

CASE STUDY

Balfron Clinic, Balfron, Glasgow, UK

Demonstrating the use of *Best Practice*

The Balfron Clinic is a small rural GP practice in the village of Balfron, Glasgow. It is a great example of rural General Practice, with three Partners and a practice list size of 2,700 patients. Dr Andrew Nevay joined the Clinic in August 2009 as a full-time GP Partner and was recently invited onto the BMJ Evidence Centre, *Best Practice* Advisory Panel for Scotland. He shares his experience of *Best Practice* so far.

A structured approach

"I have found the structure of *Best Practice* very easy to use. *Best Practice* follows the bio-medical mode and it has an easily accessible, structured format. It can be used with a patient in a normal GP consultation or used after the initial consultation to consider diagnosis, management and follow-up care."

Best Practice in practice

"Recently, I have been seeing and treating a 90-year-old patient who presented with a short history of a unilateral painful rash over her left shoulder. She had a classic case of shingles and subsequently developed post-herpetic neuralgia. I established the diagnosis and initiated a course of antivirals. I also prescribed a course of simple analgesics and arranged a follow up appointment.

When she was reviewed, her rash was settling; however, she continued to complain of hypersensitivity and pain. I therefore started a neuropathic agent; amitriptyline and titrated the dose; according to response. She developed typical side-effects including a dry mouth and over-sedation.

It was at this point that I consulted *Best Practice* to assess the second line treatment options available. I was aware that carbamazepine was often recommended for pain relief in trigeminal neuralgia; however, after consulting *Best Practice*, there was little evidence available to support its use in the case of

post-herpetic neuralgia. However, within the monograph for herpes zoster infection, there was better quality evidence in the use of gabapentin, and capsaicin was also suggested as a treatment.

I discussed the different options with the patient, and together we explored the implications of each treatment. I was also able to give her a *Best Practice* Patient Advice Leaflet, which I printed off during the consultation. After reviewing this, she was reassured to see that approximately 80% of over 80 year-olds develop this complication.

The patient was keen to use topical therapy in addition to systemic treatment, so we assessed the available evidence and agreed on a course of both gabapentin and capsaicin. After a couple of weeks, we saw a significant improvement in the patient's condition. The patient appreciated the information I had shared with her, and was grateful for having the opportunity to discuss all of the options. She also avoided the need for tertiary referral to a Pain Clinic and a consequent waiting time for treatment."

Making informed decisions together

"When you can present patients with additional evidence-based medical information that supports your recommendations, the consultations are so much more productive. Patients appreciate the insight and feel more informed about the treatment options open to them."

Raising standards in patient management

"I have only recently discovered *Best Practice*, but I have already found it much easier to access the latest research evidence and I am referring to it much more in my practice. It's with the patient where I think I've seen the biggest gains. *Best Practice* has helped enormously to inform the patient, which has been a great help, especially when it comes to agreeing a suitable course of treatment and developing quality Primary Care."

Find out more

For more information about setting up a *Best Practice* trial, helping your users get the most out of *Best Practice*, or licensing *Best Practice* in your institution, please contact our sales team: email consortiasales@bmjgroup.com or telephone +44 (0)20 7383 6693.