

Sylvia - Suspected temporal arteritis & nocturnal cough

P - I'm in. Sorry, I've done my...

D - Hi, good to see you again. How are you doing?

P - Alright, not so bad.

D - Last time I saw you was a week ago, wasn't it?

P - Yes, it was.

D - Yeah. Okay, and I asked you to come back again, didn't I?

P - Yeah.

D - Yeah, okay.

P - I had blood taken as well.

D - Yeah, okay. So, this was all about your headache, wasn't it?

P - Well, it's not even a headache, it's a pain. Touch wood, I don't know whether it's just my imagination, but it seems easier.

D - Okay. Was there anything else apart from the pain in your head that we needed to tackle today?

P - I don't think so, no. Just basically a pain in the back.

D - But you don't have any muscle pain at all?

P - Yes, occasionally, but then I've done the garden, doing cleaning...

D - Not predominantly?

P - No.

D - No. Because I felt your muscles last time and they seemed okay.

P - They're not too bad at all, and my legs are fine.

D - Sure. All right, so it's all about this thing here, isn't it?

P - Yeah. The only time I have pain is here.

D - Okay, and when does that come on?

P - Just odd occasions.

D - Odd occasions, yeah. No swollen joint?

P - No, not really.

D - Okay. And how are you in yourself?

P - I'm alright, fine, yeah.

D - Right. Well, thanks for coming back, and I think it's quite helpful just to revisit what we were thinking last week - one of my fears was that you might have inflammation of one of the blood vessels in your scalp there.

P - Oh, right.

D - And that could be linked with a risk of going blind; so, a problem that we call temporal arteritis. So, I was trying to rule that one out, with doing tests and also giving you some treatment. Give me a score out of ten for that pain in your head.

P - When it comes, it's about 5.

D - And how often does it come, now?

P - Not very often now. I tell you what, I've felt a bit—can it go on both sides?

D - It can do.

P - I've felt a bit on this side - but only a couple of times.

D - Okay, so it's mostly on the right of your scalp?

P - Yeah.

D - Before we started you on that treatment last week, how often was it happening?

P - More or less every day.

D - And how long would it last for, when it came on?

P - Seconds.

D - Seconds?

P - But it was quite sore.

D - Seconds and then gone?

P - Yeah.

D - Okay. So, not there all the time?

P - No.

D - And not throbbing in nature?

P - No.

D - Your ears okay?

P - Yes.

D - Teeth okay?

P - Teeth are fine, yes. My jaw's fine.

D - No congestion in your face or anything like that?

P - I've had sinusitis.

D - Yeah. Have you had that recently?

P - Aye.

D - When was the last time?

P - Oh, all the time. It's just there, it's just—I think that's what causes this cough, but there's no phlegm or anything.

D - You've quite prone to heartburn, aren't you? Are you on anything for that at the moment?

P - No, and, touch wood, I haven't used those tablets that you gave me last time...

D - Okay. Omeprazole.

P - Aye.

D - Have you not used those?

P - No, I've not needed them.

D - Okay. So, we'll have a think about that as well. But you have been taking three of the prednisolone a day, since I saw you last time?

P - Yes, yeah.

D - Okay, good. Okay, we'll have a chat about that. Fabulous, good. So, can I have a squeeze of your muscles again. Can I double check - you don't smoke, you're not a big drinker?

P - No.

D - And you live with your husband?

P - Yeah.

D - Yeah, okay. Anything else I need to know about you, activities-wise?

P - Basically, I'm very sedentary.

D - Hobbies?

P - Oh, I'm a crafty person. I do a lot of crafts.

D - Yeah.

P - But then again, I'm sitting down, I'm knitting, so...

D - Exercise at all?

P - Very little, because there's pain here. I'm fine walking, but I can't stand for long, and I don't know whether it's this pain down my leg - what do they call it, sciatica?

D - Yeah, okay.

P - So, I don't know.

D - Okay.

P - Just basically dropping to bits.

D - Good control of your bladder?

P - Yes.

D - Normal feeling around your backside? No weakness, no numbness anywhere, that you've noticed?

P - No.

D - And you mentioned the possibility of sciatica, but if I straighten your leg there and lift it, there's no pressure on your sciatic nerves - so that seems to be okay at the moment.

P - Alright.

D - Your muscles aren't sore when I'm pressing on there? That's lovely. They're not sore there at all, and when I just gently brush your scalp, that's not sore at all when I'm doing that?

P - No.

D - And the same on the other side?

P - Yeah. It's on—it's like, it's better now than it was. I couldn't bear to touch it, a couple of weeks ago. It was more like a bruise - you know if somebody just went like that.

D - Your story's an interesting one, okay. You're not particularly tender when I'm brushing against that?

P - No.

D - Or anything at the moment?

P - No.

D - So, that's reassuring. Your blood test was reassuring, too.

P - Good.

