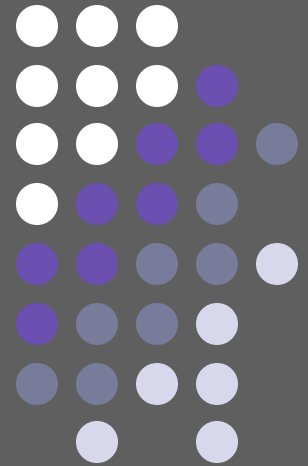
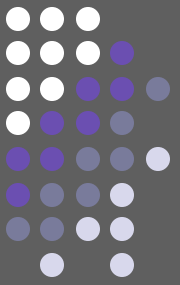


Setting the scene

Dr. Maha El-Amami
Family Medicine Consultant



Setting the scene



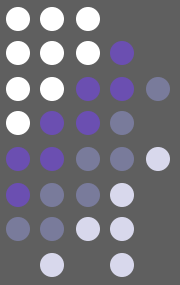
Patient illness behaviour.

Factors which influence the decision to consult .

Clinical applications .

The nature and content of general practice.

The contrasting role of G.P and hospital specialist.



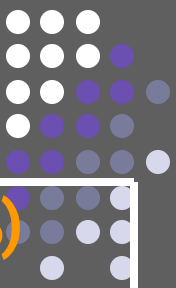
Patient illness behaviour

The way in which given symptoms may

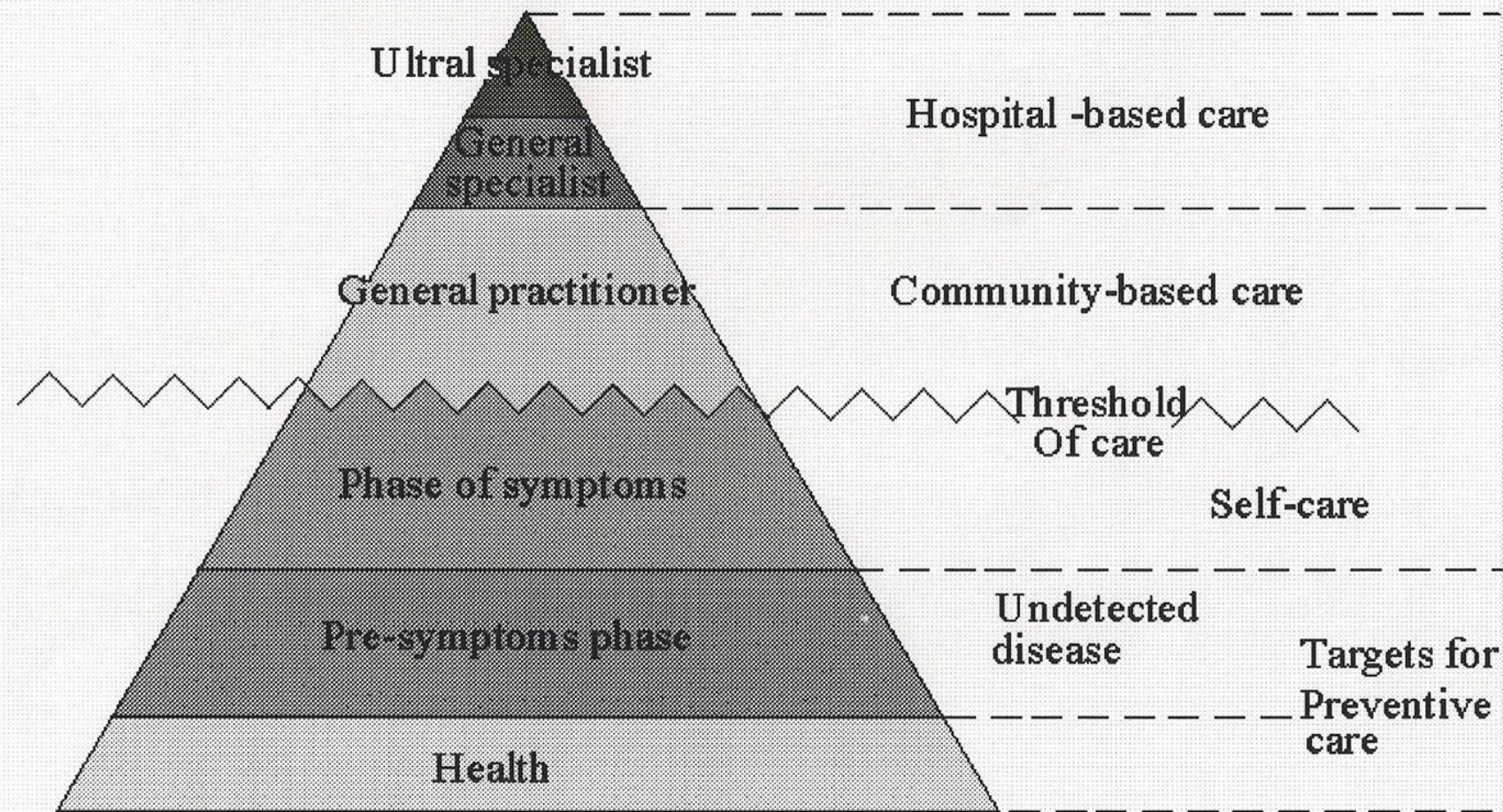
be differently perceived evaluated and

acted upon or – not acted upon –
by

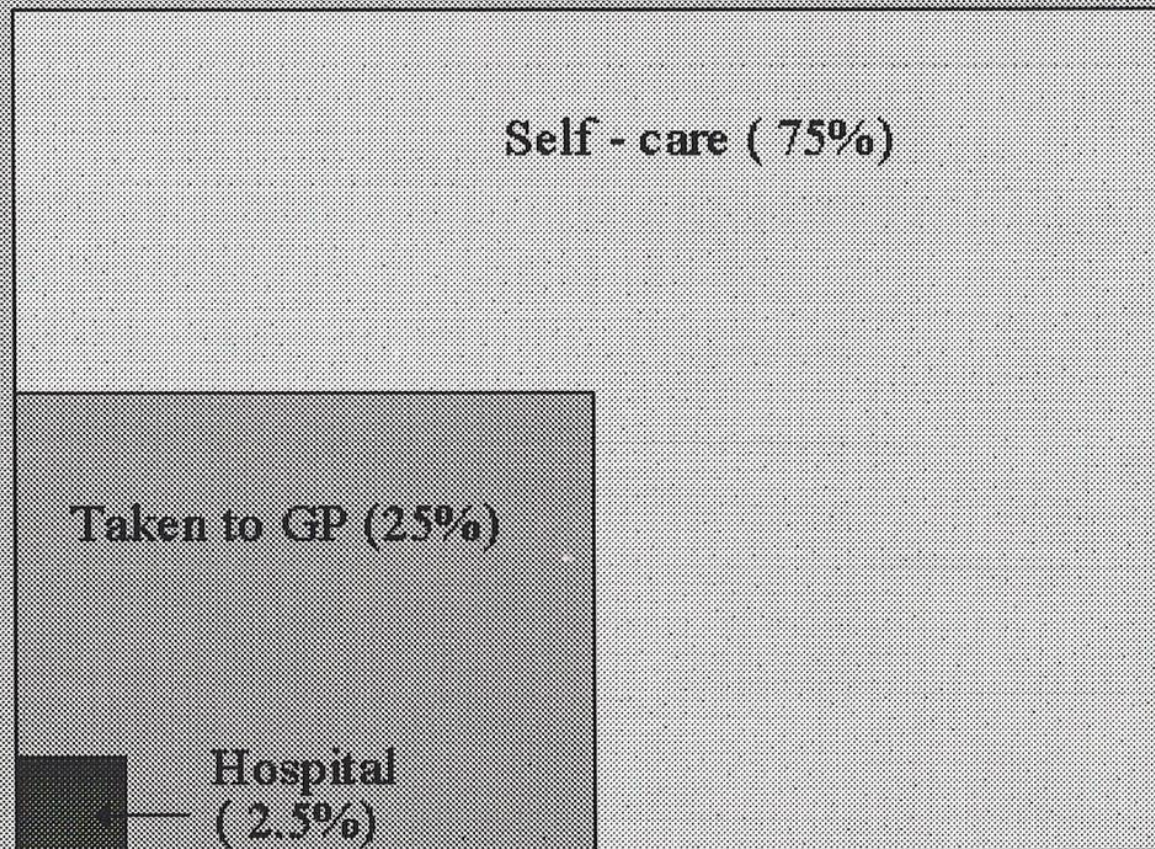
Table 1.2 Illness experience and behaviour of 1000 London adults in a two –week period



