delay. Put aside time to share these feelings with a trusted colleague, a loved one, or your GP. Reflect on where this is heading if things don’t change. Early recognition and an action plan may restore your happiness and relationships, enable you to avoid complaints, and even save your career. If you don’t act it will probably get worse, so don’t wait until you reach the point of no return.

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referee. Their comments and advice on earlier drafts of this paper were invaluable.

NEVER ENOUGH

As a GP trainee, I find opioid prescribing a particular challenge. This is especially the case for patients with chronic pain, where the distinction between analgesia and addiction can become increasingly blurred. It can be extremely difficult to maintain a therapeutic relationship with a patient who is dependent on the painkillers that they are being prescribed.

In her book Painkiller Addict: From Wreckage to Redemption, author Cathryn Kemp chronicles her own descent into fentanyl addiction, and her harrowing journey through recovery.

Previously a successful journalist, Kemp was diagnosed with idiopathic pancreatitis, and spent more than 2 years in and out of hospital. She was eventually discharged to the care of her GP with chronic abdominal pain and a prescription for fentanyl lozenges. Kemp initially adhered to the prescribed dose of eight lozenges per day, until a difficult break-up triggered her to think ‘one more won’t hurt’...

This book provides a brutally honest account of Kemp’s escalating use of fentanyl, peaking at 60 lozenges every day. It is a vivid depiction of how addiction insidiously grows to dominate every realm of a person’s life, and how the ravages of withdrawal are a terrifying, ever-present threat. Kemp says, ‘there never seems to be the feeling that I’ve had enough. I am always wanting the next lozenge. The craving follows me around all the time, like a lost puppy.’

Kemp describes an increasingly fraught relationship with her GP, whom she calls her ‘dealer’. Her GP attempts to limit the lozenge prescription on many occasions, giving the reader a unique insight into the patient perspective of the classic ‘drug-seeking’ interaction: ‘I nod with a complacent smile. He signs my prescriptions. I’ll do anything, agree to anything, as long as he carries on signing.’

Painkiller Addict: From Wreckage to Redemption provides a gripping and realistic narrative of prescription medication addiction, and I was left with a much better understanding of why those addicted to painkillers behave as they do.

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Stressed, Unstressed: Classic Poems to Ease the Mind
Edited By Jonathan Bate, Paula Byrne, Sophie Ratcliffe, and Andrew Schuman

Cathryn Kemp

REFERENCES


7. McCartney M. Coffee time is about much more than coffee. BMJ 2014; 348: g3444.
One of the most powerful suggestions in the book is its encouragement to read the poems aloud and immerse yourself in its words. This harnesses the power not only of the words themselves but also of your own imagination. Recent findings from neuroscience support this — FMR scans show that the simple act of just imagining compassion activates the soothing and affiliation component of the emotion regulation system of the brain.¹

The poems are well chosen to illustrate alternatives to our present mood. An afterward by Mark Williams linking the use of the book to the practice of mindfulness is a very satisfying coda to the whole experience.

All proceeds from the sales will be donated to ReLit, the campaign to alleviate stress and other mental health conditions through mindful reading. All doctors and patients can benefit from ‘dipping into’ this book and I recommend it for all of us who are facing difficult times during the current GP workload crisis. Every waiting room should have a copy.

http://www.relit.org.uk/

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