

Keeping Well?

The Newsletter of the Nuffield Patient Group

Welcome!

I know I may be in a minority, but I really like the Autumn! I love the colours. I love the smell of the leaves. And there are worse places to be than cosy in front of the fire.

Our Autumn lead story comes from a young man who describes his feelings on coming face-to-face with the reality that he has schizophrenia. It is a scary picture, both for him and his family. I am hoping to print more of his story in future issues (see lead story, this page).

We also have a thought-provoking piece about how to improve your brain health. Hint: start early (see page 3).

Autumn wouldn't be complete without the annual flu jab so if you haven't already, do make an appointment as soon as you can. It only takes a moment and can save so much misery (see article, page 4).

Cartoonist Tim is back on page 2, and Sarah Chapman from Cochrane UK gives an update on the best ways to relieve eczema on page 6).

A patient experience of developing acute schizophrenia

Sleep was the first thing to change. Progressively, over the course of about a fortnight, I began struggling to drift off. As a 24-year-old man with a good supply of hash, this had never been a problem before. It was so odd. Seemingly out of the blue, I'd get into bed at night and just not be able to shut off my brain.

Eventually I would be able to get to sleep, but I'd wake up feeling peculiar, like I had forgotten to do or tell someone something. Hunger wasn't as aggressive as it usually was during this time, either. I woke each morning with a sickly, creeping feeling in my gut. Still, I carried on as normal.

I went to work and tried to put what was happening during the night to the back of my mind. I got through the days OK, if slightly bleary-eyed, but looking back now I can see that I had started to struggle with simple conversations.



Continued overleaf

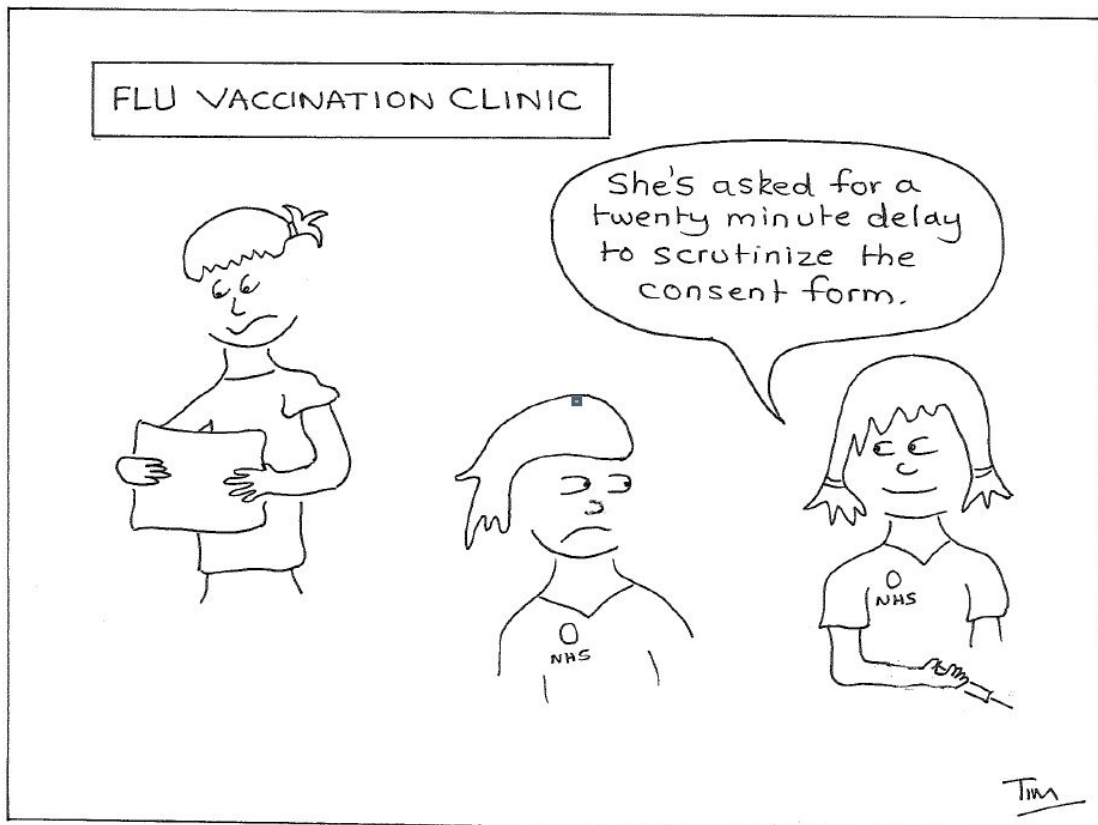
If my boss told me to check a delivery, it'd take me a few seconds to process what he was saying, like two or three people had said it at the same time and I couldn't make out the clear instruction. Looking at morning delivery slips and trying to make sense of them in my head was like trying to make out a tree in the fog – possible, but hard.

