



We are fast approaching the flu season, and we would encourage all of our eligible patients to come along to our clinics for their vaccination.

There are generally 3 types of vaccines which will be on offer to our patients:

The quadrivalent inactivated vaccine (QIV) will be recommended for 18-64 year olds in clinical at risk groups (for example diabetics and asthmatics) and other eligible groups including frontline health and social care workers. The QIV will also be offered to children who are unable to have the nasal spray or those aged between 6 months and 2 years who are in clinical at risk groups. We will be offering pre-booked appointments for this vaccination. Unfortunately there is a delivery delay, so we are not expecting the vaccine in until mid-October.

The adjuvanted trivalent inactivated vaccine (aTIV) will continue to be recommended for all those patients aged 65 and over. As in previous years we will be running walk in clinics during October as shown below.

All these vaccines have been delivered already, so we're ready to go!

The live attenuated quadrivalent influenza vaccine (LAIV) is the vaccine of choice for eligible children aged 2-17 years inclusive. This is not an injection, but a nasal spray. We will be vaccinating all 2 and 3 year olds at the surgery and all school age children will be vaccinated at school.

Thanks to those who came along to our cake sale on 27 September in support of Macmillan. The PMG staff worked really hard to organise a variety of cakes, and the feedback from patients has been very positive, raising £221 for Macmillan - great result, very well done everyone!



We welcome Dr Lucy Oxley back following a period of maternity leave. Dr Oxley will be working Mondays, Tuesdays and Fridays - her appointments are available to book.

A reminder to patients that, as part of the Improved Access Scheme, we are offering doctor and nurse appointments during the weekend and evenings. These appointments are now available to book online as well as with our reception team.

#### WALK-IN FLU CLINICS

This year the following dates are when nurses and receptionists will be available to look up your record, answer any questions you may have and administer your flu vaccination, all between 2 and 5pm on Tuesdays and Thursdays (except the 10th which will run to 6pm):

1st and 3rd October  
8th and 10th October  
15th and 17th October

#### NHS Information to Help You Stay Well This Winter

Winter conditions can be seriously bad for our health, especially for people aged 65 and older, and people with long-term conditions such as COPD, bronchitis, emphysema, asthma, diabetes or heart or kidney disease.

Cold, damp, etc. can aggravate any health conditions and make us more vulnerable.

Feeling unwell? Don't wait - get advice from your pharmacist, even if it is just a cough or cold. They are fully qualified to advise on the best course of action.

Make sure you get your flu jab - free to over 65s, those with a long-term condition; young children may also be eligible, as are carers. More information on [www.nhs.uk/getflujab](http://www.nhs.uk/getflujab).

Keep warm - heat your home to at least 18 degrees centigrade, with your living room maybe a little warmer.

Keep your bedroom window closed on winter nights.

Keep active when indoors - try not to sit still for more than an hour or so.

Wear several layers of light clothes.

Make sure you're receiving all the help you're entitled to. Learn how to make your home more energy efficient; [www.gov.uk/phw/keep-warm](http://www.gov.uk/phw/keep-warm).

Check your heating and cooking appliances are safe: [www.gassaferegister.co.uk](http://www.gassaferegister.co.uk)

Check your medicine cabinet and, finally, look out for other people who may be more frail than you.



## Pulborough Patient Link



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### Pulborough Patient Link invites you to a Public Meeting in Pulborough Village Hall on Monday 14 October

when

**Mr James Hicks  
MBBS FRCS FRCS (Urol)**

**Clinical Lead  
Urology Multidisciplinary Team  
St. Richard's and  
Nuffield Hospitals  
Chichester**

will give a talk entitled

**Prostates:**

**The Good, The Bad and The Ugly**

7.00 – approx. 8.30 pm

**Refreshments and Raffle Draw**

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#### A GUIDE TO PAINKILLERS - Dr Tim Fooks

Painkillers are probably the most frequently taken and prescribed medicines. As a group they are also known as analgesics, a term which means "without pain".

The intention of this article is to give some general pointers as to the types of painkiller that are commonly used by doctors or are available over-the-counter in supermarkets and pharmacies. Very good sources of more detailed information about all the medicines referred to, and advice as to which ones are useful to keep at home, are to be found on-line at the following two websites:

<http://www.nhs.uk/medicine-guides/pages/default.aspx>  
<http://www.patient.co.uk/health/useful-medicines-to-keep-at-home>

Of course, as well as the GPs, your local experts at our health centre are the pharmacists, and it is always a good idea to discuss with them the use of any medicine you are intending to buy over the counter. They will be able to tell you if the medicines will work for your problem and if there are likely to be adverse effects with any other medical conditions you have, or any unhelpful interactions with other treatments you may already be using.

