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## Dr Gill's Blog - April 2018



### Gill MacLeod

Chief Executive Officer

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Mirror neurones have been in the news recently. When I was training as a GP, my trainer and wonderful mentor Dr Mike Peters told me to be mindful of how patients made me feel and to use that as part of my observation in interpreting their health.

Mike said that how the patient made me feel reflected how they felt. This has helped me more than almost any other single piece of advice both in medicine and in other situations! Sometimes what you feel is quite simply what the other person feels.

What Mike was talking about, although he would not have known it, was how I could use my mirror neurone system to give me information.

Mirror neurones were first described in macaque monkeys 25 years ago. They fire when an action is taken and they fire in the same way when we observe the same action. They link to the limbic (emotional) cortex of the brain as well. They may be an essential part of why we experience such strong emotion watching a sport - as if we were experiencing it, or watching a play or film that triggers deep emotion.

**" What is certainly true is that we are a deeply social species. "**

We go to great lengths to create situations and activities that allow us to connect and mirror neurones are likely to be crucial in that process and in learning and communicating. What is also true is that my mentor Mike was right, if I observe rather than react to how another person makes me feel I have a deeper understanding of their feelings.

Where I feel less confident about some of the theories is in the “broken mirror” theory of ASD (autistic spectrum disorder) - the idea that there is a lack of ability to mirror emotion and experience empathy. An alternative view is that ASD causes the individual to be overwhelmed by data and unable to filter or normalise it and so they shut down or engage in repetitive behaviours to avoid the over stimulation.



A few weeks ago I was asked for help by a patient who was struggling with a challenging work situation. He didn't want “medical” help; he wanted help to function at his best. We discussed

sleep, diet and meditation. He took everything we discussed on board with vigour; he almost stopped drinking, committed to 8 hours of sleep a night and found his own route to meditation tapping into his existing belief systems.

Three weeks later he told me the effect was “night and day” and that sleep more than anything had changed how he was functioning and put him in the best position to face the challenges ahead.

### **So I thought the tips worth repeating here:**

- Go to bed and get up at the same time every day including weekends, only vary by an hour at most
- Avoid blue light from screens and devices for at least 2 hours before sleep
- Make sure the bedroom is truly dark
- Get blue light when you wake - expose yourself to daylight as soon as you can and through the day until the evening
- Avoid liquids for 2 hours before sleep so you don't wake to use the toilet
- Take an hour to unwind before bed, no exercise TV etc.
- Plan to sleep for 7-9 hours and don't skimp. When you find the right amount you will find you wake without an alarm. That is your ideal sleep time
- Avoid alcohol
- If you can't sleep don't worry, rest is good too and no harm will come to you from being awake for a bit

There is a good app called **“Sleepio”** for real insomniacs but it is quite expensive and it is worth doing all the obvious things first. I had a busy time recently myself and applied these rules, it never ceases to surprise and delight me to find what a great impact it has on my mood.

**Sweet dreams!!!**

## Looking after your lifestyle



### Do you have a gut feeling?

#### What is Irritable Bowel Syndrome (IBS)?

It is a common condition whereby individuals experience recurrent abdominal pain or discomfort associated with defaecation and/or accompanied by a change in stool form and frequency (constipation or diarrhoea or both). Usually, the abdominal pain is either relieved by defaecation or associated with altered bowel frequency or stool form. Other common symptoms include altered stool passage (straining, urgency, incomplete evacuation); abdominal bloating, passage of mucus, lethargy and low backache.

#### What causes IBS?

The short answer is that nobody knows but there are a few theories. IBS may follow an infection or an episode of food poisoning in about 20% of cases (so-called post-infective IBS). Such “insults” may affect the gut bacteria or microbiome. It may be worse at times of stress by lowering the threshold at which people are aware of symptoms or by altering the gut microbiome.

