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## Notes from the Chair – Richard Cuthbert

I am delighted to devote these notes to a report by trustee, Lorna Neil, on her involvement in recent training of medical professionals. This is an area where our charity has provided funding in the past and we would be interested in doing so again.

### Southend Ultrasound Workshop – Lorna Neil

In September I was finally able to visit Southend where Professor Dasgupta and his team were running the 8th International Ultrasound Workshop and Symposium in GCA, PMR and LVV. This was originally due to occur in March 2020 which was of course cancelled, as were subsequent hoped-for dates, but eventually a shortened version, without international speakers or delegates, could take place.

My impressions were of many dedicated clinicians giving up their time to learn skills which would benefit their patients and revelling in the opportunity to engage face to face again with other like-minded individuals. As always, the personal contacts made, both formally and informally, with doctors, nurses and others who are enthusiastic about their roles in treating patients with GCA, LVV and PMR were so helpful to a patient-based charity such as PMR-GCA Scotland and it was delightful to find a small group of enthusiastic Scottish rheumatologists training up to expand ultrasound services for those of us in Scotland.

Concern for patients was evident throughout. I was especially struck by Professor Dasgupta's warning at the start that "a low probability patient does not mean that they are not a sick patient" and that "a high probability of GCA can mean a high probability of another serious illness". Patients can feel abandoned when a negative diagnosis from one hospital department leaves them with continuing symptoms but unaware of how to restart the process of looking for an alternative diagnosis in the current atmosphere of "not bothering the NHS". Suggestions from rheumatology for the next step at this stage both reassure the patient and aid the GP.

The turnout of volunteer patients was indicative of the respect and appreciation they had for the staff and their treatment at Southend. Conversations with many of them confirmed this fact. At one point I myself was roped in to provide yet another patient for doctors to learn on and can confirm that the procedure is not only painless but comfortable enough for me nearly to doze off when provided with a hospital bed to lie on in a warm room. The only downside was getting up with an earful of the gel which is applied to the ultrasound probe and which then ran out into my hair. It must have

been interesting for the trainees when trying to find and examine my temporal arteries, since I had had biopsies on both sides many years ago! Thinking back to that time reminded me why patients are so in favour of ultrasound rather than biopsy as a first diagnostic procedure wherever possible. Gel which was washed out in a minute was certainly preferable to stitches, a lump and a bald patch, all of which lasted more than a week.

PMR-GCA Scotland has in previous years supported Scottish rheumatologists with small grants to enable attendance at Southend Ultrasound Workshops and Symposia but this was the first time any of the trustees had had the chance to appreciate the high quality of the teaching, technology provision, venue and organisation. I only hope that the courses continue to run, here and elsewhere, and that more and more of the rheumatological community are able to acquire the skills of vascular ultrasonography to quickly confirm a diagnosis of GCA/LVV – or just as importantly to rule it out and thereby allowing the patient to avoid unnecessary high doses of steroids.