



Annual  
Asthma  
Review



Improve  
your  
Sleep

LINDUM  
MEDICAL  
PRACTICE  
01522 569033

# Lindum News

Spring 2017

Produced by Lindum Medical Practice for its patients and staff

[thelindumpractice.co.uk](http://thelindumpractice.co.uk)

## Practice Expansion Plans

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Whilst the NHS faces challenging times, we at the Lindum are determined to continue to grow and expand our services for patients. The practice recognised 2 years ago that demands and patient numbers were increasing and decisions were made to future proof the practice for the five year forward view that the government has for General Practice. It is for this reason that last year we extended the premises to make way for increased staffing accommodation. It is sad to see practices around us closing down, but our vision for the Lindum is growth. We would like to assure patients that plans are in place to sustain and manage that growth, which we hope will result in improved services delivered in general practice, which is more convenient for our patients. The GPs have shown their commitment to the practice by personal investment supported by NHS England.

The next phase of our vision is now under way and I am pleased to say we have recently increased our staffing by 1 GP, Nurse Practitioner, additional Practice Nursing hours, Health Care Assistant and additional Reception staff. We are very pleased to have secured these experienced people when recruitment to general practice remains difficult. Please bear with us whilst the new team members integrate. Working in general practice is demanding and patients can help by being flexible and ensuring they attend appointments. Unfortunately, too many appointments are wasted due to patients not turning up. This leads to frustration which has been directed at our staff.

Lindum is very lucky to have a dedicated team who are determined to succeed and are being very positive. We want to assure patients the future looks bright for us at the Lindum and we will seek all opportunities to improve services for our patients.

Pauline Mardle (Business Manager)





Every ten seconds someone in the UK has a potentially life-threatening asthma attack and three people die every day. Tragically two thirds of these deaths could be prevented, whilst others still suffer with asthma so severe current treatments don't work.

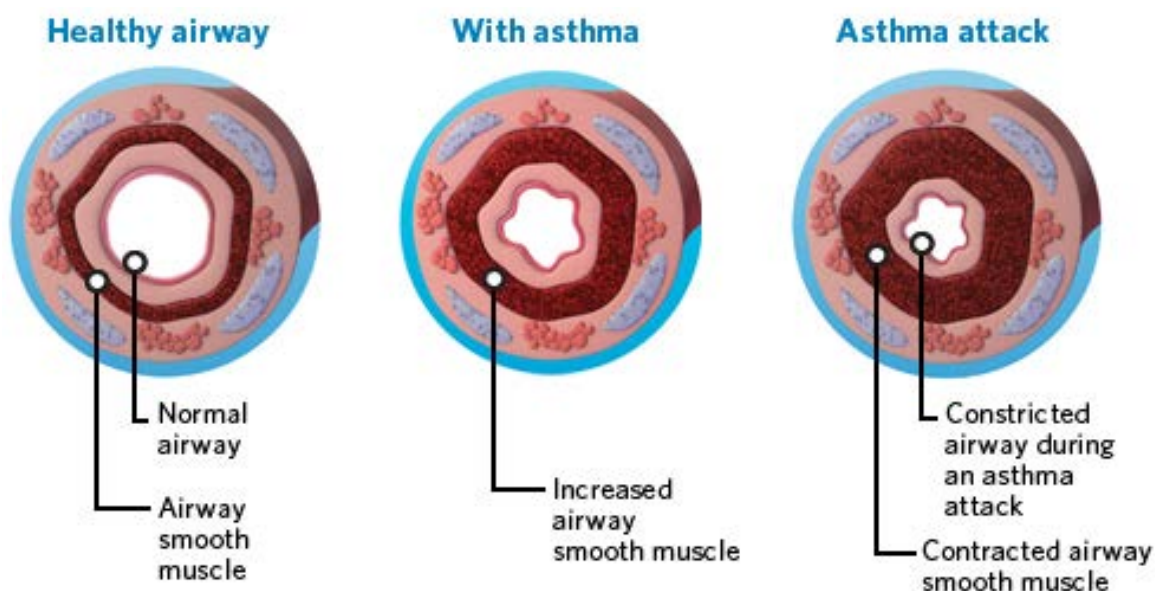
Asthma reviews are an essential part of asthma management, and help to prevent asthma attacks. Guidelines by NICE recommend an asthma review at least once a year. Those with severe asthma should have one more often and children should have their asthma reviewed every 6 months. A nurse review is a great way to check on your asthma, talk about any triggers or symptoms and update your written asthma action plan. A survey conducted by Asthma UK in 2016 found that 78% people with asthma do attend regular reviews. Going for your review can help keep you as free as possible from symptoms. Your review is a chance for you and your GP, or experienced asthma nurse

