RefHelp Clinical Updates

Issue1 – Dec 2020

RefHelp

Of interest this December

Insight into RefHelp
From Apr to Oct of this year there have been 103,000 visitors to RefHelp pages! 15% are returning and 85% are new!

Derm

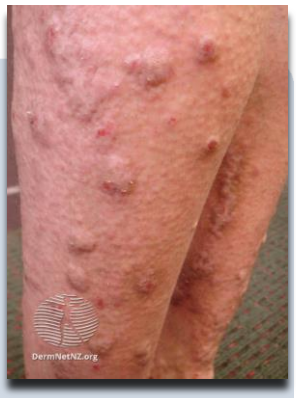
What are we all about?

The RefHelp team seeks to improve the interface between primary and secondary care, and get the right care for the patient, at the right time and with the right team.

We had the opportunity to spread the word of RefHelp last month at the Lothian Grand Rounds where we introduced our team, discussed recent updates and showed how it can be used in both Primary and hospital care settings. It was great that so many people were able to join us – if you missed out, check it out now **here**!

https://apps.nhslothian.scot/refhelp/News/Pages/Grand-RoundRefHelpTalk071020.aspx

What is that? I don't know either...



Whether skin is your thing or not, we all have those moments where we feel a bit stuck seeing an odd rash for the first time. That's why we are delighted to share the updated Dermatology pages on RefHelp. These are an invaluable source of information direct from the dermatologists in Lothian regarding the management of common skin conditions.

And if you still don't know what you're looking at, they now have a referral option for advice only which can include those interesting images that patients have been sending us in COVID times!

One highlight, is the page on **eczema affecting the hands and feet**, which has practice changing tips on amount of emollient to prescribe (may need up to 500g per week!), remembering to warn the patient of flammability of emollients (especially for smokers) and quite how potent the steroids need to be. And when you are finally thinking that you know all you need to about topical steroids there is always more – it comes in tape form, for localised areas that would also benefit from occlusion. All this from just one of the pages, so it's worth taking a couple of minutes to browse.

Were you more interested in what that rash was? How about a clue - this patient just couldn't stop itching (it's in the name). Thanks to Dermnet.nz for that image. Answers revealed on the last page.

https://apps.nhslothian.scot/refhelp/Dermatology

Many thanks to Dr C Morton and Dr S Maxwell for their excellent presentation, and to Dr Claire Pedder, with the Dermatology team, for their update!

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Urology

Making it easy to talk Micturition

The Urology RefHelp pages were updated earlier this year, with new advice on referrals and management of common Urological presentations. Please enjoy some of the highlights - recurrent UTIs, male LUTS and possibly save yourself from an extra SCI Gateway paper exercise!

https://apps.nhslothian.scot/refhelp/Urology

Recurrent UTI

Some new tools for recurrent UTIs

For those patients with no redflags and no significant post-void residual (<150ml) on urinary tract USS, conservative management can be used with useful simple advice on the RefHelp page (covering everything from fluid intake recommendations to D-mannose use).

Further adjuncts are suggested if ongoing recurrence, such as topical oestrogen in post-menopausal women or trial of methenamine! Methenamine, first discovered in 1859, acts as an antiseptic, being broken down into bactericidal formaldehyde in acidic environments. To help lower the pH in the bladder, patients should be advised to take OTC vitamin C, for a pH <6.

If still no relief, then there is further advice on rescue and post-coital antibiotics, before thinking referral. Some great additions to help reduce antibiotic use, especially when some of the options can have terrible repercussions when used long term (here's looking at you nitrofurantoin).

https://apps.nhslothian.scot/refhelp/Urology/recurrent-uti

Male LUTS

Male LUTS – how about tolterodine?

It is a common presentation which can be predominately voiding (slow stream, hesitancy, terminal dribbling, intermittent stream) or storage (urgency, increased frequency, urge incontinence, nocturia) in nature. Some may have a mix of both! The LUTS page has some lifestyle advice to get the patient started (like avoiding fluid intake 2 hours before bed) and medication suggestions.

A trial of tamsulosin is recommended for those with mainly voiding symptoms, and finasteride can be added if they have an enlarged prostate. If, after 3 months, there is no improvement then you can consider adding in an anti-muscarinic. **Tolterodine** is first line, followed by **solifenacin,** but don't forget **mirabegron**, slightly hidden in the LJF, which works in a different way to relax the bladder and doesn't contribute to the anticholinergic scale –consider this if you're already worried about the patient's anticholinergic load, or after a trial of 2 antimuscarinics.

For storage symptoms – try an anticholinergic, if appropriate, then consider mirabegron.

https://apps.nhslothian.scot/refhelp/Urology/maleluts

Visible Haematuria

One less job for you!

Follow the new visible haematuria flow chart for clear advice on management and how to refer these patients. **Please don't request any imaging** as the majority of these patients will need a CT urogram, which should be arranged by the Urology team.

https://apps.nhslothian.scot/refhelp/Urology/HaematuriaVISIBLE

Many thanks to Dr R Manson and the Lothian Urology team for coordinating this update!

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Being more positive with IBS

IBS

IBS is a common condition, where we know it's important to be certain in our diagnosis and management. The RefHelp IBS page has excellent resources in how to do this – covering diagnosis, when to refer, patient leaflets and medications. If, despite all this, there has not been improvement then the Post-diagnostic IBS service could be an option – this is a dietetic run service available for adults (16-50 years old), with normal blood + stool tests, for in-depth dietary advice.