#### What investigations should be undertaken where IBS seems likely?

As a minimum, a blood sample should be sent to check for anaemia, signs of inflammation or coeliac disease. In patients with diarrhoea, a stool specimen should be provided to measure calprotectin, a marker of inflammation. If the blood test or faecal calprotectin results are abnormal, referral to a consultant gastroenterologist is required.

#### What are the available treatments?

There are many different treatment options, dependent on the predominant symptom and an individual's preference.



**Diet**



**Drugs**

#### Diet

Many people with IBS will respond to a low FODMAP (Fermentable, Oligosaccharides, Disaccharides, Monosaccharides And Polyols) diet. In others, restricting the amount of gluten, lactose or fructose may help.

#### Drugs

Anti-spasmodic agents, such as alverine or peppermint oil, may help abdominal pain. These agents are safe and may be taken as needed. In those with IBS-C, increasing the amount of fibre and clear fluids or the gentle laxative, lactose may help. In subjects with IBS-D loperamide may be helpful. There are other more powerful drugs but only after seeing a consultant gastroenterologist. Amitriptyline or citalopram may help those where pain and bloating are the main symptoms, but these drugs have side effects and need to be taken regularly to work.



**Probiotic or Prebiotic**



**Alternative Therapies**

### Probiotic or Prebiotic

Probiotics are live microorganisms, which, when administered in adequate amounts, confer a health benefit on the host. There is a paucity of high quality evidence to support a health benefit but Symprove was shown to be more effective than placebo in individuals with IBS. Prebiotics are a non-digestible food ingredient that beneficially affect the host by stimulating growth and/or activity of colonic bacteria and thus improve health. Once again there are few good studies to confirm the health benefits of prebiotics but one that caught my eye involved chicory-derived Orafiti inulin in subjects with constipation.

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### Alternative Therapies

Some individuals may respond to cognitive therapy or hypnotherapy. The use of acupuncture and reflexology should not be encouraged for the treatment of IBS.

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*Content kindly provided by Dr Adam Harris, Consultant Gastroenterologist*



### Dr Adam Harris

MD FRCP

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Consultant Gastroenterologist, HCA UK at Docklands

If you would like more information or to book an appointment with Dr Harris, please call 0207 234 2672 or visit <http://www.londonbridgehospital.com/LBH/consultant-det/dr-adam-harris/>.

Further information about IBS, gut microbiome or some of the treatments mentioned may be found at [www.docklandsdigestivehealth.com](http://www.docklandsdigestivehealth.com).

## Doctors Corner

Dear Doctor,

I recently developed a painful toe and have been told that I have gout. I thought that was something that only happened in the past to middle aged men who drank too much port. I am 24 and hardly ever drink! What exactly is gout and what can I do to prevent future episodes?

Dear Reader, I am sorry to hear you have this painful condition. You are quite right that the image of a gout sufferer is often a 50 year old, obese Victorian port drinker but the truth is that it is quite a common problem which affects approximately 0.5 % of the population.

Gout is a type of arthritis which means it is a condition whereby there is painful inflammation of joints. It is caused by a chemical normally present in the blood called uric acid (urate). If this chemical builds up it can result in very tiny crystals of uric acid forming in joints. The crystals cause inflammation with consequent swelling and pain.

**" Gout affects men more than women and although it does typically develop in middle age it can occur in younger people. There is an increased risk if other family members have the condition. "**

A gout attack typically develops quite quickly; usually over just a few hours. It most commonly affects one joint only but this is not always the case. The base of the big toe is the joint most likely to be affected. Affected joints usually swell and the skin becomes red and inflamed- the pain can be very severe indeed. The attacks often occur months or years apart but can be more frequent. An un-treated gout attack will usually resolve spontaneously within 7-10 days.



