

Our Doctor Writes

March 2010

February saw the recall of the anti-obesity drug Reductil (sibutramine). This was a drug which was produced and marketed in response to the rising tide of obesity within western societies. Reductil was developed to try to decrease appetite and make those taking it feel full more quickly once they started taking it. Doctors, including me, came under great pressure to prescribe medication to help people to lose weight. There is an old maxim in medicine that you never get something for nothing. This turned out to be particularly true in the case of this drug. Whilst it did help some people lose weight this was often not sustained long term. More important than that though was the finding of the “SCOUT” study which showed that 14% more patients taking this drug had a stroke or a heart attack than those not taking it. It seems unfashionable these days to talk about personal responsibility but in this case it seems to prove the point that there is no easy fix and that the only way to decrease weight is to have the self discipline to take in fewer calories than are being used over a long period of time.

The increased incidence of stroke got me thinking about the recently changed guidelines for the management of stroke. For many years there has been an appreciation that time is absolutely critical when it comes to starting active treatments for heart attacks. Drugs known collectively as thrombolytics or clot busters can make a big difference to survival and disability. The sooner they are given the better the response. More recently there has been work done that shows that the same can be said for certain types of stroke. There has been a nationwide push to try to get people into hospital as quickly as possible if they are having a stroke. In turn local hospitals have been working to try to make CT scanning and the provision of these clot busting drugs available quickly and importantly around the clock. Strokes or CVAs can present in many ways depending on which part of the brain is being affected. Diagnosing stroke in the very elderly can be a particular challenge. There is a useful acronym that can help to identify an evolving stroke but the absence of one or more doesn't exclude it. FAST refers to: Facial weakness – usually one sided, Arm or leg weakness or numbness, Speech disturbance (either slurring or an inability to be able to summon up the right words or speaking gobbledygook). The final T in FAST refers to what to do next Time to dial 999. You can find out more information about this at www.stroke.org.uk . Receptionists are between a rock and a hard place in surgeries as they are not expected to make clinical decisions. We have decided on this occasion though that there is a place for specific in house training for all of our staff to raise awareness about the presentation of stroke.

Best wishes,

Dr Tim Ballard