

DRAFT

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Agenda item No:	9 – Common Ailments Service Patient Information Leaflets
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1.0 ACTION FOR AWMSG

AWMSG members are asked to consider the *Common Ailments Service Patient Information Leaflets* for endorsement.

2.0 PURPOSE

The *Common Ailments Service* aims to improve patient access to consistent, evidence-based advice for the management of common ailments. The [All Wales Common Ailments Formulary](#) was developed using recognised resources and involved multi-professional consultation to ensure the provision of consistent advice by pharmacists and GPs.

The patient information leaflets (PILs) will be used to complement the service and will be provided as part of the *Common Ailments Service* consultation process.

2.1 Process

Draft PILs for consultation – January 2018
AWPAG meeting – March 2018
AWMSG Steering Committee meeting – April 2018
AWMSG meeting – May 2018

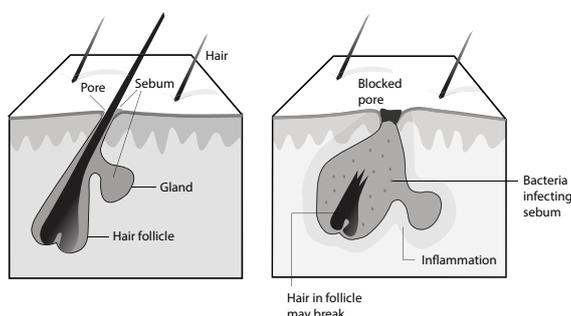
2.2 Stakeholders

- Chief Pharmacists
- Medicines and Therapeutics Committees
- Assistant Medical Directors
- Local Medical Committees
- Welsh Government
- Public Health Wales
- General Practitioners Committee Wales
- Royal College of GPs Wales
- Community Pharmacy Wales
- British Medical Association Wales
- Association of the British Pharmaceutical Industry
- Royal Pharmaceutical Society Wales
- Royal College of Nursing Wales
- Directors of Public Health

ACNE

Acne is a common cause of spots, especially in people aged 12 to 25.

Acne most often develops on your face, and sometimes on your back and chest. Different types of spots may develop: blackheads and whiteheads, red bumps called papules, and pustules, which are like papules but contain pus.



An oily substance called sebum is produced by glands in your skin. These glands are attached to tiny holes or pores in your skin in which hairs grow (hair follicles). The sebum moves to the skin surface through this pore to help stop your skin from drying out. In acne, your glands start to produce too much sebum and these pores become blocked.

This is partly because the skin at the top of the pore gets thicker, and partly because bits of dead skin block the pores. A whitehead is caused by a blockage close to the skin surface; a blackhead is caused if the blocked pore is open to the skin.

When sebum builds up underneath blocked pores, the normally harmless bacteria that live on your skin may infect the blocked pores. This causes papules and pustules, and sometimes hard, painful lumps (nodules) and large, pus-filled lumps (cysts).

How can I treat acne?

Benzoyl peroxide gel works by killing the bacteria on your skin. It also reduces swelling and helps to unblock pores.

To treat:

- Wash and dry your skin 20 minutes before using benzoyl peroxide gel.
- Spread the gel thinly on the parts of your skin that have acne (for example, all of your face); don't just apply it to the individual spots.
- Take care not to get benzoyl peroxide gel in your eyes or mouth.

Benzoyl peroxide gel can make your skin feel itchy or like it is burning. Your skin may peel or look red. This is more likely to happen when you first start using benzoyl peroxide gel. It may help to use the gel once a day instead of twice, until your skin gets used to it. If this is still too much, try using benzoyl peroxide gel once or twice a week, then slowly build up to daily use.

Keep using the benzoyl peroxide gel because it takes time to work, usually 6 to 12 weeks. You can buy further supplies of benzoyl peroxide gel from your pharmacy.

Benzoyl peroxide gel may make your skin more sensitive to sunlight. Avoid too much sun exposure, or apply sunscreen. The gel may also cause bleaching so try not to get it on your hair or clothes.

What else can help?

- Try not to pick or squeeze your spots because this can make them worse and you may get scars.
- Don't wash your acne more than twice a day. Use a gentle soap or cleanser and don't scrub your skin too hard. Acne is not caused by poor hygiene and too much washing can make your acne worse.
- If you have dry skin, use a fragrance-free, water-based moisturiser.
- Don't use too much make-up. Use water-based make-up that does not block pores (non-comedogenic), and make sure you remove it before going to bed.
- Diet has little or no effect on acne. However, if you notice that certain foods make your acne worse, then try to avoid them.
- Sunlight and ultraviolet (UV) light probably have little benefit on acne. Apply sunscreen when you are out in the sun.
- Stress probably doesn't cause acne, but acne can make you feel stressed. See your GP if your acne is making you feel unhappy.

Can I give acne to other people?

No, acne is not infectious and you can't pass it on to other people.

Do I need to see my doctor?

See your doctor if:

- you have a lot of large, lumpy spots (with or without pus)
- your acne has given you scars
- your acne is making you upset
- you have already taken medicine by mouth for your acne
- the medicine you bought at your pharmacy is not making your acne better
- you are younger than 12 years old.

Where can I find further information?

Patient UK: <https://patient.info/health/acne-leaflet>

NHS Direct Wales: <http://www.nhsdirect.wales.nhs.uk/encyclopaedia/a/article/acne>

NHS Direct Wales Tel: 0845 4647 (open 24 hours a day, 7 days a week)

Calls from landlines and mobiles cost 2p per minute, in addition to telephone providers access charge.

ATHLETE'S FOOT



Athlete's foot (also called tinea pedis) is a rash caused by fungi growing and multiplying on your skin. The fungi causing the infection thrive in warm, dark and moist places like feet.

The rash usually affects the skin between your toes, but often spreads to the bottom and sides of your feet. The affected skin may look white, soggy and cracked; or dry, red, scaly and flaky. It may be itchy, sore or covered in small blisters.

You are more likely to get athlete's foot if you have diabetes, or if you have a weakened immune system from cancer therapy, steroid therapy or other medicines or conditions.

How can I treat athlete's foot?

- Athlete's foot probably won't get better on its own, but antifungal creams such as **clotrimazole 1% cream** or **miconazole 2% cream** should stop the fungi growing. If you are taking a medicine to thin your blood, such as warfarin, it is best to use clotrimazole cream.
- Spread the antifungal cream on to the rash and the area around it.
- Use the clotrimazole cream 2 to 3 times a day for at least 4 weeks to stop the rash coming back.
- Use the miconazole cream 2 times a day (morning and night) for at least 10 days **after** the rash has gone.
- If your skin is very red and itchy, your pharmacist may also give you **hydrocortisone 1% cream** to use 1 or 2 times a day. Spread a thin layer over the rash. You must use the hydrocortisone cream **with** the clotrimazole or miconazole cream or your skin may not heal. Don't use the hydrocortisone cream for longer than 7 days.

What else can help?

- Keep your feet clean and dry.
- Dry in between your toes after washing your feet.
- Wear shoes and socks that keep your feet cool and dry, such as cotton socks.
- Use talcum powder to stop your feet getting sweaty.
- Don't use moisturiser between your toes, because this can help fungi to multiply.
- Let the air get to your feet by taking off your shoes when at home.
- Wear a different pair of shoes every 2 or 3 days.
- Don't scratch your rash, because this can spread the infection.
- Don't walk around barefoot in places like gym changing rooms or public showers.

Do I need to see my doctor?

See your doctor if:

- your rash keeps coming back
- your rash is painful or you've treated it for 1 week and it hasn't got better. This might mean that you also have an infection caused by bacteria
- you have a weakened immune system from cancer therapy, steroid therapy or other medicines or conditions
- you have poorly controlled diabetes and have not seen your doctor in the last 3 months.

Can I give athlete's foot to other people?

Yes, athlete's foot can easily spread to other people by touching infected skin, or by coming into contact with objects or surfaces that have infected flakes of skin on them. If you have athlete's foot, don't share towels, socks or shoes with other people and don't walk around barefoot in public places.

Where can I find further information?

Patient UK: <https://patient.info/health/athletes-foot-tinea-pedis>

NHS Direct: <http://www.nhsdirect.wales.nhs.uk/encyclopaedia/a/article/athletesfoot>

NHS Direct Wales Tel: 0845 4647 (open 24 hours a day, 7 days a week)

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BACK PAIN

Acute back pain usually improves over 2 to 4 weeks.

It's not always possible to identify the cause of back pain. Sometimes acute back pain can develop after lifting something awkwardly, after a minor injury, or by overstretching the muscles or ligaments attached to your spine. Sometimes there may be a minor problem with the discs or joints between the bones in your spine.

How can I treat my back pain?

The best treatment for you will depend on what other conditions you may have. Tell your pharmacist about your other conditions and the medicines you are taking. Your pharmacist can help you to choose a suitable treatment.

Ibuprofen is an anti-inflammatory painkiller and may help to relieve your pain. You should take 400mg of ibuprofen up to 3 times a day. Take the ibuprofen with food or a drink of milk. Don't take it on an empty stomach.

Don't take ibuprofen if you have:

- heart disease or heart failure, high blood pressure or peripheral arterial disease
- had a heart attack or a stroke
- had a stomach ulcer or bleeding in your stomach
- asthma or other allergies
- liver or kidney problems
- a condition that makes you at risk of bleeding or you are taking medicines that may make you more likely to bleed, such as aspirin or warfarin.

You can take **paracetamol** as well as ibuprofen tablets if you need more pain relief. Take one or two 500mg paracetamol tablets up to 4 times a day. Paracetamol on its own does not work well in treating back pain.

What else can help?

- Try to get moving and go about your daily activities as normally as possible. This can help you to feel better sooner.
- You can buy hot or cold compression packs from your pharmacy to put on the painful area. Or, a hot water bottle or bag of frozen vegetables wrapped in a cloth will work just as well. Choose hot or cold depending on what works best for you. Make sure that the source of the heat or cold is not in direct contact with your skin.

Do I need to see my doctor?

Contact your doctor straight away if you have backache and you also have:

- a temperature of 38°C or higher
- lost weight and you don't know why
- a swelling on your back
- pain that doesn't go away when you lie down
- pain in your chest or high up in your back
- pain down your legs and below your knees
- been unable to wee, or can't always make it to the toilet in time anymore
- a numb feeling around your bottom or genitals
- pain that is worse at night.

See your doctor if:

- you've treated your back pain for 3 to 4 weeks and it is not better, or it is worse
- your back pain is stopping you from doing your usual daily activities
- you're over 50 years old
- you have injured your back in an accident or another way
- you have had cancer or tuberculosis
- you inject street drugs
- you have diabetes or a weakened immune system from cancer therapy, steroid therapy, or other medicines or conditions
- you have recently had a urine infection (bacteria in your wee).

How can I stop my back pain coming back?

- Try to exercise regularly. Stay active by walking, swimming or running.
- You are more likely to have back pain if you are overweight. Exercising and eating a healthy diet can help you to lose weight.
- Try not to sit down for too long, get up and move around regularly.
- Sleep in the most naturally comfortable position on whatever is the most comfortable surface.
- Take care when you lift things.

Where can I find further information?

NHS Choices, Back health: <https://www.nhs.uk/livewell/backpain/pages/backpainhome.aspx>

NHS Direct Wales: <http://www.nhsdirect.wales.nhs.uk/encyclopaedia/b/article/backpain/>

Medicines for mild to moderate pain relief (AWMSG) (*English*) (*Welsh*)

NHS Direct Wales Tel: 0845 4647 (open 24 hours a day, 7 days a week)

Calls from landlines and mobiles cost 2p per minute, in addition to telephone providers access charge.

CHICKENPOX in children

Chickenpox is a common illness in children. Symptoms are seen 1 to 3 weeks after becoming infected with the chickenpox virus.



At first, children feel run down. They may have a high temperature, aches or a headache. After about a day, small red spots appear, often starting on the face or chest but they can be anywhere on the body. The spots will form itchy blisters over the next few hours or the following day. A few days later, the blisters will scab over to form a crust. The scabs will fall off by themselves after 1 or 2 weeks.

Children with chickenpox may feel quite ill for a few days. Most will feel better within a week.

How can I treat chickenpox?

Chickenpox is usually mild and gets better on its own, but it can be very itchy. Scratching the spots can cause scarring and the skin may become infected with bacteria. Treatment can help to relieve the symptoms.

If your child is 3 months old or more, you can give them **paracetamol** liquid. This can bring their temperature down and make them feel more comfortable. Paracetamol comes in a range of strengths, so use the measuring device that comes with the medicine. Check you are using the right dose for your child's age and leave 4 to 6 hours before giving them another dose. Do not give them more than 4 doses in 24 hours.

Don't give your child ibuprofen liquid or tablets because ibuprofen can sometimes make people with chickenpox very ill.

If your child is 1 year or older, you can give them **chlorphenamine** liquid. This can help them to sleep if itching is a problem. Using the correct amount for your child's age give them a dose at bedtime. Before you give your child chlorphenamine let your pharmacist know if your child is taking any other medicines or has any other health problems.

Moisturising creams, cooling gels and calamine lotion may help with itching.

What else can help your child?

- drinking plenty of water
- keeping their fingernails short and clean

- taking cool or lukewarm baths – pat the skin dry afterwards, do not rub
- wearing clothes made of smooth cotton
- wearing clothes that are warm enough, but not too hot.

Do I need to see my doctor?

Contact your doctor if you are not sure whether your child has chickenpox, or if your child:

- is 4 weeks old or younger
- has symptoms that have not improved after 6 days
- seems to be very unwell and is getting worse
- has red or painful skin around their chickenpox spots
- is not breathing easily
- is weak and wobbly on their feet
- is drowsy
- can't drink or is dehydrated (weeing less, with less energy than usual, breathing fast, appearing confused, cold hands or feet, and skin that doesn't go back to its normal shape quickly when it is pinched gently and let go).

Can my child give chickenpox to other people?

Yes, your child can infect other people from 1 to 2 days before their own rash appears until all their blisters have scabbed over, usually about 5 to 6 days after the rash first appears. Chickenpox is spread by coughing and sneezing and through the liquid found in chickenpox blisters. Your child should stay away from school or nursery until the last blister has scabbed over. If your child is due to travel by aeroplane in the near future, call the airline to check whether your child will be allowed to fly.

You can catch chickenpox by being in the same room as someone who has chickenpox for more than 15 minutes, or by talking to them face-to-face. Most people who have had chickenpox will not catch it again.

