

April - UTI and sexual health (22.2.18)

D - Come in.

P - Hiya.

D - Hi, April.

P - Hiya, how have you been?

D - I'm well, thanks.

P - I wasn't expecting to get an appointment so soon this morning - I think I may have a water infection. Now, I've asked for this and I'm sorry, it's quite a feeble attempt.

D - No, that's probably all I need, to be fair.

P - Ah right, okay. It's just, I'm having pain when I need to go to the toilet, when I'm going to the toilet and after I've been.

D - Okay.

P - And it's like, all along the bottom, so it feels a bit like a water infection.

D - Yeah. When did that start?

P - About three days ago.

D - Okay. You think it's probably a water infection?

P - I think so, yeah.

D - Was there some other issue that you were hoping to raise today or was it just that?

P - No, it was just that.

D - Just that?

P - Yeah, it was just that.

D - Perhaps I could touch base with you, also, about your contraceptive needs, while you're here.

P - Oh, yeah, I've just had the implant taken out and my periods had stopped, and I was just feeling really poorly. Just, kind of, around the time that I would have had a period - I was having headaches for about two weeks. Just sick, dizzy, because they weren't happening - it had stopped them altogether.

D - Okay.

P - So, I mean, nothing's happened yet, since I've had it taken out, so I'll just have to wait and see.

D - Okay. So, we're going to concentrate on your priority, which is really regarding these waterworks symptoms. Was there anything else apart from that?

P - No.

D - Okay, and you felt it was a water infection because of previous experience, or...?

P - It just feels like that - it's just when I need to go to the toilet.

D - You've had them before?

P - Yeah. Long time ago since I've—because usually I've got them, and I don't know I've got them.

D - Ah, okay. So, you're not particularly prone to them, but you have had them before?

P - I've had them in the past, yeah, but sometimes I just get back pain with them.

D - Ah, so they've sometimes been a bit difficult to pick up.

P - Yeah.

D - No back pain at the moment, though. So, it's just that lower tummy discomfort that you've described and the fact you're going—and when you go it hurts.

P - And I'm going quite regular as well.

D - So, you're going more often than usual as well?

P - Yeah.

D - Okay. Good. Could it be anything else?

P - No, not as far as I know.

D - Can I just ask some personal questions?

P - Mhmm. Yeah, sure, yeah.

D - When was your last period?

P - Oh, god, probably about four months ago.

D - Okay, and that's because of the implant?

P - Because of the implant, yeah.

D - So, we're not surprised about that. Is there any chance that you could be pregnant?

P - None at all.

D - Do you mind me just delving into that a little bit?

P - Yeah, that's fine.

D - That's okay? You're taking precautions, or you're not having sex?

P - I'm just not having sex. My partner's having a bit of an issue at the minute.

D - Oh, okay.

P - So, at the minute it's not so...

D - Sorry to hear that. Is that something you're comfortable to talk about?

P - Probably more so than him, because he won't go to the doctors about it.

D - Okay.

P - There's nothing I can do, really, so... it's up to him.

D - Okay, well... is he a patient here with us as well?

P - Yes, he is.

D - If that's something that he's be comfortable to talk about with you there, or without, I'd be delighted to support him. It sounds like that is an issue, doesn't it?

P - I have told him to come but he just won't. I think he thinks he's going to need an operation so he's just reluctant to come.

D - Oh, dear. Can you tell me a bit more?

P - Well, it's quite graphic. His foreskin, it's not stretching anymore, so he feels like it's splitting, and it's really painful.

D - Okay, common problem.

P - Yeah, I mean he's like in his fifties, kind of, fifty-one and I don't know if it's an age thing or if it's just something that happens.

D - More likely to be something that just happens. To check there's nothing serious going on there, no ulcerations, around there at all?

P - No.

D - No, okay. And he's well in himself otherwise?

P - Oh, yeah, he's fine, yeah.

D - So, he's still interested in having sex, but it's painful for him, and it splits?

P - Well, yeah, basically, but we haven't for a while, now.

D - Okay, is he able to masturbate?

P - I don't know.

D - No, okay. So, I'm sure I can help him. How's all this affecting you?

