GP's Letters

a. Overview

This is often a common sense area. If we have a referral we respond to it formally. If we would like to correspond with a GP about one of their patients then we should indeed do so. Doctors are invariably helpful and, like us all, like a bit of help sometimes. If our client has, or has had, psychiatric illnesses then we are obliged to consult their psychiatrist or GP. If the opinion of the consultant is that hypnotherapy is contraindicated we could argue the point but more often than not we would be wise to accept their advice. In order to prevent ambiguity we should always illustrate our treatment intentions.

THE MOUNTFORD PRACTICE
GENERAL MEDICINE & GASTROENTEROLOGY
7 Percival Road Clifton Bristol BS8 3LE
Appointments & Enquiries Tel: 0117 9238821

22nd June 2004

Dr. S. J. Horse
The Surgery
Madams Paddock
Chew Magna
Bristol BS40 8PP

Cc Mr David Newton
The Clifton Practice
8-10 Whiteladies Road
Clifton
Bristol BS8 1PD

Dear Sarah,

Miss Carol TURNIP
D.O.B: 15/05/1980
189 Cranberry Close, Knowle, Bristol, BS3 7OM

Thank you for referring this, as you say, charming 24 year old lady who is currently working as a buyer for Rolls Royce. She came to see me at 7 Percival Road on the afternoon of Monday 15th May.

She told me that she was perfectly fit until 4 or 5 years ago when she started experiencing gradual onset of abdominal pains in the suprapubic region. This was dull, cramping or squeezing in character. It occurred in bouts during which the slightest pressure on her abdomen was unpleasant. She was most comfortable lying flat on her back. All these symptoms have worsened over the last 8 months. She has an almost constant bloating of the abdomen with a lot of wind upwards and downwards and trapped inside. On occasions the pain has woken her from sleep and she has actually vomited with the severity of the pain on occasions.

She feels short of energy and very self conscious because she can no longer wear her normal clothes. She has put on a stone in weight. She has alternating constipation and diarrhoea and there has been slight smearing of blood on the toilet paper on two occasions.

Last November was something of a watershed in her life. She changed her job and gave up eating junk food. She has been on a much more healthy regime since then and also has been exercising regularly. Paradoxically this corresponds with the time when she has been feeling dreadful and putting on weight. She was in a long term relationship from the age of 16. This broke up in the early part of this year and

she stopped taking the oral contraceptive pill 4 months ago. She has not yet restarted regular menstrual cycles.

She also mentioned the intrusive thoughts which again started up around the age of 16. She was not very forthcoming but she described them as 'evil' and they relate to members of her immediate family. They became more intrusive 3 or 4 years ago and you saw her about 3 years ago. She was on Anafranil for about a year possibly with some benefit. She has just started some hypnotherapy to try to control these. She smokes 10 or 15 cigarettes a day and drinks up--to 20 units of alcohol per week. Her intake has increased slightly in recent times. I wondered if this might have contributed to her weight gain. There is no family history of alimentary disorders and going over her generally she was very fit with slight distension of the abdomen and general tenderness.

I told her that I fully agreed with the diagnosis of irritable bowel syndrome. She has only limited private insurance cover. I offered to rule out organic disease of the bowel by means of flexible sigmoidoscopy, and she has gone away to consider whether she wishes to pursue this.

She is quite interested in diet and again I have suggested that I could refer her to Rachel Gribble at the Glen Hospital if she wished to pursue this as a means of treatment of her irritable bowel syndrome. Again she will let me know if she wishes to go ahead with this.

In terms of hypnotherapy, I said that this was an excellent treatment for classic irritable bowel syndrome in young females, and I am very hopeful that she will get some relief from her symptoms from this therapeutic approach. I do not have any experience of this treatment modality in the management of intrusive thoughts, and I wonder whether she might be best served by having a formal psychiatric opinion about this.

