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Colchicine in overdose

We read with interest the letter from Lloyd warning of the danger of colchicine overdose[1] and agree that this can have devastating consequences. However, the majority of overdoses involve analgesics, antidepressants, hypnotics, anxiolytics, and antipsychotic medications whereas colchicine overdose appears to be an uncommon occurrence.[2–4] Colchicine is an effective and useful treatment for both acute attacks of gout and prophylaxis against acute attacks when commencing urate-lowering therapies such as allopurinol, particularly in the many patients who are intolerant of or have contraindications to non-steroidal anti-inflammatory drugs.[5,6] Although we concur with Lloyd that assessment of mood and risk of overdose should be considered when prescribing any medication, we urge prescribers not to abandon an effective treatment for this excruciatingly painful and frequently poorly managed condition.

Edward Roddy,

Clinical Senior Lecturer in Rheumatology and Consultant Rheumatologist, Research Institute of Primary Care and Health Sciences, Keele University.
E-mail: e.roddy@keele.ac.uk

Christian D Mallen,

NIHR Research Professor in General Practice, Research Institute of Primary Care and Health Sciences, Keele University.

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Barriers to lifestyle changes in people with diabetes

The study on the impediments to good diabetes control by Elliott *et al*[1] corresponds with our findings from an interview study of patients with diabetes from a deprived background in the northeast of England. We undertook semi-structured interviews with eight patients with established type 2 diabetes from one general practice and explored their perceived barriers to making lifestyle changes. The incidence of diabetes in the northeast of England is relatively high and is known to be inversely related to a low socioeconomic status,[2–4] but there is little research exploring the reasons for the link with deprivation. Our results highlighted four common themes: dietary education, motivation to change, family support, and comorbidities.

Patient education was the most commonly reported barrier, related to poor dietary education and misperceptions gained during childhood on healthy foods. Participants struggled to find the motivation to change their lifestyles. This fluctuated in some participants, who reported returning to bad habits during prolonged periods of no medical contact. Interestingly, the level of perceived support a patient felt they had seemed to correlate with their overall motivation. Participants who were in a relationship commented on how their partner acted as a source of continual encouragement to help them continue with the lifestyle regimen they had been given. However, following a healthy lifestyle was challenging for family members of our patients, especially those who were part of a big family with children. Surprisingly, financial barriers were felt to be less of an issue than might have been expected: most participants suggested that the cost of leading a healthier lifestyle was balanced by the cost of unhealthy habits such as 'takeaways'. Finally, the participants' overall health and the consequential impact of their comorbidities were highlighted as an important barrier to following a healthy lifestyle.

Harley Fuller,

Medical Student, Newcastle University.

Hugh Alberti,

GP, Subdean for Primary and Community Care, Newcastle University.

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The recipe for general practice

The production process for fresh GPs from our specialty training is like the process for making sausages: a pleasing end product, but we distract ourselves from thinking about the content too much.[1,2]

The difficulties of the right mix of hospital training placements is that, for general practice, every hospital-based speciality is both relevant, and yet irrelevant. But why hospital-based training at all? No GP programme director has yet been troubled