to find out how well managed your asthma really is – and, if necessary, make improvements, adjusting your medicine to suit your needs. You don't need to put up with coughing and wheezing getting in the way of life.

Here at the Lindum we are fortunate to have nurses experienced in asthma management. You may think that you don't need a review, or that it is hard to find the time to come to the surgery but a small amount of time reviewing your asthma care could save you more time in the long run, by preventing asthma symptoms and avoiding a potentially life-threatening asthma attack. If your asthma is mild then ask if you can have a phone consultation - it's far better to have a review by phone than no review at all.

There is a link between asthma and other allergic conditions including eczema, hay fever and food allergy. Individuals with hay fever (allergic rhinitis)

or a family history of allergy have an increased likelihood of developing asthma (see Allergy UK's factsheet on Allergic Rhinitis). It is important if you have both hay fever and allergic asthma that your hay fever is well controlled. Poorly controlled hay fever can lead to the development of asthma or make asthma symptoms worse in existing asthma.



## So what should you expect from a good Asthma Review?

You should be asked about your asthma symptoms. For example, do symptoms disturb your sleep? How often do you need to use your reliever medication? Do your symptoms stop you from doing some everyday activities. Your inhalers should be checked to ensure you are on the right treatment and dose, you may even be able to reduce the amount of medication you take or trial different medications which can help with asthma symptoms and triggers.

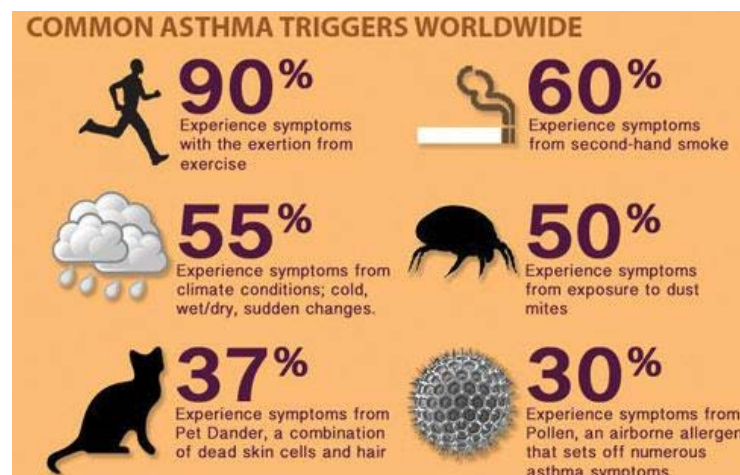
Your peak flow should be recorded. The peak expiratory flow test or PEF is a lung function test to measure how fast you can blow out. It can show how much your lungs are affected by asthma.

Your inhaler technique should be checked, so make sure you bring any inhalers you are using along to your appointment with any spacers. Even a little tweak can help ensure as much of the medicine as possible ends up in your lungs, where it's needed.

And finally, based on your peak flow and/or symptoms you should have an up to date written asthma action plan. An action plan is a personalised plan containing the information you need to look after your asthma well. Evidence shows you're four times less likely to end up in hospital if you follow a written asthma action plan. Download an asthma

action plan and take it with you to your next asthma review.

