to keep this practice open but if you feel that it should be saved you can express your view by signing the petition at:

<https://www.change.org/p/council-or-jim-king-witney-town-council-deer-park-medical-centre-witney-set-to-close/u/17865062>.



Use medicines wisely

Go into any home, particularly with a family or with a chronically ill person in residence, and I guarantee that there will be a drawer or a cupboard full of unused medicines, often years old. Sound familiar? Have you got one?

Even the best and healthiest of us are responsible for requesting a prescription we won't fulfil (but in these days of electronic prescribing the pharmacy certainly will) or hoarding unused prescription medicines, such as painkillers or antibiotics 'for a rainy day'.

Perhaps even worse, some of us have a chronic long-term condition, such as high blood pressure, but only take our pills for a few months, perhaps because of side-effects or because we no longer feel ill. Our repeat prescription continues and the pills pile up at the pharmacy.



Waste of money

This is a waste of money from which we derive no benefit and from which we suffer because the money is no longer available to be spent on things we do need, for example speedy hospital appointments and a full range of anti-cancer treatments.

The cost to our NHS runs into millions. In Oxfordshire alone, it is estimated that £8 million a year is wasted in this way. In the country as a whole, the number is nearer £300 million.

This could pay for:

- 11,778 *more* community nurses
- 80,906 *more* hip replacements
- 19,799 *more* drug treatment courses for breast cancer

- 300,000 *more* drug treatment courses for Alzheimer's

- 312,175 *more* cataract operations.

Sadly, and importantly, once dispensed and taken out of the pharmacy, medicines cannot be reused, even if the packets are unopened. Don't ask me why, they are the rules!



Be honest

We really need to start being a bit more honest with ourselves and our doctors about our health.

We need to:

- stop requesting and accepting prescriptions for medicines we have no intention of taking
- take our medicines as prescribed (the full course at the correct dose)
- stop keeping them 'just in case'.

If we quit taking our medication for any reason we need to stop being bashful and tell the doctor. Equally, if we are confused about all the different pills we've been given, we need to talk to our doctor or another healthcare professional at the practice. They will happily explain everything for you.

And if you do have some old drugs at home, don't flush them down the loo; that's bad for the environment. Take them to any pharmacy and they will dispose of them free of charge.

Have you had your flu jab?

The flu season is upon us again. If you fall into any of the categories below you are eligible for a flu jab, so please book an appointment at one of our flu clinics, or ask for the jab when you are seeing a GP or a nurse for another matter:

- Aged 65+ years
- Any patient aged 6 months or above who suffers from any of the following:-
 - chronic respiratory disease
 - chronic heart disease
 - chronic kidney disease
 - chronic liver disease
 - chronic neurological disease
 - diabetes
 - immunosuppression
 - pregnant women at any stage of their pregnancy
 - people in long stay residential homes
 - carers
- All children aged 2, 3 and 4 years on August 31 2016.

Children in school years 1, 2 and 3 will be offered flu vaccination by their school. (The flu vaccine for children is given as a single dose of nasal spray squirted up each nostril. Not only is it needle-free (a big advantage for children), the nasal spray works even better than the injected flu vaccine).



Why should children have the flu vaccine?

Flu can be a very unpleasant illness in children causing fever, stuffy nose, dry cough, sore throat, aching muscles and joints, and extreme tiredness. This can often last several days. Some children can get a very high fever, sometimes without the usual flu symptoms, and may need to go to hospital for treatment. Serious complications of flu include a

painful ear infection, acute bronchitis and pneumonia.

Are all children being offered the vaccine?

No. All children aged 2, 3 and 4 years and those in school years 1, 2 and 3 are being offered the vaccine. The programme will be gradually extended to further school children in the future.

Why are so many children being offered the vaccine?

By offering the flu vaccination to as many children as possible in the autumn, we help to protect them in time for the winter. As well as protecting these vaccinated children, the infection is then less able to spread, and so it helps to protect their brothers and sisters, and other family members and friends including their parents and grandparents.

My child had the flu vaccination last year. Do they need another one this year?

Yes; the flu vaccine for each winter helps to provide protection against the strains of flu that are likely to circulate that year and which may be different from last year. For this reason we recommend that, even if vaccinated last year, your child should be vaccinated again this year.

How effective is the vaccine?

Flu vaccine is the best protection we have against an unpredictable virus which infects many people and can cause severe illness and deaths each year particularly among at-risk groups, including older people, pregnant women and those with a health condition, even one that is well managed.

Has the nasal vaccine been used in other countries?

Yes; it has been used safely in the USA for many years and over the last 3 years in the UK where millions of children have been successfully and safely vaccinated.

What are the benefits of the vaccine?

Having the vaccine will help to protect your child from what can be a very nasty illness. It may also reduce the chance of flu in other member of your family, who could be at greater risk of flu, such as grandparents or those with long-term health conditions.

How will the vaccine be given?

