

# Patient management in Family practice

R. P. J. C. Ramanayake

# Family Practice

- Family practitioners come across a broad spectrum of diseases and health problems.
- Most of the time patients present to a family practice at a very early stage of an illness.

# Family Practice

Spectrum of problems encountered by family doctors and the stage at which these illnesses encountered by them make family practice different from other specialties.

# Family Practice

- Most of the patients in a family practice are ambulatory patients.

which means these patients walk in to the practice meet the doctor and go away.

They are not confined to a bed unlike hospital patients and may be attending to their day to day activities while on treatment.

Therefore doctors do not have a control over them and therefore it is called **patient centered** rather than doctor centered

- In Sri Lanka even though there is no registered population for a general practice as in some of the western countries usually there is a regular population.
- Therefore the general practitioners are morally responsible for health and well-being of that regular population of patients.

- Which means there duty is not limited to attending to presenting problems of patients but provide comprehensive care to their patients.

# Factors which influence patient management

- Patients are seen at an early stage of an illness
  - disease is not full blown
  - symptoms and signs may be vague
- Doctor patient encounter is limited to a few minutes
- Patient management has to be done with minimum facilities

- Most of the patients are ambulatory patients

- Respect autonomy of the patient
- Negotiate management with the patient
- Plan of management acceptable to patient.

- Regular population

- Health promotion and disease prevention should be part of the management

## ■ Type of illness

- acute problem
- emergency
- chronic problem
- terminal illness

# Comprehensive/holistic approach

- Consider physical, psychological and social aspects of the problem and manage accordingly

# Steps in management of patients

- Taking an appropriate history
- Relevant examination
- Assessment of the problem considering physical, psychological and social aspects of the problem

# Steps in management of patients

- Plan of management should include relevant steps
  - Explanation of the problem
  - Necessary advice
  - Investigations
  - Treatment with medication & other methods
  - Health promotion and disease prevention
  - Screening

# Steps in management of patients

Referral

Supportive psychotherapy

Counseling

Certification

Notification

Follow up

Family doctor may not have to incorporate all these steps in each and every consultation but apply appropriately

# Explanation of the problem

- Explain the condition in simple terms and in a manner understood by the patient.
- Explanation should include what the problem is, how and why the person has got it, the probable outcome of the problem in an appropriate manner.
- Doctor should understand the fears and concerns of the patient and try to address those.
- Reassurance should be done appropriately.

# Necessary advice

- Depending on the problem what should be done and what should not be done have to be explained

# Investigations

- Only essential investigations which will be helpful in arriving at a diagnosis and helpful in the management should be ordered.
- Doctor should always consider the cost, how and where these investigations could be arranged and patient should be given clear instructions

# Prescribing medicine

## ■ Factors considered

Disease factors

Patient factors –Allergies

- Physiological status
- Co-morbidities
- Other medication
- Day to day activities
- Financial status

Doctor should always try to prescribe medication which will not interfere with patient's day to day activities as much as possible.

# Health promotion and disease prevention

- Every consultation should be considered as an **opportunity for health promotion and disease prevention.**
- Appropriate advice should be given to prevent complications and similar illnesses in the future and appropriate screening should be arranged.

# Screening

- Opportunistic screening
  - Eg; Checking BP, FBS, Lipid Profile, Weight

# Referral

- To consultants/hospitals
- Community resources

# Counseling

## Problems which may need counseling

- Behavior problems in children
- Psychosocial problems
- Alcoholism
- Drug addiction

# counseling

- Helps a person to cope up with problems effectively
- Counselor acts as a support, facilitator of emotional expression and source of information
- Helps to do self exploration & discover for himself/herself what best to do in a particular situation
  - change in behavior
  - change in environment

# Supportive psychotherapy

In addition to counseling

- advice
- reassurance
- Suggestions

# Certification

- Medical certificates to keep away from work/ courts
- Medical certificates for insurance purposes
- Medical certificates to obtain driving license/go abroad/work

# Notification

- Notifiable diseases should be notified to the MOH

# Follow up

- Appropriate follow up
  - Pt. presents with fever
  - Following wound dressing
  - Chronic diseases

# Example

- Mother brings a 2 year old child complaining of loose motions and vomiting.

# History

- Duration, color and consistency of stool, urine out put , fever, active or not, hygienic measures, meal habits, contact history and source of infection
- Fears & concerns of parents

# Examination

- general wellbeing, active or lethargic, febrile or not , level of hydration

# Assessment

- Physical - diagnosis and complications  
Gastroenteritis/dehydration
- Psychological – Parental fears and concerns
- Social - how it affects family and community, financial situation, problems faced by the mother and the family due to illness

# Management

# Explanation & reassurance

- Due to intake of food or drinks contaminated with "germs"
- Not a serious illness
- Takes a few days to resolve

# Necessary advice

- Maintain hydration
- Faecal disposal
- Other hygienic measures

# Investigations

- Not necessary at this stage

# Treatment

- Antipyretics
- Anti emetics
- Antibiotics (If necessary)

# Health promotion and disease prevention

- Prevent – complications
  - similar illnesses in the future

# Screening

- check weight and immunization of the child

# Follow-up

- If condition does not resolve or complications arise
- Parents should be educated about complications, how to detect complications etc.

# Supportive psychotherapy

- Supportive psychotherapy may be necessary if the mother cannot cope up with the situation.
- Counseling may not be necessary in this patient

# Notification

- Depending on the causative organism

# Referral

- If child develops complications
- Invasive diarrhoea needing hospital admission

# Chronic diseases

- Control the illness with lifestyle modification and medication
- Identify other risk factors and appropriate management
- Involve the family
- Follow up
- Regular monitoring of illness and risk factors
- Screen for complications and appropriate action
- Refer to specialist when necessary

# Emergencies

- Some of the emergencies may be presented

As emergencies (eg: Febrile convulsion, loss of consciousness etc)

Some emergencies may be detected by the family physician (eg: ectopic pregnancy, myocardial infarction)

Management depends on the disease

# Emergencies

- Initial treatment which may be life saving should be initiated
- uncomplicated emergencies (hypoglycaemia, febrile convulsion) could be managed at family practices
- Emergencies like myocardial infarction and ectopic pregnancy should be admitted to hospital without a delay

# Emergencies

- Whatever the emergency appropriate initial treatment and symptom control should be attempted.
- Inform the hospital about the initial treatment given and the vital parameters of the patient (referral letter)

# Terminal illnesses

- In the practice or home (home visit)
- These patients may have been regular patients of the family physician for decades and caring for them when they are dying could be emotionally difficult.

# Terminal illnesses

- Most important is not to loose enthusiasm in caring for the patient
  - decreased interaction with pt when pt. & family need the Dr's support most
- Try to control symptoms and minimize the suffering
- Medications as well as complimentary conservative therapy (massage, physiotherapy, occupational therapy) could be used.

# Terminal illnesses

- When prescribing doctors need not unduly worry about addiction, tolerance or adverse effects of medication.
- Family physician should try to alleviate fear and stress of the patient as well as family members.
- Regular review is also very important as the condition and the problems of the patient could change rapidly.