If you keep forgetting to take your inhaler, or don't take it because you're worried about side effects, for example, be honest. Your GP or asthma nurse will want to find ways to support you.



Lifestyle factors - such as being overweight or smoking - can make your asthma worse. Ask your GP or asthma nurse how you can make some changes to help your health. They can help you with weight loss and quitting smoking.

Don't wait for your next review if you're worried about anything. You can make an appointment to see your GP or asthma nurse at any time. For more information go to [www.asthma.org.uk](http://www.asthma.org.uk)

## What to do in an asthma attack

- 1 Sit up** – don't lie down. Try to keep calm.
- 2 Take one puff of your reliever inhaler** (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 If you feel worse** at any point while you're using your inhaler OR you don't feel better after 10 puffs OR you're worried at any time, **call 999 for an ambulance**.
- 4 If the ambulance is taking longer than 15 minutes** you can repeat step 2.

**IMPORTANT!** This asthma attack information is not designed for people using a SMART or MART medicine plan. Speak to your GP or asthma nurse to get the correct asthma attack information for them.



### Any asthma questions or concerns?

Speak to our expert Helpline nurses,  
Monday to Friday from 9am to 5pm

**0300 222 5800**  
[www.asthma.org.uk](http://www.asthma.org.uk)







Travel Health is a complex field of practice, travellers are visiting further afield and undertaking increasingly adventurous activities. At the Lindum Medical Practice we offer a tailor-made travel consultation which will be undertaken by an experienced Practice Nurse. A travel form should be completed when your holiday is booked. If you don't need anything we will let you know, but courses of vaccinations can take time and some vaccinations need to be given well in advance to allow your body to develop immunity. Where possible, you should be seen six to eight weeks before you're due to travel.

In the UK, the childhood vaccination programme protects you against a number of diseases, but doesn't cover most of the infectious diseases found overseas. Vaccinations are available to protect you against infections such as yellow fever, typhoid, hepatitis A and hepatitis B. Some countries even require you to have a Certificate of Vaccination before they will allow you to enter. For example, Saudi Arabia requires proof of vaccination against certain types of meningitis for visitors arriving for the Hajj and Umrah pilgrimages.

First your practice nurse will find out whether your existing UK jabs are up-to-date (they can tell from your notes). They can give you a booster of your UK jabs if you need one. The travel vaccinations you need may be free on the NHS or may be available for a charge as not all vaccinations are free on the

NHS, even if they are recommended for travel to a certain area.

After checking your records and your current vaccination status your nurse will then use a designated travel advice website for up to date advice on your destination and health risks identified within that region. Many factors will influence the recommendations for vaccination and these include; exact location to be visited, duration of stay, accommodation and access to medical care, age and current health issues, what you will be doing during your stay (eg trekking, camping, aid worker) and contact with animals. After checking all of this information your practice nurse will discuss with you the recommendations in an appointment prior to you travelling.

Your practice nurse will also be able to give you general advice about travel health, such as protecting yourself from malaria.

Alternatively, you can visit a local private travel vaccination clinic for your UK boosters and other travel jabs.

You can find more information on these two websites:

- NHS Fit for Travel
- Travel Health Pro





# ZIKA VIRUS

Zika virus is a disease which is mainly spread by infected mosquitoes biting humans. Unlike the mosquitoes that spread malaria, affected mosquitoes (the Aedes mosquito) are most active during the day, especially during mid-morning, then late-afternoon to dusk. Zika does not naturally occur in the UK. Zika outbreaks have been reported in the Pacific region, and the virus has now spread to South and Central America, the Caribbean and South East Asia.

For most people infected with Zika it is a very mild infection and isn't harmful. Symptoms include; rash, itching all over the body, fever, headache, muscle pain, conjunctivitis, low back pain and joint pain. However in pregnancy scientists believe that there is enough evidence to show that Zika virus infection is a cause of birth defects, including microcephaly (this means the baby will have an abnormally small head and can be associated with abnormal brain development). This is also known as congenital Zika syndrome.

