

longer life and a lower dress size, I decide to call on the experts.

#### WINE IS A COMMON PROBLEM

"I can't think of one person I've worked with whose life hasn't improved after they started to drink less," says my cheery alcohol coach, Rob Burns, from DrinkCoach, on our Tuesdaynight Zoom call. "Their health, their work, their money situation, their relationships – they all get better." I like Rob's approach: he isn't judgmental, hectoring or insisting that the only solution is to be teetotal and abstinent in an Alcoholics Anonymous way.

We discuss my drinking patterns. "Wine is a common problem," says Rob. I'm alarmed to discover that my "only a glass" of wine is actually quite a large glass (roughly 175ml), which equals 2.25 units and 158 calories. If I have two of these, it's 4.5 units (and 316 calories). I work out that a "good" week is 16.1 units and 1,106 extra calories, and

Lotta bottle: Miranda, left, cut down with the help of Rob Burns, below

a "bad" one is 20.7 units and 1,422 calories. That's much more than I thought.

Next, I download the DrinkCoach app (inset below) - drinkcoach.org.uk - and take their Two Minute Test. This is a digital version of the World Health Organisation's Alcohol Use Disorders Identification Test, and considered the "gold standard' alcohol screening tool. The 10 questions range from "How often do you have a drink containing alcohol?" (four-plus times a week) to "How often during the past year have you had guilt or remorse after drinking?" (never), and "How often in the past year have you needed a drink the next morning to feel better?"

We go through my test score. On only one glass of wine a night, plus the reassuring answers about my behaviour around alcohol, I would be a "low-risk drinker" there's no such thing as "no risk" anymore. But if I teeter over that into two glasses, I'm at "increased risk" of having problems with cancer, liver disease, my memory, even my eyesight. It's quite sobering.

Rob asks me the reasons why I drink. I tell him I link alcohol with relaxation and winding down after a stressful day. This has become a hard-to-break habit; a reflex action on getting home, I say. Occasionally, the evenings can be long when my partner is out of town, and that slosh of wine while cooking can easily turn into two.

#### MY CUT-BACK PLAN

Rob's first suggestion is straightforward and practical: I'm to switch from drinking wine to two (accurately measured) single gin and tonics. These will be easier to quantify and cut down, while still ticking the "grown-up drink" box. In week two, I'm to cut back to a single measure, and from week three to tonic water alone (on the nights when I don't want to drink alcohol).

He tells me I need to change my "learnt behaviour" – coming straight home from work and popping that cork. Instead of going immediately into the kitchen, I should do something else first. According to Rob, a craving lasts only about 10 to 20 minutes – if you sit it out and

distract yourself, it will pass.
Rob shows me a function
on the DrinkCoach app
where you can record the
duration and intensity
of your cravings and
see how they decline
over time. (The app
also has an alarm you
can set to go off
when you are 100
yards from a wine
shop. As I live
within 100 yards

lack of a wine shop,

this probably isn't a good idea.)

"You need to change your reward system," says Rob. "What else de-stresses you, apart from alcohol?"

I shriek inwardly when he suggests taking up a "hobby" or "evening classes", but I do know that reading fiction takes me mentally away from my work and sends my brain down a different, fulfilling path. I've been neglecting my books a bit lately. I also enjoy a lovely warm bath.

Finally, Rob says to record and refer to my motivation for cutting back – and refer repeatedly to my progress for encouragement. The app will keep track of how much I've drunk, which is broken down into units, calories and how much money I have spent.

#### WEEK ONE

don't buy any wine this week, but I do order a £4.99 spirit measure from Amazon. It's surprisingly easy to switch from wine to gin and (slimline) Fever-Tree tonic - just 97 calories a glass. But instead of needing the nightly two gins Rob suggested, I find I'm happy with just the one. If I'm thirsty, I top up on tonic water. I do this even when a friend comes over for dinner on Saturday night.

At a work-related social event, I have two tiny glasses of prosecco,

then stick to fizzy water for the rest of the evening. On Sunday night, I have a bath instead of an evening drink, and don't have any alcohol that day.

#### WEEK TWO

One of Rob's tips is to vary my journey home – again, to break the cycle. As the weather has turned warmer, I'm finding it pleasant to walk the last bit of my commute, instead of taking the bus (which stops outside the off-licence). A couple of times, when I get the urge for a drink, I have a large glass of water – that does the trick.