Chickenpox can have serious effects in pregnant women and babies less than 4 weeks old, and in people who have a weakened immune system from cancer therapy, steroid therapy or other medicines or conditions. Your child should avoid contact with anyone who may fall into one of these categories.

Can someone catch shingles from a child with chickenpox?

No, they can't catch shingles from a child with chickenpox. You can catch chickenpox from someone with shingles if you haven't had chickenpox before. After you have had chickenpox the virus stays in your body. If your immune system is low then this can trigger an attack of shingles.

Shingles is painful and you may have a rash that develops into itching blisters that look like chickenpox. If you think you or child may have shingles then see your doctor.

Where can I find further information?

NHS Direct Wales: <http://www.nhsdirect.wales.nhs.uk/encyclopaedia/c/article/chickenpox/>

NHS Direct Wales Tel: 0845 4647 (open 24 hours a day, 7 days a week)

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COLD SORES



Cold sores are small blisters that develop on your lips or around your mouth. They are caused by the herpes simplex virus. The blisters usually clear up without treatment within 7 to 10 days.

Cold sores often start with a tingly, itchy or burning feeling around your mouth. Then small, fluid-filled blisters appear which usually scab over by themselves and heal without leaving scars.

After you've had a cold sore, the herpes simplex virus will stay inactive (dormant) for most of the time. However, the virus can be reactivated by certain triggers such as colds and flu, fever, sunlight, tiredness, injury, having your period, or being upset or stressed. Then you will develop cold sores again. Some people have cold sores often. Other people may only get them once.

How can I treat my cold sores?

Cold sores will usually heal by themselves within 7 to 10 days.

You can buy an antiviral cream from your pharmacy. Antiviral creams probably won't make your cold sores heal faster or hurt less. For it to work, you need to start using the cream before your cold sores appear, as soon as you feel the warning signs of tingling, itching or burning around your mouth. Antiviral creams don't stop cold sores from coming back.

If you do decide to put an antiviral cream on your cold sores:

- wash your hands with soap and water before and after touching your cold sores
- dab the cream on carefully; don't rub it in
- don't share your cream with other people.

What else can help?

- It's easy to spread the herpes simplex virus to other areas of your skin, or to your eyes, so avoid touching your cold sores. If you do touch them, then wash your hands with soap and water.
- If you wear contact lenses, wash your hands before touching them.
- Drink plenty of water to stay hydrated, even if drinking may be a little painful.
- Eat cool, soft foods and avoid acidic or salty foods.
- If sunlight triggers your cold sores, a sun block lip balm (SPF 15 or higher) could help.

Do I need to see my doctor?

See your doctor if:

- you are having treatment for cancer or you have a weakened immune system from cancer therapy, steroid therapy or other medicines or conditions
- your newborn baby has cold sores
- you often have cold sores (more than 6 times a year)
- your cold sores aren't getting any better after 5 to 7 days
- your cold sores are spreading to other areas of your skin
- new cold sores are appearing after the first batch
- you have a high temperature that won't go down
- you can't eat or drink.

Can I give cold sores to other people?

Yes, cold sore blisters are full of virus before they heal so it's easy to pass the infection to other people.

You should avoid:

- kissing, and oral sex, until all your cold sores are completely healed
- sharing lipsticks, cutlery or anything else that may have been in contact with your cold sores.

Be particularly careful around newborn babies, pregnant women, and anyone who has a weakened immune system from cancer therapy, steroid therapy or other medicines or conditions. The infection may be worse in these people.

Where can I find further information?

NHS Direct Wales: <http://www.nhsdirect.wales.nhs.uk/encyclopaedia/c/article/coldsore/>

NHS Direct Wales Tel: 0845 4647 (open 24 hours a day, 7 days a week)

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Common Ailments Service

Patient Information Leaflet



COLIC

Colic is the name for intense, frequent crying in an otherwise healthy baby. Colic affects about 1 in every 5 babies. It often starts when a baby is a few weeks old and usually stops by the time the baby is 4 to 6 months old.

Babies with colic often cry for several hours in the late afternoon or evening. They may look very upset and red in the face. Sometimes they pull their knees up to their chest or arch their back whilst crying. A baby with colic may appear to be in distress, but the crying episodes are not harmful, and the baby should continue to feed and gain weight normally.

What causes colic is not known. It could be indigestion or wind, or certain proteins or sugars in milk affecting their gut. Some people think that colicky crying is just something that some babies do at this age. Colic affects boys and girls equally, and breast-fed and formula-fed babies equally.

How can I treat colic?

Colic will get better on its own within a few months. It is not clear whether giving medicines or herbal remedies helps.

What can I do to help my baby?

What works for one baby may not always be helpful for another. You may like to try:

- burping your baby during and after feeds
- giving your baby a warm bath
- holding your baby while he or she is crying. If this becomes too much for you, put your baby somewhere safe, such as in their cot and take a break for a few minutes
- gentle movement - rocking your baby over your shoulder, or pushing them in their pram
- white noise – the sound of a vacuum cleaner, hairdryer or running water may calm your baby.

Remember to look after yourself. Try to rest when your baby is sleeping and take a break from time to time. Ask your family and friends for help. It may help to meet other parents with babies of the same age.

Remember that this phase will pass in a few months. Colic is not a sign that you are doing something wrong.

Do I need to see my doctor?

See your doctor if you feel very down after having your baby, or if you feel you are unable to cope.

Get medical help immediately if your baby:

- seems floppy when you pick them up
- has a cry that is weak, high-pitched or does not stop
- turns blue, blotchy or very pale
- vomits green liquid
- has blood in their poo
- has a fit (seizure)
- has a temperature of 38°C or above if they are less than 3 months old or a temperature of 39°C or above if they are 3 to 6 months old
- has breathing problems such as breathing quickly or grunting when they breathe
- has a swelling in the soft spot at the top of their head
- stops feeding.

Who can I contact for further advice and support?

Your health visitor will be able to advise you.

Cry-sis is a charity that supports families with crying, sleepless children:

Cry-sis Helpline: 08451 228 669 (7 days a week, 9am to 10pm)

Cry-sis website: <https://www.cry-sis.org.uk/>

Where can I find further information?

NHS Direct Wales: <https://www.nhsdirect.wales.nhs.uk/encyclopaedia/c/article/colic/>

NHS Direct Wales Tel: 0845 4647 (open 24 hours a day, 7 days a week)

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CONJUNCTIVITIS (BACTERIAL)

Bacterial conjunctivitis (one of the causes of so called 'red eye') is a common condition in which the thin layer of tissue that covers the white part of the front of your eye (the conjunctiva) becomes inflamed. Your eye may water and look red or pink. Sometimes a sticky liquid (discharge) is produced that may make it hard to open your eye when you wake up, and often dries on your eyelashes. The bacterial infection that causes this type of conjunctivitis may start in one eye and spread to the other.

You may have a burning feeling in your eye, or it may feel as if it has grit in it. You should be able to see normally. If the sticky discharge is blurring your vision, blinking a few times should help to make your vision clearer.

In most people, bacterial conjunctivitis will get better by itself within 5 to 7 days. Bacterial conjunctivitis is not usually itchy: if your eyes are itching this may mean that your conjunctivitis is not bacterial.

How can I treat conjunctivitis?

Conjunctivitis will usually get better without needing treatment. Antibiotic eye drops or ointment may be used to treat cases of severe bacterial conjunctivitis. Your pharmacist or optometrist can advise whether or not you need treatment.

Chloramphenicol eye drops or eye ointment may help if there is lots of sticky discharge, the eye is red and the conjunctivitis does not seem to be getting better after a few days.

Chloramphenicol eye drops:

- Put 1 drop into your eye every 2 hours for the first 48 hours.
- After 48 hours you can change this to 1 drop every 4 hours.
- You only need to use the drops during waking hours.
- Keep using the drops for 48 hours after your eye has got better.

Chloramphenicol eye ointment:

- Put about 1 cm of ointment into the space between your lower eyelid and your eye.
- If you are using eye drops **and** eye ointment, use the ointment only at night, just before going to bed.
- If you are only using the eye ointment, use it 4 times a day.
- Keep using the ointment for 48 hours after your eye has got better.

How do I use my eye drops or ointment?



First, wash your hands.

Gently pull down your lower eyelid and look upwards.



Hold the dropper above your eye and squeeze 1 drop into the space between your eyeball and lower eyelid. If you are using eye ointment, hold the tube upside down near your eye and squeeze a line of ointment along the inside of your lower eyelid.



Let go of your eyelid, tilt your head downwards, and keep your eye closed for 2 to 3 minutes.

What else can help?

- Wipe your eyes with cotton wool soaked in cooled, boiled water.
- Wash your hands regularly, and always after touching your eyes.
- Don't wear contact lenses until your eyes are better.

Do I need to see a doctor?

You should contact your local hospital eye emergency department or A&E if:

- you have recently had an eye operation (in the last 6 weeks)
- you have severe pain or loss of vision

See your doctor or optometrist straight away if:

- you can't see as well as usual after blinking a few times
- light hurts your eye or makes it feel uncomfortable
- moving your eye hurts or you can't move it as easily as usual.

An optometrist will give you a free Eye Health Examination if:

- you need to see an optometrist straight away (see above)
- you've injured your eye or it has something in it
- you've treated your eye but it's not getting better, or it's getting worse
- you wear contact lenses
- your eye is very painful, or the area around your eye is red and swollen
- you have a red eye and no discharge.

Also see your doctor if:

- your child is under 2 years old and has conjunctivitis
- you are pregnant or breastfeeding and need treatment
- you or a member of your family have (or have had) a blood disorder.

[Eye Health Examination Wales](#) has a list of optometrists you can go to or ask your pharmacist for more information.

Can I give conjunctivitis to other people?

Yes, bacterial conjunctivitis spreads easily via the things you touch. Wash your hands regularly and don't share towels or pillows.

If your child has conjunctivitis, they do not normally need to be excluded from school or nursery but check with their school or nursery if you have any concerns.

Where can I find further information?

NHS Direct Wales: <https://www.nhsdirect.wales.nhs.uk/encyclopaedia/article/conjunctivitis/>

Eye Health Examination Wales: <http://www.eyecare.wales.nhs.uk/eye-health-examination-wales>

NHS Direct Wales Tel: 0845 4647 (open 24 hours a day, 7 days a week)

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CONSTIPATION

Constipation is a condition in which you don't pass stools (poo) as often as you usually do. Your poo may be hard and lumpy, and much larger or smaller than usual. It may be difficult and painful for you to poo, and you may get cramping pains in the lower part of your tummy. If you have severe constipation, you may also feel bloated and sick.

Several things can give rise to constipation, including:

- not eating enough fibre, such as fruit, vegetables or cereals
- changing the type of food you eat, for example, eating more processed foods
- not drinking enough water or other fluids
- ignoring the urge to poo.

Some medicines can cause constipation, including the painkillers codeine and morphine, some antidepressants, iron tablets and some medicines for indigestion called antacids. Speak to your pharmacist if you think your medicines may be making you constipated.

Some medical conditions can cause constipation, for example, an underactive thyroid, irritable bowel syndrome, and conditions that make the gut move slowly.

Constipation is more common in people who are anxious or depressed. During pregnancy, the gut may move more slowly than usual which can cause constipation.

How can I treat constipation?

Start by making changes to your diet and lifestyle:

- Gradually increase the amount of fibre you eat, for example, eating bread made with wholemeal flour (also called wholewheat or wholegrain flour), wholegrain breakfast cereals, brown rice, wholemeal pasta, and fruit and vegetables. Aim to eat at least 5 different types of fruit and vegetables each day.
- Try to drink at least 2 litres of fluid each day (about 8-10 cups).
- Try to get more exercise, for example, by going for a daily walk. Exercise helps to get your gut moving.
- Avoid alcohol because it dehydrates you, even though it's a fluid.

If diet and lifestyle changes don't work for you, then a **laxative** may help. When choosing a laxative, you need to think about your symptoms, any medical conditions you may have and any medicines you are taking. Your pharmacist will advise you on the best treatment for you.

Most laxatives may cause bloating, flatulence and some tummy pain but this gets better over time. Keep drinking plenty of water while you're taking the laxative. Stop taking the laxative when your poo becomes easier to pass again.

Ispaghula husk (for example, **Fybogel**) is a bulk-forming laxative that helps your poo to retain fluid, making it softer and easier to pass. Only use this laxative occasionally and for a few days at a time. Before starting treatment with ispaghula husk tell your pharmacist if you have diabetes or a thyroid condition.

- The usual dose for adults is 1 sachet of granules mixed with at least 150ml (1/4 pint) of cold water 2 times a day.
- Stir well until all the granules have dissolved, then drink straight away.
- Take the evening dose at least 1 hour before going to bed.
- It may take 2 to 3 days for the granules to work.
- If you're taking any other medicines, take them 30 to 60 minutes before or after you take the ispaghula husk granules.

Lactulose is an osmotic laxative that softens your poo, making it easier to pass. Your pharmacist may recommend it if you still have symptoms after trying ispaghula husk or if you cannot take ispaghula husk. Before starting treatment with lactulose, tell your pharmacist if you have lactose intolerance or galactosaemia (a rare condition that stops your body metabolising a sugar called galactose).

- Adults can take between 15ml and 45ml of lactulose 1 or 2 times a day.
- This dose can be reduced to between 15ml and 30ml 1 or 2 times a day after it starts working.
- It takes a couple of days for lactulose to work.

Senna, bisacodyl or **docusate sodium** are stimulant laxatives that work by stimulating the gut muscles to help move the poo along your bowel. Docusate sodium also softens poo. Your pharmacist may recommend these laxatives if you still have symptoms after trying an osmotic laxative, or if you are taking painkillers such as morphine or codeine.

Only use a stimulant laxative for a few days. If you take it for any longer then your bowel may start to rely on it rather than working on its own. Before starting treatment tell your pharmacist if you are taking other medicines, have a heart problem or other gut problem because these laxatives may not be suitable for you.

- Adults can take 1 senna or 1 bisacodyl tablet at bedtime.
- If this is not working then increase the dose to 2 tablets at bedtime.
- If you are taking bisacodyl then leave a gap of 1 hour before drinking milk or before taking antacids or medicines called proton pump inhibitors (for example, omeprazole and lansoprazole).
- For docusate sodium, take up to 5 capsules in a day, if needed.

What else can help?

