

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 acute gout and nosebleed.

ACUTE GOUT

Question: I am a 34-year-old male, and a week ago I started experiencing pain and stiffness in my right big toe. Over the next few days, the pain spread to other parts of my foot, which is now swollen. I am in excruciating pain and it has impacted my mobility. As a seafood restaurateur, I spend most of my time at my restaurant, therefore my meals comprise mainly of seafood and red meat; I also enjoy drinking. Will I be able to get it treated by my GP or is my condition so severe that I need to visit the Accident and Emergency (A&E) department at the hospital?

Answer: Your symptoms show that what you are experiencing is likely an acute gout attack.

A visit to the GP is advised as he will be able to help you manage the pain and follow-up closely with you on your condition.

Gout is a form of arthritis caused when excessive uric acid is present in the blood. The uric acid build-up forms uric acid crystals that will cause the joints to swell and become inflamed. This disease typically occurs in the big toe but other areas such as the ankles, insteps, heels, knees and other joints may also be affected.

Uric acid is produced when the body breaks down purine, a substance that is found naturally in our body's tissues, and also in high-purine foods, including red meat (e.g. beef and pork), organ meat (e.g. liver and kidney), seafood, vegetables such as cauliflower and asparagus, and alcohol (mainly beer due to the yeast). Besides uric acid and food intake, genetics, obesity, metabolic syndrome and consumption of certain medications (e.g. Thiazide diuretics) can also cause gout.

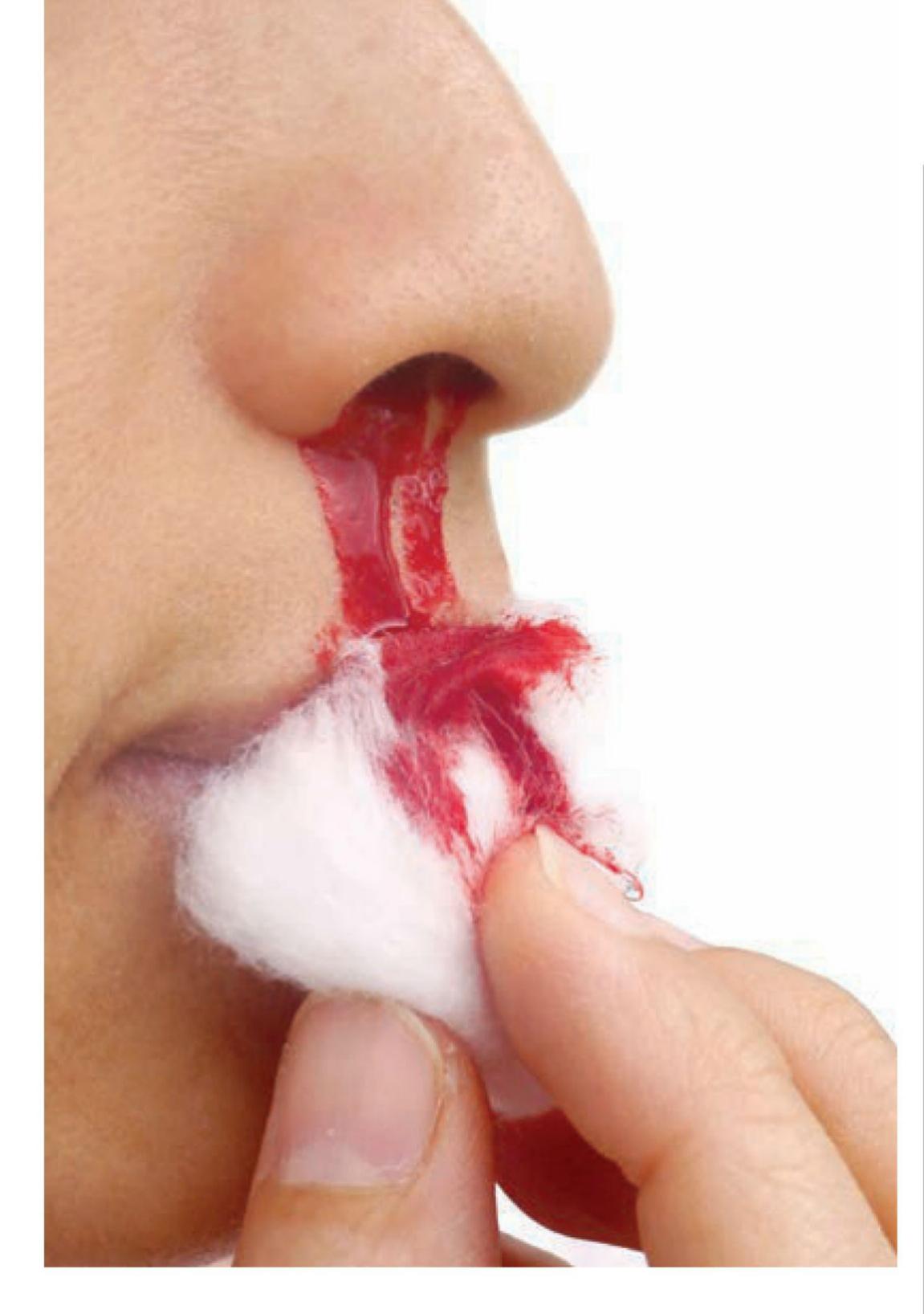
An early visit to the GP is advised should there be no improvement to your condition after 2 to 3 days. Your GP will ask you to answer a series of questions to rule out other causes of joint inflammation such as infection and trauma. He will likely ask you to undergo uric acid and renal function tests. You will then be prescribed anti-inflammatory painkillers to ease the pain. Preventive medications such as Allopurinol are available for recurrent gout attacks.

