

### Ticks

It occurred to me, after removing 2 ticks from my terrier, in late April that there is some dispute over the correct removal of ticks and that they seem to have made their appearance much earlier this year. Student days in Aberdeen favoured engine oil on the tick to kill it followed by a spray of antiseptic. I was even persuaded to buy a special tick remover by a delegate at one Royal College of General Practitioner Conference.

GOOD NEWS! The British Medical Journal (BMJ) published an entire paper on Lyme disease including how to avoid being bitten and how to remove ticks. No longer is there any debate on this chez moi!

### Summary points

- When outdoors check for ticks every 2-3 hours and promptly remove them; self-examine the body after being in a tick infested area
- Wear appropriate clothing—long trousers with socks tucked in and shirts tucked into trousers
- Use permethrin treated clothing and a repellent containing PMD or DEET in tick infested areas
- Use fine tipped forceps to remove ticks, grasping the tick close to the skin and pulling steadily without twisting as below.
- If bitten, report symptoms such as rash, unexplained headache, facial palsy, or arthralgia to your GP
- If bitten in a Lyme disease endemic area, consult your GP to discuss antibiotic prophylaxis



### Which methods of removal don't work?

- Several methods for tick removal have been proposed that supposedly induce the tick to detach itself from the skin owing to lack of oxygen. These include rubbing petroleum jelly, gasoline, fingernail polish, or 70% isopropyl alcohol over the tick's mouthparts, or placing a lit match next to the tick. None of these methods is effective.

This knowledge has been gathered over years of research which brings me to the practice's involvement in two important research projects.

Before I explain what they are about some people have already been asked to take part. Taking part is purely voluntary and your future care and treatment will not be affected if you decide not to take part.

The trials are:

### **The Step 2 Study**

This is run by Dr Peter Hammond and the diabetes team at Harrogate District Hospital and is looking at the effect of a new treatment called semaglutide on weight loss in people with Type 2 Diabetes.

### **Antler Study** (Antidepressants to prevent relapse in depression)

The research is being organised by University College London in collaboration with the University of Bristol, Southampton and the Hull York Medical School. It is funded by The NHS National Institute for Health Research (NIHR) HTA.

The aim of this study is to evaluate the effectiveness of long-term maintenance treatment for depression in the UK.

In 2013, there were over 53 million prescriptions for antidepressants in the UK, many of which were repeat prescriptions. This is because they are often taken continuously by patients, to prevent future episodes of depression (maintenance treatment). The current NICE guidelines recommend people “at risk of relapse” should remain on maintenance antidepressants for two years, although there is currently little evidence to support this policy. UK surveys have shown that between 5% and 8% of the general public are taking antidepressants, and up to half of these have been taking them long-term. Many of these people no longer show symptoms of depression, and so the benefits of continuing treatment are debatable.

### **Who can participate?**

Adults with depression who have been taking antidepressants for at least 9 months, and are willing to consider stopping their medication

**Please be reassured that receiving a letter about either of these trials is from the practice and no information regarding you is given to either of these studies without your consent.**

Please feel free to ask Dr Eisner for any further information regarding these.