P - To be quite honest, it's not really, because, I don't know, I think I've just got that much other stuff going on. Just work and the kids—I've just become a Granny.

D - Congratulations, is that - that looks as if it's a positive thing for you.

P - Oh, god, yeah, she's absolutely beautiful. She's, she was born in November, but no—I think it's just an issue for him because he, for some reason he just won't go to the doctors about it, but he's thinking well, I've googled it and it looks like I'm going to have an operation. It's like, well...

D - Yeah. Your libido okay?

P - Yeah.

D - Normally enjoy it, but it's just not happening at the moment?

P - Yeah.

D - Is that much of an issue?

P - Actually no, I'm not too bothered actually. Kind of, past few years I haven't really...

D - Less interested?

P - Yeah. I don't know...

D - Is that a concern to you, or between the two of you?

P - To be honest, no, and even less so, now that he's the way he is.

D - I mean, if it's not a priority that's absolutely fine, but can I double check because sometimes that lack of libido can be related to another problem. Do you think it might be?

P - Sometimes I just put it down to stress, and just being tired and, you know, just having...

D - Okay.

P - Yeah.

D - That makes sense, yeah. So, you're working hard, from the sound of things?

P - Yeah, yeah.

D - What does that involve?

P - I've got a cleaning and gardening business.

D - Okay. Business is going okay?

P - Oh, yeah, really busy.

D - But busy.

P - Yeah.

D - But good busy?

P - It's hard work.

D - Mood's okay?

P - Yes. I get a bit anxious at times though, just worrying about my mam. I didn't even come in for that.

D - Do you mind me asking a little bit about your mum?

P - It was the year after I had cancer, my mam was diagnosed with breast cancer again - the second time. She had a mastectomy, but she's just not been well recently, at all, she's been to the doctors and they just say if it's like that next week, come back and they just—I'm just worried about her, she's just tired all the time.

D - Is she a patient here, too?

P - No.

D - No.

P - She's at the one at Burnside.

D - Is she getting support from her doctor—is her doctor aware of the issues?

P - Yeah, but, I mean they're just—I mean, she's getting breathless. It feels like she's got the flu, but kind of not.

D - Yeah, yeah.

P - I mean, they did take her off the calcium tablets because they put her on these tablets for her cancer that takes calcium out of her bones. So, they gave her a calcium supplement, and they had to take her off them because it was like when you're going to fall asleep, because you've got too much calcium in you.

D - Got you, right.

P - So, they took her off them and she takes—

D - Has the cancer spread, do you know?

P - No.

D - No, it's just localised to the breasts. And she had an operation for that?

P - She had a mastectomy, yeah.

D - And she's on medication?

P - Yeah.

D - So there's some difficulties as well, isn't there, okay. A lot of weight on your shoulders then, in terms of—because your mum's important to you, yeah. Can I just check, domestic arrangements at the moment? Who's in your house at the moment, these days?

P - Myself, my partner, my young son, who's ten and my eldest, but he's kind of living at his girlfriend's mams at the minute, since she's had the baby.

D - And you've been together with your partner for how long, now?

P - About eighteen years.

D - Yeah, okay. And your partner is the father of your son.

P - My youngest son, yeah.

D - Your youngest son, the ten-year-old?

P - Yeah.

D - Yeah, okay. Good. Do you mind me asking a really personal question, if that's okay?

P - No.

D - Are you having sexual contact with anyone else?

P - No.

D - No, okay. So, we're not thinking that this is likely to be a sexually transmitted infection?

P - No.

D - You've never had chlamydia?

P - No.

D - Okay. No discharge from down below? And when you've had sex, it's not been painful when you've been having sex?

P - No.

D - Okay. So, we're thinking, really, a water infection on this one, aren't we?

P - Yeah, that's what I'm thinking.

D - These are very typical symptoms of that. No fever, your weight's been okay, your general health's okay, a lot of stress and that's having an influence, probably, on your libido. Particularly worried about your mum and, obviously, tackling her problems, and hopefully tackling your partner's problems as well. Perhaps they would be the keys to helping you feel a bit brighter, okay?