## Zika Virus: Global Spread

The Zika Virus, traditionally found in Africa and parts of South East Asia, is spreading. See when and where it was detected.



It is therefore recommended that pregnant women should:

- Postpone non-essential travel to areas at high risk of Zika virus transmission, and
- Consider postponing non-essential travel to areas at moderate risk of Zika virus transmission until after pregnancy.

If you plan to travel to an affected area, seek travel health advice before your trip. Travel advice should be tailored to you and based on the level of risk (high, moderate, low, very low) for the country you're travelling to.

Discuss your travel plans with your GP, practice nurse or a travel clinic. If travel is unavoidable, then you should take extra care to avoid being bitten by mosquitoes. The most effective bite prevention methods include:

- Using insect repellent that contains DEET.
- Wearing loose clothing that covers your arms and legs.
- Sleeping under a mosquito net in areas where malaria is also a risk.

It is recommended that you avoid becoming pregnant while travelling to an area with high or moderate risk of Zika virus transmission, and for eight weeks after you return home. If you are pregnant and have recently returned from an area with active Zika virus, see your GP or midwife and tell them, even if you have not been unwell. They can arrange an ultrasound scan of your baby to monitor growth. If you have experienced Zika symptoms within two weeks of returning home, it is recommended that you wait eight weeks after full recovery before you try to get pregnant.



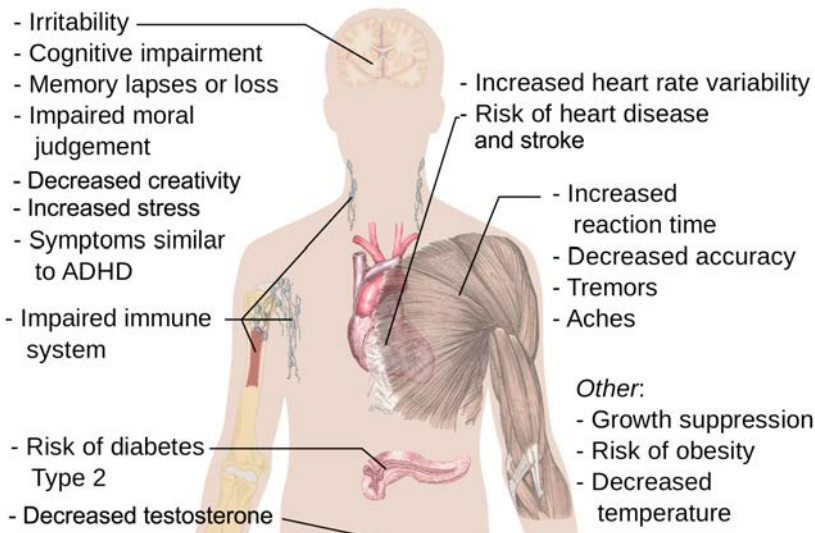


## Do you sleep like a Baby?

Most of us will suffer from insomnia at some stage in our lives. Insomnia means poor sleep, and at any one moment in time about 20% of adults are not getting as much sleep as they would like. Poor sleep can mean difficulty in getting off to sleep (initial insomnia, waking too early (early morning wakefulness), waking for long periods during the night, or not feeling refreshed after a nights sleep. Poor sleep can result in daytime tiredness, reduce concentration or irritability, or just not functioning well.

A good nights sleep should be a refreshing and deep sleep. The average adult needs 7.5 to 8 hours sleep per night, some people need much less than this. If you are not feeling tired during the day you are probably getting as much sleep as you need.

### SIDE EFFECTS FROM MISSING SLEEP



Poor sleep may occur for no apparent reason but there are a number of possible causes:

***Clock-watching*** – it is normal to wake briefly during the night due to the natural sleep cycle, but some people feel this is not normal and get preoccupied with noting the times when they are awake, giving them the impression that they have had a bad nights sleep, even when the time asleep was probably normal. Worrying can exacerbate the problem, causing a vicious cycle.

