

Contents

Foreword: Nine “C’s” and Counting

xv

Jack Ende

Preface: Common Symptoms in Outpatient Practice

xvii

Lia S. Logio

Evaluating and Managing the Patient with Back Pain

1

Sarah Koumtouzoua and Stacy Higgins

A review of the literature, including recent guidelines and original studies, has informed this detailed description of best clinic practices used to evaluate, diagnose, treat, and manage adult patients who present to the outpatient clinic with complaints of low back pain. A case-based format helps guide the reader through clinical decision making and the key learning objectives.

Update on Indigestion

19

Alia Chisty

Dyspepsia affects a large percentage of the general population and can lead to lost work productivity and reduced quality of life. Patients with dyspepsia younger than 60 should not routinely undergo endoscopy but instead should pursue *Helicobacter pylori* test-and-treat approach. For patients 60 and older, endoscopy should be performed. Patients without any identifiable cause for their symptoms are diagnosed with functional dyspepsia. Guideline-based treatment includes *H pylori* eradication and proton pump inhibitor use. If acid suppression is not adequate, treatment with a tricyclic antidepressant followed by a prokinetic agent and psychological therapy are considered. Complementary therapies are not recommended due to limited evidence.

Approach to the Patient with Cough

31

Joshua A. Davis and Kirana Gudi

Cough is a common presenting symptom for patients in a primary care setting. Chronic cough is defined as a cough lasting for more than 8 weeks. The most common causes of chronic cough are upper airway cough syndrome, asthma, and gastroesophageal reflux disease. Detailed history and physical examination are critical in identifying potential etiologies of cough. When there is no prevailing diagnosis, step-wise empiric trial of medication is a strategic and cost-effective approach. Certain features of chronic cough should provoke an expedited and invasive diagnostic strategy. Effectively treating patients with chronic cough has a high impact on quality of life.

Headaches in Adults in Primary Care: Evaluation, Diagnosis, and Treatment

39

Melissa McNeil

Headaches are common in primary care. The diagnosis is made by a careful history and physical examination. Imaging is generally not warranted. Several general principles underlie the acute treatment of headache: early initiation of therapy and adequate dosing at first dose. Careful attention to avoiding too frequent administration of acute therapy is important to avoid medication overuse headaches. Opioids should always be avoided. Preventive treatment is indicated for frequent headaches. Successful treatment entails low-dose medication with careful titration and monitoring of headache frequency. Behavioral strategies are important and should be part of any comprehensive headache management plan.

A Case-Based Approach to Constipation in Primary Care

55

David B. Snell, Saamia Faruqui, and Brian P. Bosworth

Primary care physicians frequently evaluate patients with constipation. The history is crucial in uncovering warning symptoms and signs that warrant colonoscopy. Particular elements in the history and rectal examination also can provide clues regarding the underlying etiology. Regardless of etiology, lifestyle modifications, fiber, and laxatives are first-line therapies. Patients who fail first-line therapies can be offered second-line treatments and/or referred for testing of defecatory function. In those with severely refractory symptoms, referrals to a gastroenterologist and a surgeon should be considered.

Managing the Forgetful Patient: Best Practice for Cognitive Impairment

75

Catherine Nicastrì, Jennifer Hensley, and Susan Lane

The primary care physician is well positioned to identify and treat patients with cognitive impairment (CI). Simple, validated tools can screen for CI in the office. Identifying the type of dementia and stage of the disease helps to guide care. A thorough history, medication review, physical examination, laboratory workup, and imaging studies can help identify specific causes contributing to memory loss. A patient-centered, multidisciplinary team approach includes nonpharmacological and pharmacologic treatments. Patient safety and preservation of functional status should be at the forefront of caring for the forgetful patient.

Evidence-Based Approach to Palpitations

93

Clara Weinstock, Hilary Wagner, Meghan Snuckel, and Marilyn Katz

Palpitations are a common presenting symptom in primary care, yet their cause can be difficult to diagnose due to their intermittent and sometimes infrequent nature. All patients presenting with a chief complaint of palpitations should undergo a detailed history, physical examination, and electrocardiogram (ECG). This alone can sometimes yield a probable diagnosis. Limited laboratory testing, ambulatory ECG monitoring, and cardiology referral are sometimes indicated. This article reviews current data and guidelines on how to evaluate palpitations in the primary care setting.