Finally, in terms of medication, I think she might so well to go onto a tricyclic anti-depressant at night. I told her that this was an excellent treatment for irritable bowel syndrome, and I feel that she is quite depressed. I would suggest starting her on a small dose of Amitriptyline and gradually increasing this if necessary.

I have not arranged any routine further follow up at 7 Percival Road, but I have left it open to Laura to seek another appointment with me if and when she feels this might be helpful.

I hope this intervention proves helpful. Thank you once more for the referral.

Kindest regards
Yours sincerely

Dr A S Greensocks
Consultant Physician

GP's Letters

UNIVERSITY OF BRISTOL

Students' Health Service
Bruce Perry House,
25 Belgrave Road,
Bristol
BS8 2AA
Appointments: (0117) 973 8919
Test Results: (0117) 946 7334
All other enquiries: (0117) 973 7716
Fax: (0117) 970 6804

Radish/sd/rs

May 10th 2004

Mr David Newton
Hypnotherapist & Psychotherapist
The Clifton Practice
8-10 Whiteladies Road
Clifton
Bristol
BS8 1PD

Dear Mr Newton

Re: Joanna Radish D.O.B. 17/02/1981
Flat 19, 74 Golden Street, Clifton, Bristol, BS8 8QT Tel: 07989 123123

Thank you for seeing Miss Radish who suffers from quite severe anorexia nervosa, together with bulimia and obsessive compulsive disorder with an associated irritable bowel syndrome. This has troubled her for the past 9 years and she had an acute relapse while on her year abroad as part of her French degree last year. Unfortunately she found herself in an inner city school in Paris, which she experienced as being very threatening and uncomfortable. Although when she went to France she was doing well and the situation seemed to be contained, she soon relapsed badly and has not really been able to regain her equilibrium since then.

Miss Radish is currently being seen by Dr Watson as the Priory Hospital in Bristol and is on a range of medication. She has suspended her studies since she was finding it impossible to work living with the fear that she will not be perfect and finding even the mundane and ordinary day-to-day things extremely difficult to complete. She has been in hospital twice for this condition and had problems with obsessional exercising which she does to try to keep some sort of control.

At present her life is ruled by her sense of perfectionism and her obsessional behaviours centred around food, cleaning, tidying and routine. She finds it very difficult to let go with a sense that if she does not pay meticulous attention to detail all will be lost and everything will be destroyed. Although she realises that this is not sensible or realistic she none the less finds it very hard to let this feeling go. She also finds her irritable bowel very troublesome with symptoms of abdominal cramps, variable bowel habit and episodes of quite severe constipation as well as uncomfortable bloating which she tries to improve with fibre additives, anti spasm medication and peppermint oil.

In the background both her parents are in their early 50s and live in Essex. Her father runs a travel company and her mother owns a boutique. She has an older brother aged 26 who is in film production. They are a close family. Her father also suffers with depression and obsessive compulsive disorder. There is no other history of mental illness within the family. She was born in Montreal and spent her first 4 years in Canada. She describes a happy childhood although does remember even then her need for being in control. She was educated privately up until the age of 16 and disliked school. However, she enjoyed the grammar school where she did her A levels, achieving very highly academically before starting her course at Bristol reading for a degree in French in October 1998. Miss Radish currently lives in a flat on her own in Bristol, she feels unable to share with others since she very much needs her own space, particularly to sustain her ritualised life.

As well as her medical treatment she is also having some cognitive behavioural therapy. However, although this is helpful she feels the need for something more, particularly something that may help her

to achieve a bit more balance in her life, to let go a bit more and to relinquish some of the controls that she finds so difficult to give up. Her bulimia recently has been rather more difficult to control and she has been vomiting 3 or 4 times a day, which reflects her increased sense of tension over recent weeks. This has had an effect on her potassium level, reducing it to just below the normal level of 3.7 to 3.2. She is now taking potassium supplements to try to contain this.

Miss Radish has been reviewing her options and looking for some more help to try to augment what she is already doing, and had developed an interest in hypnotherapy. She feels that this may well be helpful and is very keen to explore it further. Thus I am grateful for your help in assessment and treatment as you see fit at this stage.

