

Janet - Pertussis and atrophic vaginitis

D - Come in.

P - Hi.

D - Hi Janet, what would you like to talk about today?

P - I've had a cough and a sore throat, and it's been on my chest for about five weeks now - it seems to be getting worse since I've been away on holiday and that. But I know my daughter's been seeing you because she has whooping cough and everything, and I didn't know if it's anything to do with that or—because it seems to be getting worse.

D - Yeah, okay, so the cough and the sore throat for five weeks; was there any other issues that you were hoping we could discuss today?

P - No, no it's just with my chest at the minute.

D - Okay, we had some results back from some swabs, did you want to talk about that at all today?

P - Yes, as well, if you didn't mind.

D - Fine, fine, okay. You mentioned that your daughter had suspected whooping cough, do you think that was the same thing for you?

P - Well I don't know, the way she's been coughing, I've been doing the same but it's like my chest as well, when I'm coughing it feels like it's wheezing all the time - but I know we've both really been trying to pass it on, she's had it all the time then I've had it, you know at different times.

D - So wheezing all the time, what do you mean by that?

P - I can just feel it all the time in my chest, you know when you're coughing and things, it feels like it's wheezing.

D - Okay, so when you cough it's a problem, but when you're not coughing it's not a problem?

P - No, it's just when I'm coughing.

D - Sure, sure okay - any other thoughts?

P - No, no, I don't know if it's just infection or whatever—I don't really know. I've been taking a lot off Beechams, paracetamol, things like that, and it's just never worked.

D - Okay, so that's the priority really, your chest, isn't it?

P - Yeah, yeah.

D - You're okay in yourself, are you?

P - Yes, fine, yeah.

D - You weren't worried it was anything sinister or nasty or anything like that?

P - No, no.

D - You're not a smoker; your weight's been okay? You're not coughing up any blood or anything like that?

P - No, nothing like that.

D - Are you prone to this sort of thing?

P - Not really, I don't get a lot of colds and things like that.

D - No, so it's unusual for you to get this?

P - Now and again, not a lot - just when it's really cold.

D - And what did we do for your daughter?

P - She's still having tests done, she's having blood tests tomorrow I think.

D - Okay, just to see if it is whooping cough.

P - Just to see, because they don't know if it's her immune system or something as well - they don't know exactly what it is yet.

D - Okay, but she's doing okay in herself?

P - Not really, she's been on the sick, she's not very well.

D - So she's not back at work at all, okay. How's this affecting your life at the moment?

P - Fine, really, I'm just a bit worried about making sure that she's all right - because the side of her throat, inside, it's all swollen and things like that. She is struggling a bit.

D - So she's having a blood test at the moment, isn't she?

P - Tomorrow morning she's having one, yeah to find out.

D - Yeah and just checking that she's not got glandular fever as well, is that it?

P - Yes, yeah.

D - Good, okay. So, from your point of view, was there anything that you were particularly hoping I would do for you?

P - Just to check and make sure that everything's all right, really.

D - Things at home okay?

P - Yeah, fine.

D - Just remind me who's at home with you.

P - Just me, my husband, and my daughter Tamsin.

D - Yeah, okay, and work wise are you able to carry on.

P - Yeah, yeah, I mean I work really hard - it's a hard job.

D - What does that involve at the moment - what's your job title?

P - I work in a card shop, card factory it is, but I do the deliveries and the orders - putting it all out, things like that. It is quite heavy.

D - Okay, so it's affecting your ability to do the job in what way - because you're so tired, with the cough?

P - Yes, I am tired quite a lot, actually.

D - Is it affecting your night's sleep at the moment, maybe?

P - I've never slept for a long time, since I've gone through the change; I've never had a good night's sleep.

D - Okay, nothing to do with the cough, though?

P - No, no.

D - So maybe we could come back to that sleep issue another time, would that be alright?

P - Yeah, yeah.

D - Mood's okay?

P - Yeah, I mean, I don't mind the sleep - you know, that doesn't bother me.

D - So, thinking about the cough in itself, are you fetching anything up with it?

P - Little bit, just little bits - but not a lot.

D - And you mentioned the wheeze in the cough, that's so frustrating. Okay, and you also mentioned that we thought about whooping cough with your daughter; is there anything that makes you think that this could be whooping cough?

P - I don't, no. I don't know exactly what it was, really, until she showed me the letter that she got.

D - Yeah.

P - And we read up about it.

D - So you've read up about it?

P - Yeah, I've read up about it, yeah.

D - What resource did you use for that?

P - She got a letter from the doctors' all about it.

D - So a leaflet from 'patient.info' or something like that?

P - Yeah.

D - Good, okay. And, did that kind of ring true for your symptoms?

P - Not really, you know, I really don't know exactly what it is but it's just not going.

D - Your weight's been alright?

P - I've put a little bit on, but not much.

D - Okay, good, and you're not worried about having gained weight?

P - Oh, no, no.

D - Fine, good - so no history of asthma, no asthma in the family or anything?

P - Tamsin's got asthma.

D - But you've never had asthma yourself?

P - No, I've never had it. No, my sister's got it as well, and a couple of other people in my family.

D - But you've never been wheezy in the past?

P - No, I've never had it.

D - So, why don't I check your chest out today, maybe do a breathing test if that seems appropriate, and we'll have another chat after that. If we get a chance at the end of the consultation, for the last couple of minutes, we can talk about the swab results. Is that okay?

P - Yeah, that's fine.

D - So I'll have a look at your throat first of all if that's okay - you've had no fever, no temperature?

P - No, no.