D - The last thing I want to do is to cause harm with any medication that I'm using, so I'm going to suggest at the moment that we suspend the prednisolone, and you don't use anything for it, for the moment.

P - Right.

D - But if it's continuing to be a problem, I'd like you to come back and see me again.

P - I will do.

D - Particularly if it's sore and throbbing all the time.

P - All the time.

D - The risks of this going on to produce blindness are remote in the extreme, bearing in mind that there's not very much to find on you today.

P - No.

D - But there's always a room for things changing, so why don't we just keep an eye on you. So, if you're getting throbbing that's there all day, let's see you urgently. If it's coming and going and it's worse than it has been, then we'll give you another opinion. The blood test was reassuring.

P - Right, good. There's no cancer, there's no dementia or anything like that?

D - There's nothing that's suggesting that, okay?

P - Good.

D - But if you're worried about dementia, then I can perhaps do a couple of screening tests to check that that's not an issue?

P - Yeah.

D - Your mood's okay?

P - On and off, yeah. I was very disappointed last year - we'd planned to go back to Carlisle - because I'm from Carlisle and all my children live in Carlisle, my grandchildren, great grandchildren.

D - Yeah.

P - And then my husband was a bit iffy, so I thought that rather than have a row, I'd just stop here, and I was very, very disappointed. Very, very low - I stopped going out, stopped going over the door, stopped going to church, stopped going to my craft classes and everything.

D - Oh, dear.

P - Touch wood, I'm starting to get better.

D - Are you getting on okay with your husband?

P - Yeah...

D - You're not coming to blows?

P - No, no, no. I mean, we are...

D - So, stressful time and frustrating time for you, obviously.

P - Yeah. I mean, in all honesty, in a lot of ways he's an ideal bloke, but he's too much like myself; he wants to be top dog and I do.

D - Right, right.

P - It's as simple as that.

D - Okay. Just going back to that issue you had with that cough as well...

P - Yeah.

D - And do you think that the cough is related to when you're getting heartburn?

P - No, it's more of a tickle.

D - Tickle, yeah.

P - It's annoying.

D - Okay. You mentioned that you're prone to congestion in your nose, and we looked up your nose before, and there's no nose polyps.

P - Nothing, no.

D - Have you tried nasal steroids or anything to try and help you with that?

P - No, I just leave it alone. I take a swig of the codeine linctus and it helps me - it stops.

D - You're not addicted to it?

P - No.

D - Sure?

P - No, no, I'm positive.

D - Alright, well, one thing that you could do if you wanted, to help you with that nasal congestion and also that tickly cough, would be a steroid - and that would be a much more healthy direction to take than swigging the codeine regularly.

P - I quite enjoy being a junky ha-ha. No, it's fine, it's not through the day; it's when I lay down.

D - That's where you have more symptoms, and that'll tend to be when you're getting a post-nasal drip, so you're getting a bit of gunge coming down the back there.

P - Aye, yeah.

D - Some people prefer to use a steroid spray, and that can help. Some people that get gunge coming down the back of their nose find that washing it out with saline works.

P - Oh, right!

D - Is that something that you would be interested in doing?

P - I can do, yeah.

D - Should I give...

P - I have to say, you know, it doesn't bother me.

D - Try and keep a lid on this codeine thing that you've got going on.

P - No, I enjoy it ha-ha.

D - Try and moderate it.

P - I will do doctor, I'm being facetious.

D - I know, I know. So, I'll give you the instructions about how to make up the saline; you're probably also going to have to get a little squeegee bottle or a little neti pot.

P - All right.

D - You can buy those on the internet, and sometimes the chemist stock them as well.

P - Right.

D - It's a bit like a watering can - what you're basically doing is flushing out your nostril.

P - Yeah.

D - So this is the recipe. It includes a bit of salt, and it includes a little bit of bicarbonate of soda as well. There's the recipe for you, all right.

P - Oh, right.

D - And that can often make quite a substantial difference if it's gunge that's coming back, but if it's general congestion and no gunge; then a steroid might be the way to go, so let me know if you want to give that a go as well. Any questions?

P - No, not really.

D - So we're going to stop the prednisolone.

P - Yeah.

D - You're going to come back and see me again urgently if you're getting throbbing there all day, and it's very tender - but otherwise, I think we can be quite reassured that you've got no major problems with your blood vessels there at all.

P - Good.

D - Okay. So, give this a go for a couple of months, it'll often help you have less gunge, but it will - immediately after doing it, you'll find that your nose drips.

P - Drips, yeah. And, it's just water, if my nose does drip, I know Dr Halpin, she thought I had rhinitis, so I've just naturally assumed that's what it was.

D - So, if it's a runny nose that's predominately the problem, then we can turn off the tap with a spray, or it's congestion that's the problem we can use steroid nasal spray - but, if it's gunge, then the saline's the way to go in the first instance.

P - Right.

D - So, let me know which way you want to go next. Give it a couple of months.

P - Yeah.

D - Great.

P - Okay.

D - Any questions?