P - I just lie in bed at night, waiting for the phone to ring—just lying there, expecting it to ring all the time, like if something's happened to my mam or my dad. Just, she was taken into hospital last—it was a while ago now, we thought she was having a heart attack, chest pains and that, but it turned out to be kind of... They thought it was nerve pain from along where her scar is.

D - Yeah.

P - But it's just... I go to bed and I'm just waiting for the phone to ring all the time, it's just like an anxious kind of thing.

D - When you've had trouble with anxiety in the past, has there been anything useful to help you with that?

P - I don't know, just—no, not really. I mean, you gave me the diazepam when I was poorly myself, and that helped, but, I mean I take citalopram at the minute and I don't really like to take a lot of medicines.

D - Alright, okay. Can I check, regarding the citalopram, you know that you shouldn't be using anti-inflammatory painkillers without our input, because citalopram slightly increases the risk of you bleeding.

P - Yeah, I don't use anything but paracetamols.

D - And the dose of the citalopram you're using is 20mg.

P - 20mg.

D - And that's suiting you okay at the moment?

P - Yeah, it's just—

D - Give me an anxiety score overall, at the moment? So, ten's the worst and nought's the best - where would you be on that scale?

P - Maybe seven.

D - Yeah, okay.

P - That's just been since my mam hasn't been well.

D - So, it's substantial, isn't it? Have you been on a higher dose in the past?

P - I was on...

D - 40?

P - I was on 30.

D - Oh, 30, and how did that suit you?

P - Yeah, it was okay. It was alright but—I mean, I did try to come off them but... It's probably on your records, I don't know when it was.

D - Sounds like things are a bit more difficult for you at the moment. Did anything else help you cope with your anxiety levels being bad? I know we only used the diazepam for a very short period of time, didn't we?

P - Yeah. I only took about five, to be honest.

D - Are you feeling that diazepam would be helpful for you, as a security blanket, at the moment, or not, not really?

P - Not really, no. It's not something that I want to kind of...

D - Well, were talking therapies helpful? To help you cope with that anxiety.

P - I don't know. I was seeing a counsellor—I was seeing, well I thought it was one of the Macmillan counsellors, but it wasn't, it was one of the counsellors that was just came from the Sunderland site somewhere.

D - How long ago was that?

P - It was when I was having my treatment.

D - Yeah.

P - But to be quite honest, it was okay while I was just talking to her about, like the [unintelligible] and stuff, but then she was wanting to probe in to stuff, like stuff that had happened years ago, and I just couldn't do it.

D - Okay. It wasn't useful for you; that's an unusual approach. Sometimes it's helpful for you to talk about what happened before, but most of the time it's helpful to focus on the future, isn't it?

P - Yeah.

D - And that's the sort of therapies that help you cope better.

P - Yeah.

D - So, that can be available if you want it, and that sort of thing, there's a choice, really, of things that work for talking therapies for people like you - you don't want to delve into what's happened in the past.

P - Yeah.

D - Looking forward with mindfulness, or cognitive behavioural therapy often works for that. So, that's available to you, if you want it.

P - Yeah.

D - So let me know. Can I double check, in terms of the symptoms that you first presented me with, when you were diagnosed with the non-Hodgkin's lymphoma, you've had none of those recently?

P - No.

D - Okay. Weight's been steady, eating okay, no lumps and bumps, and no night sweats or anything like that?

P - No. I mean, I do get quite hot on a night-time, around about my period - when it's due.

D - Yeah.

P - But I've always had that.

D - That's not unusual for you.

P - And I've been, kind of, getting hot flush kind of things on a night-time.

D - Yeah, okay.

P - But nothing, nothing really.

D - How old was your mum when she went through the change, do you know?

P - I think she was in her fifties.

D - Yeah, okay.

P - I can't remember.

D - So, if the flushes are becoming more of an issue, let us know. I promised that I would touch upon the contraception side of things. Because you've had some lower tummy pain, what I'm going to do today is we'll treat you for a water infection, but we'll send the urine sample off to make sure that you're on the right treatment, if your symptoms aren't getting any better within two or three days.

P - I'm sorry, I couldn't...

