

GOOD RELAXATION GUIDE

Dealing with Physical Tension

- Value times of relaxation. Think of them as essentials not extras. Give relaxation some of your time not just what's left over.
- Build relaxing things into your lifestyle every day and take your time. Don't rush. Don't try too hard.
- Learn a relaxation routine, but don't expect to learn without practice.
- There may be relaxation routines available, especially on audio tape. These help you to reduce muscle tension and to learn how to use your breathing to help you relax.
- Tension can show in many different ways – aches, stiffness, heart racing, perspiration, stomach churning, etc. Don't be worried about this.
- Keep fit. Physical exercise, such as a regular brisk walk or a swim, can help to relieve tension.

Dealing with Worry

- Accept that worry can be normal and that it can be useful. Some people worry more than others but everyone worries sometimes.
- Write down your concerns. Decide which ones are more important by rating each out of ten.
- Work out a plan of action for each problem.
- Share your worries. Your friends or your general practitioner can give you helpful advice.
- Doing crosswords, reading, taking up a hobby or an interest can all keep your mind active and positive. You can block out worrying thoughts by mentally repeating a comforting phrase.
- Practice enjoying quiet moments, e.g. sitting listening to relaxing music. Allow your mind to wander and try to picture yourself in pleasant, enjoyable situations.

Dealing with Difficult Situations

- Try to build your confidence. Try not to avoid circumstances where you feel more anxious. A step by step approach is best to help you face things and places which make you feel tense. Regular practice will help you overcome your anxiety.
- Make a written plan and decide how you are going to deal with difficult situations.
- Reward yourself for your successes. Tell others. We all need encouragement.
- Your symptoms may reduce as you face up to difficult situations. Keep trying and they should become less troublesome as your confidence grows.
- Everyone has good and bad days. Expect to have more good days as time goes on.
- Try to put together a programme based on all the elements in "The Good Relaxation Guide" that will meet the needs of your particular situation. Remember that expert guidance and advice is available if you need further help.

GOOD SLEEP GUIDE

During the Evening

- Put the day to rest. Think it through. Tie up "loose ends" in your mind and plan ahead. A notebook may help.
- Take some light exercise early in the evening. Generally try to keep yourself fit.
- Wind down during the course of the evening. Do not do anything that is mentally demanding within 90 minutes of bedtime.
- Do not sleep or snooze in the armchair. Keep your sleep for bedtime.
- Do not drink too much coffee or tea and only have a light snack for supper. Do not drink alcohol to aid your sleep – it usually upsets sleep.
- Make sure your bed and bedroom are comfortable – not too cold and not too warm.

At Bedtime

- Go to bed when you are "sleepy tired" and not before.
- Do not read or watch TV in bed. Keep these activities for another room.
- Set the alarm for the same time every day – 7 days a week, at least until your sleep pattern settles down.
- Put the light out when you get into bed.
- Let yourself relax and tell yourself that "sleep will come when it's ready". Enjoy relaxing even if you don't at first fall asleep.
- Do not try to fall asleep. Sleep is not something you can switch on deliberately but if you try to switch it on you can switch it off!

If you have Problems getting to Sleep

- Remember that sleep problems are quite common and they are not as damaging as
- you might think. Try not to get upset or frustrated.
- If you are awake in bed for more than 20 minutes then get up and go into another room.
- Do something relaxing for a while and don't worry about tomorrow. People usually cope quite well even after a sleepless night. Go back to bed when you feel "sleepy tired".
- A good sleep pattern may take a number of weeks to establish. Be confident that you will achieve this in the end of the end by working through the "GOOD SLEEP GUIDE"

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Addictive Medications

WHAT ARE WE DOING & WHY

IF YOU ARE TAKING ANY OF THE FOLLOWING MEDICATIONS (Diazepam, Temazepam, Zopiclone, Zolpidem, Pregabalin, Gabapentin, Buprenorphine, Codeine) PLEASE NOTE THAT IT IS THE PRACTICE POLICY TO REDUCE THESE MEDICATIONS GRADUALLY WITH A VIEW TO STOPPING THEM. YOU WILL BE EXPECTED TO WORK WITH THE PRACTICE TO ACHIEVE THIS

It is now well recognised that the long term use of hypnotics and anxiolytics by the majority of patients in general practice is not appropriate.

There has been increasing concern about sleeping and anxiety drugs when they are taken for long periods of time. National guidelines state they should not be used for more than four weeks and then the use of this medication should be reduced. This is because:

- With time your body adapts to these drugs and they become less effective (tolerance develops);
- Taking them for long periods can worsen anxiety and sleeplessness;
- These drugs may cause drowsiness, clumsiness and confusion. You may not be safe to drive or to operate machinery. They may also lead to falls (and fractures), particularly in elderly people;
- These drugs are addictive.

