

# YOUR GPS CAN TREAT THESE CONDITIONS

n January 2014, Eastern Health Alliance (EHA) launched the GPFirst programme to encourage patients in eastern Singapore to see their general practitioners (GPs) for mild to moderate medical conditions rather than head to the emergency department first. In this regular series, our EHA community GPs offer advice on common ailments *Caring* readers might face.

Visit www.gpfirst.sg or see your GP for more information on common conditions such as cuts, bruises, mild scalds, nausea, headaches, sprains and fevers. Read on to learn more about shingles and constipation.

# **SHINGLES**

Question: I am a 50-year-old male. About a week ago I started feeling somewhat lethargic and slightly feverish. I didn't think too much of it until a few days ago when I started feeling pain on my left shoulder. This morning, I spotted blisters on my left shoulder and I am worried that they will get bigger. Is this condition contagious and do I need to seek treatment at the A&E?

Answer: Based on your description, it is likely that you are suffering from shingles. This is caused by the varicella zoster virus (VZV), which is the same virus that causes chickenpox. A history of infection with chickenpox predisposes a person to shingles in the future as the VZV remains dormant in the nerves after chickenpox has been cured. A bout of illness or stress, which leads to deterioration of one's immunity, can trigger the reactivation of the virus.

Shingles may be present with flulike symptoms, body ache and, less commonly, fever. Sensory changes may develop on one side of your body, ranging from pain to itch. This is followed by a rash a few days to a week later, occurring in a cluster or a linear fashion. The rashes then develop into blisters. As the virus is spread through direct contact with the fluid from the blisters, one should try to keep the rashes covered as he or she will be most infectious when the blistering starts.

Do not scratch the blisters. Wash your hands more often. Also, try to avoid physical contact with pregnant women, newborns and young children. Once the blisters dry and form crusts, the person is no longer contagious.

Your GP can review your symptoms and perform a physical examination to diagnose and rule out complications. Treatment within 48 hours is known to be most effective, and therapy can be initiated with antivirals and analgesics (for pain relief).

Complications of this condition include:

- Infection. The blisters may undergo some bacterial infection. The risk of infection increases with scratching. Signs to look out for are swelling, increasing redness and warmth around the rash.
- Postherpetic neuralgia or chronic pain may develop and last beyond a month to several years. This is more common in the elderly, diabetics and patients with HIV.
- Cranial nerve involvement. Reactivation of the virus in the cranial nerves (which originate in

the brain) may seriously affect vision, hearing and taste. Signs to look

out for are a rash appearing over the side/tip of the nose, earache, facial or scalp rash, giddiness, hearing loss, tinnitus

hearing loss, tinnitus (ringing in the ears) and altered taste.

• Disseminated

• Disseminated shingles. The blisters may spread over a large area of the body,



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which puts the vital organs at risk.

 Stroke. Though it rarely occurs, the flow of blood may get obstructed when vascular structures are involved, leading to stroke. Hence, some signs to look out for are weakness, numbness, unsteady gait, slurred speech and giddiness.

If infection of the blisters is suspected, a GP may initiate an antibiotic therapy. However, if cranial nerve involvement, stroke or widespread blistering occurs, one should go to the A&E immediately or dial 995 for an ambulance. If unsure, please visit your GP first to get an initial assessment.

A chickenpox vaccine can reduce the chances of developing shingles and is recommended for individuals above 60 years of age. As this disease is associated with weakened immunity, having a balanced diet and engaging in regular cardiovascular exercise are essential.

### Dr Lee Guo Rui

### CONSTIPATION

Question: I am a 30-year-old female. I have been having hard stools and exerting more effort when relieving bowels for a month now. This has become worse with occasional bad cramping pain. I also feel bloated. I have included more vegetables and fruits in my diet, and have been drinking prune juice in the past few days, but my condition does not seem to improve. I'm feeling very uncomfortable. I wonder what a GP can do to improve my condition? Should I visit the A&E?

**Answer:** Constipation is a common condition where stools become hard and difficult to pass and/or there is an increase in time between toilet trips compared to your usual pattern. You may also experience cramps and bloating sensation just like what you described. Additionally, you may feel the sensation of incomplete bowel emptying every time you go to the loo.

Common causes of constipation include:

- Inadequate dietary fibre
- Not enough water
- Cough medications, painkillers like morphine, or iron supplements
- Medical conditions such as irritable bowel syndrome and an underactive thyroid gland
- Pregnancy
- Idiopathic (no known cause)



You will need to see your GP for a thorough history and examination. He will look out for warning symptoms, such as changes in bowel habit in the past six weeks and severe symptoms that are not improving with medications. Other warning symptoms include weight loss of more than five per cent of body weight, blood in stools, a family history of colon cancer, and inflammatory bowel disease.

Your GP will also examine you physically. There may be an abdominal examination for intestinal obstruction or peritonitis (severe abdominal inflammation), checking of lymph nodes and a rectal examination (finger examination of the rectum).

Treating constipation includes lifestyle modifications, such as eating more food with fibre (e.g. corn and beans); drinking at least two litres of water a day; and eating fruits that are high in sorbitol (e.g. prune, peaches and pears). You should also exercise regularly. Have a regular toilet routine, and if possible, go to the toilet after meals as the bowels are most active post-mealtime.

Persistent cases may benefit from a course of laxatives. See your GP to discuss which type of laxative or stool softeners will suit you best.

Visit the A&E if you experience severe abdominal pain, are unable to move due to peritonitis, and if you do not have any bowel motion and are vomiting (possibly due to complete intestinal obstruction). If you are unsure, consult your GP first as he or she can further advise you on the next course of action.

## Dr Kelvin Goh Tze Chien



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