

Tom - 20.9.18

P - Hello

D - Nice to see you.

P - You're a busy man?

D - Indeed, indeed.

P - I found it very difficult to get to see you.

D - What would you like to talk about today?

P - I had back trouble which I've had before, you know. I think is it spondylosis in my back?

D - Yeah.

P - Yeah, when I breathe, it's really painful. This is a fortnight ago, day before my birthday, yeah.

D - Mhmm.

P - Erm, and I had it for about three days really bad, and then it took a long time for it to get rid of it eventually, although I still carried on work.

D - Yeah.

P - I've still got cramps - I'm getting them in my feet, and I'm getting them in my calves here, and I'm getting them through the day at work now. So, I just wondered if there's anything we can - one of the main questions I was going to ask about my back - is it worth going, I'm thinking about going to the gym to strengthen my muscles or something.

D - Yeah.

P - I'm thinking, is that part of the problem, my back's not strong enough?

D - Okay, we can certainly talk about that, can't we?

P - Right.

D - All right. So, let me just ensure that we're not talking about anything else today, or not needing to talk about anything else today? You mentioned that you had pain in your right upper back that started a couple of weeks ago, improved, but now you're troubled, not by that pain, but by pain in your lower legs?

P - Yes.

D - Cramping, you mentioned, when you're doing things? Yeah?

P -- Yeah, there's not a day goes by, I get cramp either in my feet or my legs, here.

D - Got you.

P - Yeah, sometimes, it can come on straight away when I kneel on the floor to do a back boiler. My weights on the back - my legs are back over; sometimes it comes on straight away and I've got to...

D - So, you're working, fitting boilers, you've managed somehow or other to carry on.

P - Servicing, yeah.

D - Yeah, servicing boilers, you've managed somehow or other to get down on your haunches and keep on working, somehow or other?

P - Yeah.

D - Okay, was there some other issue that you were planning to raise today?

P - No.

D - No, just that? Okay. What do you think was behind this - you mentioned it was painful to breathe; your breathing's okay though?

P - Oh, yeah, yeah. I don't really have any problem with my breathing, but when it comes on, it's from the middle of my back - I feel as though if I've got - you know, in the early days, I used to say that I've got trapped wind, but I think - we went for x-rays and I think it was spondylosis in the middle of my back.

D - Okay, so—

P - And that's what it feels like - trapped wind - if I took a deep breath in, pain.

D - Yeah. Sore when you take a deep breath in, but you've not been breathless at all?

P - No.

D - No, okay. And this is similar in nature to what you've traditionally had in the past, when your back and your neck pain has flared up?

P - Yeah.

D - That it's been like this?

P - Yeah.

D - Same nature of pain?

P - Yeah.

D - Okay, that's what you're thinking it probably is, on this occasion?

P - Yeah.

D - Erm, okay, did you have any thoughts about why it flared up this time?

P - Not really, it just comes on like that.

D - Just came on out of the blue?

P - I can be sitting at the breakfast table before I go to work, this time that's what happened - I got up, I was alright when I went to bed.

D - Yeah.

P - Oh, it was when I got up out of bed. When I got up out of bed, I felt it just slightly, and then it gradually got worse as the morning went on.

D - Got you. Okay, okay. Any fears about what might be going on there?

P - Erm, I'm just thinking that every time it's just more wear and tear on my back and that's what made me think, well should I do some strength...exercises

D - You want to make sure that you're not making it any worse, and you want to know what the best thing is to do to help protect you from in the long term?

P - Yeah. I went to join the gym and he said, you'll have to go and see a doctor before you come here, because I explained.

D - Okay. Got you, okay.

P - Yeah.

D - Apart from that advice, was there anything else that you were particularly hoping I would do for you today?

P - Not really, other than I've got a letter to say to stop taking quinine.

D - Yeah.

P - I mean, I got that after I made the appointment, I think.

D - Okay, okay.

P - But...

D - You're managing to keep on working?

P - Mhmm.

D - At home it's you and your wife, if I'm not mistaken?

P - Yeah.