D - No, no.

P - I wasn't expecting to get an appointment so soon, and I'd already been to the toilet this morning.

D - So, what we'll do is we'll get you to produce a larger sample before you leave today - because I'm sure you'll be able to manage that before you go.

P - Okay.

D - And we'll send that off to the lab, to get them to double check for you. But, if your symptoms aren't improving then we can always see you then, and that will guide your future treatments, okay.

P - Yeah.

D - We don't need to check your weight today, because we did that relatively recently.

P - I'll tell you what it is, it's 9 [stone] 11, because I've just started a healthy eating thing and I've lost four-five pounds.

D - Brilliant, brilliant. That's good to hear.

P - So, I'm over the moon.

D - So, if you can take your coat off. So, your temperature's normal. We're going to lie you up on the couch and just have a wee feel of your tummy.

P - Oh, okay.

D - If that's okay for you. Your bowels have been okay?

P - Yeah, fine. I've been living on fruits and vegetables at the minute, so.

D - Great. Are you enjoying it?

P - Yeah. Cut out all the biscuits and all the...

D - Can I feel your tummy, so if you just loosen those top buttons that would be great.

P - Yeah, of course.

D - So, no lumps and bumps that you've noticed?

P - No.

D - Okay, well I haven't found anything that I'm worried about there at all. Nice rate of pulse, and no particular tenderness in your tummy or your kidneys. Because you've had this flank pain before, when you've had a bad water infection then there's no suggestion of that either, which is great.

P - Yeah.

D - Good, great. Are you allergic to anything you know of?

P - I think erythromycin.

D - Well, we wouldn't usually use that for a water infection. I was going to suggest nitrofurantoin.

P - I've had trimethoprim for a water infection before.

D - We sometimes use that. That's normally a second-line treatment that we use, these days because nitrofurantoin seems to be the first-line choice. Is that acceptable to you?

P - Yeah. I've never had it before.

D - It's usually a five-day treatment, okay. So, use it until your symptoms have gone, and if your symptoms haven't gone at the end of those five days then let me know.

P - Okay, right.

D - If you're poorly - you're getting that flank pain coming and you're feeling really unwell with it—

P - Does that mean it's already gone to your kidneys, or...

D - It can do, it can suggest that that's the case, and in which case, we sometimes use a slightly different antibiotic for that.

P - Right.

D - But if you're poorly, vomiting repeatedly, severe tummy pain, high fevers; that sort of thing then we need to know about that. And obviously, if you're vomiting, then you're not going to be able to keep your antibiotics down anyway, so it's helpful for us to see you under those circumstances urgently, if that's okay.

P - Okay.

D - So, from the other point of view of the other issues, we wanted to touch upon contraception before you left, to make sure that, even though it's not a priority for you, that you've got some thoughts in your mind for next time we talk about it. Now I know that Michelle Rogerson's been talking to you about your contraceptive needs as well - is it helpful for me to go over those with you today?

P - It's not really needed at the minute.

D - So, not a priority, but where are you going to go from here, when you need something?

P - Well, I would come straight back. I mean, I'd probably be reluctant to get the implant back in.

D - Are you good at pills?

P - I used to take the pill, before I had the implant, yeah. So, I'd probably go back on that.

D - And you're not a smoker?

P - No, don't smoke or drink.

D - So, what about a mini-pill for you?

P - Yeah, I mean because of the—they were saying that I wouldn't need something really high because of my age, is that right?

D - Well, your fertility's less at this sort of age anyway. The downside of the mini-pill is that it won't necessarily give you withdrawal bleed.

P - Right. Okay.

D - But, for a lot of women... a third of women will find that they don't have a period.

P - Is there any pill that you shouldn't take if you've previously had cancer or not?

D - We do need to be very cautious about things that have got oestrogen in, depending on the type of cancer that you've got - but that's usually for breast cancers that are oestrogen receptor positive.

P - Right, okay.

D - So, for the type of cancer that you've had in the past, a non-Hodgkin's lymphoma, there's not a particular issue with them.

P - Right.

D - So, it could be acceptable for you to use a combined pill, but the problem with a combined pill is that it does increase your risk of clots.