- If you have constipation and are in pain take paracetamol for a couple of days.
- Work out a place and a time of day when you can easily spend time on the toilet. Respond to your body: when you feel the urge to go to the toilet, don't delay.
- Try resting your feet on a low stool while you are using the toilet. Having your knees above the level of your hips can make it easier to poo.

Do I need to see my doctor?

See your doctor if:

- you've made changes to your diet and lifestyle and used laxatives for more than 7 days, but you still have constipation
- your child is constipated
- you notice blood in your stools
- you've lost weight without meaning to, or you have a temperature, or are tired all the time
- you are being sick (vomiting)
- your tummy hurts, or it's becoming more and more swollen
- you have diarrhoea as well as constipation
- you are over 60 and being constipated is unusual for you
- you think that the medicines you're taking are making you constipated.

Where can I find further information?

NHS Direct Wales: <http://www.nhsdirect.wales.nhs.uk/encyclopaedia/c/article/constipation>

NHS Choices: <https://www.nhs.uk/conditions/laxatives/>

NHS Direct Wales Tel: 0845 4647 (open 24 hours a day, 7 days a week)

Calls from landlines and mobiles cost 2p per minute, in addition to telephone providers access charge.

DIARRHOEA

Diarrhoea is passing watery stools (poo), usually 3 or more times in 24 hours.

Diarrhoea can start suddenly and can last for as long as 4 weeks. As well as watery poo, you may have cramping tummy pains. In some people, these pains get better each time they poo. You may be sick (vomiting), have a high temperature (fever), a headache and aching arms and legs.

In most cases diarrhoea gets better within a few days. If you have diarrhoea and you are vomiting, the vomiting will usually last for 1 day or so, although the diarrhoea will often carry on for longer.

Diarrhoea and vomiting can cause dehydration. Symptoms of dehydration can include: weeing less, dry mouth, feeling or appearing weak, tired, dizzy or light-headed or confused, muscle cramps and pains, breathing fast, having cold hands or feet and skin that doesn't go back to its normal shape quickly when it is pinched gently and let go.

Diarrhoea is usually caused by bacteria or viruses infecting your gut. They may come from food (food poisoning), water, or from another person. Bacteria and viruses spread easily between people, for example, when an infected person shares a towel or prepares food for other people.

Some medicines can cause diarrhoea. These include: antibiotics, antacids containing magnesium, laxatives, medicines used to treat cancer, anti-inflammatory painkillers, medicines for depression called selective serotonin reuptake inhibitors (SSRIs), and cholesterol-lowering medicines called statins.

You may also get diarrhoea if you are anxious, have food allergies or appendicitis. Some gut problems such as irritable bowel syndrome can begin with diarrhoea.

How can I treat diarrhoea?

Diarrhoea will usually get better on its own. It is important for you to drink enough to replace all the fluid you have lost. See your doctor if you become dehydrated.

For babies:

- Continue to breastfeed or bottle feed as usual. Let your baby feed more often if they want to. You can also give your baby water to drink between feeds.
- If your baby vomits, wait for 5 to 10 minutes before giving them more to drink, but give it slowly, for example, a spoonful (or syringe) every 2 to 3 minutes.

For children:

- Let your child eat and drink as usual, but don't give them undiluted fruit juice and fizzy drinks. Encourage them to drink extra water or diluted fruit juice.
- If your child vomits, wait for 5 to 10 minutes before you start giving them drinks again but give them slowly, for example, sips every 2 to 3 minutes.
- If your child is dehydrated, give them diluted fruit juice or keep giving them water.

For adults:

- Drink plenty of water, diluted fruit juice or soup broth (especially if you are thirsty) until the diarrhoea goes.
- Drink 1 cup of liquid (200ml) after each watery poo as well as the drinks you usually have each day. If you are dehydrated you will need to drink more.
- If you vomit, keep taking small sips of water or another liquid until symptoms have settled.

What else can help?

If you have a high temperature, take some paracetamol to bring it down. If your child has a high temperature, give them paracetamol at the right dose for their age and leave 4 to 6 hours before giving them another dose. Do not give them more than 4 doses in 24 hours.

Some people are more at risk of dehydration these include the frail, older people, children and people with certain medical conditions. You may buy oral rehydration sachets from your pharmacy, these contain salts, sugar and minerals. They can be taken alongside your usual diet.

Some medicines can make you more likely to become dehydrated when you have diarrhoea. Other medicines may not work as well as usual. Speak to your doctor or pharmacist if you are taking other medicines and have diarrhoea.

Do I need to see my doctor?

Contact your doctor if you or your child's symptoms are not settling after 3 to 4 days.

For babies:

Contact your doctor or health visitor urgently if your baby has had 6 or more episodes of diarrhoea in the past 24 hours, or if they have vomited 3 times or more in the past 24 hours. Or, if your baby is dehydrated, that is, they are drowsy, have pale or blotchy skin, cold hands or feet, not many wet nappies, or are breathing fast.

For children:

Contact your doctor if your child has:

- had 6 or more episodes of diarrhoea in the past 24 hours
- vomited 3 times or more in the past 24 hours
- been sick and can't keep fluids down
- has a high temperature that cannot be brought down (38°C and over if they are less than 3 months old or 39°C and over if they are 3 to 6 months old)
- symptoms that are getting worse quickly

- severe or long-lasting tummy pain
- blood in their poo
- very watery poo
- symptoms of dehydration
- a medical condition such as heart disease, kidney disease or diabetes
- recently been abroad.

For adults

Contact your doctor if you:

- have lost a lot of weight
- have severe or long-lasting tummy pain
- have blood in your poo
- your poo is dark or black
- have symptoms at night and it stops you sleeping
- have very watery poo
- are being sick and can't keep fluids down
- feel dehydrated
- have recently been abroad
- are over 60 and have had a recent change in bowel habit
- are pregnant
- have a weakened immune system from cancer therapy, steroid therapy or other medicines or conditions
- have taken antibiotics or been in hospital in the last 8 weeks.

Can I give diarrhoea to other people?

Yes, sometimes the bacteria and viruses that cause diarrhoea are passed easily from one person to another.

If you have diarrhoea:

- wash your hands thoroughly after using the toilet. Use a liquid soap and warm, running water. Dry your hands thoroughly.
- don't share towels or flannels
- don't prepare food or serve it to other people
- clean your toilet regularly. Wipe the flush handle, door handle, toilet seat, taps, and surfaces with hot water and cleaning products at least once a day. Use a disposable cloth or one that is just for cleaning the toilet.
- stay off work, school or nursery for at least 48 hours after the last time you had watery poo or were sick.

Where can I find further information?

NHS Direct Wales: <https://www.nhsdirect.wales.nhs.uk/encyclopaedia/d/article/diarrhoea>

NHS Direct Wales Tel: 0845 4647 (open 24 hours a day, 7 days a week)

Calls from landlines and mobiles cost 2p per minute, in addition to telephone providers access charge.

DRY EYE SYNDROME

You develop dry eye syndrome when your eyes don't make enough tears, or the tears evaporate too fast. This makes your eyes dry out and they may become red, swollen and irritated. Anyone can get dry eye syndrome, though it is more common as you get older.

Dry eye syndrome usually affects both eyes. Symptoms include:

- your eyes feeling dry, gritty or sore, which gets worse throughout the day
- burning and red eyes
- your eyelids sticking together when you wake up
- blurred vision, which usually gets better when you blink.

Sometimes you may also have watering eyes, because your eyes are producing more tears to relieve the discomfort.

Most people have mild symptoms, but in severe cases dry eye syndrome is painful and may cause other problems.

How can I treat dry eyes?

Keep your eyes clean and help the glands around them to produce oily tears. Try following the 3 steps below 2 times a day at first, then once a day when your eyes begin to feel better:

Step 1. Warm compresses:

- boil some water and leave it to cool to a warm temperature
- soak a clean cloth or cotton wool pad in the warm water
- close your eyes and place the cloth or pad on them for 5-10 minutes
- reheat the cloth or pad by soaking it in the warm water; don't let it become cold.

Step 2. Eyelid massage:

- Close your eyes and gently massage your eyelids using your little finger to draw circles across each lid.
- Take a cotton wool bud and, with your eyes shut, gently roll it downwards on the upper eyelid towards the lashes and edges of your eyelids – this helps to push oil out of your glands, although you won't see anything come out.
- Repeat this process along the whole width of your upper and lower eyelids.
- This process may irritate your eyes slightly at first, a bit like getting soap in them, but this is normal and should get better with time.

Step 3. Eyelid margin hygiene:

Buy an eyelid cleaning solution, or make one yourself by filling a bowl with boiled water, let it cool to a warm temperature and add a few drops of baby shampoo or a teaspoon of bicarbonate of soda.

- Soak some clean cotton wool in the cleaning solution and use it to remove any crustiness from around your eyelids. Pay special attention to your eyelashes.
- Repeat this process if necessary using a clean piece of cotton wool.
- Dip a clean cotton bud into the cleaning solution and gently wipe it along the bases and lengths of your eyelashes to clean the edges of your eyelids.

Lubricate your eyes using eye drops or eye ointment. These are often called artificial tears. Some contain preservatives to stop bacteria growing inside the bottle. If you need to use the eye drops more than 6 times a day, it may be better for you to use preservative-free eye drops. Your pharmacist or optometrist will help you to choose a product that suits you.

- Use your eye drops 3 to 4 times a day. If you have been given hypromellose eye drops you may first need to use them more frequently, for example, hourly. As your eyes start to feel better you will not need to use the hypromellose eye drops so often.
- It's best to use eye ointments such as liquid paraffin/white soft paraffin eye ointment at night. Ointments can blur your vision. Don't use eye drops for glaucoma or other conditions at the same time as using your eye ointment because the drops might not work as well as usual. Use your eye drop first, then wait 5 minutes before putting on your eye ointment.

How do I use my eye drops or ointment?



First, wash your hands.

Gently pull down your lower eyelid and look upwards.



Hold the dropper above your eye and squeeze 1 drop into the space between your eyeball and lower eyelid. If you are using eye ointment, hold the tube upside down near your eye and squeeze a line of ointment along the inside of your lower eyelid.



Let go of your eyelid, tilt your head downwards, and keep your eye closed for 2 to 3 minutes.

What else can help?

- Protect your eyes from wind, hot air, smoke and dust. Some people use wrap-around glasses to do this.
- Use a humidifier to moisten the air. This may be particularly helpful if you spend a lot of time in air-conditioned environments.
- Stop smoking and avoid smoky environments.
- Avoid wearing eye make-up, especially eye liner. If you want to use eye make-up, choose one that washes off easily and buy new eye make-up every 3 to 4 months.
- Try to wear your contact lenses for shorter periods, especially if they irritate your eyes.
- Avoid eye strain when you use your computer or laptop by: placing the monitor at or below eye level, not staring at the screen, and taking a break from your computer screen every hour.
- Ask your pharmacist to check any medicines you're taking, because some medicines may make your dry eye syndrome worse.

Include foods containing omega 3 and omega 7 fats in your diet; these may help to prevent or reduce dry eye syndrome. Examples include: oily fish, nuts and seeds, vegetable oils, soya and soya products. Some people should be careful about the amount of oily fish they eat, so check with your doctor or pharmacist first.

Do I need to see my optometrist?

You may be able to have a free Eye Health Examination with an optometrist. *Eye Health Examination Wales* has a list of optometrists, or ask your pharmacist for more information.

See an optometrist if:

- you've used the treatments suggested for 4 to 6 weeks, but your eyes still feel uncomfortable
- your dry eye symptoms are new and mild, but won't go away. The optometrist will examine you to check whether your symptoms are caused by a different problem.
- you have damaged your eye, or you have a medical condition that is linked to dry eyes, such as glaucoma or Sjögren's syndrome
- your vision has got worse
- you have very painful or red eyes
- your eyes are very sensitive to light.

Do I need to see a doctor?

Probably not, but some people with severely dry eyes do need to be seen for further assessment and management through the Hospital Eye Services. Your optometrist will be able to refer you if this is necessary.

Where can I find further information?

NHS Direct Wales: <https://www.nhsdirect.wales.nhs.uk/encyclopaedia/d/article/dryeyesynndrome/>

Eye Health Examination Wales: <http://www.eyecare.wales.nhs.uk/eye-health-examination-wales>

NHS Direct Wales Tel: 0845 4647 (open 24 hours a day, 7 days a week)

Calls from landlines and mobiles cost 2p per minute, in addition to telephone providers access charge.

DRY SKIN



Dry skin feels rough and doesn't shine like healthy skin. It can become hard and may crack. In eczema (dermatitis) dry skin often becomes red and itchy.

Causes of dry skin include: hot, dry or cool, windy conditions; bathing too much; using soaps, detergents and alcohol-based products on your skin or wearing rough clothes. If you have atopic eczema then house dust mites, flakes of skin from animals, or pollen may also make your skin dry, or you may get dry skin when you feel stressed or eat certain foods.

How can I treat dry skin?

Use a moisturiser (emollient) to protect your skin. Emollients block out things that may irritate your skin, and help to keep moisture in your skin. They can also help with itching. Your pharmacist will help you to choose a suitable emollient. You may want to try a few different emollients at first.

Often, ointments work better on dry skin than creams or lotions, but creams and lotions are better for skin that is red and swollen. You can use ointment emollients instead of soap in the bath or shower but take care as they can make the bath or shower slippery. Some people use creams and lotions on their skin during the day and only use ointments at night time, because ointments are greasier. If you have atopic eczema, you will probably have times when your skin does not seem dry, but you should carry on using your emollient because this will help to stop your skin getting worse again.

Hydrocortisone cream or ointment may help if your skin is swollen, red or itchy, but it is not suitable for everyone. Your pharmacist will tell you if hydrocortisone is a suitable treatment for you. Carry on using your emollient when you're using hydrocortisone, and continue to use the hydrocortisone for 48 hours after the redness has gone.

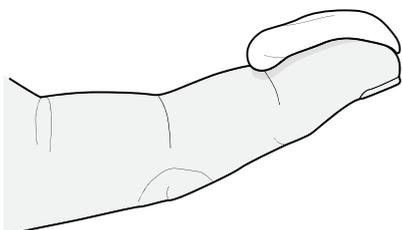
Once you have found an emollient that suits you then you can buy further supplies of it from your pharmacy or ask your doctor.

How should I put the emollient on my skin?

