

## Transcription

P: Well this is the first time I have seen you.

D: Nice to meet you.

P: And you.

D: Would you like to take yourself a seat. What would you like to talk about today?

P: Right I am having an awful time of sleeping. Now, its a year since I've had a operation on my bowel and since then, when I first had it done I came and i had sleeping pills for a week and a while later I came back and had another lot. Now I have tried every one of these over the counter remedies, no good, and I can't do without my sleep.

D: Okay.

P: The other thing is, when I find I'm not sleeping I'm up every hour to the toilet.

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

P: So what do we have to do?

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

P: They're the two main things I would like sorted out, yes.

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

P: Not really.

D: And they've both been going on ever since your operation about a year ago?

P: A year ago, yep.

D: And your theory?

P: Don't have one.

D: Not sure are you. Not sure.

P: I mean I'm active. I go to bed at half past ten, eleven o'clock at night, read for half an hour, go to sleep, wake up an hour later, might not go back to sleep at all and then it's five o'clock in the morning and there's no point in going back to sleep and then I'm tired all day...

D: Yeah.

P: ...and a bit ratty.

D: Okay.

P: A bear with a sore paw comes to mind.

D: Oh no.

P: And I just, you know, I figure well if the sleeping tablets helped before, should I have some again?

D: We can certainly think about what we can use...

P: Right.

D: ...I don't think we will probably recommend conventional sleeping tablets.

P: Because it was Zopiclone. I was on three and a half of Zopiclone.

D: Right, might not be the healthiest type of sleep that we are looking for.

P: No.

D: 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?

P: That's good.

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

P: Well I never used to have trouble sleeping.

D: Fine. So it's not refreshing your sleep, you get off to sleep okay but you wake up and you find it difficult to get back off to sleep.

P: Back off to sleep and then I'm tired all day.

D: Okay. Worst fear? If you have one.

P: Just is it ever going to get any better?

D: Yeah. So this is not satisfying, okay. How is this affecting your life?

P: Well I'm just tired and sometimes I'll sit and I'll think, well I cannot be bothered doing things that I need to do.

D: Yeah, okay. And what does life involve for you?

P: Well I'm very active I mean I volunteer with the Bishopwearmouth's nursery down Chester Road, I belong to a U3A group, I belong to a rug making group, I go to the knit and natter group at Shiney. I'm out with people all the time.

D: Yeah.

P: But it's just this over-riding tired. I mean I could put my head down on that desk now and go to sleep.

D: Who do you live with at the moment?

P: Just by myself.

D: Your on your own. Tell me a little bit more about yourself because we have not met before.

P: No. Well I mean I'm obviously Canadian, I've lived here for fifty three years now, married a Sunderland lad in Canada, came back here, had a fish and chip shop business for twenty one years down the bottom of Shiney, I've got a son and a daughter, son born in Canada, grew up here, went back to Canada. He works out in Vancouver, he's actually here on business at the minute. My daughter lives at Tynemouth, she has all sorts of problems, she's physically unable to work now but I've given up worrying about her because I know it's not going to make it any better.

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

P: I don't think so, not consciously.

D: You don't have a partner at the moment?

P: No.

D: Do you mind telling me a bit more about your partner history?

P: Right, I was married, he, all his life had problems with his back. He the developed pancreatic cancer and twenty three years ago now since he died.

D: In Canada?

P: No, here.

D: In here, okay. I'm so sorry. Okay, your mood sounds as if it's okay.

P: Well I try to, you know I put on a brave face at times I think.

D: Is stress part of this do you think?

P: I don't think it's stress.

D: No, okay.

P: But I don't know what stress is. I mean, how do you define stress?

D: You don't think it's stress, we will probably leave it at that for the moment, okay that's helpful. Can we have a wee think about anything else that might be keeping you awake at night? Is pain a problem?

P: No.

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

P: I'm fine during the day.

D: Not a problem.

P: No.

