

Lee - Gout (22.2.18)

D - Come in.

P - Morning.

D - Morning, sir.

P - All right?

D - How are you doing, Lee?

P - Not bad, really.

D - Good.

P - For a young lad, but I've been up since - well, I was awake at four o'clock staying up watching tv... I've got, I think I've got a touch of gout in my foot.

D - Oh dear, tell me more?

P - Well, yesterday, we had company for lunch, so I made a Thai meal with king prawns and all that and I did a fried rice dish with shrimp in, and then last night *boom boom*, the throbbing came on. I'm used to it, I've had it for years, but I take a tablet for it, but I would say maybe once a year it might flare up a bit.

D - Yeah.

P - Now, the thing is tomorrow, I'm off to Centre Parcs with the family, and I don't want to be in agony up there.

D - Yeah, understandably, yeah. Okay, it's all about the toe?

P - Yeah, left toe, big toe. And, it's not there all the time, it's just a throb in the background and then every five minutes or so, a stabbing pain.

D - Yeah. Okay.

P - And, you know, I'm used to it off years ago, I know what it is, I think.

D - So, almost certainly gout from your expectations, is what you're thinking it probably is, okay. Can I check, is there any other issue that you were hoping to raise today?

P - Well, while I'm here...

D - Mhmm.

P - This shoulder went off in November, on—it was actually November the 5<sup>th</sup>, Bonfire night. I was putting timber on the bonfire for the kids and then the next day my shoulder was in agony. So, I suffered a bit and took painkillers; it didn't go away, so I came down and I saw one of the doctors, I forget his name now.

D - Dr Hessami, wasn't it?

P - Yeah, that was him. And he said it would probably go away within six weeks, and anyhow I've rested up, I've been to Australia for three weeks, just for the sun and that. I was in agony, and I just happened to mention it to this Chinese business man who I deal with out there and he gave me these Chinese herbal tablets, and I'm not kidding, it went - the next day it was gone.

D - Okay.

P - Of course I don't have it anymore and it's come back.

D - Okay.

P - So, maybe, I know it's arthritis - before I couldn't even do that, couldn't get my arm...

D - Yeah.

P - So I'm still manoeuvrable and it's still hell.

D - Still painful? But not all the time?

P - Well, it's...

D - What is it stopping you from doing?

P - Nothing, really, it's just painful.

D - Okay, and have you found anything else in this part of the world that works for it? Can I check that you're not taking anything that might be not so safe for you? You're not using any anti-inflammatory painkillers persistently or consistently?

P - Oh, no, I don't like taking tablets to start with because I take plenty.

D - So, we need to be cautious about that to treat gout and also for your shoulder. Okay, worst case scenario with the shoulder? You've got no problems with your breathing and no pains in your chest? No, okay, alright.

P - No.

D - Yeah, so you think it was a muscular thing?

P - I've always had pains and things in my joints.

D - Yeah. No swollen joints?

P - No, not swollen.

D - And the gout only ever affects this big toe?

P - Aye, aye.

D - Yeah, always the same one, isn't it?

P - Aye. It is.

D - Okay. You take a tablet to help you when your gout comes on, what do you take?

P - Ibuprofen, but last night we didn't have any, so I took Paracetamol.

D - Yeah.

P - I took two first and then another two when I did go to bed, about quarter past four this morning - that's it. I haven't had anything more today.

D - Okay. Can I check with you, have we ever talked about the pros and cons about the different types of treatment we've got for acute gout, with you?

P - I don't think so, but I did a job in Africa about - oh God, it must be ten years ago or more, and I ended up in hospital when I came back, with my knee. Just swollen right up and they drew the fluid off that.

D - Drew the fluid off that, and that was gout?

P - Aye.

D - And what treatment did you have for the gout?

P - Well, they put me on a tablet.

D - So, you're on allopurinol, which is a preventative treatment, but what do you take apart from that - do you just take ibuprofen whenever your gout comes back on?

P - Yeah.