- Emollients work best when they are spread on to damp (not wet) skin, so put your emollient on after bathing or showering whenever you can.
- Use your emollient 2 or 3 times a day, or more often if you like. Use plenty of emollient each time.
- If you have a large pot of emollient without a pump, use a spoon to take out some of the emollient each time you use it. You can put the emollient onto a saucer before picking it up with your fingers. This will help to stop bacteria getting into the emollient from your fingers.
- With some emollient on your fingers, stroke your skin gently in the same direction as the hairs are growing. Don't rub your skin.
- If you're also using hydrocortisone, put the emollient on your skin first. After about 30 minutes, when your skin is not slippery anymore, put on the hydrocortisone.

Emollients that contain paraffin can be a fire hazard so you should not smoke, use naked flames or be near people who are smoking or using naked flames, or go near anything that may cause a fire. Change your clothing and bedding regularly - preferably daily - because emollients soak into fabrics and can also become a fire hazard. Ask your pharmacist for a leaflet about these risks or go to: <http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=60274&type=full&servicetype=Attachment>

How should I put the hydrocortisone on my skin?



- Spread the hydrocortisone cream or ointment thinly across your skin.
- One fingertip unit is the amount of hydrocortisone cream you would squeeze out of the tube if you squeezed out a line the length of an adult's fingertip.
- 1 fingertip unit is enough to cover both sides of an adult's hand (including fingers).
- 8 fingertip units are enough to cover an adult's leg and foot.

What else can help?

- Avoid hot and dry, or cool and windy conditions.
- Avoid spending a lot of time in air-conditioned places, or being close to a fire or fan heater.
- Don't bath too often or for too long. When you do bath or shower, it may help to use an ointment emollient instead of soap or bubble bath, and to use warm water rather than hot water. Be careful because the emollient may make the bath or shower surfaces slippery.
- Don't let detergents and products containing alcohol or fragrances touch your skin. Use vinyl or other non-powdered, non-rubber gloves to protect your hands.
- Avoid wearing rough clothes such as woollen clothes.
- Don't use aqueous cream – this may irritate your skin.
- Don't scratch if your skin is itchy. Scratching can make the itching worse and your skin may get infected. Rub an itchy area with your fingers instead. Using an emollient and hydrocortisone can also help with itching.
- If you go swimming, shower in fresh water afterwards to wash away the chlorine from your skin. Put emollient on your skin after drying it with a towel.

Do I need to see my doctor?

See your doctor if:

- you think your skin is infected. Signs of infection are having a high temperature, feeling ill, and red and swollen skin, sometimes leaking fluid or with crusts or pus.
- You've treated your skin with an emollient, with or without hydrocortisone, but it's not getting any better.

Where can I find further information?

- Patient UK:
<https://patient.info/health/contact-dermatitis>
<https://patient.info/health/atopic-eczema>
<https://patient.info/health/fingertip-units-for-topical-steroids>
- British Association of Dermatologists:
<http://www.bad.org.uk/shared/get-file.ashx?id=69&itemtype=document>
- NHS Direct Wales:
[http://www.nhsdirect.wales.nhs.uk/encyclopaedia/e/article/eczema\(atopic\)/](http://www.nhsdirect.wales.nhs.uk/encyclopaedia/e/article/eczema(atopic)/)
<http://www.nhsdirect.wales.nhs.uk/encyclopaedia/c/article/contactdermatitis/>
- NHS Direct Wales Tel: 0845 4647 (open 24 hours a day, 7 days a week)
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HAEMORRHOIDS (PILES)

Haemorrhoids (also called piles) are swellings inside your bottom (rectum and anus) that develop when blood vessels fill with more blood than usual and swell up. Piles can be internal (develop high up inside) or external (develop closer to your anus than internal piles).

Symptoms of piles include: soreness, redness and swelling around your anus, a mucus discharge after passing a stool (poo), an itchy bottom, and bleeding after a poo – the blood is usually bright red. Sometimes a lump may hang down outside the anus. Piles can be painful if their blood supply is slowed or interrupted. Some people may not have symptoms or know that they have piles.

How can I treat piles?

Piles symptoms will often settle down after a few days without needing treatment.

Your pharmacy will have medicines that may help with the symptoms, but these products will not cure your piles.

Constipation (difficulty passing poo) and straining on the toilet can make your piles worse. It may help to take a medicine called a laxative to make it easier to poo, for example, **ispaghula husk** (such as Fybogel), **lactulose** and **docusate sodium**. But don't use stimulant laxatives such as senna because these may make your symptoms worse. Ask your pharmacist for advice or for a leaflet on treating constipation.

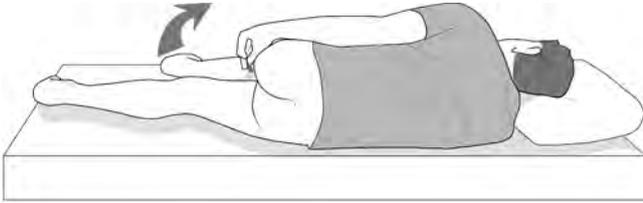
Paracetamol tablets can help to relieve the pain associated with piles. If you are taking warfarin then have an INR test 5 to 7 days after starting paracetamol treatment, because taking paracetamol may change your INR.

There are creams, ointments and suppositories that can help with the itching, swelling and pain of piles. Suppositories treat symptoms inside your rectum and anus, whereas creams and ointments treat symptoms inside and around your rectum and anus. Examples are **Anusol** and **Scheriproct**. Your pharmacist can help you choose a suitable product.

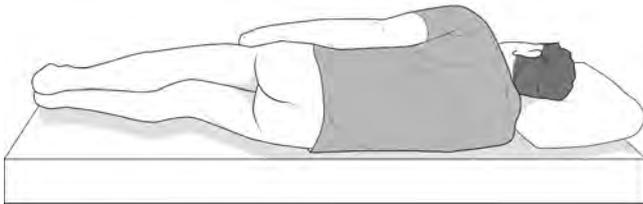
- For external piles, use your finger to spread a pea-sized amount of the cream or ointment around and just inside your anus.
- Suppositories can be used for internal piles (see below on how to use a suppository).
- Most of these medicines should be used morning and night and after pooing, but check the leaflet that comes with the medicine because some should only be used morning and night. Wash the anal area and dry gently before using the medicine.
- Only use these medicines for a few days (not longer than 7 days). Stop using these medicines if your symptoms get worse while using them.

How do I use a suppository, internal cream or ointment?

- Go to the toilet for a poo first if you need to.
- Wash your anal area and dry gently.
- Wash your hands.
- Take the wrapping off the suppository or if using cream or ointment fill the nozzle that comes with it.
- Squat or lie on your side with one leg bent and the other straight.



- Push the suppository into your anus, pointed end first. If you have pushed it in far enough, it should not slip out.
- If using cream or ointment insert the nozzle carefully into your anus until the whole length of the nozzle is inside. While squeezing the tube gently take the nozzle out of your anus.
- Put your legs back together and stay still for a few minutes.



- Wash the nozzle with hot, soapy water and rinse thoroughly.
- Wash your hands again.

The suppository will melt inside your body and it is normal for some to leak out. Because of this, you may prefer to use suppositories at night before going to bed.

What else can help?

- Eat plenty of fibre, such as fruit, vegetables, cereals, beans, nuts, seeds and wholegrain foods such as bread and rice.
- Drink plenty of water – try to have 6 to 8 glasses a day.
- Avoid straining when you poo, and go to the toilet when you need to – don't delay.
- Lose weight if you are overweight.
- Try to exercise regularly.
- Cut down on caffeine and alcohol.
- Keep the area around your anus clean. Using wipes instead of dry toilet paper may help. Pat your bottom dry.

Do I need to see my doctor?

See your doctor to confirm that you have piles and nothing else is causing your symptoms. Your pharmacist can only give you 1 treatment before your doctor confirms that you have piles.

See your doctor if you:

- are pregnant
- under 18 years old
- have tummy pain that doesn't go away quickly
- have diarrhoea (watery poo) at night for several nights
- have lost weight and you don't know why
- have bleeding from your anus
- have a lasting change in your toilet habits, for example, you are pooing more often and your poo is looser
- have a temperature and swelling and itching around your anus – you may have an infection
- have a lump near your anus and it's painful to sit down.

Where can I find further information?

Patient UK: <https://patient.info/health/piles-haemorrhoids>

NHS choices: <http://www.nhs.uk/conditions/haemorrhoids/pages/what-is-it-page.aspx>

NHS Direct Wales Tel: 0845 4647 (open 24 hours a day, 7 days a week)

Calls from landlines and mobiles cost 2p per minute, in addition to telephone providers access charge.

HAY FEVER

Hay fever is an allergic condition that affects up to 1 in 5 people in the UK. You can have an allergy to pollens from grasses, trees or weeds.

Symptoms of hay fever include:

- frequent sneezing
- a runny, itchy or blocked nose
- itchy or watery eyes
- itchy throat, mouth or ears.

Your face may be painful if your sinuses become blocked. If you have asthma you may find that hay fever makes your asthma symptoms worse. Occasionally, some people with hay fever may lose their sense of smell, have headaches and earaches, and feel tired.

You are more likely to get hay fever if other members of your family have a history of allergies, particularly eczema and asthma.

How can I treat hay fever?

For some people, just avoiding pollen is enough and there is no need for treatment (see section "What else can help?").

Take an antihistamine, such as **cetirizine** or **loratadine**, if:

- your main symptom is sneezing or a runny nose
- you sometimes have itchy, red, watery eyes
- you prefer taking medicines by mouth.

Chlorphenamine is another antihistamine that may help, but it isn't used very often because it can make you drowsy. Take care if you drive or use machinery while taking chlorphenamine.

Cetirizine, loratadine and chlorphenamine are available as tablets or liquids.

A steroid spray for your nose (such as **beclometasone nasal spray**) may help if:

- your main symptom is a blocked nose
- your hay fever symptoms happen often.

Steroid sprays work best if you start using them about 2 weeks before the hay fever season starts and you keep using them throughout the hay fever season. Don't give steroid sprays to children under 6 years old.

Sodium cromoglicate eye drops can be used to treat itchy, red, watery eyes. Don't use these eye drops if you wear contact lenses. Don't give sodium cromoglicate eye drops to children under 6 years old.

Your pharmacist will help you choose a hay fever product that is suitable for you or your child.

If your symptoms are not getting better after using one of these treatments for 2 weeks, talk to your pharmacist. You may need to increase your dose, change the way you are using the treatment, or start taking another treatment as well.

If the treatments work well for your symptoms, you can get further supplies free from your pharmacy for the hay fever season.

What else can help?

- Check the local weather reports to see if the pollen count is high.
- When the pollen count is high, close your windows and doors and stay inside if you can. If you can't stay indoors, try to avoid pollen by:
 - wearing sunglasses that curve around your head
 - putting Vaseline around your nostrils to trap the pollen
 - not drying your clothes outside
 - staying away from grassy areas in the early morning, evening and at night
 - showering and washing your hair after going outside
 - dusting with a damp cloth and vacuuming regularly
 - keeping pets outside, or washing them regularly to remove pollen from their fur
 - keeping your car windows closed
 - buying a pollen filter for your car and changing it at each service.

Do I need to see my doctor?

See your doctor if you:

- have mucus coming out of one nostril - you may have something trapped in that nostril
- have a blocked nose, but you don't have a runny or itchy nose, or sneezing
- are pregnant, breastfeeding or have a child under 2 years old who needs treatment for hay fever
- have symptoms suggesting that pollen is not the cause; for example, you get symptoms in the winter
- have symptoms that persist even after taking your medicines correctly for 2 to 4 weeks
- have serious symptoms, for example, your symptoms are affecting your sleep or work, or your asthma is getting worse.

An optometrist will give you a free Eye Health Examination if you have certain eye problems, including those needing urgent treatment. [*Eye Health Examination Wales*](#) has a list of optometrists you can go to, or ask your pharmacist for more information.

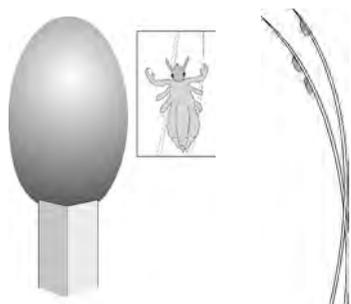
Where can I find further information?

NHS Direct Wales: <http://www.nhsdirect.wales.nhs.uk/encyclopaedia/h/article/hayfever/>

NHS Direct Wales Tel: 0845 4647 (open 24 hours a day, 7 days a week)

Calls from landlines and mobiles cost 2p per minute, in addition to telephone providers access charge.

HEAD LICE



Head lice are tiny, whitish or grey-brown insects that live in hair. Nits are the empty egg cases that are left behind after the lice have hatched. Head lice can be difficult to spot; they are smaller than the head of a match. Nits stay glued to the hairs and look like dandruff.

Anyone can get head lice but they are a common problem in school children aged 4 to 11 years old.

If you have head lice, you may have an itchy scalp, a rash on the back of your neck, or feel that something is moving in your hair.

Finding a live louse is the only way to be sure that you have head lice. Check for head lice by combing your, or your child's, hair with a special detection comb.

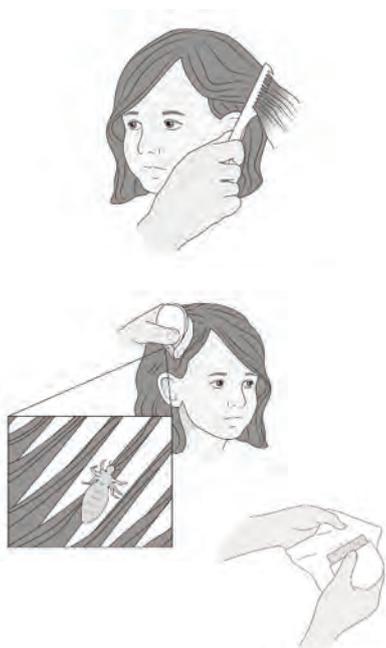
How do I check hair for head lice?



Check for lice by detection combing when the hair is wet or dry. Wet combing is more accurate because washing with conditioner stops head lice moving.

Wet detection and treatment combing:

- Wash the hair with normal shampoo and put plenty of hair conditioner on it.
- Use an ordinary, wide-toothed comb first to untangle the hair.
- When the comb moves freely through the hair, change to using the detection comb.
- Make sure you slot the comb in gently between the hairs at the roots, with the edge of the teeth lightly touching the scalp.
- Draw the detection comb down through the hair carefully, starting at the roots and finishing at the ends of the hair.
- Check the comb for lice at the end of every stroke.
- Remove lice from the comb by wiping with a tissue or by rinsing the comb.
- Work through the hair, section by section, until the whole head of hair has been combed through.
- Do this at least twice, to make sure you haven't missed any areas and continue until you find no more lice.