On Wednesday night, I really do fancy a glass of wine – so I measure out 125ml, and that's it. Then I start the new Kate Atkinson short stories.

#### WEEK THREE

I've easily gone half the week without drinking at all; the other nights, I have a carefully measured G&T, or a 125ml glass of wine. Some nights I walk from the station, others I get the bus. I'm taking more care of my diet – being healthy begets being healthier. It's almost as if being made aware of how much I was drinking – being mindful, if you like – has done the trick.

Another interesting consequence: drinking less alcohol means I am not as tempted to reach for a snack close to bedtime.

RESULT: I've lost three pounds in weight and saved £60 in cash. Extrapolated over a year, that's £1,040 − enough for a smaller pair of jeans and two flights to New York to see my boyfriend. Drinks are on me!

### James Le Fanu The Surgery



## The good news about prostate treatments

The human body is a masterpiece of economical design. The same structure may serve two (or more) quite different purposes. To use a domestic analogy, imagine the cooker were to double up as a washing machine. The flow of air in and out of the lungs is essential to both breathing and talking. The muscular contractions of the heart, pumping blood out into the circulation, also generates the heat that maintains a constant body temperature. The skeleton keeps us upright, but the marrow within the bones also produces tens of millions of brand-new red blood cells every day. And so on.

This multitasking verges on the miraculous, but the dual function of the male sexual organ can pose difficulties. Here, the prostate gland – so integral to the vital purpose of propagating the species – gradually increases in size, pressing on the urethra that it encircles, thus impeding its second crucial purpose, that of facilitating the free flow of urine.

facilitating the free flow of urine.

The consequences are familiar enough – a poor stream, hesitancy (difficulty in "getting going") and disturbed sleep from having to rise several times during the night.

These inconveniences can be mitigated with drugs that relax the surrounding muscle or shrink the gland. But sooner or later many will require "the op", where, through a metal tube, the part of the gland obstructing the urethra is shaved away – in a way analogous to coring an apple.

For almost a century, this transurethral resection of the prostate (Turp) has been the "gold standard" of effective treatment. But over the past 15 years, in a burst of technical innovation, half a dozen novel and ingenious procedures have emerged to challenge its pre-eminence. They promise to achieve the same end, but by less traumatic means, involving variously heat or water vapour or devices to widen the diameter of the urethra.

The main advantage claimed for these procedures (each with its



Herbal remedy: medicinal cannabis can help to alleviate chronic pain

own distinctive acronym – WVTT, TUMT, TIND, PUL, etc) is twofold: they do not require hospital admission or a general or spinal anaesthetic (unlike Turp). And, importantly, they are reputed to be less likely to subsequently compromise sexual activity.

This raises the important question of how one might be compared with another. At the moment, it is still too early to know. It does appear that water vapour thermal therapy (WVTT) might be the "best buy" (as consumer rights group Which? would put it). Meanwhile, Dr Juan Franco, of the University of Düsseldorf, has heroically synthesised all the findings from relevant clinical trials in a way that is (relatively) easy to comprehend. His article can be found online at the National Library of Medicine (pubmed.ncbi. nlm.nih.gov/36910900/).

# The painkilling benefits of medicinal cannabis

Finally, after I wrote about the merits of the antidepressant amitriptyline in alleviating the shooting pains from damage to the sensory neuropathy), a reader has got in touch about his "startling" response to medicinal cannabis. For the past few years, he has suffered excruciatingly from inflammation of the membranes that protect the nerves in the spinal cord (arachnoiditis), for which he was taking "every conceivable" painkiller.

Eventually, Simon Tordoff, a consultant anaesthetist and specialist in pain management at the Spire Leicester Hospital, advised he take a twice-daily dose of Adven oil, a mixture of two forms of cannabis. "Now, I am essentially pain-free most of the time, and, particularly importantly, at night," he writes – and is currently weaning himself off the last of his painkillers.

Cannabis is not generally available on the health service, as it can only be prescribed by those such as Dr Tordoff on the General Medical Council's Specialist Register. It is, our reader notes, not cheap, working out at £3 a day at his current dosage, but still "an absolute bargain" in transforming his life so dramatically for the better. He has subsequently encountered a couple of acquaintances who have benefited similarly.