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**Objective 1: In all patients presenting with multiple medical concerns take an appropriate history to determine the primary reason for the consultation.**

**Objective 2 In all patients presenting with multiple medical concerns, prioritize problems appropriately to develop an agenda that both you and the patient can agree upon.**

In patients with multiple concerns it can be hard to determine exactly what we are seeing them in consultation for, which is why it's important to clearly ask and identify their chief complaint and reason for presenting.

One practical approach is using a patient-centered interviewing technique, such as the agenda-setting strategy. Explicitly ask the patient, "What are the most important issues you would like to discuss today?"

This opens the door for the patient to express their primary concerns and sets the stage for collaboration.

It's about acknowledging the patient's perspective and working together to determine common ground. For instance, using phrases like "Help me understand what's bothering you the most" or "Let's prioritize your concerns so we can address them effectively" encourages patients to actively participate in developing the agenda.

This allows for you to focus on the most important issue and delve into it further with your history taking, physical exam and relevant investigations appropriately.

It ensures that both you and the patient are satisfied and content with the visit and empowers patients to take an active role in their healthcare journey.



**Objective 3: In a patient with multiple medical complaints and/or visits, consider underlying depression, anxiety, or abuse as the cause of the symptoms, while continuing to search for other organic pathology.**

It's not uncommon for patients to present with a variety of physical complaints, and sometimes, the root cause may extend beyond the physical realm. Acknowledging the impact of mental health and social factors is such an important part of providing comprehensive care.

One effective approach is to use open-ended questions that explore both physical and emotional well-being.

Phrases like "How have you been feeling emotionally lately?" or "Are there any stressors in your life that you'd like to discuss?" can open up avenues to uncover potential psychological contributors.

It's about creating a safe space for patients to share their concerns beyond the physical symptoms, validating their emotions and expressing empathy.

It's also crucial to recognize red flags for underlying mental health issues. Screen for SIGECAPS symptoms, agitation, changes in behavior and decline in functioning of sociality.

And while considering psychological factors, it's important to approach the topic of abuse with sensitivity whether drug, medication or physical.

Phrase questions in a non-judgmental way, use statements such as "I'm here to support you, is there anything in your life that might be causing harm?" This can help patients feel more comfortable opening up with you.

The goal is to continue to search for organic causes going through your differential diagnosis, this is where mnemonics like can help you like VITAMINC or you can reassess with resources like up to date. Regardless, having a holistic approach that encompasses both the physical and emotional aspects of a patient's health is critical.



**Objective 4: Periodically re-address and re-evaluate the management of patients with multiple medical problems in order to: simplify their management, limit polypharmacy, minimize possible drug interactions, update therapeutic choices.**

Simplifying management is so important whether pharmacologic or other, especially when patients are dealing with multiple medical comorbidities. By streamlining treatment plans, you don't only ease the burden on the patient but also increase adherence as more manageable plans makes it easier to follow through with the recommendations.

And that brings us to the concept of polypharmacy, which by definition is regular use of at least five medications. Its common in older adults and younger at-risk population. And as we know increases the risk of adverse medical outcomes and having multiple medical concerns or comorbidities is a huge risk factor for pharmacy.

This is why it's important to staying vigilant about potential drug interactions before prescribing each medication, monitoring patients' active medication lists, periodically reevaluating the necessity of each medication and deprescribing any unnecessary medications to reduce pill burden, the risks of adverse drug events, as well as the financial hardship on the patient.

Asking patients if they have any questions, engaging in open conversations about their medications and any concerns they might have is essential and can ensure that medications are being taken properly and can help you identify any side effects, as well as changes in the patient's therapeutic choices and situation.

Of course, outside of the patient encounter staying informed about changing guidelines and emerging evidence by using uptodate, CPS and college of family physicians or other resources, with the patient's health status and preference in mind, you can adjust your therapeutic approach in a way that is the most beneficial. This brings us to our final objective:

**Objective 5: In patients with multiple medical problems and recurrent visits for unchanging symptoms, set limits for consultations when appropriate.**

This is an important consideration in family medicine to ensure efficient use of resources while providing quality care.



While it's crucial to be thorough in our assessments, there are instances where patients may have recurrent visits for the same unchanging symptoms. In such cases, setting appropriate limits for consultations can be difficult or awkward at times but it is necessary.

For example, saying something like, "I've noticed that we've been addressing the same symptoms in our recent visits. Let's discuss how we can best manage this moving forward" opens the door for collaborative decision-making.

It's an opportunity to explore alternative approaches or interventions. This might involve reassessing the current treatment plan, considering referrals to other specialists, or exploring non-pharmacological interventions.

And it's important to emphasize that setting limits doesn't mean neglecting the patient's needs. Rather, it's about optimizing the use of healthcare resources and ensuring that the patient receives the most effective and efficient care.

Setting limits can also involve discussions around self-management strategies or when to seek care. For instance, providing patients with clear guidelines on when it's appropriate to schedule a visit and when certain symptoms may be managed at home empowers them to take an active role in their health.

This has been a recurrent theme in this episode but at the end of the day it's about fostering a partnership with the patient, ensuring they feel supported in managing their health while avoiding unnecessary visits. This approach not only optimizes healthcare resources but also promotes patient autonomy and responsibility.

## References

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