

This past week there has been a lot in the media about what might be called 'problem' drugs. These are prescribed medications used often for pain or anxiety and low mood and where there are significant concerns about the rising numbers of prescriptions being issued by GPs. The problem of course is that these medicines are started with good reason, often at time of crisis and that they do seem to help initially. However they then can become difficult to stop either because of fear of relapse or more worryingly because patients may experience symptoms of withdrawal or 'discontinuation' when trying to stop them. The list of these drugs is relatively small. Codeine, Tramadol, Morphine, Oxycodone and Patches for pain; anti-depressants (particularly Citalopram, Fluoxetine, Paroxetine and Sertraline) plus sleeping tablets and medicines for anxiety (Zopiclone, Diazepam) and finally Gabapentin and Pregabalin, also for pain prevention.

The pendulum for using strong painkillers has definitely swung in recent years. We have always known they can be addictive but increasingly the evidence is that over time they become less effective for pain (particularly non cancer pain) but do become more difficult to stop (due to symptoms of withdrawal on stopping). The same applies to Zopiclone and Diazepam. Drugs like Sertraline and Citalopram cause so called 'discontinuation' syndrome if stopped suddenly and similar problems occur with Gabapentin and Pregabalin.

The key thing here is that these medicines should be regularly reviewed (more frequently when first prescribed and then a minimum of 6 -12 months subsequently) and if you think they are no longer working, discuss with our pharmacist Shelley (who runs a meds review clinic most weeks) or GP a plan to wean off them before considering possible alternatives. Increasingly non medication options are being used – pain management groups through our local community pain service or talking therapy (CBT) services via the local NHS providers. We do know that prescription medicines are an increasing problem; that we want to avoid the so called 'opioid crisis' being seen in North America; and that much can be done to help if medication is reviewed regularly. As part of our local Primary Care Network initiative we do hope to have more pharmacist time to support our practice patients and an increased capacity to review these medications will be one area we are keen to develop further over time. Often a simple 5 minute telephone consultation is all that is needed and these can easily be booked with a GP via our reception team. We do also put prompt notes onto prescriptions so watch for these and make that review appointment.

Next, have you come across the NHS App? This is now available and could be a simple and secure way to access a range of NHS services on your smart phone or tablet device. It can be used to book and cancel appointments, view your records if you have access, order repeat prescriptions, use as a 'symptom checker', register to be an organ donor and choose whether your anonymised health data can be used for research and planning. Further information is available at [www.nhs.uk/nhsapp](http://www.nhs.uk/nhsapp) or visit your preferred app store.

Finally a recent flyer I saw announced that the University of the Third Age (or U3A) will soon be coming to Calverton. This is a collective of like-minded people seeking learning and education in the phase of life after full time work and / or parental responsibility. I am not yet eligible but I do know that keeping our brains active and busy is a good thing, may even help preserve memory and brain function and as its strap line is 'Learn, Laugh and Live' that can only be a good thing. More information is at [www.u3a.org.uk](http://www.u3a.org.uk) & [www.eastmidlandsu3as.org.uk](http://www.eastmidlandsu3as.org.uk) .

Phil Rayner