D - To be fair, your blood pressure has been well controlled, and we've been relatively happy with that. But because you're on treatment for your blood pressure, then it's not the best treatment, because it puts your blood pressure up. We could offer you something safer, so we can come back to that. So, what were your thoughts about what you were hoping I would do for you today?

P - I was just wanting a painkiller really.

D - Yeah. Something that would be effective for your gout pain, yeah.

P - So I wouldn't be in pain out there.

D - Right, okay, but were you looking for something that would help with your shoulder at the same time? Not really?

P - No, no, that was just by-the-by.

D - That's by-the-by, so maybe we could talk about options for you with regards your shoulder, but we're mainly focusing on the gout?

P - Yeah.

D - Okay. Worst case scenario, were you thinking of anything else? Not really?

P - No.

D - Okay. Domestic arrangements, you mentioned you were off this weekend, and you're going to Centre Parcs with your family?

P - That's my daughter phoning up, I'm getting the texts, so...

D - And that's her, okay.

P - Yeah, and we've got two granddaughters going with us.

D - Who's at home with you?

P - My wife.

D - Okay, what would she like me to do for you today?

P - Probably, well she didn't know until I got up this morning, I said, 'Oh, I've got gout', she said, 'Never!', and I have.

D - Just to fix you so you can go to Center Parcs?

P - Aye.

D - What sort of things do you do when you're across there?

P - Well, I like walking, you know, I get out into the woods and that and do a bit walking around.

D - So, it's important that we get you as mobile as you can, particularly because you're going to be there with your family. Who's the youngest?

P - Well, Jenny's nine and Lucy's ten - one to my son and one to my daughter.

D - Yeah, yeah. So, it's important that you're mobile, isn't it?

P - Yeah. They like the swimming, so they're in the pool all the time.

D - Yeah. Can I check, you've had no fever at all?

P - No.

D - Not feeling unwell in yourself, and we're going to prioritise that toe? Why don't we take a peek at it for you? We've done your weight relatively recently, haven't we?

P - Yeah.

D - We've got you at 114kg, so maybe that's something that we could touch upon. Are you getting support from our diabetes team?

P - Well, Janet sees me on a regular basis. It's not agony but it's...

D - It's very typical for you that this turns into gout unless we deal with it quickly, isn't it?

P - Because tomorrow, I'll be...

D - You'll know about it.

P - I'll know.

D - Well, put yourself back together. It doesn't seem to be anything else, and I think it's reasonable to treat it at the first suggestion, as gout. Shall I give you a safer option, rather than the ibuprofen?

P - If you want.

D - Is that all right?

P - Yeah. As long as I'm getting looked after, I'm okay.

D - Okay. I'm not going to do your blood pressure, because you've had - you're having that looked after by Janet and she's targeting your weight, but can I ask you, perhaps, to talk with Janet after you've listened to our website, about weight and about diabetes. So, we can see if we can help you with that. Is that okay?

P - Well, I went to weight watchers, you know, eighteen months ago. I got down to 110. Today I got weighed this morning and I was 119.

D - What's happened?

P - I've been to Australia and Singapore with all of my friends.

D - Okay. High living?

P - Wining, dining.

D - Is alcohol an issue generally?

P - Nah, I don't drink a lot, really.

D - Okay. Could that be part of what's going on with the—the gout?

P - This time, I don't think so.

D - Not missed any of your allopurinol at all?

P - Oh, no, no.

D - And have we tested your blood tests recently, just to check that we're hitting the mark with your targets?

P - Yeah, I got it done not too long ago.

D - And that was okay, was it?

P - I get it done on a regular basis.

D - Okay, well if you're consistently—repeatedly getting more of the gout episodes, we may review the dose of the allopurinol, come back to that. So, I'm going to recommend a treatment

for your gout, okay. It's called colchicine, have you ever used it before? Have you heard of it before? So, it's an effective treatment that works consistently well with the majority of people that get gout.

P - Ah, right.

D - If you take it in too high a dose, it might make you nauseated or cause diarrhoea, so we just recommend that you restrict it to one tablet twice a day, whenever the gout's there. Okay?

P - Okay.

