

Out of Hours Books

ADDRESS FOR CORRESPONDENCE

Simon Tobin

Norwood Surgery, 11 Norwood Avenue, Southport, PR9 7EG, UK.

E-mail: simon.tobin@gp-n84008.nhs.uk

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.

Simon Tobin,
GP, Southport.

Neal Maskrey,

Visiting Professor of Evidence-Informed Decision Making, Keele University, Keele.

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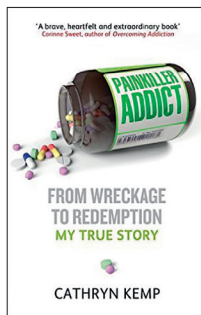
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Painkiller Addict: From Wreckage to Redemption — My True Story Cathryn Kemp

Little, Brown Book Group, 2012, PB, 320pp, £13.99, 978-0749958060



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 compliant 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.

Abbey Gray,

GPST SE Scotland, Edinburgh.

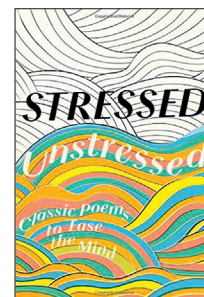
E-mail: abbey.gray87@gmail.com

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Stressed, Unstressed: Classic Poems to Ease the Mind

Edited By Jonathan Bate, Paula Byrne, Sophie Ratcliffe, and Andrew Schuman

HarperCollins, 2016, HB, 224pp, £14.99, 978-0008164508



CAN YOU BE RE-LIT BY POETRY?

This recently published volume is an anthology of new and old poems — some familiar and some less so, but all chosen by the editors, who include an NHS GP, to 'speak to us when we are processing worries or when we simply want to fill our minds with different, more positive thoughts'. The book is designed to serve as an introduction to the ancient art of 'bibliotherapy': reading for wellbeing. Does it succeed in its stated intent? The short answer is yes. How does it do this?

The book itself is divided into 12 sections, each of which contains a number of poems chosen to address some of our most troubling moods such as 'grieving' or 'feeling alone'.

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 — fMRI 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 afterword 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/>

Nigel Mathers,

Head of Academic Unit of Primary Medical Care, University of Sheffield, Samuel Fox House, Northern General Hospital, Herries Road, Sheffield; RCGP Honorary Secretary, RCGP, London.

E-mail: n.mathers@sheffield.ac.uk

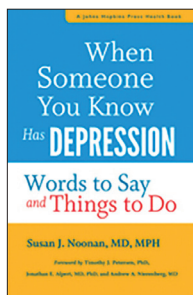
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When Someone You Know Has Depression: Words to Say and Things to Do
Susan J Noonan

Johns Hopkins University Press, 2016, PB, 160pp, £11.00, 978-1421420158



RECOVERY AND RESILIENCE

Susan Noonan is a US physician and peer specialist, who has lived experience of depression. In this brief and accessible text she provides a wealth of practical information to enable family and friends to offer help to someone who is depressed. Beginning with the epidemiology of depression, she goes on to describe symptoms and signs, and then provides valuable advice on supportive communication strategies, mental health first aid, and when and how to enlist professional help. There are particularly useful sections on warning signs for suicide, setting boundaries and maintaining one's own personal space, and how to anticipate recovery and build resilience.

Interspersed with the text, Noonan provides a set of charts and tables for use by family and friends. Some of the tables, for instance on pleasurable activities or

sleep hygiene, could be a useful resource during GP consultations.

I do have some concerns. The list of resources given at the end of the book is US-based and would need to be amended for use in the UK and other countries. Noonan has a more biological and genetic orientation to depression than is warranted by existing evidence.

Her argument for the underdiagnosis of depression in men is debatable and is not balanced by discussion of the problems of overdiagnosis. I am unconvinced of the benefits of asking patients to keep a daily mood chart, as this runs the risk of encouraging preoccupation with mental symptoms.

With these caveats, I would recommend this book to family members and friends of patients who are living with severe, recurrent, or long-term depressive disorders, as a companion to my own introduction for children.¹ And as well as inviting my patients to read my own blog, *well becoming*, I will now suggest they also follow Noonan's *View from the Mist*.

Christopher Dowrick,

Professor of Primary Medical Care, Institute of Psychology, Health and Society, University of Liverpool, Liverpool.

E-mail: cfdf@liv.ac.uk

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