Solving the Problem of Insomnia in Clinical Practice 107

Adrienne F. Willard and Allison H. Ferris

Insomnia is a common condition affecting approximately 50% of people at some point. Physicians must be equipped to diagnose and treat it as part of outpatient practice. Chronic insomnia is a common complaint that has potentially dangerous short-term and long-term effects, but effective treatments are available. The 2 methods of treatment are psychological, which is preferred, and pharmacologic, for when behavioral therapies are not effective. It is important to understand the various behavioral interventions and risks and benefits of the medications available to engage patients in a shared decision-making model to find the best treatment for each patient.

Outpatient Evaluation of Knee Pain 117

Natalie Farha, Abby Spencer, and Megan McGervey

Knee pain is present in up to 20% of the adult general population and can be significantly debilitating to patients. A thorough history and physical examination can help localize the source of inflammation or injury to further determine if imaging, physical therapy, specialty referral, or surgery is necessary. By following a systematic approach to evaluating knee pain, primary care physicians can make the correct diagnosis and formulate an appropriate therapeutic strategy for patients.

Approach to Fatigue: Best Practice 137

Jason C. Dukes, Matthew Chakan, Aaron Mills, and Maurice Marcaurd

Owing to the broad differential diagnoses that can present as fatigue, a rational approach to diagnosis is paramount. Performance of a battery of diagnostic tests is unlikely to assist with diagnosis, highlighting the importance of a thorough history and physical examination. Fatigue can be a sequela of an underlying medical disease or exists as a primary condition. Management of secondary fatigue largely depends on treatment of the underlying condition. There are no FDA-approved medications for primary fatigue, now known as system exertion intolerance disease. Treatment is focused on individualized exercise therapy and cognitive behavioral therapy.

Best Practices in the Management of Overweight and Obesity 149

Beverly G. Tchang, Katherine H. Saunders, and Leon I. Igel

Obesity is a chronic disease caused by dysregulated energy homeostasis pathways that encourage the accumulation of adiposity, which in turn results in the development or exacerbation of weight-related comorbidities. Treatment of obesity relies on a foundation of lifestyle modification; weight loss pharmacotherapy, bariatric surgery and devices are additional tools to help patients achieve their health goals. Appropriate management of patients with obesity provides multiple metabolic benefits beyond weight loss.

Approach to Patients with Unintentional Weight Loss

175

Liyanage Ashanthi Menaka Perera, Aparna Chopra, and Amy L. Shaw

Unintentional weight loss is a common clinical problem with a broad differential diagnosis that is clinically important because of the associated risks of morbidity and mortality. Community-dwelling adults are often diagnosed with malignancy, nonmalignant gastrointestinal disorders, and psychiatric disorders as the cause of unintentional weight loss, whereas institutionalized older adults are diagnosed most often with psychiatric disorders. Up to a quarter of patients do not have a diagnosis after comprehensive workup, and close follow-up is warranted. Treatment involves management of underlying causes.

Common Complaints of the Hands and Feet

187

David Jacob Aizenberg



Video content accompanies this article at <http://www.medical.theclinics.com>.

Primary care providers frequently care for complaints of the hands and feet. Here, the author describes the typical presentations of hand osteoarthritis, carpal tunnel syndrome, ganglion cysts, plantar fasciitis, onychomycosis, and Morton neuroma. Useful physical examination techniques are described. The history and physical examination are usually sufficient to diagnose these conditions without the need for more advanced testing. All of these conditions have evidence-based therapy that can be initiated by the primary care provider. These treatments as well as reasons to refer to a specialist are reviewed.

A Symptom-Directed Paradigm for the Evaluation and Management of Upper Respiratory Tract Infections

199

Fred N. Pelzman and Judy Tung

Upper respiratory tract infections are one of the most common challenges in ambulatory medicine. Effective evaluation involves identification, primarily through the history, of the dominant set of patient symptoms leading to accurate diagnosis. Certain more morbid illnesses that mimic common upper respiratory symptoms can also be excluded with this approach. Treatment should address patient preferences through an understanding of the limited utility of antibiotics and through tailored advisement of the numerous pharmacologic options for symptom relief.