***Temporary problems*** – such as work or family stresses, change in routine and jet-lag. These usually improve on their own over time.

***Depression*** – if associated with low mood, tearfulness and persistent negative thoughts, then poor sleep may be due to depression and will improve when the depression lifts or is treated.

***Medical problems*** – various illnesses can affect quality of sleep such as pain, breathlessness, indigestion, cough, itch, cramps and hot flushes. Relieving the problem will usually help poor sleep.

***Medicines*** – prescribed and bought medicines can affect sleep. These include diuretics, steroids and some blood pressure medicines. Some slimming tablets and cold remedies also contain affect sleep.

**Stimulants** – alcohol, caffeine and smoking can all affect sleep. Some people use alcohol to help them get off to sleep, but unfortunately it actually causes broken sleep and early morning wakefulness. Coffee, tea, cola and even chocolate contain enough caffeine to disturb sleep. Nicotine in cigarettes seriously disturbs sleep. Drugs such as cocaine, speed and ecstasy also disrupt sleep.

**Sleep apnoea** – this occurs in some obese people who snore (usually but not exclusively men). The large airway collapses as the person falls asleep, causing snoring and reduced oxygen levels, which triggers the brain to wake them up repeatedly in the night to breathe, resulting in daytime tiredness.

**Ageing** – we require less sleep as we get older – it is normal for someone in their 70's to only require 4 or 5 hours sleep per night.

## How can sleep be improved?

**Understanding** – we need less sleep as we get older and short periods of waking each night are NORMAL.

**Body Rhythm's** – avoid naps during the day even if you have had a poor sleep at night. Switch the light out as soon as you get into bed. Always wake up at the same time each day and resist the temptation to 'lie-in'.

**Bedroom** – a bedroom should be a relaxing place to sleep. It should be dark and quiet, not too hot or cold. Avoid working, eating, watching TV or electronic devices in the bedroom.

**Relaxation** – get into a good bedtime routine, winding your body down preparing for sleep. You

could try a walk or light exercise followed by a warm bath, reading, a milky drink (avoiding caffeine). Avoid anything mentally challenging in the hour or so before bed. Soft music or relaxation tapes which allow time to switch off may help induce sleep.

**Stimulants** – avoid them for a few hours before bedtime – this includes alcohol and smoking. You might want to discuss taking medications at a different time of day with your doctor if you feel this is affecting your sleep.

**Exercise** – exercise during the day can improve your quality of sleep at night.

**Food** – avoid large meals before bedtime.

If you are unable to get off to sleep after 20-30 minutes it is best to get up, go into another room and do something else such as read a book and return to bed when you feel sleepy. This is much better than brooding in bed and causing the cycle of worrying causing poor sleep.

Sleeping tablets are rarely the answer. Contrary to popular belief sleeping tablets can make little difference, in a recent study only 7% of patients sleep better, and only around 25 minutes more per night! In 76% of patients sleep was unaffected but worryingly 17% of patients experienced adverse side effects including drowsiness during the day. Tolerance to sleeping tablets can occur only 2-3 weeks after taking and by that time patients can be dependent on them. In the rare event sleeping tablets have been prescribed they are best only taken 2 or 3 times per week and not on consecutive nights to prevent the problems of tolerance and dependence.

## Did you know we are a research practice?

Without research, healthcare and treatment would not progress. Some research projects involve just answering questionnaires; some require a little more of your time. We are currently taking part in research projects looking at Asthma treatment, high risk Asthma, Giant Cell Arteritis and Polymyalgia Rheumatica. In March, we will be starting a research project looking at Psoriasis treatment. If you would be interested in taking part in any of our current research projects or would like to express an interest in research in general then please contact Nurse Lindsay at the surgery.