With best wishes.

Yours sincerely

Dr R L Spaniel MRCPsych

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Dr R L Spaniel MRCPsych
University of Bristol
Student Health Service
Bruce Perry House
25 Belgrave Road
Bristol BS8 2AA

22nd June 2004

Dear Dr Spaniel,

Re: Joanna Radish
D.O.B. 17/2/1981
Flat 19, 74 Golden Street, Clifton, Bristol, BS8 8QT

Thank you for referring Miss Radish to me and for your very informative letter of 10th May 2004.

I met her yesterday for an initial consultation. She is a charming though, not surprisingly, a very troubled young lady. I have discussed the implications of OCD, its relationship to anxiety and the exacerbating effect it can have on associated problems. As you said, and Joanna agreed, her tension level has increased in recent weeks. We decided it was probably wise to treat this aspect as a starting point.

Obviously Joanna has had some significant care and treatment in the past. In some cases, however, tranceforms can act as a catalyst for change. I will endeavour to keep you informed of how we progress. We can be thankful that we start with an advantage, inasmuch as Joanna is convinced hypnotherapy is going to help!

With best wishes.

Yours sincerely,

David Newton
Psychotherapist/Hypnotherapist

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GP's Letters

Dr John Wayne
Cossham Hospital
Lodge Road
Kingswood
Bristol
BS15 1LF

22nd June 2004

Dear Dr Wayne,

Re: Your patient Mr Nigel Haddock
DOB: 3/9/1974
Address: 14 South Street, Bedminster, Bristol BS5 9HT

Nigel has recently consulted me for help in controlling his anxiety. Specifically, as you know, he is troubled by fears whilst driving and fears associated with certain traumatic events that occurred in his neighbourhood some time ago. I think we can help with these problems. However, I am aware that he has probably suffered quite severe psychotic episodes in the past. He seems quite stable from that perspective at present, but obviously you would be a better judge of that. I would be grateful for your opinion before I proceed. I would be using straightforward procedures that would mostly involve CBT. SFBT, and NLP based techniques for dealing with stress disorders. There would be no regression or analysis. I would normally expect to see someone for nine or ten sessions for something akin to this. He has an appointment with me at 10.00 on 16th June. I would be grateful for your advice.

Yours sincerely,

David Newton
Psychotherapist & Hypnotherapist
Enc.

Avon and Wiltshire **NHS**
Mental Health Partnership NHS trust

Kingswood Community Mental Health Team
Cossham Hospital
Lodge Road
Kingswood
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BS15 1LF

Tel: (0117) 9758052
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LS/LAS/H0022765

22nd June 2004

David Newton
Psychotherapist & Hypnotherapist
The Clifton Practice
8-10 Whiteladies Road
Clifton
Bristol BS8 1PD

Dear Mr Newton

Re: **Nigel Haddock, dob 3.9.1974**
14 South Street, Bedminster, Bristol BS5 9HT

Thank you for your letter of 18th June regarding Nigel. He has given me permission to write to you. Nigel had a severe paranoid psychotic episode last year during which he was admitted to hospital for a period of time. The acute psychosis has now resolved, although Nigel's insight into the episode remains somewhat limited. Nigel has now been left, however, with feeling of anxiety and depression with thoughts of self harm occurring from time to time of varying severity. My feeling is that Nigel uses these symptoms to avoid making changes in his life that might produce more self fulfilment (eg. changing his work, moving away from his parent's or starting relationships with girlfriends).

In consultation with Nigel, we are now going through a gradual reduction of his psychotropic medication. This will be monitored by Nigel's CPN, Graham North. Nigel has also attended our Orchard Day Therapy Unit, but feels he has had limited benefit from this. I have said to him that I am more than happy for him to see you if he feels this would be a useful move forward.

Please do not hesitate to contact me if you require further information. A summary of your intervention/views would be of value to us.

Yours sincerely

Dr John Wayne