Changes in lifestyle and food intake are very important to help prevent and lower the risk of gout. Increase your intake of vegetables, poultry and water, and concurrently minimise alcohol consumption and reliance on red meat and seafood. Regular exercise is also recommended as it is a measure to counter obesity.

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NOSE BLEED

Question: I am an 18-year-old male student, generally healthy with no underlying medical condition. Lately, I started to experience nosebleeds. In one occasion, it happened while I was in class, another whil I was walking home, and sometimes when I was watching TV. I'm unsure what caused the bleeding, but it occurred almost every other day for slightly more than a week now. This morning, while I got up from bed, I felt something trickling down my throat. I tried to cough and was shocked to see bloodstained phlegm. My mother is rather worried about my condition and has urged me to head to the A&E. However, I didn't go as I feel totally all right despite the nosebleeds. Why does it happen so often, and when should I visit the A&E?

Answer: There are many causes of nosebleed. The common reasons for recurrent nosebleed may be frequent trauma such as nose picking, lack of humidification in the environment, allergies and infections.

Most nosebleeds are usually minor and will respond to these first-aid measures:

1. Blow your nose gently to clear up any blood clots formed inside the nostrils.

- Sit down and lean your head forward to prevent back flow of blood into the throat.
- 3. Breathe through your mouth and firmly pinch the entire soft part of the nose just above the nostrils.
- 4. Hold the position for 10 minutes (5 minutes for children).
- 5. Decongestant nasal sprays such as Oxymetazoline would be helpful. You can apply it to the affected/bleeding side of the nose and then repeat steps 2 to 4 above. However, this should not be a long-term remedy if the problem persists for more than 3 days.

Based on your experience, you have had about five to six nosebleed episodes. It will be ideal to seek a GP's help for initial assessment, and he can advise further investigations or referral for specialist attention, if necessary. He will ask you more thorough questions related to your family's health background, your lifestyle and habits. For instance, he will ask you about any conditions that cause easy bleeding in your family, whether you may have other conditions previously unnoticed, or had adopted a new pet which may be causing allergies. It may also be related to frequent use of air-conditioning, which results in a dry environment. He will also examine if you have signs of sinusitis or any lumps in the deeper sections of the nostrils.

If you find that the blood trickles down the back of your throat even when you lean forward, it may be more of a concern and requires medical attention at A&E. If you are unsure whether your condition requires urgent treatment, it is advisable to consult your GP first so that he can advise you on your next course of action.

Here is some advice you can take note of to prevent nosebleeds:

- Avoid repeated traumatising of the nose such as nose picking and excessive blowing.
- Ensure adequate humidification of the environment. You may want to keep containers of water in your room at night if you sleep in an air-conditioned room.
- Keep your nose moist by using saline nasal spray or apply petroleum jelly to the nostril with cotton swab.

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