

2015-12-14 Focus

BREAK OUT THE BOLLY!

“Drinking three glasses of champagne per week could help stave off dementia and Alzheimer's disease” was the welcome headline in the Daily Mirror. Knowing that a little of what you fancy does you good adds a little sparkle to the Christmas festivities!

Sadly the killjoys have stepped in promptly. NHS Choices gave its verdict on the champagne claims. “Before you break out the Bolly, you should know the study that prompted this headline was on rats.” D'oh ... and it was only a very few rats at that, so this seems to be another newspaper ‘health’ story that can be flushed down the loo. Still - it was nice while it lasted!

GP newspaper reports that general practices have driven up pertussis vaccine coverage in pregnant women from 55.1% to 57.7% in the six months from April to October 2015, higher than levels this time last year. What’s the point of this exercise? Well, the reason ‘GP’ gives is that “the highest incidence of the disease occurs in infants under three months of age – who are too young to receive the vaccine themselves and instead rely upon receiving indirect protection when their mother is vaccinated during pregnancy.” As for its importance, “a total of 12 deaths of young babies have been reported between October 2012 and June 2015 – of which 11 were born to unvaccinated mothers.” It’s not just this risk, though – the disease itself is not something you’d wish on your worst enemy, particularly at this time of goodwill to all men and women. So get your jab while stocks last – you can have it any time between 28 and 38 weeks.

Mums who breastfeed their babies can extend the time they pass on their antibodies – which is handy given that the immune system takes a while to really get going so the more help it has in the early days, the better.

The same source reports that “More at-risk patients have received their free flu vaccine at their GP practice so far this year compared to last year” - so well done you – and well done us.

MARKETING VERSUS MEDICINE

Peter Walker wrote in The Guardian that “A court in Australia has ordered drug giant Reckitt Benckiser to stop selling some of its popular Nurofen painkiller brands after finding tablets marketed for specific complaints such as back pain or migraines contained exactly the same active ingredient.”

Why? PW explains: “The Australian federal court ruled that the British-based multinational had made misleading claims when selling its Nurofen Back Pain, Nurofen Period Pain, Nurofen Migraine Pain and Nurofen Tension Headache products. While these were marketed as formulated to treat a specific type of pain, and cost about double the price of standard Nurofen, tablets from the so-called Nurofen Specific Pain range were all found to contain the same active ingredient, 342mg of ibuprofen lysine, equivalent to 200mg of ibuprofen.”

As a lifelong cheapskate it always surprises me that people will pay through the nose for exactly the same medication you can get in generic form for a fraction of the price. Often the only difference is the shiny and brightly coloured packaging and the £multi-million advertising campaigns. What also surprises clinicians is that some people – relatively few I grant you – think that pain relief is only for one type of pain (and perhaps this is the nub of the marketing strategy for Nurofen 'specific.') For example they will take paracetamol for a headache but look at you in amazement if you suggest that the same medication might also be helpful if you have a belly ache. Perhaps the manufacturers of the generic products should put more explanation on the packs. The government is keen that patients should take up less of doctors' time with minor and self-curing ailments for which there are readily available 'over the counter' treatments and has therefore added its weight to the move to persuade people to ask their pharmacist for advice in the first instance.

OVARIAN CANCER

Stories don't always have a happy ending. Because the ovaries are well hidden, it continues to be diagnosed at an advanced stage, with 60% of patients dying within five years of diagnosis. A paper in *The Lancet* tells us what happened when a bunch of boffins tested the hypothesis that screening for ovarian cancer in the general population can reduce disease mortality without significant harm (in line with screening programmes for other cancers like, for example, cervical cancer). It turns out they were right ... one of the largest ever randomised trials has concluded that ovarian cancer screening (using 'tumour markers' in the blood stream, & ultrasound scans etc) may reduce ovarian cancer mortality by an estimated 20% after follow up of up to 14 years.

HENRY WADSWORTH LONGFELLOW

Wrote about the little girl with the little curl – “when she was good she was very, very good” but “when she was bad she was horrid.” Likewise the NHS ... when it works well it's brilliant ... and vice versa. I've seen both sides in the last few days. My young grandson, Joe, fell ill with bronchiolitis ... and deteriorated rapidly as some particularly nasty bugs took up residence in its wake. He ended up on ITU, anaesthetised and largely obscured by wires and tubes. The staff were fantastic and the treatment was second to none. As I write, he's had his first cuddle for a week or so and given his first chuckle. This all took place in the Hospital for Sick Kids in Edinburgh.



LITTLE JOE ON ITU

The cost of this sort of treatment is astronomical and would be well beyond the means of many if not most were it not available free of charge on the good old 'National Health'. Edinburgh gets a much larger share of the NHS budget per capita than does Mid-Essex ... but, although our local clinicians have to struggle against the odds, there are still those who manage to do a great job for their patients (although they risk getting worn down by the system in so doing.)

As I never tire of saying, though, we have multiple problems in Mid Essex – far less money for healthcare than other areas, and a population which doesn't have the common decency to recognise this and insists on living to a ripe old age so as to put even more pressure on the service! The final straw is that, over the years, the NHS in this area has been run by people who are dishonest and/or incompetent and/or uncaring – and/or all three. Discrimination is rife and, what little dosh is available is, is distributed in a manner which is biased and inequitable. This week I learned that my practice had made a loss over the entire year. This wasn't a blip over a matter of a few weeks or months – this was a case of having to subsidise the NHS and compensate for the incompetence of those running it, week in and week out over an entire 12 month period. A while back I changed my name by Deed Poll to 'John Cormack-the-Family-Doctor-who-works-for-the-NHS-for-free'. In the light of the new set of accounts I'm seriously contemplating changing my name again ... this time to John Cormack-the-Family-Doctor-who-works-for-the-NHS-for-less-than-nothing.

However difficult things are, though, working here in Woodham somehow makes it all worthwhile – so I'll wish you all a Merry Christmas and a Happy, Healthy and Disgracefully Successful New Year!

Dr John