Our aim is to help you become less reliant on the tablets and to reduce the amount you are taking with the possibility of stopping them completely at a future date. However, stopping this treatment suddenly can lead to unpleasant withdrawal symptoms and, therefore, needs to be done in a very gradual and controlled way. We plan to reduce your prescription over the next few months and monitor your progress as part of the practice's medication review process.

To encourage you to do this, the practice can only issue this medication on an acute prescription and therefore, any sleeping and anxiety medicines have been removed from the repeat medication system. This means that patients like yourself who currently order their prescriptions for these medicines without seeing the doctor will now have a medication review to discuss a very gradual and supported withdrawal. Medication for other conditions will not be affected

PRACTICE POLICY

New Patients and temporary Residents

- New patients - will be informed that they will be placed on a withdrawal regime when they register with the practice. The practice will not prescribe any medications until verified with the previous surgery
- Temporary Residents - will not receive prescriptions without proof of dosage, frequency and date of last prescription; this will be obtained from their regular surgery. If they remain with the practice for more than two weeks, they should enter the reducing scheme and the policy should be followed as for a registered patient.

Registered patients

Before prescribing the practice will:

Take a full history including an alcohol and licit and illicit drug history.
Inform the patient of the side-effect profile of benzodiazepines
Identify and treat any underlying causes
Consider referral to other services and alternative therapies
Consider delaying prescribing until a subsequent visit

When prescribing for the first time the practice will:

Only prescribe if the condition is severe, disabling and subjecting the patient to extreme distress where other interventions have been unsuccessful.
Initiate with the lowest recommended dose and for a maximum of 4 weeks
Agree a plan with the patient
Advise the patient on the potential problems of dependence (i.e. addiction).
A second prescription should not be issued without a follow-up visit

For patients in receipt of continuing prescribing the practice will:

Issue small quantities at a time (usually not more than one week).
Review regularly.
Ensure that all patients are made aware of the risks of long term use
Medication should (for the majority of patients) be documented as an acute prescription
Encourage all patients with dependency to withdraw
Offer patients a detoxification programme via referral to the substance misuse service at regular intervals (at least annually)
Lost prescriptions will not be replaced
Crime reference numbers should be obtained for stolen prescriptions
If a patient takes higher doses than prescribed, and runs out of medication before the next prescription is due, they will not be prescribed extra tablets.
An alert will be added to the patient record if illicit drug use is suspected

Incidents—it has been identified that refusal to provide medication can result in violence or aggression towards clinicians and staff. If an incident happens as a result of the patient being denied medications one of the following will apply (dependant on the incident)

- the police may be called and the patient immediately removed from the practice list
- a warning may be issued that a further episode will result in removal from the practice list

HELPING YOU TO STOP

- *You should not attempt to just stop*
- *Consult your doctor or practice nurse/pharmacist.* They can give advice on the rate at which you should reduce and help you to consider other ways of dealing with your worries/sleeping problems
- *Don't go back!* You may have a bad patch at some time during withdrawal. If this happens, stick with the current dose until you feel ready to reduce again, don't be tempted to increase!
- *Keep a written record.* Plan your withdrawal.
- *Coping with withdrawal symptoms.* Not everyone experiences the same symptoms. Some may not experience any symptoms whereas some will suffer more than others:
 - *Panic attacks* are very common symptoms of withdrawal and understanding the cause is important. Panic attacks are usually brought on by the effects of adrenaline and rapid, shallow breathing or hyper-ventilation that results in palpitations, sweating, unsteady legs and trembling. Establishing control over breathing will help remove the feeling of fright.
 - *Anxiety* may be mistaken for the condition for which the drug was initially prescribed. Gradual drug withdrawal should help to minimise symptoms.
 - *Agoraphobia* ranges from being unable to go out on your own, to simply not wanting to go out despite being able to do so with effort. Usually, as withdrawal continues, agoraphobic feelings are reduced.
 - *Aches and pains* are very common during withdrawal. Doctors can prescribe painkillers to reduce these effects.
 - *Sleeping problems* are common during withdrawal, hence it is important to get some exercise as this helps encourage sleep. Try not to worry about lack of sleep—the more you worry about not getting sleep, the less sleep you are likely to get.
 - *Stomach and bowel problems*, such as diarrhoea are very common during withdrawal and can be very distressing. Your doctor may be able to recommend a diet and indigestion remedies that may improve these symptoms which usually disappear after withdrawal is complete.
 - *Hot flushes and shivering.*
 - *Sinus problems.* Many people suffer from inflamed mucous membranes which causes sinus discomfort.
 - *Vivid dreams and nightmares* may occur during withdrawal. This may be a good sign as before withdrawal most people do not dream (drug-induced sleep is 'dead' sleep) it is a sign that your sleep is returning to normal and that your body is re-adjusting

**Remember that the symptoms are not the disease – they show that you are progressing
With time they should all pass**