D - Is there anyone else in the house? No, so it's just the two of you in the house? Yeah. You're not a smoker, not a big drinker?

P - No.

D - Any other habits I need to know about?

P - No, not really.

D - To make sure we're not missing anything important...

P - Drink - I only go out on a Thursday night, and I have one drink at home before I go to bed, just a Jack D and coke.

D - Okay.

P - So that's not a lot of drink, is it?

D - Not a big drinker then?

P - No.

D - No other substances I need to know about?

P - No.

D - Either prescribed or otherwise?

P - No.

D - You're not a big tablet user, generally?

P - No, but I, when I get pain like this, I do go on the Nurofens, I've got them pink ones which I take. I got them given.

D - And do they cause any side effects or any problems?

P - I don't think so.

D - They don't irritate your stomach? Never had an ulcer in your stomach?

P - Years ago, they did.

D - Yeah.

P - I didn't have an ulcer, but I think I got a stomach bleed and they told me to stop taking them, and that was years ago.

D - Okay, okay.

P - But, mind, I was taking too many.

D - Yeah.

P - I must be honest.

D - I see on your repeat prescription, you've got some lansoprazole - is there a reason that you're on that, on a repeat basis?

P - Yeah.

D - Was that for heartburn, was it?

P - I was going to ask you about that, I forgot. They've worked great because I was on a different tablet before, and I was starting to feel sick during the day and then I don't know if was you or Romberg, changed them. Then there was something else wrong and it wasn't working so I came back, and I saw a locum doctor that was in and he put me on these ones, and they've been great and they're only 15mg, and he said take one a night if you need to. Anyhow, I'm not feeling sick until about four or five o'clock, so if I have a meal, that puts it right. If I eat a biscuit or two, a sweet, during the day if I'm sick, I think that's alright.

D - What did that doctor think was going on?

P - He said—I'm sure he said these tablets are better and that them ones are not working for you. So, he said these tablets are better, the ones I'm on now.

D - Okay, fair enough, but that was for your heartburn wasn't it, because you've been diagnosed as having a heartburn problem?

P - Yeah, but no, it was for sick—I was feeling sick.

D - For the nausea?

P - I was feeling dizzy and sick, yeah.

D - Ah, for the nausea after meals.

P - And he changed them, yeah, because previous to that, yes, I had heartburn and you put me on that and some other - Omeprazole, that stopped that, but I was feeling sick, then.

D - So lansoprazole works better for you?

P - Yes.

D - Without the side-effects? Okay. Right, lets come back to this other problem if that's okay with you, now.

P - Right.

D - So, the pain that you're getting is in your upper back, it's worse when you take a deep breath?

P - Yeah.

D - And does it go anywhere else?

P - It's gone, now.

D - Okay, it's a lot better now?

P - It's gone, yeah.

D - Okay.

P - It - normally it would only last two to three days, but it lasted all week, and that's what I was worried about, was getting worse.

D - Great, can I make sure there's nothing more serious going on? Not been coughing blood at all?

P - No.

D - Not been breathless with it at all?

P - No.

D - And your weight's been steady?

P - Yeah.

D - Fine, that's reassuring. So, now you're just left with this cramp in your lower legs?

P - Yeah.

D - So, the pain's...

P - Mainly my feet and my toes - I used to go like that and it used to go.

D - Yeah.

P - It doesn't work anymore; the pain lasts for ages.

D - Ahh, how long's that been going on for - the cramping?

P - Oh, the cramp, I've had it for years.

D - Years, okay.

P - Yeah.

D - So it's a similar nature of cramp, but it's just not settling now. Is there a reason...

P - It gets worse...

D - Is there a reason...is there a reason that it's a problem at the moment?

P - Erm, I can't say what the problem is, honestly, I've never thought about it.

D - Never had any thoughts about it yourself?

P - Well, my wife is saying you're not drinking enough water.

D - What triggers it, that you've noticed?

P - Erm... god, sometimes if I - tie my shoes too tight, which is very rare, but even now that one feels like it's a little bit tighter than it should be, for all it's still slack.

D - Yeah. Yeah.