# Diabetes and Erectile Dysfunction

Erectile dysfunction (ED) or impotence, means not being able to have or keep an erection for long enough to have sexual intercourse. All men experience failure to achieve an erection at some time in their lives, and this problem increases with age for all men whether they have diabetes or not.

Men who have diabetes are thought to develop erectile dysfunction between 10 and 15 years earlier than men who do not suffer from the disease. It is estimated that impotence may affect over half of men with diabetes, and over the age of 70 there is a 95% likelihood of facing difficulties with erectile function.



## Who Should I Tell?

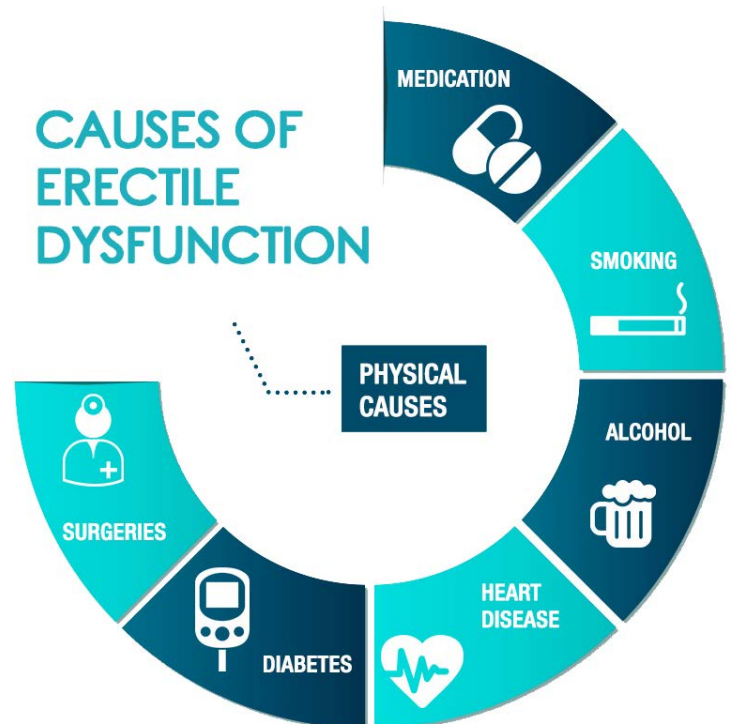
Erectile Dysfunction can affect more than one person, it affects both people in a relationship. You may feel embarrassed, frustrated or guilty. Your partner may feel rejected, let down or upset. Talking to your partner can lead to an understanding of how you are both feeling and whether you want to seek professional help.

Discussing erectile dysfunction can feel embarrassing but please don't suffer in silence, in many cases we can help – and we will have heard it before. For further information on erectile dysfunction please go to [www.nhs.uk](http://www.nhs.uk), [www.diabetes.org.uk](http://www.diabetes.org.uk) or contact your GP or diabetic specialist nurse.

## What Causes Erectile Dysfunction?

There can be a range of causes both physical and psychological. In some cases a mixture of both can happen. Common Causes include;

- Diabetes – small blood vessels can become damaged affecting the blood flow to the penis and the nerves which control an erection.
- Medication – some medication, such as tablets for depression or blood pressure.
- Drug use – smoking, drinking too much alcohol or use of illegal drugs.
- Operations – surgery to your prostate, bowel or bladder may damage the nerves connected to your penis.
- Anxiety, stress or depression can affect your ability to perform. This can lead to further anxiety, guilt and feelings of pressure to perform. Sometimes there are also relationship problems.
- Damage to spinal cord which may result in paralysis of lower limbs or affect the way in which limbs are used.
- Chronic pain or illness can also affect performance.





# head lice info

EVERYTHING YOU NEED TO KNOW ABOUT NITS AND THEIR EGGS



Head lice are tiny brown insects that can only live on human hair. They survive by sucking blood from the scalp. Head lice are easily spread by close contact, but do not spread disease.

They are very common, especially among school children and can affect anyone. Head lice are not a serious problem but they are difficult to remove.