Please note that I am not using this article to discuss all treatments that might be effective in reducing pain - alternative approaches can be also studied on the internet and include: physical therapies, acupuncture, TENS, relaxation techniques and hypnosis.

#### Types of Painkiller

In general terms there are five main classes of painkiller and this article will concentrate on classes 1-3:

- 1 Opiates
- 2 Paracetamol
- 3 Non-steroidal anti-inflammatories (NSAID)
- 4 Nerve stabilisers derived from two very different classes of drug:
  - tri-cyclics (in the past this group was also commonly used as antidepressants)
  - anti-epileptics
- 5 Anaesthetics

#### Painkiller Combinations

Doctors often prescribe combinations of painkillers and co-deine with paracetamol preparations (eg co-codamol) are used very commonly. Non-steroidal painkillers are also used in combination with paracetamol and/or opiates, often allowing very good pain control whilst avoiding excessive use (and side effects) of any one drug.

#### Opiate Analgesics

Opiate drugs are all derivatives of morphine (also known as opium) working on pain nerves in both the body and brain.

**Uses:** to reduce all types of pain although not so effective with nerve pain.

**Examples of opiates in order of strength** (with weakest first): codeine, tramadol, dihydrocodeine, oxycodone, morphine (eg oramorph, MST, Zomorph), methadone, diamorphine (aka heroin), buprenorphine, and fentanyl.

**Variability in strength:** weight for weight, morphine is approximately ten times as powerful as codeine but only a 1/75 of the strength of fentanyl.

**Administration:** by mouth, under the gum, by injection, via a syringe driver, or patch (stuck to skin for 3 days or 7 days).

**Adverse effects** are related to both the dose and the relative strength of the medicine. However, some people are extremely intolerant to opiates and are unable to use this group of medicines. Common side-effects in-



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clude – nausea, vomiting, constipation, drowsiness, mood disturbance, risk of physiological dependence (stopping an opiate suddenly after prolonged use may lead to symptoms of withdrawal known as ‘cold turkey’). Tolerance can also occur with prolonged use (where an increasing dose is required to preserve the same effect). A chronic painkiller-induced headache can occur at any stage following long term use of any opiate.

**Avoiding Opiate Dependency.** The risk of opiate dependency is linked to a number of factors, including genetic make-up. However, in others it is more likely to occur when the opiate is being prescribed for a pain that has ceased to be sensitive to the medication. In these situations it is possible for the dose of the opiate to be increased without any benefit - resulting in dependency. In these cases, pain control may well prove difficult to achieve and alternative medications and psychological treatments, such as Cognitive Behaviour Therapy (CBT), should be considered. It is good practice therefore for both patient and doctor to regularly review the use and dose of opiate medication and to stop it as quickly as possible if it is proving ineffective.

**Overdose:** when an excess of an opiate is taken in any form, the features of an overdose, as we had to learn them as medical students, are those of “an under-sexed introvert with pin-point pupils” (as opposed to the effect of an overdose of cocaine which causes “an over-sexed extrovert with wide-dilated pupils”!)

**Opiates with other medicines.** Codeine and dihydrocodeine are frequently used in combination with paracetamol to make co-codamol and co-dydramol respectively. These make effective painkillers of mild to moderate potency, but these combinations are limited to the maximum dose of paracetamol that can be taken during a 24 hour period (4 g)

**Use in Children.** Children can benefit from opiate medication when required but these occasions are almost exclusively in a hospital setting, for example after surgery or an accident.

### Paracetamol

**What is it? Paracetamol is a painkilling (analgesic) medicine available over-the-counter without a prescription.**

Sold by a range of manufacturers, under many brand names, in some countries, paracetamol is known as acetaminophen.

**Uses:** a) **ease mild to moderate pain** – for example, headaches, sprains, or toothache. b) **control a fever** (high temperature, also known as pyrexia) – eg, when someone has the flu (influenza). c) moderate to severe pain in hospital setting

**Preparations:** Paracetamol is available as tablets, caplets, capsules, soluble tablets, oral suspension (liquid medicine) or suppositories. In hospital it can be administered via an intravenous drip for moderate to severe pain.

**Paracetamol with other medicines:** In some products, paracetamol is combined with other ingredients. For example, it may be combined with a decongestant (a type of medicine that provides short-term relief for a blocked nose) and sold as a cold and flu remedy. Paracetamol may also be combined with other painkillers in medicines as described above.

Liquid paracetamol comes in 2 strengths: For **under** 6 year olds 120mg/5ml and **over** 6 year olds strength 250mg/5ml.

**Who can use paracetamol?** Paracetamol should be used with caution by those with liver problems, kidney problems or alcohol dependence. It may be used during pregnancy, in babies over 2 months and in breast feeding mothers.

