GPFIRST
Your family doctor, your first stop.

# YOUR GPs CAN TREAT THESE CONDITIONS

In 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, nosebleeds, headaches, sprains and fevers. Read on to learn more about abdominal pain and bloating and vertigo.

## ABDOMINAL PAIN AND BLOATING

**Question:** My 22-year-old daughter works and studies at the same time. She often has irregular meals, and rushes to her night classes after work without having dinner. She has been having intermittent upper abdominal pain and bloating, especially in between meals. Recently, I was awakened by sounds of her groaning in pain and tossing in bed. The pain kept her up until morning. Should I take her to the A&E?

**Answer:** Your daughter could be suffering from functional dyspepsia, or what is commonly and loosely called "gastritis". It is best for her to be reviewed by a General Practitioner (GP) first, as functional dyspepsia is a diagnosis of exclusion, and other serious abdominal conditions need to be ruled out.

Patients with dyspepsia will have one or more of the following symptoms: feeling full or bloated after eating, inability to finish a normal-sized meal or feeling full with only a small amount of food, and epigastric (upper central abdomen) pain or burning sensation.

Dyspepsia may be associated with risk factors, such as irregular meals, dietary indiscretion, alcohol consumption, use of non-steroidal anti-inflammatory drugs (NSAIDs), stress and Helicobacter pylori (H.pylori) bacteria infection in the stomach. Reducing these risk factors would reduce the incidence of gastritis.

A GP can review your daughter's symptoms and perform a targeted physical examination to assess if she has a serious condition that requires a visit to the A&E for urgent evaluation. The GP can also advise on whether your daughter would require further non-urgent evaluation, which can be performed at a later date.

Some symptoms may suggest a more serious condition. These include persistent vomiting (especially if there is blood in the vomit), evidence of gastrointestinal bleeding (black stools), difficulty in swallowing, unintended weight loss over a short period of time, and a family history of cancer.

Once the GP has assessed that there is no emergency at the moment, he or she may prescribe medications, such as antacids and anti-secretory therapy, to reduce gastric acidity. The GP may also check for H.pylori infection through a urea breath test or stool antigen test – both of which can be done at the clinic – or refer your daughter to a specialist for an endoscopy to check for gastric erosions, ulcers or other problems.

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**Dr Derek Leong**

## VERTIGO

**Question:** I am a 30-year-old stay-at-home mum. Two weeks ago, I fell ill with flu. I recovered over the next couple of days but started experiencing a slight earache. Two mornings ago, I woke up feeling very dizzy, as if the entire room was spinning. I had to lie down to rest before I could get out of bed. The symptoms gradually eased but returned this morning, making it difficult for me to make my way home from the market. I was so nauseated by the time I arrived home that I vomited. There is also a ringing sound in my ear that comes and goes. I am worried that my condition may be serious, and wonder if the situation will deteriorate if I delay treatment. Can my regular family GP treat my condition or would it be safer to head to the A&E?

**Answer:** The whirling and spinning that you describe is called vertigo in medical terms. Patients suffering from vertigo usually complain that they or their surroundings are spinning. This is usually followed by nausea and vomiting. Occasionally, the patient might complain of ringing in the ears, which is medically known as tinnitus.

Based on your complaints of vertigo, tinnitus and a preceding bout of flu, you are most likely suffering from a condition called labyrinthitis. This occurs when a flu infection causes swelling or inflammation in the inner ear, which has nerves that are vital in maintaining balance. Irritation of these nerves from inflammation will result in vertigo, tinnitus, nausea and vomiting.

Other common causes of vertigo include:

i. Benign Paroxysmal Positional Vertigo (BPPV) – This occurs when calcium particles (canalith), which occur naturally in the inner ear, accumulate in the ear canal.
ii. Meniere's disease – This is an inner ear disorder caused by fluid accumulation and a resultant change in pressure in the inner ear. Patients usually complain of tinnitus and vertigo symptoms.

Other causes of vertigo include migraine headaches, side effects of medication (antibiotics) and neurological conditions such as stroke. Your GP can review your symptoms and perform the necessary physical examinations to rule out dangerous causes of vertigo such as stroke, which require urgent evaluation.

Labyrinthitis may be due to viral or bacterial causes, and viral labyrinthitis is the more common form of labyrinthitis. Once your GP assesses that your condition is likely due to viral labyrinthitis, he or she will prescribe medications in the form of tablets or injections to relieve your symptoms.

Patients with associated sudden hearing loss may be prescribed a short course of steroids after the GP has assessed their pattern of hearing loss. However, if your GP assesses that your case of labyrinthitis is due to bacterial causes, he or she may prescribe you topical antibiotics.

If your vertigo symptoms are accompanied by difficulties in speaking and swallowing, visual disturbances – such as double vision, droopy face, weakness and numbness of limbs – and neck pain or a recent neck injury, this might indicate a neurological condition and you should head to the A&E immediately or call an ambulance by dialing 995.

Vertigo can be associated with chronic conditions, such as diabetes and high cholesterol. As such, a healthy balanced diet and regular cardiovascular exercise is essential.

Health supplements, such as ginkgo biloba, fish oil and vinpocetine (an extract from the periwinkle plant), are recommended in literature but have not proved to be beneficial in clinical trials.

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