Dry detection combing:

- Use an ordinary, wide-toothed comb first to untangle the hair.
- When the comb moves freely through the hair, change to using the detection comb.
- Make sure you slot the comb in gently between the hairs at the roots, with the edge of the teeth lightly touching the scalp.
- Draw the detection comb down through the hair carefully, starting at the roots, and finishing at the ends of the hair.
- Look for lice as the comb is drawn through the hair.
- If you see a louse, trap it against the face of the comb with your thumb.
- Comb each section of the hair 3 or 4 times before moving on to the next section, until the whole head of hair has been combed through.

How can I treat head lice?

Wet combing hair using a detection comb (see 'How do I check hair for head lice?'). This method of removing the head lice with a special fine-toothed comb can work well and it may not be necessary to use anything else. NHS Choices has a useful video on wet combing called 'how do I check for and treat head lice'. The video can be viewed here:

<http://www.nhs.uk/video/Pages/how-do-i-check-for-headlice-and-treat-headlice.aspx?searchtype=Tag&searchterm=Information+Service+for+Parents&offset=17>

If you find live head lice during detection combing (wet or dry) check the rest of your household and treat everyone with live head lice on the same day. You don't need to treat if you find nits but no living lice.

Wet comb the hair every 4 days for at least 4 times. This way you will remove any lice that have just hatched out. When you have had 3 sessions in a row where you found no lice, you can be confident that you have got rid of the head lice.

If you have Afro or tightly curled hair, wet combing may not work very well on its own. Use a treatment like **dimeticone 4% lotion (Hedrin)** or **cyclomethicone isopropyl myristate liquid (Full Marks)** as well. Also try using treatments if wet combing alone hasn't worked.

Hedrin lotion:

Don't use Hedrin lotion on children aged under 6 months.

1. Rub Hedrin lotion into dry hair and apply enough to cover the scalp. Often 50ml is enough for short to shoulder length hair and 150ml is enough for long, thick hair.
2. Let the hair dry by itself and keep the hair away from sources of fire and flames.
3. Leave the lotion on for 8 hours (or overnight) and then wash the hair with shampoo.
4. After a week, Repeat steps 1 to 3.
5. Use detection combing to check the hair for living lice 2 or 3 days after the second treatment (step 4).
6. Check again 7 days after the first check.

Full Marks:

Don't use Full Marks on children aged under 2 years, or in women who are pregnant or breastfeeding.

1. Rub Full Marks into dry hair. Often 50ml is enough for short to shoulder length hair and 150ml is enough for long, thick hair. Keep the hair away from fire and flames.
2. Wait for 10 minutes and then comb out the dead lice and eggs with a detection comb.
3. Wash the hair with normal shampoo.
4. After a week repeat steps 1 to 3.
5. Use detection combing to check the hair for living lice 2 or 3 days after the repeat treatment (step 4).
6. Check again 7 days after the first check.

What else can help?

If you are worried about getting head lice, check for lice once a week using a detection comb. This will help you to treat them quickly if you or your family do get them. Plaiting or braiding the hair can make it difficult for head lice to attach themselves to the bottom of the hair strand. Keeping Afro or tightly curled hair short may make it easier to treat.

I can't get rid of my head lice. What can I do?

- Check your wet combing technique is correct. Make sure you are wet combing often enough, combing for long enough and combing all of the hair from top to bottom and in small sections.
- If your combing technique is good but you are still finding live lice it may be that you have caught head lice again, perhaps by contact with someone who has head lice. If so, then continue to wet comb as before until you've had 3 clear wet combing sessions.
- Try another treatment method. If you've tried wet combing and it isn't working then ask your pharmacist about trying Hedrin or Full Marks. You must show your pharmacist a louse to get one of these treatments. Remove a louse from the hair and stick it to a piece of white paper with cello tape.
- If treatment with Hedrin or Full Marks has not worked then check whether you have been using enough liquid or have been leaving it on for long enough. Try using the treatment again, making sure you follow the instructions carefully. Ask your pharmacist if the instructions are not clear.

Do I need to see my doctor?

No, not usually. However, if you scratch your scalp, the skin can get infected. See your doctor if you think you have an infection. Signs of an infection are: a high temperature, feeling ill, red and swollen skin that may have fluid leaking out, crusts or pus.

Can I give head lice to other people?

Yes, it's easy to pass head lice on to anyone if your head comes into contact with theirs. Head lice can't jump or fly, so they walk along hairs from one head to another. If you have head lice, your close friends and all people living in your house should also check their hair. They will only need treatment if they find living lice in their hair.

Away from a person's head, head lice only live for 1 or 2 days. Therefore, you are unlikely to get head lice by using the pillows, hairbrushes or hats of people with head lice. Also, you don't need to wash bedding or clothes any more often than usual.

Do I need to keep my child away from school if they have head lice?

There is no need to keep your child away from school if they have head lice, but let the school know if you find living lice in your child's hair.

Where can I find further information?

NHS Direct Wales: <http://www.nhsdirect.wales.nhs.uk/encyclopaedia/h/article/headlice?locale=en>

NHS Direct Wales Tel: 0845 4647 (open 24 hours a day, 7 days a week)

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INDIGESTION AND REFLUX

Indigestion (dyspepsia) is pain or discomfort felt in your stomach or inside your ribcage. Other symptoms include feeling 'full up' soon after starting to eat, bloating, belching or passing wind, feeling sick, or being sick (vomiting).

Acid reflux is when acid moves up from your stomach into your oesophagus (the tube that leads from your mouth to your stomach). The acid may inflame the lining of your oesophagus and cause heartburn (a burning feeling behind your breastbone). You may also get a bitter taste at the back of your throat.

Indigestion and heartburn can occur together or on their own. Both are common problems that affect most people at some point. Most cases will be mild and happen only occasionally.

Indigestion is usually related to eating. When you eat, your stomach produces acid which can sometimes irritate your stomach lining and other parts of your gut, causing a burning feeling. Factors that trigger or make indigestion worse include: stress or anxiety, pregnancy, being overweight, smoking, drinking excess amounts of alcohol, and ulcers in your stomach or small intestine.

Some medicines can cause indigestion as a side effect. These include anti-inflammatory medicines such as aspirin, ibuprofen and diclofenac. Other medicines, such as bisphosphonates, nitrates or steroids, can cause or make indigestion worse. Your pharmacist can help you decide whether your medicine is affecting your indigestion.

How can I treat indigestion and reflux?

Sometimes, simple diet and lifestyle changes may be enough to make you feel better (see What else can help? section). You can also buy medicines from your pharmacy, without a prescription, that will help. Ask your pharmacist which medicines would be best for you.

Antacids act to make you feel better quickly. They help to neutralise the acid made by your stomach. Their ingredients include: aluminium hydroxide, magnesium carbonate and magnesium trisilicate. They come in various brands as chewable tablets or liquids. Your pharmacist can tell you which would be best for you. Always follow the instructions on the packet.

Alginates, for example, Peptac or Gaviscon Advance, work inside your stomach, to form a sort of jelly. This jelly floats on top of the stomach contents and helps to stop acid moving out from the stomach. After a few hours, your body will get rid of the jelly as if it were food. Take these medicines after food and at bedtime.

If antacids or alginates don't relieve your symptoms, you may be able to take a **proton pump inhibitor (PPI)** such as omeprazole or lansoprazole. PPIs reduce the amount of acid in your stomach. Check with your pharmacist that taking the PPI will not affect any other medicines you may be taking.

Some people don't need to take a PPI every day and take it only when they have symptoms. Once you feel better (often after a few days or weeks), you can stop using it. However, ask your pharmacist for advice first.

Some people find that when they stop taking their PPI their symptoms seem worse. To help with this you may want to take an alginate. If you still have symptoms, reduce the dose of your PPI towards the end of your treatment course; for example, take it every other day for the last week.

Only adults can take PPIs; your pharmacy will only supply you with a PPI for up to 4 weeks.

If you are pregnant and lifestyle changes haven't helped, then an antacid and/or an alginate may work.

What else can help?

Making changes to your lifestyle:

- choose healthy foods and avoid fatty, spicy foods, chocolate and coffee
- eat smaller meals
- have your main meal no later than 3 to 4 hours before you go to bed
- lose weight if you are overweight
- drink less alcohol
- stop smoking
- try raising the head of your bed – by putting books or bricks under the feet of the bed at the head end, or prop your head and shoulders up with a couple of pillows.

Do I need to see my doctor?

See your doctor if:

- you're under 18 years old
- you're over 55 years old with indigestion that does not go away
- your indigestion can't be explained, or doesn't get better when you treat it
- you have sticky, black poo, or blood in your sick or poo
- you are losing weight without meaning to, or you have lost your appetite for no reason
- swallowing is becoming difficult for you
- your tummy is swollen
- you keep being sick (vomiting)
- you're short of breath and often feel tired – you may have anaemia.

Where can I find further information?

Patient UK: <https://patient.info/health/dyspepsia-indigestion> <https://patient.info/health/acid-reflux-and-oesophagitis>

NHS Choices: <https://www.nhs.uk/conditions/indigestion/pages/introduction.aspx> and <https://www.nhs.uk/Conditions/Gastroesophageal-reflux-disease/Pages/Symptoms.aspx>

Self Care Forum: <http://www.selfcareforum.org/wp-content/uploads/2013/04/3-Heartburn-and-indigestion.pdf>

NHS Direct Wales Tel: 0845 4647 (open 24 hours a day, 7 days a week)

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INGROWN TOENAIL



An ingrown toenail is the name given to a toenail that has grown into the skin at the side of the toe. The toenail curls and pierces the skin, which may become red, swollen and sore. Bacteria may infect the skin, making it more swollen and painful, with white or yellow liquid (pus) coming from the affected area.

Anyone can develop an ingrown toenail. Usually the big toenail is affected, but it can happen to other toenails.

Ingrown toenails may be caused by:

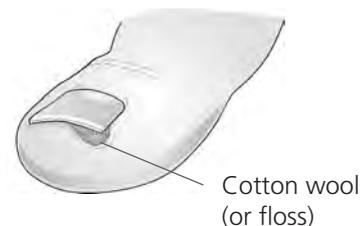
- cutting your toenails too short, cutting the edges of the nail, or tearing the nail off
- wearing tight-fitting shoes, socks or tights
- having toenails with naturally curved sides
- sweaty feet – because the skin around the nail will be softer
- injury, such as stubbing your toe.

How can I treat ingrown toenails?

Without treatment, an ingrown toenail may get infected. With an infection, the affected skin will be hot, red, swollen and painful, and you may see pus. You may also have a temperature. If you think the skin around your nail is infected, see your doctor.

If you don't think your skin is infected, and only a small part of your toenail is cutting into the skin, you can try following these steps:

1. Soak your toe in water for 10 minutes to soften the skin around the toenail.
2. Use a cotton wool bud to gently push the skin around the toenail down and away from the nail. Start at the root of the toenail and work upwards.
3. Push a tiny piece of cotton wool or dental floss under the end of the toenail. As the nail grows forwards, this will help it to grow over the skin and not into the skin.
4. Repeat steps 1 and 2 every day for a few weeks. Change the cotton wool or dental floss every day, each time you soak your toe.
5. When the nail has grown past the end of your toe, cut it straight across. Don't cut the edges of the nail to make it curved.



What else can help?

Take one or two 500mg paracetamol tablets up to 4 times a day to help with the pain.

Do I need to see my doctor?

See your doctor if:

- you have diabetes
- the skin around your nail is infected. With an infection, your skin will be hot, red, swollen and painful, and you may see pus. You may also have a temperature.
- you've treated your toenail for 7 days (see treatment section), but it isn't better, or it's getting worse
- you also have a fungal nail infection (toenail turns white, black, yellow or green, is thicker or has an unusual shape; it may also be more brittle and bits of nail may break off).

How can I stop an ingrown toenail developing?

- Wear shoes, tights and socks that give your toes enough space to move.
- Wash your feet every day with soap and water to keep them clean.
- Cut your toenails straight across. Toenails that curve at the top are more likely to dig into the skin around your nail. Use a nail file on any sharp edges.

Where can I find further information?

Patient UK: <https://patient.info/health/ingrowing-ingrown-toenails>

NHS Direct *Wales*: <http://www.nhsdirect.wales.nhs.uk/encyclopaedia/i/article/ingrowntoenail/>

NHS Direct Wales Tel: 0845 4647 (open 24 hours a day, 7 days a week)

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INTERTRIGO



Intertrigo is a rash that develops in your skin folds (where skin rubs against other skin), such as your armpits, groin (tops of your legs) and under the breasts. These areas can get hot, sweaty and moist, and the skin in the folds may get irritated and swollen.

The red rash that develops with intertrigo is often sore and itchy. You may have yellow-white scaly skin on the rash. Sometimes, your skin cracks or peels.

Candida (a yeast) can cause intertrigo.

How can I treat intertrigo?

If your pharmacist thinks that you, or your child, may have a fungal skin infection they may give you **clotrimazole 1% cream** or **miconazole 2% cream** to clear it. If you are taking a medicine such as warfarin to thin your blood use clotrimazole cream.

Spread the cream on your rash and the areas around it:

- Use clotrimazole 1% cream 2 to 3 times a day for at least 2 weeks.
- Use miconazole 2% cream 2 times a day (morning and night) for at least 2 weeks.
- For each cream, carry on using it for 1 to 2 weeks after the rash has gone so that the rash does not come back.

If your skin is very red and itchy, your pharmacist may give you some **hydrocortisone 1% cream** to use 1 to 2 times a day. Spread a thin layer over your rash. Only use the hydrocortisone cream once a day if you are using it on your groin. Don't use hydrocortisone 1% cream for longer than 7 days. If you have a fungal infection then you must use the hydrocortisone cream together with the clotrimazole or miconazole cream, or your skin may not heal.

What else can help?

- Wash the skin affected by the rash every day. Use a moisturising cream or ointment (emollient) instead of soap when you bath or shower. Dry your skin carefully afterwards, particularly in your skin folds.
- Keep your skin dry and exposed to air as much as possible.
- Wear loose fitting clothes, ideally made of cotton.
- Wash your clothes and bed linen regularly to get rid of any fungus.
- Wash your towels regularly and don't share towels. You can get infected again by the fungus on towels.

Do I need to see my doctor?