D - You can use it as a preventative treatment, too, but we tend mostly to confine it just to using it if we're increasing your dose of allopurinol, just to make sure that as we're increasing the dose of allopurinol that you're not prone to another episode of gout. So, for treatment, one tablet twice a day, and usually ten days' worth is more than enough.

P - Right.

D - Okay. So, take it while you've still got any suggestion of symptoms and then when the symptoms have gone for three or four days and then you can stop it.

P - Right.

D - Does that make sense?

P - Yeah, but what about the allopurinol?

D - I would keep on the allopurinol - it's important that your allopurinol is consistent, and you're using it all the time, so don't stop and start it. But, if you're finding you're having frequent episodes of gout, then we really ought to be reviewing whether that's the right dose for you. Does that make sense?

P - Yeah, but I haven't had it for a long time, and I knew exactly when it came on, I thought - I knew. I stay clear of them a bit.

D - So, diet's important.

P - Yeah.

D - Also, alcohol can be important, and dehydration can be important, so there may be aspects of your diet and your drinking habits...

P - I don't drink a lot, you know, I don't drink a lot of water...

D - You don't think it's anything to do with Australia; how long have you been back now?

P - I got back a week Thursday.

D - Yeah, okay. So, some lifestyle changes while you were travelling, I guess? Because sometimes when you're on a flight, you can be prone to getting a bit dehydrated, as well.

P - Oh, yeah, in Singapore, I've worked there for thirty years - using that as a base and travelling around all over the Pacific, and I've got lots of colleagues and ex-business associates out there and they've spoiled me and my wife like you wouldn't believe.

D - Okay.

P - And, maybe that's...

D - Do we need to explore anymore information about what we need to know about your gout?

P - No, no.

D - Today? No? You're quite happy to be able to access information if you were interested in it. One of the resources that you might think about using is patient.info, but I'm going to talk about our website at the moment, if that's okay with you?

P - Yeah.

D - Our website has got some audio material that could be helpful for you with regards to your choices as a patient with diabetes.

P - Okay.

D - And it could be helpful when it comes to your choices in terms of helping you with your weight loss, because clearly, it's gone up a bit, and that ties in with your diabetes. If we can help you with your weight, often your diabetes will be much less of a problem. Is that okay?

P - Mhmm.

D - So, I'm going to give you this prescription today.

P - Right.

D - And yes, I do want you to continue on with your allopurinol. If that on its own is not sufficient, then we may think about adding in the ibuprofen - you can buy that over the counter - but, I don't recommend that you use ibuprofen much because of your risk of it causing your blood pressure to go up.

P - I've got you.

D - And it can irritate your stomach as well, so when you are using ibuprofen, then take it after food. But if you've got rid of that gout, take three of your over-the-counter ibuprofen tablets, which is a total of 600mg, three times a day in addition to this one, but this is safer for you.

P - Right, good.

D - I'll give you two courses - you've got one to use now and one to use if you're getting another episode, so at least you've got them to hand, even if you're travelling, alright?

P - Well I've retired now, you know, I retired in May, but I used to be away every three or four weeks and I would be away for about five weeks, travelling all over the place.

D - Sounds like you still do a lot of travelling, doesn't it?

P - Well, I've still got over a million air miles, so my wife's eager to use them all.

D - Oh, alright okay.

P - And then with those you get the hotel free and...

D - That sounds quite nice. Well if you need to offload any air miles, let me know, hey. So, there you go, so that's gone straight through to your pharmacist, I think, so Tim.

P - Next door.

D - It's gone electronically, so you can pick it up from him; take it twice a day, and if it's not having an impact and it's absolutely throbbing, then by all means you can take ibuprofen. But, for as short a period as you can get away with.

P - Alright.

D - And if you ever find that you've got black, tarry poo, or persistent upper tummy pain, think about bleeding from your stomach, and we need to see you urgently. Does that make sense?

P - Yeah.

D - Alright. Great, that's gone straight through. Okay, questions?

P - No, done deal, very good.

D - Alright.

P - Thanks for the info.

D - Any time, no trouble. Good luck.

P - Alright, thanks a lot.