The GI team have also worked really hard on producing patient information videos which so far cover **IBS** and **dyspepsia**. Keep these links handy for the soothing tones of Dr Shand and Dr Trimble – which can easily be texted/emailed out to the patient after the appointment. Watch them yourself and find out how you can compare IBS pain to the warning light on your car dashboard!

https://apps.nhslothian.scot/refhelp/Gastrointestinal/IrritableBowelSyndromeIBS#tabs2

Potentially one less scope

Coeliac

The British Society of Gastroenterology has approved the move to the possibility of diagnosing Coeliac disease without a biopsy to confirm this. For those with a high titre of TGA-IgA on 2 occasions, they can be diagnosed without a scope and managed on the dietetic-led Coeliac pathway.

Children have led the way on this, with the no-biopsy strategy being in place for a number of years for them now.

Please remember, patients should be eating a diet containing gluten for at least 6 weeks prior to testing to ensure accuracy and there will be a reminder when requesting the test in Primary care. Use the helpful **patient leaflet** to help explain why we're asking the patient to eat more gluten, even though they're feeling great now!

With about 1% of the population being affected by coeliac disease this has the potential to reduce exposing patients to scopes significantly.

https://apps.nhslothian.scot/refhelp/Gastrointestinal/Coeliac#tabs-3

Tackling the Colon

Colorectal

The Colorectal team have their own condition page now and they are putting it to good use with practical advice on how to manage common conditions in the community. Have confidence in helping your sore and sometimes embarrassed patients with new advice on anal fissures, haemo-rrhoids and faecal incontinence.

https://apps.nhslothian.scot/refhelp/colorectal

More videos to come!

Watch this space

We've got videos for patients, but there's no stopping the GI team, who are looking at videos for professionals too. They're aiming to produce educational tools for primary care teams for common GI presentations in children (like constipation, poor feeding etc). Keep an eye on the RefHelp pages for this exciting update!

Many thanks to Dr G Evans and the Lothian Gastrointestinal team for these practice changing pointers!

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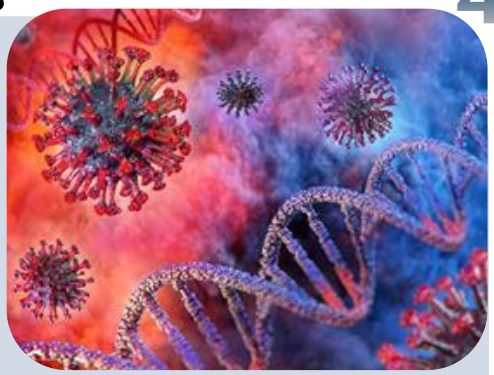
Long COVID symptoms

COVID19



There is an increasing need for support and treatment for patients suffering from long Covid symptoms. As such the RefHelp team has been working with a number of specialties to facilitate creating new referral pathways for this condition which has a huge range of severity and symptoms.

The long Covid pathway does not sit easily within any one specialty which has been one of the challenges. Some patients may need further investigation and the Respiratory department have created a post-Covid-breathlessness pathway.

Their flow diagram helps to triage patients to acute admission, same day ambulatory care, routine Respiratory/ Cardiology outpatients or allied health professional support based on oxygen saturation levels, D dimer ECG and Chest x-ray findings. The Infectious Diseases team are working on a general RefHelp COVID-19 page to signpost referrals and give guidance on further investigations if an alternative diagnosis to COVID-19 is suspected.

The Pulmonary Rehab Rhysiotherapy team in Edinburgh have provided a rehabilitation help line since April for long COVID symptoms. They have worked hard to now create a single point of referral through SCI Gateway where the team will triage patients to the best AHP professional to support their symptoms. This pathway is currently only available for Edinburgh H&SCP but we are hoping other Lothian H&SCP will soon follow suit. There is a Long COVID Psychology Support Service in the early stages of development.

https://apps.nhslothian.scot/refhelp/guidelines/Pages/PostCOVIDBreathlessness.aspx

Getting your info on the go?

You are not alone – 53% of RefHelp users are accessing pages on their mobile phone to help keep up to date.

A service to be proud of!

30% of RefHelp users are from Edinburgh, but others outside of Lothian are using it too – 10% are from London, 5.6% from Glasgow and even further afield. The top 3 countries that use these pages are the UK, USA and India. Clinicians from all over the place are using this resource to improve their management.

Many thanks to Dr D Richards for this great addition in these changing times and the we look forward to more COVID updates as time goes on!

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Editors, Mrs H Levy and Dr N Dockar are pleased to present this first issue of RefHelp Clinical Updates. We hope that everyone finds rest in the winter holidays and we'll see you in 2021 with Issue 2!

How did we do?

Was this useful? Was this interesting? We would love to hear your feedback or suggestions for future updates and content! Email us at RefHelp@nhslothian.scot.nhs.uk or even send us a tweet @RefHelp_Lothian

Answer to image on page one: Nodular prurigo! Now all that's left to answer is what came first – the itch or the rash? Read more about it on **Dermnet**.

https://dermnetnz.org/topics/nodular-prurigo/