See your doctor if:

- you have a weakened immune system from cancer therapy, steroid therapy or other medicines or conditions
- you have diabetes that is not well controlled and you haven't seen your doctor in the last 3 months
- you've treated your rash for 2 weeks and it hasn't got better, or it's getting worse. This might mean that you also have a bacterial infection.
- you keep getting intertrigo.

Can I give intertrigo to other people?

Yes, you can pass the fungus causing intertrigo on to other people. Avoid sharing towels, clothes and other items.

Where can I find further information?

Patient UK: <https://patient.info/health/candidal-skin-infection-yeast-infection>

NHS Direct Wales Tel: 0845 4647 (open 24 hours a day, 7 days a week)

Calls from landlines and mobiles cost 2p per minute, in addition to telephone providers access charge.

MOUTH ULCERS

Mouth ulcers are painful sores that appear inside your mouth. Most are **minor aphthous ulcers**, between 2 and 8mm across and look like pale yellow, round or oval sores, with a red area around them. They aren't very painful and will heal by themselves in less than 2 weeks without leaving a scar.

Major aphthous ulcers are bigger, about 1cm or more across, deeper and more painful. These may take several weeks to heal and often leave a scar. **Herpetiform ulcers** are larger ulcers formed by 5 to 100 tiny mouth ulcers the size of pin heads joining together. These may last for up to 3 weeks. See your doctor or dentist if you have a major aphthous ulcer or herpetiform ulcers.



Mouth ulcers are common and often occur in people who are otherwise healthy. They also seem to run in families. Most single mouth ulcers are caused by damage to the lining inside your mouth, such as: accidentally biting the inside of your cheek, a sharp tooth, badly-fitting dentures, eating hard food, or a defective filling. Mouth ulcers are common in people with a weakened immune system, Crohn's disease, coeliac disease and viral infections such as chickenpox and hand, foot and mouth disease.

Often, mouth ulcers will come back. Triggers thought to cause mouth ulcers to return include:

- stress and anxiety
- medicines such as nicorandil, anti-inflammatory medicines such as ibuprofen, nicotine replacement therapy taken by mouth, or chemotherapy for cancer
- a lack of iron, vitamin B12 or folic acid
- changes in hormone levels
- stopping smoking
- eating certain foods, such as: chocolate, spicy foods, coffee, peanuts, almonds, strawberries, cheese, tomatoes and wheat flour.

How can I treat mouth ulcers?

Most mouth ulcers get better by themselves within 2 weeks. They aren't very painful and don't interfere much with eating.

Salt mouthwashes may help. Dissolve half a teaspoon of salt in a glassful of warm water, swish this around your mouth and spit it out. Do this as often as you need to. Don't swallow the salt mouthwash.

Chlorhexidine mouthwash may help to reduce the pain, help ulcers to heal quicker and stop them getting infected. Use the chlorhexidine mouthwash 2 times a day. Using the measuring cup, swish some of the chlorhexidine mouthwash around your mouth for 1 minute and then spit it out. Chlorhexidine can stain the teeth so only use the mouthwash for 48 hours after the mouth ulcers have gone. Avoid other drinks that can stain your teeth, such as red wine, tea and coffee whilst

using chlorhexidine mouthwash. Wait 30 minutes after brushing your teeth before using the mouthwash, because some ingredients in toothpaste can stop the chlorhexidine from working.

If your mouth ulcer makes eating or drinking uncomfortable, use **hydrocortisone 2.5mg buccal tablets** to help with pain and swelling. Don't give these tablets to children under 12 years old. Put a tablet in your mouth and use your tongue to hold the tablet against the ulcer while it dissolves. Do this 4 times a day for not more than 5 days. If you have more than one ulcer, move the tablet around your mouth between them.

If your ulcer is very painful ask your pharmacist for advice about taking a painkiller.

What else can help?

Your ulcer may heal more quickly if you:

- use a soft toothbrush to brush your teeth
- eat foods that are easy to chew, and avoid hard foods such as toast
- avoid spicy or very salty foods and acidic drinks
- ask your dentist to mend badly fitting dentures or a sharp tooth - these could have damaged your mouth.

You may be less likely to get mouth ulcers again if you:

- work out which foods (if any) trigger your mouth ulcers, and avoid these foods
- take part in activities you find relaxing. Some people find that yoga, meditation or exercise help to relieve stress and anxiety.

Do I need to see my dentist or doctor?

See a dentist or your doctor, if:

- you have had a mouth ulcer for more than 2 weeks. Mouth ulcers may be an early sign that you have another illness, including mouth cancer. Your doctor or dentist can rule out other illnesses as the cause.
- your mouth ulcer is bigger than 1cm across (major aphthous ulcer), or is in a group of 5 or more ulcers (herpetiform ulcer)
- you are not eating or drinking and have signs of dehydration (such as: dry mouth, weeing less, feeling weak, tired, dizzy or light-headed, muscle cramps and pains).
- your mouth ulcer does not hurt
- your mouth ulcer has got more painful or red, or you have a temperature - you may have a bacterial infection
- you are having chemotherapy for cancer
- you are under 12 years old
- you are over 30 years old and have an ulcer for the first time
- you feel very ill
- you also have ulcers outside your mouth.

Where can I find further information?

A list of dentists accepting NHS patients can be accessed via NHS 111 or NHS Direct Wales.

Patient UK: <https://patient.info/health/mouth-ulcers-leaflet>

NHS Direct Wales: <http://www.nhsdirect.wales.nhs.uk/encyclopaedia/m/article/mouthulcer/>

NHS Direct Wales Tel: 0845 4647 (open 24 hours a day, 7 days a week)

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NAPPY RASH

Most babies develop nappy rash at some stage. The skin on and around your baby's bottom becomes swollen, has red patches or the whole area may be red. Their skin may look sore and feel hot, and may have spots or blisters.



Babies get nappy rash if their skin is in contact with wee or poo for a long time, or their nappy has rubbed against their skin, or their nappy hasn't been changed often enough. Soaps, detergents, bubble bath and alcohol-based baby wipes can cause nappy rash. It can also develop if your baby has recently taken antibiotics. Some babies get nappy rash when they are teething. This could be because they have more saliva in their poo when they teethe. The changed poo may be more likely to irritate their skin.

Candida (a yeast) can infect the swollen, red skin on your baby's bottom and make it worse. A bacterial infection can also make the rash more red and sore.

How can I treat nappy rash?

Nappy rash is often mild and doesn't make your baby feel uncomfortable. It usually gets better after about 3 days if you look after your baby's skin (see section 'What else can help?').

You can use a barrier cream or ointment like **Metanium®** or **zinc and castor oil cream**. These can help by stopping your baby's skin from coming into contact with wee and poo. Every time you change your baby's nappy, you should spread a thin layer of the cream onto their clean bottom.

If your baby is older than 1 month and the rash causes them discomfort, your pharmacist may advise you to use **hydrocortisone 0.5% cream**. This may ease the swelling. Spread a thin layer of the hydrocortisone cream on your baby's cleaned bottom once a day and leave it for a few minutes before putting on a barrier cream, as usual. Don't use the hydrocortisone cream for longer than 7 days.

If you have used hydrocortisone cream and your baby still has nappy rash, their skin may be infected by Candida. Ask your pharmacist about using **clotrimazole 1% cream** to treat the infection. Spread the clotrimazole 1% cream on the rash 2 to 3 times a day until the rash has gone, and then keep using it for another 2 weeks to stop the infection coming back. Don't use a barrier cream while you're using the clotrimazole cream.

What else can help?

Look after your baby's skin:

- change wet or dirty nappies as soon as possible
- clean your baby's bottom gently but thoroughly, wiping from front to back
- use water or fragrance-free and alcohol-free baby wipes
- leave their nappy off for as long as possible when changing it
- use very absorbent nappies that soak up a lot of wee
- bath your baby every day, but not more than twice a day
- dry your baby gently after washing them, pat their bottom dry and don't use talcum powder
- don't use soap, bubble bath or lotions in their bath.

Do I need to see my doctor?

Tell your health visitor or baby clinic if you think the skin on your baby's bottom is infected or the treatment you have tried is not working or the skin is looking worse.

See your doctor if:

- your baby has a temperature of 38°C or above if they are under 3 months old, or a temperature of 39°C or above if they are 3 to 6 months old
- your baby seems unwell
- the skin on your baby's bottom is very swollen and sore.

Where can I find further information?

NHS Direct Wales: <http://www.nhsdirect.wales.nhs.uk/encyclopaedia/n/article/nappyrash/>

NHS Direct Wales Tel: 0845 4647 (open 24 hours a day, 7 days a week)

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ORAL THRUSH

Oral thrush is a fungal infection inside your mouth. It's common in babies and in older people with dentures. Usually, white patches appear on your tongue, but they may be on the inside of your cheeks, on your gums, tonsils, or on the roof of your mouth. If you wipe off a patch, you will see a red area underneath. Sometimes you may have no white spots and only red areas in your mouth.

Your mouth may be sore, both inside and at the corners of your mouth. It may be difficult to eat and drink. You may lose your sense of taste, or have a bad taste in your mouth. Babies with oral thrush may not want to feed or may also have nappy rash.

Oral thrush is caused by Candida (a yeast) that usually lives in your mouth and digestive system without causing problems. But if the numbers of Candida in your mouth start increasing, you may get oral thrush.

You are more likely to get oral thrush if you:

- take antibiotics
- use too much antibacterial mouthwash
- take inhaled or oral steroids
- wear false teeth (dentures), particularly if they don't fit properly
- don't clean your teeth often enough
- have a dry mouth (either because of a medical condition or a medicine you're taking)
- smoke
- are having treatment for cancer or have a weakened immune system
- are frail, generally ill, have diabetes or your body lacks iron, folate or vitamin B12.

How can I treat oral thrush?

Use an antifungal medicine such as **miconazole oral gel** or **nystatin liquid**. If you are taking a medicine such as warfarin to thin your blood then use nystatin liquid. Ask your pharmacist which treatment would be best for you. To give miconazole oral gel and nystatin liquid time to work, don't eat or drink for about 30 minutes after using them. In babies, give the gel or liquid after a feed or drink.

Miconazole oral gel

Give infants aged from 4 months to 24 months 1.25ml (one-quarter of a 5ml measuring spoon) of the miconazole oral gel. Use 2.5ml (one-half of a 5ml measuring spoon) for adults and children aged 2 years and older.

- Using a clean finger, spread miconazole oral gel on the patches of oral thrush.
- For babies and young children only put a little on at a time and avoid the backs of their mouths so that they don't choke.
- Don't swallow the gel immediately; try to keep it in your mouth for as long as possible.
- Use the miconazole oral gel 4 times a day after meals.
- Keep using the miconazole oral gel for at least a week after the patches and redness have gone, to stop the infection coming back.

Nystatin liquid

If miconazole oral gel is not suitable for you, you may be able to use nystatin liquid. Children aged 4 weeks and older can have nystatin liquid.

- You will be given a dropper to help you put nystatin liquid on the patches of oral thrush.
- Shake the bottle and squeeze up 1ml of nystatin liquid into the dropper and put this on to the patches.
- Try to keep the nystatin liquid in your mouth for as long as possible.
- Use the nystatin liquid 4 times a day and keep using it for 48 hours after the patches and redness have gone, to stop the infection coming back.

What else can help?

To help stop oral thrush from coming back:

- rinse your mouth out after eating.
- brush your teeth 2 times a day with fluoride toothpaste, and floss in between your teeth.
- take out your false teeth at night, clean them, soak them in an appropriate solution, rinse them and let them dry in the air. Brush your gums, tongue and the inside of your mouth with a soft toothbrush.
- see your dentist if your false teeth don't fit well.
- stop smoking.
- make sure any underlying conditions you may have, such as diabetes, are well controlled.
- use a spacer device if you use a steroid inhaler, and rinse out your mouth with water after using it. If your child uses a steroid inhaler and is too young to rinse out their mouth, clean their teeth instead. If you are unsure how to correctly use your inhaler or spacer device ask your pharmacist, practice nurse or doctor to advise you.
- take regular sips of water if you are taking a medicine that gives you a dry mouth.

Do I need to see my doctor?

See your doctor, or dentist, if:

- you've used oral thrush treatment but you are not better after 7 days.
- swallowing hurts or you have difficulty swallowing.
- you have a weakened immune system from cancer therapy, steroid therapy or other medicines or conditions.
- you have only one red, or red and white, patch in your mouth, and it won't rub off. See your dentist urgently.
- you have diabetes but you don't have good control of your blood sugar and you haven't seen your doctor in the last 3 months.

Can I give oral thrush to other people?

No, you can't usually give oral thrush to other people, but babies can.

A baby with oral thrush who is breastfeeding can give nipple thrush to their mother. See your doctor if your baby has oral thrush and your nipples change colour, crack or if breastfeeding is painful for you.

If your baby has oral thrush, the infection can pass through their system and spread to other people. Wash your hands after changing their nappies.

Where can I find further information?

NHS Direct Wales: <http://www.nhsdirect.wales.nhs.uk/encyclopaedia/o/article/oralthrush/>

NHS Direct Wales: <http://www.nhsdirect.wales.nhs.uk/encyclopaedia/o/article/oralthrushinbabies/>

Patient UK: <https://patient.info/health/oral-thrush-yeast-infection>

NHS Choices: <https://www.nhs.uk/conditions/Oral-thrush---adults/Pages/Introduction.aspx>

NHS Choices: <https://www.nhs.uk/conditions/oral-thrush---babies/pages/introduction.aspx>

NHS Direct Wales Tel: 0845 4647 (open 24 hours a day, 7 days a week)

Calls from landlines and mobiles cost 2p per minute, in addition to telephone providers access charge.

RINGWORM



Ringworm is a fungal infection causing a red or silver ring-like rash on your skin. The rash usually affects your arms and legs, but it can be anywhere on your body, including your scalp. The rash is paler in the middle and has a clear, swollen and scaly outside edge. Over time, the rash spreads outwards and the circle looks as if it's growing. Sometimes, you may have more than one circular rash.

Ringworm can affect anyone, but children are more likely to get it than adults. Ringworm has nothing to do with worms.

You can catch ringworm by touching:

- a person with ringworm
- towels, clothes, sheets or other items that a person with ringworm has touched
- soil that has the ringworm fungus in it
- an animal with ringworm. If you think your pet has ringworm (for example patches of missing fur), take it to a vet.

How can I treat ringworm?

