

## **Example of GPs script:**

### **Patient contribution**

What would you like to talk about today?

Got you. Okay, so there's the sleep and there's going to the toilet at night.

Are those the two main things you want to talk about?

Was there some other issue you'd like to raise apart from that?

### **ICE**

And your theory?

So you don't really have any theories as to why it's happening, but it seems to have happened after the operation.

Worst fear? If you have one.

That's one of the questions I was going to ask. Is it related to worry?

So we're not thinking its anxiety or stress, we're not thinking its pain, we're not thinking it's the bladder that's waking you up. It's nothing like that?

I'd like to understand a little bit more about you before we can try and figure out between us what's, what we are going to do for you if that's okay?

You came here thinking maybe sleeping tablets might be the answer...

### **PSO**

How is this affecting your life?

And what does life involve for you?

### **Red flags**

Okay, your mood sounds as if it's okay.

Can we have a wee think about anything else that might be keeping you awake at night? Is pain a problem?

In terms of what might be getting in the way of your sleep, do you stop breathing at night?

Do you tend to drift off a lot during the day?

If you were driving in traffic...

No, wouldn't nod off or anything like that?

And pain's not an issue?

### **Focussed history**

Is stress part of this do you think?

You mentioned your water works, what's, what are your water works like during the day?

Don't wet yourself? Doesn't hurt?

No stinging? No discharge down below?

### **Focussed examination**

We've just checked your thyroid and that's fine, your weight steady, you're quite well in yourself.

### **Identify problem**

And it's you on your own in the house so we're not having to figure out someone else's pattern of life, so we're not thinking you have a problem called primary insomnia where you're spending too long in bed. It's not that, because you're able to get off to sleep.

### Check understanding

Does that make sense?

Alright, does that answer all of your questions?

### Develops management plan / shares management plan

...it might be worth while if somebody could stay with you for an hour overnight and watch you sleeping.

Well we've got some choice's of thing's to help you with okay. Erm, I'm assuming that you've done some work to try and figure out what's going on with your sleep already and that might have involved some sleep hygiene, do you know what I'm talking about with sleep hygiene?

Alright, I've got a few suggestions.

And I'd like to explore things with you. Are you any good with a computer?

Have you got someone who could help you with a computer?

If I give you a website to look at called [realgeneralpractice.org](http://realgeneralpractice.org), you go to the patient resource area, you go to the insomnia area. Insomnia is about sleep difficulty. That will give you a bunch of resources, so we can explore together what might be going on with your sleep.

And I'm going to make a suggestion. You came here thinking maybe sleeping tablets might be the answer, I'm not going to give you conventional sleeping tablets but I'm going to make a

suggestion. You might like to take something that's not a sleeping tablet but is a mild sedative on a night, that we quite commonly use to help people sleep.

Called Amitriptyline. The downside of it is dryness of the mouth and sometimes it can make

you, when your getting up to go to the toilet, it can make you a bit groggy so we have to be

cautious about the dose...

...but we could experiment with it. You might want to just take, if we gave you a ten milligram tablet we could give you half a tablet on a night in the first instance to see how you get on with it and then you could gradually increase it until you get rest on a night.

### Safety net and follow up

...it might be worth while if somebody could stay with you for an hour overnight and watch you sleeping.

Would there be any possibility when you go stay with somebody?

Okay, whenever you get the chance when you're staying with somebody, get them to watch

you sleeping.

It would be helpful to get to know if you're stopping breathing at night because that might

suggest you've got a problem called sleep apnoea.

So, it's worthwhile looking out for that. How do you feel about the idea of trying something like that?

So we will give you a bit of homework, you're going to go on the website [realgeneralpractice.org](http://realgeneralpractice.org), go to patient resources, I'll write all this down for you.

And then you're going to maybe give me a call once you've tried all of this out, I'm going away on holiday at the end of this week, so maybe if you leave it for a month, you can give me a call back and let me know how you're getting on when you've got back from Canada.

Perfect. Okay, you might find that you're less inclined to need to go to the toilet so frequently on the Amitriptyline.

But do be careful that you're not drinking too much fluid before you...

So, no big amounts of fluid after about six o'clock.

So, that's sensible. So half a tablet on a night to start off with and see how you get on with and let me know how you are getting on within the month if that's okay with you.

If this is helpful we can put it on as a repeat prescription but it would be helpful for us to touch base to make sure that you're not over-sedating with it if that's okay with you?

Sounds like you've went through quite a traumatic experience with all of this didn't you?

If emotionally things are troubling and you want to talk about that, that might be something we can touch upon next time.