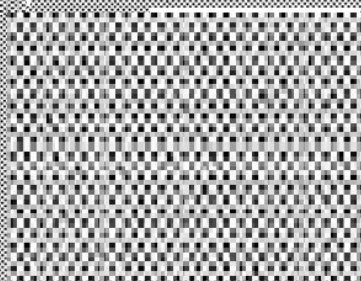
Category	Number of cases (%)
No symptoms	5.0
With symptoms: talking no action	19.0
With symptoms: talking non-medical action	56.0
Attending general practitioner	17.0
Attending hospital as out-patient	2.5
Admitted to hospital	0.5



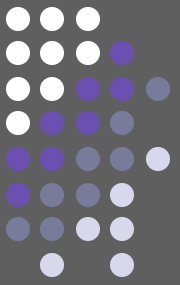
The clinical iceberg and levels of care .



Levels of care of symptoms.



Factors which influence the decision to consult



Onset .

Effect on social activity .

Severity of symptoms.

Visible signs .

Pressure from others .

Being elderly , female , and divorced .

Previous similar symptoms .

Good doctor – patient relationship.

symptoms leading to consultation

Symptoms

Changes in energy

Headache

Disturbance of gastric function

Backache

Pain in lower limb

Emotional / psychological

Abdominal pain

Disturbance of menstruation

Sore throat

Pain in chest

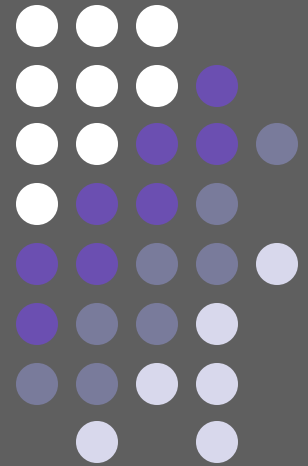
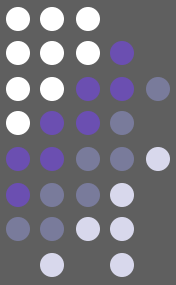


**Table 1.5 social class , symptoms and perceived need for
medical attention .**



Symptoms / sign	Upper	Social class (%) Middle	Lower
Blood in urine	100	93	69
Blood in stool	98	89	60
Lump in breast	94	71	44
Excessive vaginal bleeding	92	83	54
Lump in abdomen	92	65	34
Fainting spells	80	51	33
Loss of weight	80	51	21
Pain in chest	80	51	31
Persistent headaches	80	56	22
Continued coughing	77	78	23
Shortness of breath	77	55	21
Swelling of ankles	77	76	23
Persistent backache	53	44	19