Everything felt misty. I'd started to think that stuff was about to fall over all the time – I'd look at a shelf of bottles and see one or two about to topple over, then look again and they'd be fine. I also kept thinking I could hear phones ringing, at all different pitches, even though there were no phones in the warehouse. Again, I wasn't panicking yet – I just told everyone who asked if I was OK that I wasn't sleeping well and thought it was all down to that. Sleep deprivation does weird things to people. A lad at work gave me some of these American sleeping pills to try out, and they seemed to help for a bit, even though I'd wake up and feel like my head was full of cotton

wool. I stopped caring about going to the pub or playing football at the weekends. All I wanted to do was sleep. Conversations were too much hard work.

I'd say it probably took 2 months from that initial sleeplessness for me to think there was something seriously wrong with me. The thought octopuses, as I ended up calling them, got weirder and weirder at night. I'd have the telly on and start being unable to identify what was noise coming from the screen and what was my own noise. It was frightening.

I didn't sleep at all that night. I felt paralysed. My bedroom door had become the very end of my world. The noise came and went in waves, but it felt like someone, or something, had replaced my body and mind. It wasn't me who was too scared to go to the bathroom for a pee, so decided to do it in a glass tumbler, spilling it all over the floor. It wasn't me who threw all my bed sheets off, only feeling comfortable completely naked



Tim Hughes

against the bare mattress. It wasn't me who pressed the tip of a Stanley knife into my heel to try and snap myself out of the despair. In that room, as the sun came up and my alarm went off for work, I thought, 'I need my mum.'

Luckily, she was only a staircase away. I hadn't got myself together to move out of home yet – couldn't afford to, really. I called her from my phone because I thought that if I left my bedroom my insides were going to fall out. I genuinely believed crossing the threshold of my bedroom doorframe into the hallway would make my skull come apart and my bowels fall out of me like a bucket of pig swill. She answered the phone and said, "Oh for goodness sake, stop messing about,"

or something similar. I started crying, apparently in big, whooping sobs like a little boy, and heard her throwing her phone on the floor through the ceiling.

When she opened my door, she gasped. I don't remember doing it, but apparently I'd pulled apart my TV remotes (I had four of them) and my bare mattress was covered in little circuit boards, pee and blood (from my heel). I sat there in my pants, crying, and told her that I'd been "taken over". She called an ambulance.

To be continued...

Just how healthy is your brain?

Keeping Well? set out from the beginning to encourage everyone to take good care of themselves, and why not if it helps you to feel better and live longer? It's been very good to see that the NHS also now takes screening to detect early signs of disease much more seriously. As a result, we have more timely and effective interventions and fewer early deaths from problems such as heart disease, stroke and cancer.

But what about diseases of the brain? We all know that practicing 'wellbeing' techniques can make a huge difference to how you feel about yourself, and keeping your brain active throughout life is a smart move. But could diseases of the brain be actively prevented or delayed? According to a recent evidence-based report*, there is increasing evidence that they can.

Taking common diseases, such as dementia and Parkinson's Disease, these neurodegenerative problems start early and there is a 10 to 20-year window of opportunity in midlife to reduce or delay their progress even before their symptoms become a problem.

This is a very rapidly evolving research area which is exploring better diagnostic tests and earlier interventions, and we don't yet have all the answers.

So what I can do about this now? Well, it is now really clear that what is good for the heart is also good for the brain, and strong evidence that fixing high blood pressure in middle age not only reduces your risk of early stroke and heart attack but also lowers the risk of having dementia when you are older.

Daily exercise, both physical and mental, a healthy diet and a healthy weight will all help to keep your brain healthy. We can all do this now and the sooner we start the better.



***Time Matters A Call to Prioritize Brain Health**
Giovannoni et al 2019 Oxford Health Policy Forum.

From the Practice

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:-

- all those aged two and three on 31 August 2019 (date of birth on or after 1 September 2015 and on or before 31 August 2017),
- for those aged from six months to less than 65 years of age, clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals such as those with:
 - chronic (long-term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis
 - chronic heart disease, such as heart failure
 - chronic kidney disease at stage three, four or five
 - chronic liver disease
 - chronic neurological disease, such as Parkinson's disease or motor neurone disease, or learning disability
 - diabetes
 - splenic dysfunction or asplenia
 - a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment)
 - morbidly obese (defined as BMI of 40 and above)
 - all pregnant women (including those women who become pregnant during the flu season)
 - people aged 65 years or over (including those becoming age 65 years by 31 March 2020)
 - people living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This

does not include, for instance, prisons, young offender institutions, university halls of residence, or boarding schools (except if children in boarding school are of primary school age)2.

- those who are in receipt of a carer's allowance, or who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill
- household contacts of immunocompromised individuals, specifically individuals who expect to share living accommodation on most days over the winter and, therefore, for whom continuing close contact is unavoidable



This year we have run 2 Saturday clinics and a clinic on a Friday morning; all were a huge success. This was in spite of delays in the delivery of the vaccines which were due to manufacturing problems suffered by one of our suppliers. As this is the second year running that the supplier has delivered later than promised, we have decided not to order from them again next year, and have already confirmed our order with another provider.