**Side effects** are rare but can include a rash or swelling.

**Dose:** In adults the maximum dose to be taken in 24 hours is 4g. This is equivalent to 8 standard strength paracetamol tablets. In children the maximum dose is listed on the bottle of liquid paracetamol. For children under 6 years old, a simple calculation may also be used:

Total number of 5ml teaspoons of liquid paracetamol suitable for children under 6 years (120mg/5ml) to be administered during 24 hours is given by the calculation: Child’s weight in kg divided by 2.

For example, an infant weighing 10kg, the max number of 5ml tspn in 24 hours is five.

Paracetamol works for only 4-6 hours per dose, so it usually needs to be taken 4 times a day.

**Overdose and Interactions:** paracetamol is very toxic to the liver and kidney when very large doses are taken inappropriately. In these circumstances it can become very dangerous and hospital admission for treatment is always required. Paracetamol may interact with some other medicines, including some medicines taken to treat cancer or epilepsy.

**Read more about paracetamol uses, side effects and interactions in NHS Choices.**

**Use in children.** Babies and children can be given paracetamol to treat fever or pain if they are over two months old. For example, one dose of paracetamol may be given to babies if they have a high temperature following vaccinations. This dose may be repeated once after six hours. However, if a child has a fever but is **not** distressed, the raised temperature should **not** be treated as the body’s immune defences have been shown to work better at a slightly higher temperature. **If your baby’s/child’s high temperature does not improve, or they are still in pain, speak to your GP or call NHS 111.**

**Non-Steroidal Anti-inflammatory Painkillers/Drugs (NSAIDs) - medications widely used for a range of conditions:**

To: relieve pain, reduce inflammation (redness and swelling), bring down a high temperature (fever)

Common acute (short-term) conditions that can be treated with NSAIDs include: headaches, painful periods, toothache, soft tissue injuries such as sprains and strains, infections, such as the common cold or the flu (NSAIDs do not treat the underlying infections, but can help to relieve symptoms, especially fever)

Common chronic (long-term) conditions that can be treated with NSAIDs include: most types of arthritis, including rheumatoid arthritis, other forms of inflammatory arthritis and osteoarthritis, chronic back pain, chronic neck pain

**Adverse Effects.** NSAIDs can increase the risk of heart attack, stroke, and heart failure. These risks are small and are related to how long they are used, the dosage and certain types of NSAIDs, and the presence of other risk factors such as old age, smoking, diabetes and pre-existing cardiovascular problems, including hypertension. NSAIDs can also cause gastric inflammation and ulceration, and can affect the kidney and liver. Patients with asthma have a small risk of an exacerbation due to NSAIDs and are not recommended in pregnancy. **NSAIDs are therefore very useful drugs which should be used with caution and, if there is any doubt about the dose or duration of use, advice should be sought from a doctor or pharmacist.** Read more about side effects of NSAIDs in NHS Choices or Patient UK.

**Preparations:** Tablets, capsules, liquid oral suspension, cream/gels, eye drops, injections and suppositories.

**Examples:** Aspirin is a NSAID but it is not effective enough to recommend as a first-line analgesic and it **should NOT be given to children under 16 years.** The two safest NSAIDs are ibuprofen and naproxen. Other examples are diclofenac, celecoxib, mefenamic acid, etoricoxib, and indometacin. These NSAIDs are usually used under medical supervision of the GP or specialist.

**Dosage in adults:** The standard dose of Ibuprofen in adults is 400mg three times in 24 hours. In more marked pain, this medicine can be taken up to a maximum dose of 2.4g in 24 hours. The dose of naproxen is 250mg – 500mg twice a day.

**Use in Children.** By far the most frequently used NSAID in children is ibuprofen. It may be used in children from 2 months of age eg after immunisations at a dose of 50mg. Ibuprofen is a more effective medicine than paracetamol for relief of fever and pain. Each dose lasts 6-8 hours and so the frequency of administration is 3 x a day (rather than four as for paracetamol). The suspension is supplied at a strength of 100mg/5ml teaspoon. The dosage for each age group is given on the bottle but the maximum allowed in 24 hours is equivalent to 30mg/kg of child’s weight. For example, a child of 10kg may have no more than 300mg in 24 hours = three 5ml doses.

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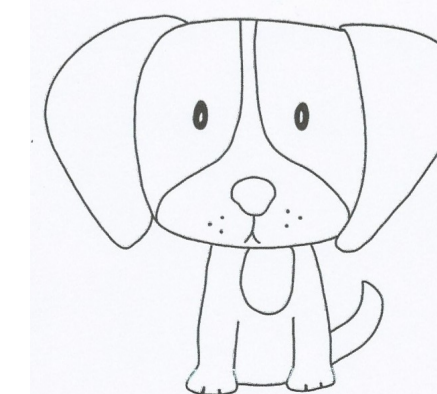
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### Dog Breed Word Search

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