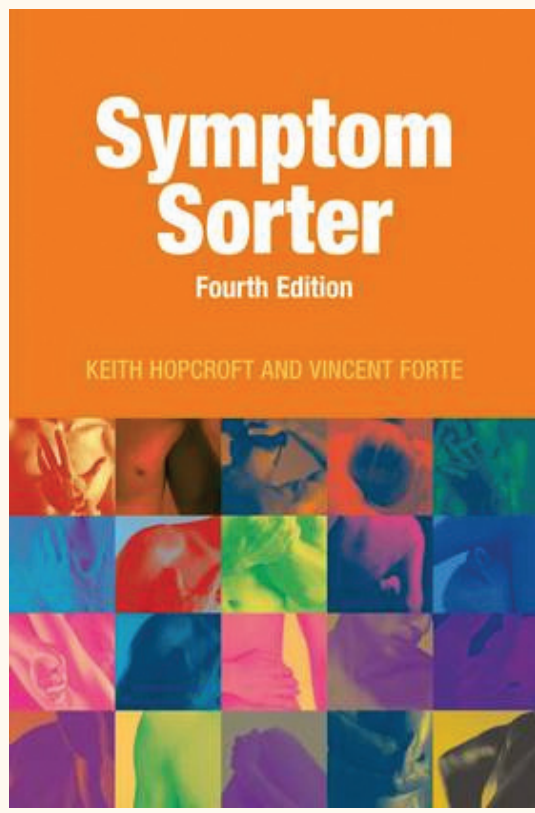


Symptom Sorter

Authors: Keith Hopcroft and Vincent Forte
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فارز العرض

کیث هوپکروفت و فینسینت فورت



The worth of a book is to be measured by what you can carry away from it

James Bryce

“LIFE WOULD BE MUCH SIMPLER FOR General Practitioners (GPs) if patients presented with a diagnosis. Unfortunately, patients present with symptoms that are frequently vague, sometimes multiple and often obscure” is an often repeated statement in the book. It is this situation which first prompted the authors to write this book which has become so popular that it is

already in its fourth edition.

There is a gap between how medicine is taught and practised. The focus in teaching on the biomechanical model together with the current advances in technology are replacing the crucial tasks of history taking and examination with more and more investigations. The importance of symptoms in making decisions about diagnosis is being whittled away.

This book is a pleasure to read because of its contents and the way they are presented, each symptom described in brief and to the point sections of bulleted points. It helps to make sense of 100 or so symptoms with which patients commonly present to the family physician (FP). It is written by two GPs in UK and primarily targeted at GPs at all levels of training and experience, as a source of rapid reference.

Each chapter in the book addresses a symptom under the headings of: *GP Overview*, *Differential Diagnosis* (further subdivided into Common, Occasional and Rare), *Ready Reckoner*, *Possible Investigations* (categorised into Likely, Possible and Small print), *Top Tips and Red Flags*. Each symptom chapter could be reviewed in less than five minutes.

To test this book, we tried it out in a real life situation. A 37 year-old lady presented to a FP with a history of three episodes of dizziness since that morning; they were self limiting and lasted for about 3–5 minutes each. She was worried because she had been operated on for coarctation of the aorta 12 years ago, had then had angioplasty 6 years later and an ablation done last year. She was being followed up by the cardiologist. On examination she was apparently healthy, not distressed,

haemodynamically stable with a pulse of 68, regular, normal volume and blood pressure of 130/70 mmHg. The systemic exam was non-contributory. The FP was faced with the challenge of a familiar symptom in an unfamiliar territory. Referring to the book, I found a chapter on dizziness and had a quick glance at the list of differential diagnosis to identify possible reasons such as viral illnesses, postural hypotension and arrhythmias. A review of the section on red flags excluded any urgent condition. The patient was discharged with advice to follow up after three days or sooner, and that if the symptoms worsened she should go to the Emergency Department.

The above example demonstrates the usefulness of this book and justifies the “Highly Commended” recommendation by the British Medical Association Book Awards in both 2004 (2nd edition) and 2008 (3rd edition).

What I would like to see in the future edition of this book is, first, that it be available in electronic format and, second, that it would give the likelihood ratios of various symptoms so that it becomes a more ‘evidence-based’ book.

In summary, this is a book worth having available at the point of care for health professionals, including doctors, nurses, undergraduates and postgraduates, to help them make sense of common symptoms. With the help of the authors’ opinions in combination with our own experience we should then, as health care professionals, be able to make better clinical decisions.

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