

Competing interests

Roy A Carr-Hill was one of the researchers working on the evaluation of the Welsh opt-out system.

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A squash and a squeeze

Your excellent editorial¹ and figures reported by the BBC recently that as many as 1 in 11 adults are prescribed an addictive medication² suggest that we are in the midst of a sea change in our thinking about chronic pain. For years we have been steadily climbing the defunct WHO analgesic ladder, inexorably gaining more and more medications and their inevitable side effects. It is time for a change.

I am reminded of the wonderful children's book by Julia Donaldson, *A Squash and a Squeeze*. In it a woman living in an idyllic rural location is frustrated by her lack of space. She calls a wise old man to help. One by one he introduces more and more animals into her house — first a hen, then a goat, a pig, and finally a dairy cow. Chaos ensues, and the house feels ever smaller and the woman more and more alarmed until she throws her arms into the air, 'I'm tearing my hair out, I'm down on my knees.' Yet the wise old man has a plan, for one by one he withdraws the animals ... the chaos lifts and the woman is struck by the newly appreciated space in her house.

So I urge you to take off the fentanyl patch ... stop the gabapentin ... and tramadol ... and dihydrocodeine ... and codeine. ... and see if the fog and chaos lifts. These painkillers are a squash and a squeeze, and it is time for us to act like the wise old man or woman that our patients expect.

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Requirement for retinal screening in patients taking hydroxychloroquine and chloroquine

We read the article by McGill and Ambrose on lupus in young people with interest.¹ They reiterate that patients should receive retinal screening after 5 years of exposure to hydroxychloroquine.¹ It is estimated that there may be up to 161 000 users of hydroxychloroquine in the UK. The prevalence of hydroxychloroquine retinopathy is around 7.5% after 5 years of hydroxychloroquine therapy (increasing to 20–50% after 20 years).² The Royal College of Ophthalmologists has made a collaborative recommendation for systematic retinal screening in users of hydroxychloroquine and chloroquine in the UK.³ GPs and other prescribers of hydroxychloroquine, who take responsibility for drug monitoring requirements, should be aware of the key details of the recommendations:

- all patients expected to remain on hydroxychloroquine for more than 5 years should be referred to the hospital eye service for baseline evaluation within 12 months of starting treatment;³
- patients should be referred to the hospital eye service for annual screening after 5 years of treatment;
- patients with additional risk factors [chloroquine use, impaired renal function (eGFR <50 ml/min/1.73 m²), daily dose of hydroxychloroquine greater than 5 mg/kg/day, and patients concurrently taking tamoxifen]⁴ should be screened annually after 1 year of treatment; and

- prescribers should note that the risk of retinal toxicity can be reduced by ensuring the daily dose of hydroxychloroquine is <5 mg/kg/day.

A patient information leaflet has been developed by the Macular Society and should be distributed to all patients taking hydroxychloroquine.⁴ A referral form is included with the recommendations to assist in the timely referral of patients to the hospital eye service for baseline evaluation and screening. The patient, GP, and hospital specialist (if relevant) will be notified in writing of the outcome of each screening visit.

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