P - I feel, like, a tightness in my foot, and that's when the cramp comes on.

D - Got you.

P - And I do tend to keep my shoes slacker than I normally do.

D - How long does that cramp last for when it comes on?

P - Well, last week and the beginning of this week, it could last for fifteen, twenty minutes, you know. It tends to go and then I'll relax and stand up and it'll come back again.

D - Okay.

P - That's the problem; normally it would just go, and when it's gone it's gone but it's been coming back.

D - Can I check, are you able to go out for a walk alright?

P - Yes.

D - Yeah, and that doesn't come on, typically, when you're walking, or anything like that?

P - Erm... it has come on when I've been out walking around the shops with my wife, it's come on.

D - Just occasionally? But it's not typically every time you're doing that sort of thing?

P - Yeah.

D - So it's not stopping you from doing things, but it's coming on, it feels like cramp, you stretch it and it usually helps, it feels just as it's ever felt, but you're having it much more frequently now.

P - Yeah.

D - Every single day for the last couple of weeks from the sound of it?

P - I can get it more often if I'm at work, crouching down.

D - Yeah.

P - And sometimes, yeah, I can get it at home - it's fifty-fifty, I get it at home.

D - Right.

P - It either happens on a morning or an afternoon; it's funny, it never seems to happen at dinnertime.

D - Sure. Can I check, when was the last time we checked your blood pressure?

P - Probably in the last six months.

D - Okay, and that's always been okay, hasn't it?

P - Yeah.

D - Okay, good. Great. Would you mind slipping your shoes and socks off, and I'm going to just check the circulation in your feet. There's no wasting of your feet? There's no arthritis and there's no swelling or stiffness in your feet or your ankles at all?

P - No, I do get problems with hot things on my feet.

D - Yep.

P - And my heels, and the ball of my feet, where my big toes are.

D - Yeah.

P - That one pains terribly sometimes, but...

D - Yeah. Okay.

P - I just feel as though my mother used to get all this trouble.

D - Relax your feet down on the ground, that's lovely. So, good pulses in both of your feet.

P - Right.

D - That's good.

P - It's normally across the—the cramps, across my toes there.

D - Got you. Let me just press across that area there - it's not tender when I'm pressing there so there's no suggestion of inflammation in the joints of your foot. Can you stand up on your tip toes for me? Good, so you've got capable—your arches lift when you do that, that's lovely, sit back down again.

P - Yeah.

D - So let me just check the movements of your ankle. Which of the feet is more prone to cramp?

P - Erm... the right one, actually.

D - The right one? Let's check this one, too. So, a normal range of movement at the ankle, and also at the forefoot, and no tender points, the bone's fine and the joints are fine. Great. If you want to put your shoes and socks back on. Okay. There's one thing that is worthwhile doing - I know you've already been sent this leaflet saying don't use quinine unless you have to because it has risks; the pharmacy advisor has also sent you some exercises to do to help cope with cramp when it comes on and that's a safer treatment than using quinine. We can use quinine if you need to, but it doesn't work for everybody and it can cause tinnitus, and it can sometimes cause other side effects beside that, too.

P - Right.

D - It can make people a bit unsteady on occasion.

P - I've never noticed any side effects, I must be honest.

D - So, what I'd like to suggest this time, is because you're on lansoprazole, that can affect, sometimes, your magnesium levels.

P - Alright.

D - And I'd like to check that your magnesium levels are okay and also the salts in your blood. So, I'd like you just to have a routine blood test done at this time and then if you could phone in a week's time to let—so that we can talk about the results, and then we'll make a forward plan on what we do about your cramps.

P - Right.

D - Are things so bad that you're needing quinine at the moment?

P - Erm, if I hadn't of gotten the letter, I would take them on a night before bed, but I felt as though...

D - Have you got any left?

P - Oh, yeah. I felt as though I should be taking them on a morning, for when I go to work.

D - Yeah, yeah.

P - You know? I mean paracetamol or nurofens don't work for the cramp, somehow.

D - No, okay. We find that maybe one in three people get a significant benefit with taking the quinine.

P - Right.