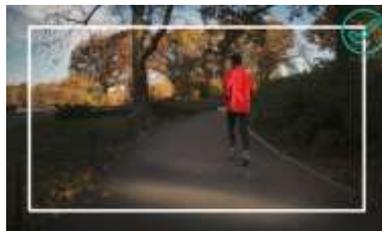
Everyone has some uric acid in their blood. It is usually harmless and is made in the body as a result of metabolising many common foods which contain substances known as purines. Most of it leaves the body through the kidneys in urine.

An increased level of uric acid is often found by chance during a health screen in people who haven't had an episode of gout. Some people have a high level of uric acid but do not get episodes of gout, however it isn't possible to say who will and who won't and so if someone has an elevated level we would usually advise they follow similar dietary and lifestyle approaches as if they had experienced an episode. Very rarely, people with a normal level of uric acid can develop gout attacks but in general the higher the level of uric acid, the greater the chance one has of developing gout.

**" Alcohol consumed to excess has been linked to developing gout for a long time and, as you comment, port in particular was thought to be causative. "**

Interestingly it is now thought that beer may be more of an issue than wine but reducing all alcohol intake is advised in anyone with a known history or high uric acid level.

Maintaining good hydration is also important. Caffeinated drinks such as coffee should be kept limited in people at risk as they can add to dehydration because caffeine increases the speed that the kidneys remove fluid (but not uric acid) from the body. Caffeinated drinks also contain purines.



Being overweight is another known risk factor and losing weight can often be a good way of preventing attacks in a gout sufferer but weight loss should be kept gradual because although overall raised uric acid is the issue a sudden drop in the level may cause crystallisation to occur and result in a gout attack. Starvation-type diets can lead to raised urate levels due to cell breakdown, the same is true for high protein (Atkins-style) diets and these should both be

avoided by gout sufferers or those with known high uric acid levels.

**Other factors that may cause a high uric acid level in blood include:**

- Diuretics and some other medications
- Hypothyroidism (underactive thyroid)
- Niacin, or vitamin B-3
- Severe psoriasis
- Certain kidney problems

People who have gout or have been found to have an elevated uric acid level should try to limit the level of purines in their diet

**Foods high in purine that should be avoided are:**

- Offal or organ meats, e.g. liver, kidney, brain, sweetbreads
- Wild game
- Meat extracts
- Anchovies, mackerels, herrings and herring roe, sprats, scallops, sardines, whitebait and mussels

**Foods with moderate amounts of purine should be eaten only in moderation. These include:**

- Meat, e.g. beef, lamb, pork, veal
- Poultry, e.g. chicken, turkey
- Fish, except those high in purine
- Peas, beans (green), lentils, spinach, mushrooms, asparagus and cauliflower

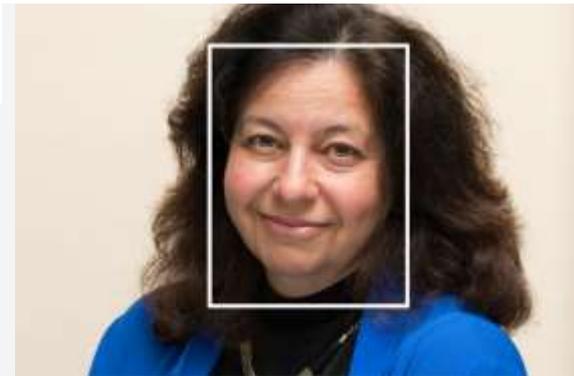
Fortunately treatment is available. Allopurinol is a drug which can be taken long term to reduce the level of uric acid in the blood to help prevent attacks, however it cannot be started during an attack.

Anti-inflammatory drugs are commonly used to reduce the pain and inflammation in acute episodes.

Finally, we still sometimes treat attacks with a drug called colchicine. This drug was originally

extracted from a plant known as 'autumn crocus' and has been known to be used for treating gout for over 20 centuries !

**This month's Doctors Corner was kindly provided by . . .**



**Dr Karen Lindall**  
**HCA UK GP**

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Why not try emailing us in confidence and you could see your question answered by a qualified Doctor in our next newsletter!

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