D - Open your mouth, breathe in. Going to peek up your nose, you're not really affected with nasal symptoms, and your ears are fine too. Can you stand up for me and turn around - slip your coat off and we'll just have a listen to the back of your chest. I'm also just going to check your temperature with a thermometer in your ear if that's okay. Breathe away.

D - Your lungs sound wonderful.

P - Good.

D - Lets just pop this in your ear, that little bleep is just it telling me your temperature. Okay, that's lovely, your temperature's fine. And there's no lymph nodes anywhere that you've found?

P - No.

D - And your throat looks healthy and normal, that's great. Just one last thing while we're examining you - if you stay standing, I'd like you to take a really big, deep breath in through your mouth, put your lips around this white plastic thing and then blow as hard and fast as you can. So, you need to try to blow that red pointer off the end of the scale.

D - Right, go. Good effort, try again and try to double your effort - ready, steady, go. Great, okay - normal-ish numbers, we're getting around 340 there. That's not particularly tight, there's nothing particularly there that would suggest to me that you've got anything like asthma.

P - Yeah.

D - And your airways seem to not be too tight, but you have got this irritating tickly cough that's been going on for five weeks. Because you're in a low-risk group for anything nasty or worrying going on, and because you've got this family history of what we think could be whooping cough, I think it's most likely to be either whooping cough or something very similar.

P - Right.

D - Okay, under those circumstances, I'd normally let public health know about it - would that be okay if I did that.

P - Yeah, that's fine, that's fine.

D - So, I'll do that for you, but there is no treatment for it at the moment. The good news for you is that because you've had it for five weeks, after about six weeks it will usually start to get better.

P - Right, that's fine.

D - Now, I do need to know if things change, so if you're breathless with it, then come back in.

P - Right.

D - If you're coughing up blood, then come back in, and if you're unwell with a fever then come back in; but otherwise I think that this will just drift on a little bit and then get better. The chances are that this will get better within three months. If it's getting worse after two or three months and you start to worry that maybe you're losing weight or something like that, then we'll do a chest x-ray, but I think at the moment it's unlikely to be anything worrying or sinister. Is that okay?

P - Yes, that's fine, yeah.

D - So, probably whooping cough, probably your daughter's got it too - probably, it's an irritation in her throat rather than anything else. I can guess that the blood test will be kind of reassuring. Just going to touch on the issue about your swab results, because they were reassuring.

P - Yeah.

D - They grew a couple of bacteria in there, one of them is called a staphylococcus, and one which is called streptococcus. And we sometimes find those, and they rarely mean anything at all - we only treat those in women that are pregnant, for that sort of thing. They can sometimes be linked to having gone through the change, and you mentioned having gone through the change yourself.

P - Yes, yeah.

D - I would suggest what we do, if your symptoms are not worrying - so if you've got bleeding, bloody discharge, I need to know about that; if you've got offensive discharge again, then let me know.

P - Yes, I still have got that, yeah.

D - So what I would suggest that we do at the moment is let me give you an oestrogen that you put in your vagina overnight for the next... well I would recommend that you use it until your symptoms improve. Start off with it on a nightly basis for the next fortnight, and then after that, on alternate—sorry twice a week, probably for a couple of months.

P - Right, okay.

D - And you may need to just use that every now and then, just to keep your vagina a bit more healthy.

P - Right.

D - And that can improve things in other respects as well. Do you mind me touching on your sex life if that's okay?

P - No, that's fine, yeah that's fine.

D - How are things in that department?

P - It still hurts.

D - It still hurts?

P - It still hurts - it feels like glass.

D - Sore on the outside?

P - No, inside as well.

D - Ah, okay, well that would fit with what was found when you were examined, and think that when Dr Owles examined you, she thought that probably these were some changes that were related to going through the change. So, hopefully we might be able to help you with that problem. It sounds like you still want to see me about the sleep issue, and maybe I can give you some homework to try and investigate that a little bit more. So, I've got a sheet that you can read, and you can write some answers to me to help me find out with you what could be going on with your sleep, and then we can look into that problem next. Would that be okay?

P - That's fine, yeah, that's fine.

D - I'm going to notify public health about suspected whooping cough, as there's only a fifty percent chance that it's that, but either way, it's probably going to get better. If you're losing weight or coughing up blood then we'll do a chest x-ray, if you're unwell we need to see you urgently - particularly if you've got a fever. But it's likely just to get better, and particularly it should get better within the next week or so. 'Hundred-day cough' is what the Chinese call the whooping cough.

P - Okay. Can I just ask you, how do you get it? Is it just through cold, whooping cough and that.

D - It's transmitted through droplets, so either that's through coughing or it can be through direct contact with people who've got it. But it's a really common infection, and even though

most people have been vaccinated against it, the immunity from the vaccination is not one hundred percent.

P - Right, okay.

D - Have you got any questions relating to anything else?

P - No, no, that's fine.

D - So, I'm going to notify public health but I'll give you a print-off today before you go which tells you about the common things that can cause with sleep, and then you can make another appointment to see one of us about that if that's okay.

P - That's great, thank you.

D - You have a choice in the way of oestrogen between a cream that goes with an applicator or a pessary, whichever you prefer, or do you not have a preference?

P - I don't mind, any.

D - That's your homework, should you accept it. Okay, either hand it in at the front desk or if you want to make another appointment and bring it in when you come in, that would be a sensible option as well.

P - Right-o.

D - Okay, you might want to look up on 'patient.info' some information on sleep hygiene as well, that will tell you a bit more about some of the things that can help with sleep, but once we've had a chance to cover the basis in terms of what's going on with your sleep pattern, we might be able to help you a little bit.

P - Right, thanks very much.

D - You're welcome.

P - Thank you, bye.