

## Balfron Clinic, Balfron, Glasgow, UK

### Case Study

- Present patients with evidence-based medical information
- Patients appreciate the insight and feel more informed
- Support recommendations with trusted information



## Demonstrating the use of *BMJ 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 is a full-time GP Partner at the clinic, here he shares his experience of *BMJ Best Practice* so far.

### A structured approach

"I have found the structure of *BMJ Best Practice* very easy to use. *BMJ 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.

**“** *BMJ 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 care.

It was at this point that I consulted *BMJ 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 *BMJ 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 *BMJ Best Practice* patient 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 *BMJ 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. *BMJ 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.”

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