Use **clotrimazole 1% cream** or **miconazole 2% cream** to stop the fungi growing. Use clotrimazole cream if you're taking a medicine such as warfarin to thin your blood. Ask your pharmacist which treatment would be best for you.

Spread the cream on the rash and the area around it. Use clotrimazole 1% cream 2 to 3 times a day for at least 4 weeks. Use miconazole 2% cream 2 times a day (morning and night). Carry on using miconazole cream for about a week after the rash has gone so that the infection does not come back.

If your skin is very red and itchy, your pharmacist may give you some **hydrocortisone 1% cream** to use 1 to 2 times a day together with the clotrimazole or miconazole cream. Spread a thin layer over the rash. Use the hydrocortisone only once a day if you are using it on your groin. Don't use hydrocortisone 1% cream for longer than 7 days, and don't use it on its own or your skin may not heal.

What else can help?

- Wash your affected skin every day. Dry your skin carefully afterwards, and keep it dry. Clean your bath or shower after washing.
- Wash your clothes and bed linen regularly.

- Wash your towels regularly and don't share towels.
- Try not to scratch your rash – you might spread the infection to other areas of skin.
- Wear loose-fitting clothes made of cotton or a material designed to move moisture away from your skin.

Do I need to see my doctor?

See your doctor if:

- you have ringworm on your scalp.
- you have a weakened immune system from cancer therapy, steroid therapy or other medicines or conditions.
- you have diabetes that is not well controlled and you haven't seen your doctor in the last 3 months.
- you've treated your rash for 2 weeks but it hasn't got better, or it's getting worse. This might mean that you also have a bacterial infection.
- your rash keeps coming back.

Can I give ringworm to other people?

Yes, you can pass on the fungus causing ringworm to other people by touching them, or by sharing towels, sheets, clothes and other items with them.

Once you've started treatment for ringworm, you don't need to stay away from school or work.

Where can I find further information?

Patient UK: <https://patient.info/health/ringworm-tinea-corporis>

NHS Direct Wales: <https://www.nhsdirect.wales.nhs.uk/encyclopaedia/article/ringworm/>

NHS Direct Wales Tel: 0845 4647 (open 24 hours a day, 7 days a week)

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SCABIES

Scabies is a skin condition caused by tiny mites burrowing into your skin. Your skin will feel very itchy and a red rash appears soon after the itching starts. Often, itching begins on your hands between your fingers, then spreads across your whole body, apart from your head. Itching is worse at night and can make sleeping difficult.

In young children, older people, and people with a weakened immune system the rash may also develop on their head and neck. People with a weakened immune system may develop crusted scabies: their skin will look scaly and will have lots of mites.

Scabies mites are so small you often can't see them at all. If you do, they will look like tiny specks. Female mites burrow into your skin to lay their eggs, leaving tunnels that look like thin, silver lines on your skin, about 2-10mm long. These tunnels are often between your fingers, on the inside surface of your wrist and on your hands.

Scabies mites can only move from one person to another by direct and prolonged physical contact with an infected person, such as holding hands, having sex, or sharing clothing, towels and bedding.

How can I treat scabies?

Scabies is not a serious condition, but you will need to treat it with an insecticide to kill the mites. Your pharmacist will recommend a treatment for you to use, usually **permethrin** cream or **malathion** liquid. Permethrin is usually recommended to be used first. If permethrin cream doesn't work or you cannot use it then you may use malathion liquid.

To stop you getting infected again, treat everyone in your household and all your close contacts, even if they have no rash or itching. This is because it can take up to 8 weeks for the rash to appear. See your doctor before treating children under 2 years old.

Aim to treat everyone on the same day. Don't have a bath or shower just before using the treatments because they may not work as well.

Permethrin 5% cream

Step 1:

Spread the cream over your whole body, including your scalp, neck, face and ears. Cover the areas between your fingers and toes well, and brush the cream under the ends of your nails. A 30g pack of cream is usually enough for one adult but larger adults might need 2 packs.

Step 2:

Leave the cream on for 8 to 12 hours and then wash it off. If you do wash some of it off before 8 hours, for example, if you need to wash your hands, then put more on.

Repeat steps 1 and 2 after 7 days.

Malathion 0.5% liquid (Derbac M)**Step 1:**

Spread the lotion over your whole body, including your scalp, neck, face and ears. Cover the areas between your fingers and toes well, and brush the cream under the ends of your nails. 100ml (half a 200ml bottle) of lotion is usually enough for one adult.

Step 2:

Leave the lotion on for 24 hours and then wash it off. If you do wash some of it off before 24 hours, for example, if you need to wash your hands, then put more on.

Repeat steps 1 and 2 after 7 days.

Wash your clothes, bed linen and towels at 50°C or above on the day that everyone is treated. Put away any items that you can't wash in a plastic bag for 72 hours or longer. Mites will die if they are away from a human body for longer than about 36 hours.

What else can help?

If itching is troubling you or a family member your pharmacist may give you an antihistamine that makes you drowsy. This does not relieve the itch directly, but can help you sleep if itching is a problem at night. Chlorphenamine comes as a liquid (for ages 1 and older), or tablets (for ages 6 and older). Use the correct amount for each person's age and give the dose at bedtime.

Why won't my scabies go away?

Your skin will take a while to settle down. The itching may carry on for 2 to 3 weeks after you have treated your scabies, even if the treatment has worked.

Sometimes the treatment doesn't work because:

- you didn't put enough cream or lotion on your skin
- you didn't leave the cream or lotion on your skin for long enough
- a close contact of yours was not treated at the same time as you and has given scabies back to you.

Do I need to see my doctor?

See your doctor if:

- your child is under 2 years old and you think they need scabies treatment
- you feel very ill
- you think your skin may be infected. Signs of an infection are: a high temperature, red and swollen skin that feels warm.
- you've put cream or lotion on twice and new mite tunnels are appearing in your skin, or you are still itching 2 to 3 weeks after treatment.

Can I give scabies to other people?

Yes, scabies is easily passed on to your close contacts and people in your household. You will pass on scabies to another person if your skin is in contact with theirs for 15 to 20 minutes. You are unlikely to pass on scabies from a short handshake.

Scabies mites die if they are away from a human body for 24 to 36 hours. You can pass on scabies to people if they use your bedding, clothes and towels, but this doesn't happen often: skin-to-skin contact is the usual way of passing on scabies.

You can go back to work or school as soon as you have finished your first treatment.

Where can I find further information?

NHS Direct Wales: <http://www.nhsdirect.wales.nhs.uk/encyclopaedia/s/article/scabies/>

NHS Direct Wales Tel: 0845 4647 (open 24 hours a day, 7 days a week)

Calls from landlines and mobiles cost 2p per minute, in addition to telephone providers access charge.

TEETHING

Your baby's first teeth will start coming through their gums when they are between 4 and 12 months old – this process is called teething.

Usually, the bottom front teeth come through first followed by the top front teeth, then the teeth on either side of these. These early teeth are all called incisors. The back teeth (molars) and pointed canine teeth come through at 12 to 16 months, or older.

Your baby will often show signs that they are teething about 3 to 5 days before a tooth appears. These signs are usually mild and don't last long.

Teething can hurt, and you may notice that your baby isn't eating or sleeping as well as they usually do. They may have red and swollen gums and their face or cheeks may be red too. Your baby may:

- bite and chew things
- dribble
- rub their gums
- suck on things
- be irritable and wakeful.

Teething should not make your baby ill. See your doctor if your baby has a high temperature (above 38°C), or diarrhoea.

How can I help my teething baby?

- Gently rub your baby's gums, using a clean finger.
- Give your baby something **clean and cool** to chew on, for example:
 - o a teething ring that has been cooled in the fridge. Solid teething rings are better than liquid or gel ones, which could leak. Don't put the teething ring in the freezer because the cold could damage or burn your baby's gums. Also, don't tie the teething ring around your baby's neck because it might choke them.
 - o a wet flannel.
 - o chilled fruit or vegetables, such as: pieces of banana, cucumber, apple or carrot (for babies who have been weaned).
- Give your baby cool, sugar-free drinks to soothe their gums.
- Wipe your baby's face regularly with a clean, dry cloth or towel if they are dribbling a lot. This will help to stop them getting a rash on their face.
- If the suggestions above don't work, giving your baby paracetamol or ibuprofen may ease any teething pain. Don't give paracetamol or ibuprofen to babies under 3 months old.
- Don't give your baby anything to chew that might break into hard pieces because it might choke them.

- Don't use mouth gels containing salicylates in children aged under 16 years. These could cause Reye's disease, a rare illness affecting the liver and brain.
- Avoid giving your baby teething biscuits or rusks because they contain sugar and can cause decay in teeth that have already come through.
- Avoid using teething gels containing a local anaesthetic, such as lidocaine. These have caused harm when too much was used, and it's not clear that they work for very long.
- Avoid herbal teething powders and homeopathic remedies because it's not clear whether these work.

What else can help?

See the NHS Choices film: 'How do I soothe my teething baby?' at:

https://www.nhs.uk/Video/Pages/how-do-i-soothe-my-teething-baby.aspx?searchtype=Tag&searchterm=Children_Babies&

The Cry-sis charity supports families with crying and sleepless babies. Their website (<https://www.cry-sis.org.uk/>) has lots of useful information, and their helpline is available every day 9am to 10pm: 08451 228 669.

Do I need to see my doctor?

See your doctor if your child:

- has a high temperature (above 38°C)
- has diarrhoea
- seems to be unwell or in distress.

How do I look after my baby's teeth once they have come through?

See NHS Choices information:

- Brushing your child's teeth:
<https://www.nhs.uk/video/pages/how-do-i-brush-my-childs-teeth.aspx>
- Caring for your baby's teeth, and preventing tooth decay:
<https://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/looking-after-your-infants-teeth.aspx>

Register your baby with a dentist when their teeth first start to come through, or no later than 1 year of age. Get your child used to going to the dentist by taking them with you when you go.

Where can I find further information?

A list of dentists accepting NHS patients can be accessed via NHS 111 or NHS Direct Wales.

NHS Direct Wales: <http://www.nhsdirect.wales.nhs.uk/encyclopaedia/article/teething/>

NHS Direct Wales Tel: 0845 4647 (open 24 hours a day, 7 days a week)

Calls from landlines and mobiles cost 2p per minute, in addition to telephone providers access charge.

THREADWORMS

Threadworms (also called pinworms) are tiny worms that can infect your large intestine (gut). Anyone can get threadworms, but they are common in children under 10 years old. Threadworms cause intense itching around the anus (or vagina in girls). The itching can interrupt sleep.

Threadworms are white, 2 to 13mm long and look like small pieces of thread. If you or your child has an itchy bottom then check for threadworms in your or their poo. Female threadworms lay their eggs around the anus, usually at night. Look for worms that have hatched out around the anus; do this in the late evening, using a torch.

The sticky liquid (mucus) in which female threadworms lay their eggs makes the anus itchy. A child with threadworms who scratches their bottom may collect eggs on their fingers or under their nails. These eggs may spread to anything they then touch. If they suck their fingers, the eggs they swallow can hatch in their gut and grow into adult worms which means the cycle of threadworm infection will continue.

How can I treat threadworms?

If you or your child have threadworms you can usually treat the infection yourself. Ask your pharmacist to recommend a treatment. Treat everyone in your household at the same time, even if they don't have symptoms.

Use **mebendazole** to kill threadworms in the gut. Take one chewable tablet or a 5ml liquid dose, and repeat the dose again after 2 weeks. Don't take mebendazole if you are pregnant or breastfeeding, and don't give it to a child under 6 months old. Check with your pharmacist that mebendazole treatment is suitable for you or your child.

Mebendazole does not kill threadworm eggs. As well as taking mebendazole you must use hygiene measures to get rid of the threadworm eggs in your home and avoid spreading them. If mebendazole treatment is not suitable for you, use hygiene measures alone.

Hygiene measures

On day 1:

- Wash your child's and your bedclothes, sheets, pillow cases, duvet covers, towels and soft toys at normal temperatures and rinse them well.
- Vacuum all the rooms in your house, especially the bedrooms. Vacuum the bed mattresses.
- Dust the rooms with a damp cloth – especially the bathroom and kitchen. Rinse the cloth in hot water as you dust and throw it away when you've finished using it. Don't shake clothes and bedding because they might have threadworm eggs on them.

For 2 weeks (if you have taken mebendazole) or for 6 weeks (if you're not taking mebendazole) everyone in your household should:

- Wear close-fitting underpants or knickers at night. Change them every morning.
- Bath or shower every morning as soon as they get up. Wash around the anus to get rid of any eggs laid during the night.
- For babies younger than 6 months: clean their bottom gently but well, at every nappy change. Wash your hands before and after each nappy change.

You may want your child to try wearing cotton gloves in bed, to stop them scratching during the night. Wash the gloves every day.

All the time, everyone in the family should:

- Wash their hands and scrub under their nails first thing in the morning, after using the toilet or changing nappies, and before eating or cooking.
- Try not to bite their nails or suck their fingers. Keep their fingernails short.
- Don't share towels or flannels.
- Keep toothbrushes in a closed cupboard and rinse them well before use.
- Don't eat in the bedroom.

Do I need to see my doctor?

See your doctor if you're pregnant or breastfeeding, and you don't want to treat your threadworms with hygiene measures alone.

Can I give threadworms to other people?

Yes, if you don't wash your hands carefully, you may spread threadworm eggs to anything you touch.

Threadworm eggs can survive for 2 weeks outside the gut. Eggs that drop off the anus and on to your clothes or other surfaces can spread easily. For example, someone else may touch a surface with eggs on it, and then touch their mouth. If you shake bedding, threadworm eggs can get into the air. They may land on food or toothbrushes.

Take hygiene measures (see treatment section) to avoid giving threadworms to other people, and to avoid re-infecting yourself.

Can I give threadworms to my pet?

No, you can't give threadworms to your pet. But if you stroke your pet when you have threadworms, you may leave threadworm eggs on your pet's fur. These eggs could spread to other people if they also stroke your pet.

Does my child need to stay away from school or nursery?

No, your child can go to school or nursery as usual. Tell the staff at your child's school or nursery about the threadworms, so they can take steps to stop the infection spreading.

Where can I find further information?

Patient UK: <https://patient.info/health/threadworms-leaflet>

NHS Direct Wales: <http://www.nhsdirect.wales.nhs.uk/encyclopaedia/th/article/threadworms/>

NHS Direct Wales Tel: 0845 4647 (open 24 hours a day, 7 days a week)

Calls from landlines and mobiles cost 2p per minute, in addition to telephone providers access charge.

