# Letters

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## Continuity of care and effective clinical experience overcoming medicolegal vulnerability

I have read the exciting research titled *'Shared decision making between older people with multimorbidity and GPs: a qualitative study'*.[1]

The strong point of this research is emphasising the enhanced burden of multimorbidity on GPs in ageing societies. Evidence-based medicine (EBM) has been taught in medical schools and can be applied to cases with less multimorbidity. However, managing older patients with multimorbidity involves much uncertainty and multiple healthcare professionals. The complicated situations may make the process of EBM challenging and cause GPs and older patients to be less confident in shared decision making (SDM).

Effective SDM in multimorbidity of older patients demands quality in continuity of care and clinical experience. As the *BJGP* article shows, experienced GPs acquire their abilities in SDM and EBM through multiple clinical experiences with reflection.[2] Furthermore, experienced GPs respect continuity of care for effective SDM among older patients with uncertainty caused by multimorbidity.[3] Thus, for preparing medicine in ageing societies, GPs should be educated effectively in clinical situations with deep reflection on their SDM and collaboration with various medical professionals.

Ryuichi Ohta,

*Family Physician, Unnan City Hospital, Unnan.*
*Email: ryuichiohta0120@gmail.com*

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## Withdrawing from SSRI antidepressants: advice for primary care

I am so glad that this article has been published.[1] For some years I was saddled with a poor prognosis, told that I had a recurrent depressive disorder, and advised to take antidepressants for life. As I became more confident after the crisis had passed, returned to work, and was completely well, the side effect burden became too much. I did not know anything about tapering or that 'withdrawal' was a recognised entity, nor did my GP. However, I was very aware of the effects of missing a dose, which led to what are known as 'brain zaps', and so I cut down on venlafaxine and trazodone slowly. It was fairly easy at first, but, as I got to lower doses, I was surprised at how difficult it became. Unknowingly I 'tapered' because I had to cut up tablets into tiny, tiny pieces and take just enough to deal with the symptoms. It took me 2 years in all to withdraw from venlafaxine. Trazadone was harder. After the last dose, I had severe rebound insomnia and after 3 nights with no sleep at all and a restlessness, which I assumed was restless legs syndrome, I couldn't bear it any longer and put myself back on a small dose. When I finally took the last dose, I immediately developed what is now diagnosed as a 'small fibre neuropathy' and there are others who have similar symptoms — thought to be a protracted withdrawal syndrome. It has lasted years. However, my mental health hasn't been better. If I had known any of this, before I agreed to take antidepressants for what in retrospect was a very reasonable 'emotional crisis' provoked by a conglomeration of extreme stress within difficult circumstances, I would never have agreed. But, at the time, the chemical imbalance theory of depression was widespread and pervasive. Unfortunately, I believed what I was told and thought that the experts knew best. This is a cautionary tale in the hope that it may give pause for thought. It is easy to write the first prescription, but, for the patient, it can have profound and long-lasting consequences.

Cathy Wield,

*Specialist in Emergency Medicine, Yeovil District Hospital, Yeovil.*
*Email: cathywield@gmail.com*

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## Ear wax

Ear wax.[1] What happens in other countries? In Canada people are advised they can use a warm shower after softening.[2] In Europe personal ear bulb syringe kits are available. Where I work, in Kent, the integrated care board has told me in writing that GPs should be providing an ear syringe service but take no action with those practices who don't, and so people either have to pay out £60, put up with it, or overwhelm the ear, nose, and throat services. The suggestions that the primary care network provide a hub service make sense but who is to fund this? Though a 'minor problem' it has significant consequences for many. If self-cleaning with a warm shower works, can we promote this as first line if no known perforation etc.?

Nicholas J Sharvill,

*GP, NHS.*
*Email: john.sharvill@nhs.net*

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