For most children, it is given as a nasal spray. Children aged 2, 3 and 4 years will be given the vaccination at their general practice usually by the

practice nurse. Children in school years 1, 2 and 3 will have the vaccination in school.

How does the nasal spray work?

The nasal spray contains viruses that have been weakened to prevent them from causing flu but will help your child to build up immunity. When your child comes into contact with flu viruses they will then be less likely to get ill.

Are there any side-effects of the vaccine?

Serious side-effects are uncommon. Children may commonly develop a runny or blocked nose, headache, general tiredness and some loss of appetite. This may last a few days. The vaccine is absorbed quickly in the nose so, even if your child sneezes immediately after having had the spray, there's no need to worry that it hasn't worked.



What about my child who has a health condition that puts them at risk of flu?

Children with certain health conditions, even if well managed, are at higher risk of severe complications if they get flu. These conditions include:

- serious breathing problems, for example, severe asthma needing regular inhaled or oral steroids
- serious heart conditions
- severe kidney or liver disease
- diabetes
- immunosuppression due to disease or treatment, for example chemotherapy or radiotherapy treatment for cancer or long-term steroid use
- problems with the spleen, either because the spleen has been removed (asplenia) or doesn't work properly, for example, because of sickle cell or coeliac disease.

From the age of 6 months onwards these children should have a flu vaccination every year. Most of these children should have the nasal spray

vaccine. For some children, the nasal spray is not suitable for medical reasons and it should not be given to children under the age of 2. These children will be offered an injectable vaccine instead either at the school or through the GP. If your child is not offered the vaccine in the school, it is important that you contact your GP to arrange an appointment.

Your GP may also recommend that your child is vaccinated against flu if they have a condition that affects the nervous system such as cerebral palsy. If you are not sure whether your child needs a flu vaccination or you need more advice, speak to your practice nurse, GP or health visitor.

Are there any children who shouldn't have the nasal vaccine?

Children should not have the nasal vaccine if they:

- are currently wheezy or have been wheezy in the past 3 days (vaccination should be delayed until at least 3 days after the wheezing has stopped)
- are severely asthmatic (being treated with oral steroids or high dose inhaled steroids)
- have a condition, or are on treatment, that severely weakens their immune system or have someone in their household who needs isolation because they are severely immunosuppressed
- have severe egg allergy. Most children with egg allergy can be safely immunized with nasal flu vaccine. However, children with a history of severe egg allergy with anaphylaxis should seek specialist advice. Please check with your GP
- are allergic to any other components of the vaccine (see the website at www.medicines.org.uk and enter Fluenz tetra in the search box for a list of the ingredients of the vaccine).

If your child is at high risk from flu because of one or more medical conditions or treatments and can't have the nasal flu vaccine because of this, they should have the flu vaccine by injection. Children who have been vaccinated with the nasal spray should avoid household contact with people with very severely weakened immune systems for around 2 weeks following vaccination.

Talk to your GP, practice nurse, your child's school nurse or your health visitor if you have any further questions. Or you can visit www.nhs.uk/child-flu.

Evidence Matters

by Sarah Chapman

I work for Cochrane UK, the UK hub of an international network of people working together to help people make informed decisions about health care. It does this through doing systematic reviews, which bring together the results of clinical trials to answer questions about what helps or harms in health care.

Shingles vaccination

Have you seen the information in the Practice about shingles vaccination? You may be eligible for this and you might like to know a bit more about it. A Cochrane review has brought together the best available research about how well it works and whether it is safe.

What is shingles?

The virus that causes chicken pox, varicella zoster, can stay inside nerve cells and become active again another time, causing the skin to blister along the nerve path. This is called shingles, or herpes zoster. Before the blisters, the person may feel tingling, numbness, itching or pain. Shingles can be very painful and last for weeks or months. Older people are more likely to get shingles, as their immunity weakens with age, and vaccination is usually offered to people in their seventies.

What did the review look at?

The Cochrane review includes 13 randomized studies with almost 70,000 healthy people aged 60 years and over, who were given either the vaccine or a placebo (dummy vaccine with no active ingredient). Ten studies used live attenuated varicella zoster virus (VZV) vaccines

and three used a new type which isn't yet available for clinical use.

- Having the vaccine reduced the number of people who got shingles in the next 3 years.
- For every 50 people who are vaccinated, we can expect that one less person will get shingles. (This benefit was seen for one person in every 33 with the new vaccine that is not yet available for use.)
- The vaccine offers protection for at least 3 years and possibly up to 5 years.
- It is safe and well-tolerated. Some people have mild to moderate side effects, like skin irritation at the injection site.

The review authors conclude that there is a clear benefit in vaccinating elderly people with the herpes zoster vaccine, with no major safety/tolerability concerns.



You can see the review in full at <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008858.pub3/full>

Gagliardi AMZ, Andriolo BNG, Torloni MR, Soares BGO. Vaccines for preventing herpes zoster in older adults. *Cochrane Database of Systematic Reviews* 2016, Issue 3. Art. No.: CD008858. DOI: 10.1002/14651858.CD008858.pub3.

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