P - Right, is that like the cerazette type?

D - The cerazette type is the mini-pill, which is the progesterone only one, yeah.

P - I've been on that one before?

D - And did that suit you okay?

P - I think it did, yeah.

D - So, that might be the one that we, that you choose.

P - Yeah.

D - With our support. But it doesn't sound like you want that today. Let's treat you for your water infection.

P - No, no, if he decides that he needs some help then...

D - All the other things that we need to think about. So, the next priority, I think that you've shared with me now, is really the stress and everything that's going on in your life. It doesn't sound like you want talking therapies just yet, but we can give you the number if that would be helpful to you.

P - Yeah.

D - So, that's available to you as and when you need it, but you might choose to increase your citalopram to either 30 or 40 because that seemed to be helpful to you, when you were going through a stressful patch before. No need to make a decision today. What do you think?

P - Well, I mean, I've been on citalopram for like, god it must be about coming up ten years, now. I think it was about, I can't even remember when it was, last year and I was feeling okay and I tried to come off it, then the GP had—it turns out they said he tried to take me off it too quick. It was over three weeks.

D - If you're finding that there's still a lot going on in your life, whether they're good or bad things, it's probably not a good time to be adjusting, in terms of bringing the dose down. But, certainly when things are a little bit more difficult for you, under those circumstances, you might choose to increase the dose, and that could be helpful for you to cope with a difficult period of time.

P - Does it matter how long you take these citalopram tablets for?

D - They're not dependence-forming, but they have small risks. And the small risk, really, is the risk of bleeding that's the major issue.

P - Right.

D - And if you've been fine with them, without any significant side effects, then they're probably safe, to be fair.

P - Yeah.

D - So, they're okay to use long-term if you need to.

P - So, that's like over a long period?

D - Yeah, absolutely. Are you comfortable with that?

P - Oh, yeah. I just wasn't sure if there was a time limit as to how long you should be taking something like that.

D - Yeah. From your partner's point of view, I'd be delighted to help and support him, and make a very positive diagnosis, and almost certainly cure his problem. There's a couple of options for him, often I would just prescribe an ointment that would work in three months and make that foreskin less tight. Potentially, we might even think about circumcision for him, but rather than him stewing about it...

P - Yeah, I think that's what he was worried about.

D - It's better for him to come in and discuss it, and we can help him about that. Regarding what's going on with your mum, it sounds like she's needing a lot of support, and consequently, you're needing more support because of it. Shall I give you the talking therapy's phone number?

P - Yeah, please, yeah.

D - Yeah, so we'll do that before you go, and I'll also give you a prescription for the nitrofurantoin today. So, you're going to take that twice a day. I usually recommend that when you use antibiotics, you use a probiotic as well.

P - Oh, like the yoghurts or something?

D - You could use a probiotic yoghurt, or you could use a probiotic capsule that you can get from a health food shop.

P - Okay.

D - Or from the internet.

P - Right, okay.

D - So, there is a preparation called biocult, which seems to be helpful for protecting you against getting diarrhoea caused by using antibiotics, so that might be worthwhile considering as well.

P - Right, okay.

D - But, if you prefer the probiotic yoghurts, it's a reasonable choice.

P - Right.

D - Have you got any questions or anything that you want to explore further?

P - No. No.

D - So, I've got a wee card here that tells you about the talking therapies.

P - Thank you.

D - Access. So, *Increasing Access to Psychological Therapies* is what it's called, so it's talking therapies, but if you say, 'Look, I've had some experience with counselling before, counselling wasn't the thing—I don't want to delve into what happened in the past, I really want to be looking towards the positives in the future'.

P - That was the thing that put me off.

D - And mention mindfulness, mention cognitive behavioural therapy; they may be the ones that are suitable for you.

P - Alright.

D - Yeah?

P - Yeah.

D - Have we missed anything?

P - No.

D - Okay. So, while—if you're not feeling great, if you're starting to be a bit shivery, you can take paracetamol quite safely, but you shouldn't be using anti-inflammatory painkillers together with your citalopram.

P - Yeah. I only ever take paracetamol.