D: Don't wet yourself? Doesn't hurt?

P: No.

D: No stinging? No discharge down below?

P: I've gone.... I drink decaffeinated coffee, maybe too much.

D: And since your plumbing was fixed with your bowels...

P: No, my plumbing wasn't touched with my bowels.

D: What did they do?

P: I had a...

D: They took a section of your bowel out.

P: ...a section of my bowel out, yes.

D: That's what I mean about your plumbing. So they fixed your bowel together and everything's working?

P: Everything's working.

D: Yeah, and it didn't really affect your bladder?

P: No.

D: We don't think, and, but you are getting up because your awake you're getting up every hour.

P: I go back to sleep, then I need to get up for the toilet, then I get up for the toilet.... will I go back to sleep? It's one of these ping pong things I think.

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

P: No. Not that I'm aware of.

D: Not that you're aware of, okay. Do you tend to drift off a lot during the day?

P: No, but I could lie down on an afternoon and have an hours sleep at any time.

D: Right. If you were driving in traffic...

P: No, I wouldn't.

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

P: No.

D: Okay.

P: No, I mean if I felt I was tired I'd be off the road.

D: And pain's not an issue?

P: Pain's no issue at all.

D: 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?

P: No. I just, it's a mystery.

D: So getting off to sleep is okay, stress is not a problem, but you just feel unrefreshed at the end of the night.

P: Yep.

D: Okay, and you go to bed about half past ten.

P: Ten-ish, yeah.

D: And get off to sleep first of all, eleven o'clock.

P: Sometimes, I mean very rarely will I put my head down and not get to sleep.

D: But you're not feeling refreshed at the end of your sleep.

P: I'm not feeling refreshed, no.

D: 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.

P: No, no because I'm up at seven o'clock every morning.

D: Fine. Okay, alright and you mentioned there was something else apart from your sleep that you wanted to talk about.

P: Well it was just the water works.

D: How are the water works? You're not worried that there's anything else behind that?

P: No.

D: Lovely, okay. 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?

P: I assume it's have a warm bath before you go to bed.

D: Yeah.

P: I don't have a tablet, I don't sit on a phone all day.

D: Yeah. Medication's not an issue?

P: No.

D: You're not having too much fluid?

P: No I don't think so, I mean I don't drink after about five o'clock.

D: Yeah. We've just checked your thyroid and that's fine, your weight steady, you're quite well in yourself. Alright, I've got a few suggestions.

P: Okay.

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

P: Not extremely.

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

P: Yep.

D: 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. Does that make sense?

P: Yeah.

D: 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.

P: Right.

D: 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...

P: Right.

D: ...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.

P: Yeah.

D: If you've got a sleeping partner and I know you don't...

P: No.

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

P: That wouldn't be practical I don't think.

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

P: Not likely, no. I mean I'm going off to Canada in a fortnight.

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

P: Oh right.

D: 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.

P: Yeah okay.

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

P: I'll try something, I'll try anything.

D: 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.

P: Good.

D: 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.

P: I mean I'm back from Canada on the thirteenth, on the twentieth I go back down to see Mr Holson for my ears...

D: Check up.

P: ...my CT scan and my colonoscopy.

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

P: Right.

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

P: No because I mean I have my tea about five o'clock and I have a cup of tea with that and that's the last I'll drink.

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

P: No.

D: 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.

P: Right, yeah.

D: 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?

P: Okay, that's good.

D: So there's your homework.

P: There's my homework, okay.

D: Alright, does that answer all of your questions?

P: I think so for now.

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

P: Well, I mean my husband was horrendous and then I had a very good friend who had a stroke so I mean I'm not, I didn't look after him, he went straight in and he died right after in hospital, but it's just you know, I'm healthy so.

D: It creates uncertainties doesn't it?

P: Well it does, yeah.

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

P: Okay thank you very much.

D: Your welcome.

P: Bye now.

D: Bye.