Distribution of morbidity by frequency and type



Minor self-limiting

60 %

U R T I s

Skin disorders

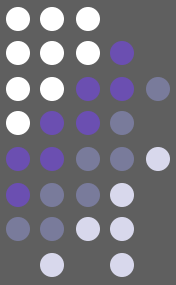
Psycho – emotional disorders

Minor accidents

G. I upsets

Chronic non- curable

25 %



Hypertension

Arthritis

Chronic psychiatric

Ischemic heart disease

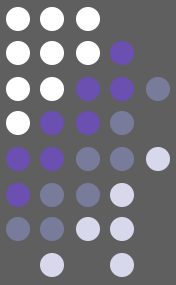
Obesity

Epilepsy

Diabetes

Acute major life – threatening

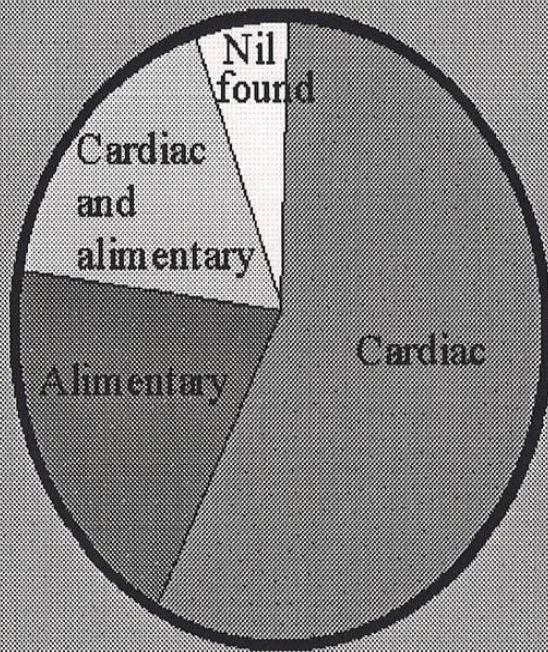
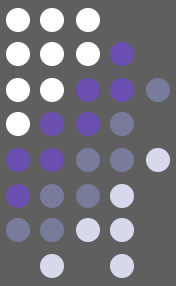
15%



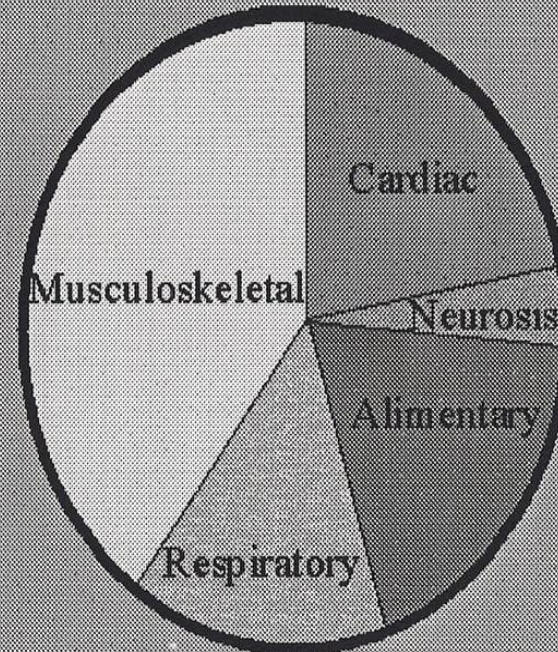
Acute M I

Strokes

Cancer



(a)



(b)

contrasting causes of chest pain presenting in : (a) hospital (from
(b) general practice

Difference between general practice and hospital



Difference

G.P

Hospital

Structure

Small

Population

Large

Direct

Access

Referred

Near

Situation

Far

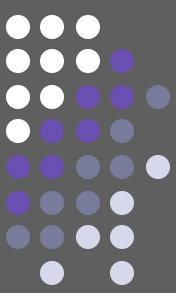
Great

Variability

Little

General practice

Hospital



Function

Responsibility :

All health care

All age care

Continuing

Special care

Age restricted

Episodic

Problems

Undifferentiated

Common

Organized disease

Atypical

General practice

Hospital



High technology

Selective use

Frequent use

Opportunities for anticipatory
Care

Repeated

Fewer

Attitudes

Whole person

disease oriented

Uses time

Not

used

General practice

Hospital



Doctor – patient relationship

Recognized and valued

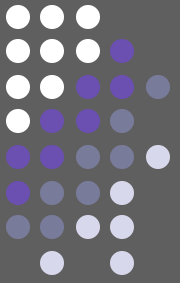
Less used

Continuing care

Discharged

Patients autonomy

Authoritarian



THANK YOU