## ***What causes lice?***

Head lice are tiny brown insects around three millimetres long – roughly the size of a sesame seed. They lay their eggs (nits) at the base of hair follicles. The eggs hatch after around seven days. They are fully mature adults, able to reproduce, around two weeks later.

Lice only live on human scalps and they are not passed to or from animals. They can't fly or jump but use their six legs to hold on tightly to scalp hairs.

They are usually passed by hair-to-hair contact. The lice simply walk from one head to another. Outbreaks often occur in schools as children work and play closely together.

## ***What are the signs and symptoms of lice?***

Head lice are usually visible in the hair and on the scalp, especially during brushing. Some children might also feel itchy. The eggs are white in colour and can be found near the scalp.

## ***How are lice normally treated?***

If you suspect head lice, check the base of the hairs for eggs. They are oval, yellow or white, and tiny, less than one millimetre long. Also look carefully at the hair to see if you can spot adult lice. Favourite spots for infestation are behind the ears, and at the nape of the neck. If you can't see anything, try combing the hair with a fine toothed comb over a piece of white paper to see if any lice drop out.

Most people prefer to try natural methods to treat this problem first. This is a good idea because lice are becoming increasingly resistant to chemical treatments.

The most effective is wet combing but you need to be persistent.

The best procedure is as follows:

- Wash the child's hair and apply a generous amount of conditioner, which should be left in.
- Use a fine toothed comb, comb the child's hair in small sections over a piece of paper so you can see the lice drop out. Wipe the comb clean between each stroke.
- Continue until you can't see any more lice or nits after combing.
- Repeat every three or four days for at least two weeks. You can't remove the eggs by combing, only the lice.

Alternatively you could try an insecticide lotion. You will need to apply the lotion to all areas of the child's scalp. It usually needs to be left in for up to 12 hours. For most brands, two applications a week apart are needed. A prescription is not needed as all of the medicated shampoos/treatments are available over the counter in any pharmacy.

## ***What's going to help?***

Cleaning combs and brushes regularly helps prevent transferring the lice back onto the scalp. Try not to share brushes with other people. Maybe have one for each child.

Check the rest of the family for signs of head lice and treat if necessary. Inform friends and family who may come into contact with a child with head lice. Also remember to alert the child's school. Most schools have a head lice policy in place. They can advise whether the child needs to temporarily stay at home or can continue with school.

## ***How can I reduce the risk of lice?***

Check the child's hair regularly for signs of head lice. Start treatment as soon as possible if the child has them. Do not use medicated lotions as a preventative measure. This only encourages resistant strains of head lice to emerge.

# vitamin



Sunshine, not food, is where most of your vitamin D comes from. So even a healthy, well balanced diet, that provides all the other vitamins and goodness you need, is unlikely to provide enough vitamin D.

## **What is vitamin D?**

You make vitamin D under your skin when you are outside in daylight, which is the reason vitamin D is sometimes called the 'sunshine vitamin'. A vitamin is something that helps our body function – a 'nutrient' – that we cannot make in our body. Vitamin D is different because even though we call it a vitamin, it is actually a hormone and we can make it in our body.

## **What does vitamin D do in my body?**

Vitamin D works with calcium and phosphorus for healthy bones, muscles and teeth. Even if you have a calcium-rich diet (for example from eating plenty of low-fat dairy foods and green leafy vegetables), without enough vitamin D you cannot absorb the calcium into your bones and cells where it is needed. Vitamin D may have other important roles in the body, but there isn't enough evidence at the moment to make any conclusions.

## **When is vitamin D made in skin?**

The amount of vitamin D you make depends on how strong the sunlight is. You will make more in the middle of the day, when the sun is strongest. You will also make more when you are in direct sunlight than in the shade or on a cloudy day.

