

Pennine GP Learning Group

Minutes of meeting

Date: Tuesday 9th April 2019

Time: 7.30 – 10pm (2.5 hours)

Topics: Miscellaneous clinical topics – by Dr Rukhsana Hussain

Members present: Aisha Bhatti, Susi Harris, Ann Holmes, Rukhsana Hussain, Chichi Ireogbu

1. General catch up
2. Dr Hussain shared some learning points from a recent update course she had attended. Some of the topics we discussed are outlined below:

Insomnia – lack of data for drugs but evidence of benefit of CBT. The group was made aware of “Sleepio”. One of the members mentioned a family member had used the program which did seem quite rigid! We concluded that patients would have to be very motivated to try it but that it was an option to share with them especially given the risks of sedating antihistamines and TCAs.

Dr Hussain shared resources for young people with mental health issues including an App to manage self-harm called “Calm Harm”.

We discussed new treatments for Rheumatoid Arthritis and the terminology used for different drugs.

We also discussed new NICE COPD guidelines which now recommend a more pragmatic step up algorithm for treatment based on whether a patient has features of asthma or steroid-responsiveness. **Step 1** – SABA or SAMA **Step 2** -no features asthma LAMA/LABA combination (superior to LAMA alone and reduces exacerbation) If features asthma – LABA/ICS combination **step 3** triple therapy for both groups.

Recalling brand names of inhalers is always a struggle so Dr Hussain shared a website rightbreathe.com which she had recently been made aware of.

Dr Hussain mentioned that FSRH 2019 guidelines are now recommended tailored pill taking for women as per expert advice and that women can take the COCP continuously without a break should they wish to do so. As a group we felt that outlining the various methods of how to take the pill could confuse many patients. Dr Bhatti pointed out that many women opt for the COCP as they can regulate their

periods with the standard regime, we wondered whether other regimes like taking the pill continuously would be more likely to lead to irregular bleeding.

FIT testing was also discussed. Dr Hussain shared with the group that the screening test has a higher threshold for a positive test than the diagnostic test and so if we are concerned about a patient we should not necessarily be reassured if they have had a negative screening test. We should repeat the FIT as a diagnostic test in this instance /refer for further investigations.

Action Plan

1. Dr Hussain will upload the minutes to the website and share the link with the group.
2. Dr Hussain to book the venues for the next few meetings from June onwards and inform the group.