D - What shall we do in terms of your citalopram dose?

P - Because my mam always said it's best to try and get off them, if you've been on them for a long time, and...

D - Okay. How helpful have they been for you?

P - Oh, they've been wonders.

D - It's not the time. It's not the time, is it, really? But, I wouldn't feel guilty about needing them and using them, because they're doing their job, aren't they, really, and I think that's important. I can see the extra strain that you're under, so it's important that we make sure that you don't feel guilty for having to use the medication that works really well for you. So, I'm very happy, if you decide to, to increase your citalopram to 30 or to 40.

P - Can I increase it to 30?

D - We can do that, yeah. I don't think they come in 30mg tablets.

P - They don't, no. I've just ordered a—

D - So, I'll give you some 10s to go with the 20s.

P - I've just ordered some 20s, yeah. I didn't feel like crying when I came in.

D - I apologise for making you. You normally get two months at a time, but you can keep yourself safe, no thoughts of self-harm?

P - Oh, god, no.

D - Can I double check that we've done an ECG on you at some stage?

P - No, last time I was in I mentioned this. I was supposed to get, I thought it was yearly thyroid and heart checks after the treatment. Now, when I've checked he said that wasn't on the letter, but he said just come to the well-woman clinic in September.

D - I'd be delighted for us to do annual thyroid tests, that's absolutely fine.

P - Right, because I've been discharged from the haematology section, and I'm only seeing the surgeon.

D - Okay. I don't think we need to, necessarily, do any blood tests, but if you're getting symptoms that make you think that it might have come back, then we could do that.

P - Yeah.

D - And if it would be helpful for you—or reassuring to you, we could, there is a blood test that we could think about doing that might help. It's called an LDH, but we wouldn't necessarily need to do that on a regular basis for you.

P - Right. Do you know, because my mams had breast cancer twice now, but there aren't many other women in the family—a couple of my mam's cousins have had breast cancer. Do I have to have a test, or is that not the kind of circumstances where I would have to see if I had the gene?

D - What age was your mum diagnosed?

P - Fifty, and then seventy-one.

D - Okay. Has she had a genetic test?

P - No.

D - Okay.

P - But my gran, like on her side, she had never had cancer. But her sister's daughter did.

D - And how old was your gran—she never had it?

P - She never had cancer, no, no.

D - Well, that's reassuring isn't it?

P - Right. So, chances are, it's not a one that's going to be...

D - It wasn't diagnosed particularly early on in your mum, so there's nothing pointing towards it being a particularly—you having a particularly high risk of familial breast cancer. It's a fairly common diagnosis, to be fair.

P - Yeah. Yeah.

D - But, you're breast aware? You know what you're looking out for?

P - Yeah.

D - Okay. Good. So, that's your extra dose of citalopram; you've already got the normal dose. You're going to take this bottle away with you, so hand this in when you can, before half past four.

P - Okay, I will before I finish work.

D - We've covered a lot of ground.

P - We have.

D - What's the take away messages, what's the things you're going to plan to do from here on in?

P - Well, I'm going to take another citalopram tonight, I might even have a word with Ian when I get home. Just try and assure him that it doesn't always have to be surgical.

D - Yeah. We find that 70% of people with the problem that he's got will find that they can get away without surgery, just with an ointment.

P - Right.

D - So...

P - I mean, I don't know if he's just anxious about missing work, because he's one of the team leaders at Nissan and I don't know if it's because of that or just the thought of it.

D - Well, if you need a late appointment to see one of us, then I'd be delighted to make arrangements, or if he just wants to speak on the phone in the first instance, then we can make arrangements.

P - Right, yeah, okay. Oh, well that's brilliant, yeah.

D - All right? Okay.

P - So, this one's got to be filled up to the...?

D - Fill it up to the fill point, that's absolutely fine, no problem. I'll discard that one, because it's a relatively small sample.

P - Yeah.

D - But if your symptoms aren't improving within five days, then get back to us and let us know, okay.

P - I will do. Well, thanks very much for your help.

D - You're welcome, anytime.

P - Thank you.

D - Alright.

P - Bye-bye.

D - Take care.

P - Bye.