## **Sun safety**

It is the sun's ultraviolet rays that

allow vitamin D to be made in the body. You do not have to sunbathe to make vitamin D. In the UK, ultraviolet light is only strong enough to make vitamin D on exposed skin (on the hands, face and arms or legs) in the middle of the day (around 11am-3pm) during April to September. However strong sun also burns skin so we need to balance making vitamin D with being safe in the sun. If you go out in the sun two to three times a week for at least 15 minutes in this period your body will make enough vitamin D. During the winter months we get vitamin D from our bodies stores and from food sources.

## **Which foods contain vitamin D?**

Help your body get more vitamin D by eating plenty of vitamin D rich foods, including:

- oily fish such as salmon, sardines, pilchards, trout, herring, kippers and eel contain reasonable amounts of vitamin D
- cod liver oil contains a lot of vitamin D (don't take this if you are pregnant)
- egg yolk, meat, offal and milk contain small amounts but this varies during the seasons
- margarine, some breakfast cereals, infant formula milk and some yoghurts have added or are 'fortified' with vitamin D

## **Where are vitamin D supplements available?**

Vitamin D supplements and multivitamins are widely available to buy from chemists/pharmacies, supermarkets and health food shops. Some women

who are pregnant or breastfeeding and children aged six months to four years may qualify for Healthy Start vitamins which contain vitamin D. Ask your health visitor about this. A supplement only needs to contain 10 micrograms to meet the recommendation – those with a higher content of vitamin D are unnecessary and could be harmful in the long run.

## **Can I have too much vitamin D?**

Taking a vitamin D supplement as well as spending a lot of time outside in sun is not a problem as your body only makes as much vitamin D as it needs. However do not take more than one supplement containing vitamin D and always choose a supplement tailored to the age group or condition.

## **Summary**

Vitamin D helps your body absorb calcium for healthy bones, muscles and teeth. You make vitamin D under your skin when you are outside in the middle of the day in the summer months.

You can get vitamin D from some foods including fortified foods or by taking a supplement. There are some at risk groups who are recommended to take daily vitamin D supplements

If you are concerned you are not getting enough vitamin D, speak to your doctor, health visitor, or ask to be seen by a dietitian.



# Slow cooked BBQ Pulled Pork with Coleslaw



## For the Pulled Pork

### Ingredients

1.2 - 2kg pork shoulder, all fat removed

### For the Sauce

5tbsp Worcestershire Sauce

1tsp mustard powder

500g passata

3 tbsp. balsamic vinegar

2 cloves of garlic, crushed

3 tbsp. sweetener

Salt and freshly ground black pepper

### Method

1. In a pan mix together all of the sauce ingredients. Bring to the heat and simmer for 15 minutes or until thickened.
2. Meanwhile trim all the visible fat from the pork and sear all sides in a hot frying pan. Transfer to a slow cooker and coat with the sauce, cook for 8-12 hours on LOW.
3. Remove the pork from the slow cooker and place on a chopping board, allow to rest for 15 mins, shred using 2 forks. Any sauce remaining in the pot can be used to drizzle over the meat.

## For the Coleslaw

### Ingredients

200g white cabbage, quartered, cored and shredded

2 carrots coarsely grated

Salt

4 level tbsp. extra light mayonnaise

4 spring onions finely shredded

### Method

1. Put the cabbage in a colander. Pour over a kettle of just-boiled water, letting it drain, to soften the cabbage slightly. Cool it quickly with cold water again to prevent it going too soggy.
2. Add the carrot to the colander and sprinkle over a pinch of salt (this seasons the veg and draws out some of the water). Leave to drain for 15 minutes.
3. Transfer to a large bowl and mix together well with the mayonnaise and shredded spring onions.

Serving suggestion; Serve with a fresh bun or with potato wedges.



**NHS Pharmacy**

**NHS**  
Lincolnshire West  
Clinical Commissioning Group

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Last year, the cost of  
wasted prescription  
medicines in Lincolnshire  
alone could have funded  
330 courses of breast  
cancer treatment.

Caution: The cost of waste medicines affects us all

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NHS PHARMACY

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MANAGE YOUR MEDICINES

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