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**Stupid Cupid – Why Staying Single Could Save Your Life**

**Cancer Risk Higher in Couples, As Too Many Trust a Loved One’s Diagnosis**

A poll of 1000 UK-based adults undertaken by GP-on-demand app GPDQ has revealed that four out of five people in a relationship would rather take their other half’s advice on ‘suspect’ skin issues, lumps and bumps, rather than getting them checked by an expert (82%).

When it comes to finding suspect lumps, spots or moles, 100 percent of singletons are quicker to get an expert opinion, compared to those in a relationship, who would be reassured by the diagnosis provided by a loved one (82%). Only 19 percent of people in a relationship say they would bypass their loved one’s opinion, and head straight to their GP.

**Dr Kristy Lau, NHS locum GP and one of the founding GPs behind the doctor-on-demand-app GPDQ** explains why a loved ones’ diagnosis can slow down the prevention or cure of potentially life-threatening issues: *“There are lots of wonderful benefits to being in a relationship, but when our loved ones replace the expert opinion of a trained GP, there’s a big problem.*

*“There’s no doubt that going to a GP to get a mole or lump checked is a hassle, especially when it’s hard to get an appointment, but putting it off could be life-threatening. Rather than consulting loved ones, it’s best to learn how to self-check, and we encourage couples to learn how to do this together, but only to spot potential issues, not to diagnose them – leave that to the experts.”*

**GPDQ’s Dr Lau explains how a 10-minute self-check once a month can avoid preventable illnesses:**

1. Grab a ruler, a mirror and a smartphone. The ruler is for measuring the size of moles or marks, so you can assess if it has increased in size since the last check. The mirror is for checking the back of your body, and the smartphone is to take photos of any suspect marks or moles, to enable you to assess if they have changed over time.
2. Start right at the top - your scalp – start by massaging your scalp for any raised or rough areas on your skin - divide your hair and use your Smartphone to take photos of your scalp, to identify new or different arrivals. If you have no hair, this is much easier, but your risk is higher due to less coverage from the sun.

1. Using two mirrors, examine your face (focusing on your nose, lips, mouth and ears) for anything new or different.
2. Check your hands, front and back, around and under the nails right up to your wrists and front and back of your forearms. These areas are nearly always out in the open, so are a commonly affected part of the body.
3. Standing in front of a mirror, lift both arms and scan the upper arm and underarm (armpit) for anything new or different
4. Next up is the neck, chest and torso – using mirrors, these areas are fully visible. Women should lift breasts to check underneath and to the sides. When checking breasts, oil, or doing it in the shower or bath is a good idea as the lubrication makes lumps and bumps more detectable.
5. Next is your back. Turn your back to the main mirror and use a hand mirror to check the back. Raise the arms again to check the back of the shoulders and top of the upper arm area.
6. At the same time, use both mirrors in the same way to check your buttocks, the back of your legs and lower back.
7. By this point you’ll be ready for a sit down. Whilst seated, prop one leg at a time on a stool or chair. Use the hand mirror to examine the genitals. Check the front and sides of both legs, thigh to shin, ankles, tops of feet, between toes and under toenails. A commonly missed part of the lower body ate the soles of feet and heels.

Dr Lau explains what a GP would be looking for on the skin to refer a patient for secondary care:

* Moles or marks 7mm or more across in any direction
* Inflammation
* Oozing or bleeding
* Change in sensation, such as itching or pain

***-ENDS-***

For more information, or to arrange an interview, please contact the GPDQ press office at GPDQ@sensecommunications.co.uk or call Lisa on 07525 204402.

**Notes to editor**

* Methodology – 2000 UK based adults were polled about their behaviours regarding spotting and investigating potential skin issues from 31st Jan – 1st Feb 2018.

**About GPDQ**

* GPDQ is the UK’s first and leading GP-on-demand service, that connects its users (patients) directly with a local NHS GP who will visit them within hours at a location of the patient’s choice, be it their home, workplace or a hotel if they are travelling from abroad.
* Patients can request a GP and track their progress from their smartphone, via the GPDQ app (downloadable for [iOS](https://itunes.apple.com/us/app/gpdq/id1051208054?ls=1&mt=8) or [Android](https://play.google.com/store/apps/details?id=uk.co.patient)) or alternatively, they can call GPDQ, or visit the website to book an appointment.
* GPDQ was the first ‘in person’ GP-on-demand app to launch in the UK, and was also the first to achieve CQC approval. GPDQ is the most popular GP-on-demand service in the UK, having responded to the most call outs since launch in October 2015, compared to other services.
* Patients receive a full 25-minute consultation with a GMC-registered NHS GP who has undergone GPDQ’s rigorous screening process and intensive patient care training programme.
* Since GPDQ’s launch in October 2015, its 60 experienced NHS GPs have seen 5,000+ patients across Greater London, Birmingham and a number of other UK cities.
* GPDQ was founded by third generation GP and NHS-evangelist [Dr Anshumen Bhagat.](https://www.linkedin.com/in/dr-anshumen-bhagat-0578a81a/)
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