Finally, a plea to all of you who have had your free flu vaccine given by a pharmacy: we, and they, are paid for administering the vaccine, so if you choose to have your flu jab at the pharmacy, they receive the fee instead of us. As every little counts, we would be really grateful if you book into our flu clinics next year. Thank you!

Pneumococcal Vaccine

The pneumococcal vaccine protects against serious and potentially fatal pneumococcal infections. It's also known as the "pneumo jab" or pneumonia vaccine.

pneumococcal infections are caused by the bacterium *Streptococcus pneumoniae* and can lead to pneumonia, septicaemia (a kind of blood poisoning) and meningitis. At their worst, they can cause permanent brain damage, or even kill.

Who should have the pneumococcal vaccine?

There are four groups of people who are advised to get vaccinated against pneumococcal infections:

- babies
- people aged 65 and over
- anyone from the ages of 2 to 65 with a long-term health condition
- anyone at occupational risk, such as welders

Babies and the pneumococcal vaccine

Babies are routinely vaccinated with a type of pneumo jab known as the pneumococcal conjugate vaccine (PCV) as part of their childhood vaccination programme. They have three injections, which are usually given at:

- Eight weeks old
- Sixteen weeks old
- One year old

Adults aged 65 or over and the pneumococcal vaccine

If you are 65 or over, you will be offered a type of pneumo jab known as the pneumococcal polysaccharide vaccine (PPV). This one-off vaccination is very effective at protecting you against serious forms of pneumococcal infection.

People with long-term health problems and the pneumococcal vaccine

The PPV pneumo jab is available on the NHS for children and adults aged from 2 to 64 years old who are at a higher risk of developing a pneumococcal infection than the general population.

This is generally the same people who are eligible for annual flu vaccination.

Children up to five years old may also need the PCV (because the PPV injection doesn't always work in young children).

You're considered to be at a higher risk of a pneumococcal infection if you have:

- had your spleen removed, or your spleen does not work properly
- a long-term respiratory disease, such as chronic obstructive pulmonary disease (COPD)
- heart disease, such as congenital heart disease
- chronic kidney disease
- chronic liver disease, such as liver cirrhosis
- diabetes
- a suppressed immune system caused by a health condition such as HIV
- a suppressed immune system caused by medication such as chemotherapy or steroid tablets
- a cochlear implant (a small hearing device fitted inside your ear)
- had cerebrospinal fluid (the clear fluid that surrounds the brain and spine) leaking from its usual position – this could be due to an accident or surgery
- Adults and children over the age of five who are severely immunocompromised (including anyone with leukaemia; multiple myeloma; genetic disorders affecting the immune system or after a bone marrow transplant) usually have a single dose of PCV followed by PPV.

Welders and metal workers and the pneumococcal vaccine

Some people with an occupational risk are advised to have the pneumococcal vaccine, including those who work with metal fumes, such as welders.

If you think you may be eligible for the jab, please ask at Reception at the Nuffield Practice for confirmation.

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.

Eczema treatments: what does research tell us?

Eczema is a chronic skin condition that affects many of us and can have a big impact on quality of life. Back in 2012, people with eczema and parents of children with eczema helped doctors and researchers decide which questions about eczema treatments most need answering. New research has been funded as a result, but right now there is still much uncertainty about some of the treatments people use.

Cochrane Skin (<https://skin.cochrane.org>) is doing a great deal of useful work on eczema and other skin diseases. Its systematic reviews bring together the best available research which could help to answer questions about treatments, and new research gets included in these as the reviews are updated from time to time. I've had a look at three of the recent eczema reviews.

Moisturisers

A Cochrane review team looked for all the relevant research studies about the effectiveness and safety of moisturisers for eczema. They found 77 studies with 6,603 people, mostly with mild to moderate eczema.

The bottom line is that most moisturisers helped, compared with not using moisturiser. They increased the time between flare-ups and

reduced both the number of flare-ups and the amount of steroid cream needed. The research also showed that using moisturisers together with steroid cream probably makes that treatment more effective.

Unfortunately, we still don't know whether one moisturiser is better than another, or which might be best for different parts of the body or for different seasons, personal circumstances or severity of eczema. So, decisions about which to use should take into account each person's experiences and preferences.



Probiotics and dietary supplements?

Another Cochrane review found that taking probiotics, compared with not taking them, probably makes little or no difference to eczema symptoms or to quality of life. The review authors conclude that "the use of probiotics for the treatment of eczema is currently not evidence-based".

A Cochrane review on dietary supplements and eczema found no convincing evidence that they are helpful and the authors remind us that we should not assume that dietary supplements are safe.

You can see these reviews in full at www.thecochranelibrary.com and read more about Cochrane Skin and their work at <https://skin.cochrane.org>

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