D - But there is a significant risk of buzzing in the ears and being unsteady with taking them.

P - Yeah, I've not had that.

D - If you've not had that problem, then it's okay when the cramp's bad to use them, but I wouldn't prescribe them on a repeat basis. You can ask for them when you need them, but just

take them when you really need them, otherwise stretching exercises are a sensible thing. I don't think there's anything worrying behind the cramp, but I do wonder whether it's been related to the fact that you've been using lansoprazole - potentially that can make cramps a little bit worse, too.

P - Right, okay.

D - So, let's check your blood salts and also your magnesium levels.

P - So, do I need to change these tablets again, then.

D - Well, I think we'll do is wait until we've got the results of the blood test before changing anything, but we could then think about that, and if your magnesium levels are low, then maybe we should be using a slightly safer option when it comes to your magnesium levels.

P - Right.

D - And the safest of all measures, for heartburn, is to prop your bed up.

P - Right.

D - Because you might then not need to take the medication at all.

P - Well...

D - There's also some....

P - I don't really get any trouble at all, now, with heartburn.

D - Good, okay.

P - I don't really get it.

D - Well, maybe you don't need the lansoprazole anymore, then we could see if you're okay just to take that medication as and when you need it. So, prop the bed up, do that.

P - Right.

D - There's some other advice about ways of avoiding getting heartburn that are on that leaflet - so that includes not smoking; you're not a smoker, so that's not relevant to you.

P - No.

D - It includes avoiding mints and chocolates, because those can make heartburn worse as well.

P - Ah, right, well I eat a lot of mints.

D - So that might be something that's worthwhile exploring as well.

P - Right.

D - So, a few things on there that you might want to explore, and then why don't we talk again on the phone in a week's time, to review how you're getting on - we'll have the blood test results by then, too, and then we can make a forward plan about what you want to do.

P - Right.

D - Does that sound like a reasonable plan?

P - Yeah, fine, doctor. Yeah.

D - Okay.

P - I was just more interested if I can do some weight thing to get this...

D - I think it's a good idea to be as active as possible.

P - Right.

D - I don't think you're going to be doing any harm to your back by being active.

P - Right.

D - But you might want to take advice now from somebody at your gym about what's appropriate to be doing for your muscles. Get their support and their advice about what sort of exercises are the best for your muscles.

P - Yeah, that's what I did last week but he said I'm...

D - Well, because...

P - He said, 'I don't want to talk about it until you've seen your doctor'.

D - Fine. Because all those symptoms are gone, I think that's okay for you to do now, and you haven't got any danger or worrying signs. So, I guess what he might be worried about is if you've got neurological symptoms - so, you're getting a trapped nerve, so you've got a shooting pain down your arm or something like that.

P - Yeah.

D - But since those symptoms - you don't have any of those symptoms now, there's nothing to suggest there's a problem. Related to this problem with the cramp, one of the things I was asking you about was, do you get pain when you walk, consistently, which might suggest a problem with the circulation in your legs, but you don't have that at all.

P - No, I don't.

D - Okay, so you're consistently finding that after walking a short distance, you're finding you have to stop because of pain in your foot or if you get a very cold, painful foot, then we'd need to see you about that sort of thing urgently.

P - Right.

D - Any questions for the moment?

P - Just, as I say, I've gotten cramp when I've walked around the shops, it's came on.

D - Yeah.

P - But I've managed to get rid of it by bending my feet and twisting my ankles and that.

D - And that's—yeah. But if it happened every single time you walked a certain distance, that might suggest a problem with the circulation.

P - No, I don't think so, no.

D - And your pulse is all good, so there's nothing that's making me think that you've got a problem with your circulation. Let's talk again in a week's time after you've had your blood test - so, if you make an appointment for the blood test on the way out that would be great.

P - Right.

D - Okay.

P - Right.

D - Anything that you want to have clarified?

P - No.

D - Okay, we'll talk on the phone.

P - Yeah. Right, thanks very much.

D - Blood test this week.

P - Okay, doctor.

D - We'll talk on the phone next week, alright.

P - Thanks.