VAGINAL THRUSH

Vaginal thrush is a fungal infection that affects most women at some point. The skin around your vagina may feel itchy and sore and you may have a discharge from your vagina (thick and white, or thin and watery, and does not smell). Sometimes, the inside of your vagina may itch and it may hurt to wee or to have sex.

Candida (the yeast causing vaginal thrush) often lives in your vagina and on the skin around it without causing problems. But if the numbers of Candida in and around your vagina start increasing, you may get vaginal thrush.

You are more likely to get vaginal thrush if you:

- take antibiotics
- have diabetes
- are pregnant
- have a weakened immune system from cancer therapy, steroid therapy or other medicines or conditions
- have some damage to your vagina – this can happen if your vagina is too dry during sex
- are in your 20s or 30s.

How can I treat vaginal thrush?

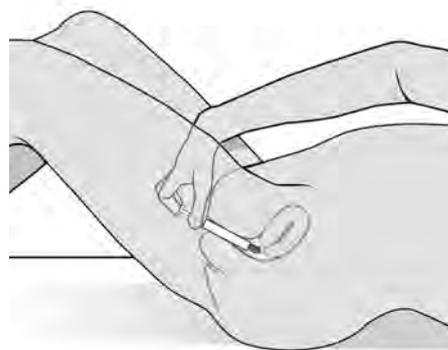
Use an antifungal medicine, such as clotrimazole or fluconazole. Ask your pharmacist which treatment would be best for you.

Clotrimazole comes as a high-strength (10%) cream and a pessary to put into your vagina at bedtime. The pack includes an applicator to help you do this. For the 10% cream and 500mg pessary, you will only need one treatment. Lower-strength clotrimazole pessaries are available from your pharmacy but not through the Choose Pharmacy scheme.

A pessary is a solid tablet that will dissolve once inside your vagina. Avoid using pessaries during your period as they might not stay in your vagina long enough to work properly. It is best to use these products just before bedtime. Lying down will reduce leakage of the medicine from your vagina.

- Wash your vaginal area with a mild soap and water and dry thoroughly.
- Remove the applicator and pessary from their packaging, pull out the plunger on the applicator until it stops and add the pessary (see the instructions on the box).

- Lie on your back with your knees bent and legs slightly apart.
- Gently insert the applicator into your vagina as deep as is comfortable and push the plunger of the applicator until it stops. Remove the applicator from the vagina.
- Discard the applicator and wash your hands thoroughly.
- Spread the lower-strength clotrimazole cream (2%) thinly on your vulva and the area around it to help with itching and soreness. Do this 2 or 3 times a day.



Clotrimazole can damage condoms and diaphragms. Don't rely on condoms or diaphragms for contraception while you're using clotrimazole, or for at least 5 days after using it.

Fluconazole is a single capsule that you take by mouth as a one-off treatment. If your vulva is itchy and sore, use the clotrimazole cream (2%) as well. Don't take fluconazole capsules if you are pregnant or breastfeeding. Ask your pharmacist if taking fluconazole will affect other medicines you're taking.

What else can help?

- Clean the area around your vulva with water and a moisturising soap substitute. Don't do this more than once a day. Ask your pharmacist to help you choose a suitable soap substitute.
- Use a greasy emollient (moisturiser) several times a day on your vulva. Ask your pharmacist for help choosing an emollient. Emollients can make condoms less effective. Don't rely on condoms or diaphragms for contraception while you are using emollients, or for at least 5 days after you stop using emollients.

Avoid:

- wearing tight-fitting underwear or tights - Candida thrives in warm, damp, air-free conditions.
- using toiletries, douches, wipes and feminine hygiene products containing perfumes and alcohol.
- washing your underwear in biological washing powder. Don't use fabric conditioners.

Do I need to see my doctor?

See your doctor if you:

- are under 16 years or over 60 years old.
- are pregnant. Vaginal thrush won't harm your baby, but not all treatments for it are suitable for pregnant women.
- are breastfeeding.
- have a weakened immune system from cancer therapy, steroid therapy or other medicines or conditions.
- are weeing more than usual.
- have had vaginal thrush more than twice in the last 6 months.
- have diabetes, but you don't have good control of your blood sugar, and you haven't seen your doctor in the last 3 months.
- have used a vaginal thrush treatment, but you had a bad reaction to it.

- have used a vaginal thrush treatment for a week, but the thrush has not gone away. This could mean that you don't have vaginal thrush, or that it may have been caused by an unusual type of Candida.
- have a discharge that smells or you have blisters or sores close to your vagina.
- or your partner have ever had a sexually transmitted infection and you think it might have returned.
- have pain in your lower tummy, or bleeding from your vagina when you are not having your period.

Can I give vaginal thrush to other people?

Yes, vaginal thrush can be passed on during sex, but this does not happen often. Your partner doesn't need to be tested or treated if they don't have symptoms.

Where can I find further information?

NHS Direct Wales: <https://www.nhsdirect.wales.nhs.uk/encyclopaedia/th/article/thrush/>

Patient UK: <https://patient.info/health/vaginal-thrush-yeast-infection>

NHS Choices: <https://www.nhs.uk/Conditions/Thrush/Pages/Treatment.aspx>

NHS Direct Wales Tel: 0845 4647 (open 24 hours a day, 7 days a week)

Calls from landlines and mobiles cost 2p per minute, in addition to telephone providers access charge.

SORE THROAT AND TONSILLITIS

Sore throats are common and most people get them from time to time. Most are caused by viral infections, such as colds or flu; sometimes they are caused by a bacterial infection. Sore throats usually get better by themselves within 7 days.

Your sore throat could be because of tonsillitis, when the tonsils at the back of your throat are swollen and infected. If you have tonsillitis, swallowing can be painful and you may also:

- have a high temperature (over 38°C or 100.4°F)
- feel sick
- feel tired
- have swollen neck glands
- have a headache or cough.

Tonsillitis usually gets better within 7 days without antibiotic treatment.

Severe tonsillitis may stop you from going to school or work. If you've had several episodes of severe tonsillitis over a long period of time you may need an operation to remove your tonsils. You may also get severe tonsillitis if you have glandular fever.

Rarely, some people get a very sore throat only on one side. This may be a sign of quinsy, when pus collects at the back of the throat, causing severe pain. See your doctor straightaway if you think you have quinsy.

How can I treat my sore throat?

Sore throats usually get better by themselves within 7 days. Antibiotics aren't usually used to treat a sore throat because they are unlikely to make you feel better quickly and they can have unpleasant side effects. Taking antibiotics also encourages harmful bacteria that live inside you to become resistant to them. This means that antibiotics may not work when you really need them.

Take **paracetamol** or **ibuprofen** to bring your temperature down, and help with the pain. Your pharmacist can tell you which is the most suitable for you, and how much to take.

Ibuprofen is often the best choice for adults with a sore throat.

Don't take ibuprofen if you have:

- heart disease or heart failure, high blood pressure or peripheral arterial disease
- had a heart attack or a stroke
- had a stomach ulcer or bleeding in your stomach

- asthma or other allergies
- liver or kidney problems
- a condition that makes you at risk of bleeding or you're taking medicines that may make you more likely to bleed, such as aspirin or warfarin.

If ibuprofen is not suitable for you, take paracetamol.

Give paracetamol to children (but not to children under 3 months old). Children under 12 years old may be given liquid paracetamol. If you are taking warfarin then have an INR test 5 to 7 days after starting paracetamol, because paracetamol may change your INR.

You may not feel like drinking much if your throat hurts, but try to drink plenty of fluids to stop you getting dehydrated.

What else can help?

- Suck throat lozenges, ice lollies or ice cubes. Don't give these to younger children because they may choke. These may be as effective as lozenges or throat sprays with medicine in them.
- Avoid hot drinks because they can irritate your throat.
- Eat cool, soft foods.
- Don't smoke and avoid smoky places.
- Gargle with a mouthwash of warm, salty water. Put half a teaspoon of salt in a glassful of warm water to make the mouthwash. Don't give this to children because it's best not to swallow the mouthwash.

Do I need to see my doctor?

Get medical advice straight away if you:

- have difficulty breathing or opening your mouth
- feel very unwell or you can't swallow
- feel dehydrated (dry mouth, weeing less, weak, tired, dizzy or light-headed, muscle cramps and pains), or if you can't drink
- are drooling
- have a muffled voice or are making a high-pitched sound when you breathe.

See your doctor if:

- your symptoms are getting worse
- your sore throat hasn't started to get better after a week
- you have a persistent temperature of over 38°C
- you don't have a cough
- you are 15 to 25 years old and have had a sore throat for longer than a week and you're feeling very tired – you may have glandular fever
- you have a weakened immune system from cancer therapy, steroid therapy or other medicines or conditions
- you have diabetes, cystic fibrosis or problems with your heart, lungs, kidneys, nerves, muscles or liver
- your child has a sore throat and they were born early (premature)
- you have had rheumatic fever
- you have a rash, flushed cheeks and a swollen tongue – you may have scarlet fever (more common in children).
- you keep getting sore throats.

Can I give a sore throat or tonsillitis to other people?

Yes, you can pass the virus or bacteria causing your sore throat on to other people. If you have a cough, you will cough out tiny droplets containing the virus or bacteria that other people may breathe in, or touch surfaces on which the droplets have landed.

To help stop the infection spreading:

- wash your hands regularly
- don't share glasses or cutlery
- cough or sneeze into a tissue, and throw the tissue away.

Where can I find further information?

NHS Direct Wales: <http://www.nhsdirect.wales.nhs.uk/encyclopaedias/article/sorethroat/>

NHS Direct Wales Tel: 0845 4647 (open 24 hours a day, 7 days a week)

Calls from landlines and mobiles cost 2p per minute, in addition to telephone providers access charge.

WARTS AND VERRUCAS

Warts and verrucas are caused by human papilloma virus infection. Warts are small, usually round, lumps of thickened skin about 1 mm to 1 cm across. They most often appear on your hands and feet but can develop anywhere on your body. Most have a bumpy surface and feel rough, but some are smooth. You may get 1 or 2 warts, or several warts may develop at the same time in the same place.



Verrucas are warts that develop on the soles of your feet. They are white, often with a black dot in their centre. Because they are on the parts of your feet that you tread on, verrucas tend to be flatter than other warts. They can be also be painful.

You can get a verruca if you tread on flakes of infected skin on the floors of public places such as swimming pools. You are more likely to get a verruca if your skin is damaged or softened after getting wet.

How can I treat my wart or verruca?

Warts and verrucas usually go away on their own in 2 to 3 years without causing any other problems. Treating your wart or verruca may get rid of it sooner, but it will probably still take many weeks for it to go.

If you decide to treat your wart or verruca, be aware that the treatment can irritate your skin. If the skin around your wart or verruca becomes sore or red and itchy, stop treating it for a few days.

Use salicylic acid paint, gel or ointment to treat warts or verrucas. Ask your pharmacist whether salicylic acid treatment is suitable for you.

Don't put salicylic acid on:

- your face, on your bottom, your genital area or in areas where skin touches skin, for example, under your arms or breasts.
- moles or birthmarks, on warts with hair growing out of them, on wounds or skin that doesn't heal well, or on red or sore skin.
- areas with a lot of warts or verrucas.

Treatments containing salicylic acid are flammable. Keep them away from flames, sparks and hot surfaces.

Salicylic acid comes in different strengths and forms, for example as a paint, gel or ointment.

To use **Salactol collodion (16.7%) paint** and **Salatac (12%) gel**:

- Rub away the skin on top of your wart or verruca using an emery board, or soak it in warm water for 5 to 10 minutes to soften the skin. Or, you can do both.
- Put the paint or gel on your wart or verruca once a day at bedtime until the wart or verruca disappears. Squeeze the gel straight out of the tube. Use the applicator that comes with the paint.
- Don't get the paint or gel on healthy skin around your wart or verruca – protect your surrounding healthy skin using Vaseline or plasters.
- Before you put the paint or gel on, peel off the film left from the last time you put it on (if it's still there). Then use the emery board and/or soak your wart or verruca as you did the first time.
- Don't put the paint or gel on your face or on areas of skin with a lot of warts or verrucas – this may scar or irritate your skin.
- Don't use Salactol collodion paint or Salatac gel in children under 2 years old.
- Don't use Salactol collodion paint if you are allergic to plasters.

If you have tried Salactol collodion paint (16.7%) or Salatac gel (12%) gel on a **verruca**, but they didn't work, you could try Verrugon.

Verrugon ointment contains higher-strength salicylic acid (50%).

- Take the backing off the self-adhesive ring that comes with the ointment and put it over your verruca so that you see the verruca when you look into the hole.
- Squeeze the ointment into the hole on to the verruca.
- Cover the ring with a plaster.
- Before putting on the ointment the next day, rub off the dead skin on top of your verruca using a pumice stone or file.
- Don't use Verrugon if you're allergic to wool fat or plasters.

What else can help?

Stop warts and verrucas spreading to other areas of your skin:

- don't pick or scratch your wart or verruca
- don't bite or suck fingers that have warts
- change your socks or tights every day if you have a verruca.

Do I need to see my doctor?

See your doctor if:

- you have a wart on your face, on your bottom, or in areas where skin touches skin, such as under your arms or breasts
- if you are not sure whether your lump is a wart or a verruca
- you have a lot of warts or verrucas, or get them often
- you have a weakened immune system from cancer therapy, steroid therapy or other medicines or conditions
- you have diabetes or poor circulation
- you've used salicylic acid for 12 weeks (see treatment section), and it's not working on your wart or verruca
- your wart or verruca is bleeding, has hair growing out of it, or looks different to the way it looked before
- your wart or verruca hurts a lot or is making you very upset.

Can I give warts or verrucas to other people?

Yes, the virus causing warts and verrucas can be passed on to other people if they have close contact with your wart or verruca, but warts and verrucas don't spread easily. There is no need for you to avoid swimming or other sports. You are less likely to pass on warts or verrucas to other people if you:

- cover your wart or verruca with a waterproof plaster when you go swimming
- wear flip-flops in public showers
- don't share shoes, socks and towels.

Where can I find further information?

NHS Direct Wales: <http://www.nhsdirect.wales.nhs.uk/encyclopaedia/w/article/wartsandverrucas/>
British Association of Dermatologists: <http://www.bad.org.uk/shared/get-file.ashx?id=176&itemtype=document>

NHS Direct Wales Tel: 0845 4647 (open 24 hours a day, 7 days a week)

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