

JOHN FRAIN

# EXPLORING SYMPTOMS

AN EVIDENCE-BASED APPROACH  
TO THE PATIENT HISTORY



WILEY Blackwell



## Exploring Symptoms – An Evidence-based Approach to the Patient History



# **Exploring Symptoms – An Evidence-based Approach to the Patient History**

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**WILEY** Blackwell

This edition first published 2025

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*Library of Congress Cataloging-in-Publication Data*

Names: Frain, John (John Patrick James), author.

Title: Exploring symptoms – An Evidence-based Approach to the Patient History / John Frain.

Description: Hoboken, NJ : Wiley-Blackwell, 2025. | Includes bibliographical references and index.

Identifiers: LCCN 2024025374 (print) | LCCN 2024025375 (ebook) | ISBN 9781394218813 (paperback) | ISBN 9781394218820 (adobe pdf) | ISBN 9781394218837 (epub)

Subjects: MESH: Signs and Symptoms | Medical History Taking | Patient-Centered Care

Classification: LCC RC65 (print) | LCC RC65 (ebook) | NLM WB 143 | DDC 616.07/51–dc23/eng/20240725

LC record available at <https://lcn.loc.gov/2024025374>

LC ebook record available at <https://lcn.loc.gov/2024025375>

Cover Design: Wiley

Cover Images: © Rawpixel.com/Adobe Stock, © Joos Mind/Getty Images, © RainStar/Getty Images, Courtesy of John Frain

Set in 9.5/12.5pt STIXTwoText by Straive, Pondicherry, India

## Contents

**Preface** *xxiii*

**Abbreviations** *xxv*

<b>1</b>	<b>Exploring Symptoms</b>	<b>1</b>
1.1	This History of the History	1
1.1.1	What We Know Now	1
1.1.2	What the History Is Not	2
1.1.3	Patient-Centred History-Taking	2
1.2	What Is a Symptom?	3
1.2.1	Community Prevalence of Symptoms	6
1.3	What Do Patients Want from Their Clinicians?	6
1.4	The Structure of a Medical History	8
1.4.1	Presenting Symptom (or Presenting Complaint)	8
1.4.2	History of the Presenting Symptom or Complaint	8
1.4.3	Review of Symptoms	9
1.4.4	Background	10
1.4.5	Past Medical History	10
1.4.6	Medication and Allergies	10
1.4.7	Personal and Social History	10
1.4.8	Family History	10
1.4.9	Review of Other Body Systems	10
1.4.10	Differential Diagnosis	11
1.4.11	Presenting Your History	11
1.5	Clinical Communication	11
1.6	The Opening Statement and Agreeing the Agenda	12
1.6.1	Open Questions	12
1.6.1.1	Clinical Reasoning and Open Questions	13
1.6.1.2	Inductive Foraging	13
1.6.1.3	Getting Started	13
1.6.1.4	Benefits of Closed Questions	14
1.6.1.5	Disadvantages of Closed Questions	14
1.6.1.6	Using Closed Questions – The ‘Open to Closed Cone’	14
1.6.1.7	Moving Back to Open Questions	14
1.7	How Does the History Work?	15
1.7.1	Pretest Probability and Bayes’ Theorem	15
1.7.1.1	Pretest Probability	15

1.7.2	Symptom Scripts	15
1.7.3	Red Flags	17
1.8	Sources of Bias in the History	18
1.8.1	The History and Diagnostic Error	18
1.8.2	Inclusive History-Taking	18
1.8.3	Emotional and Behavioural Health	19
1.9	Ethnicity and Health	19
1.10	Statistical Concepts	23
	Acknowledgements	24
	References	24
<b>2</b>	<b>The Skin</b>	<b>27</b>
2.1	Symptoms of Skin Disease	27
2.2	About Dermatology	27
2.3	Burden of Skin Disease	28
2.3.1	Ethnicity	28
2.3.2	Lesbian, Gay, Non-Binary, Transgender, Queer+ (LGBTQ+)	28
2.4	Skin Anatomy	29
2.4.1	The Epidermis	29
2.4.2	Structure of the Epidermis	30
2.4.3	Skin of Colour	31
2.4.4	Dermis	31
2.5	Skin Physiology	32
2.6	Assessing Skin of Colour (SOC)	32
2.7	Key Points of the History	32
2.7.1	Patient Demographics	32
2.7.2	Presenting Problem	33
2.7.3	Past Medical and Social History	33
2.7.4	Psychological and Social	34
2.7.5	Examination	34
2.8	The Patient Experience of Skin Disease	34
2.9	Itch (Pruritis)	34
2.9.1	Itch	35
2.9.2	Anatomy and Pathophysiology	35
2.9.2.1	Pruriceptive	35
2.9.2.2	Neurogenic (Systemic) Itch	36
2.9.2.3	Neuropathic Itch	36
2.9.2.4	Psychogenic Itch	36
2.9.3	Scratching	37
2.9.4	Patient Experience	37
2.9.5	Evidence Base	37
2.9.5.1	Past Medical History	37
2.10	Colour of Skin When Inflamed	37
2.10.1	Inclusive Questions about the Skin	38
2.11	Description of Skin Lesions	38
2.12	Assessing Conditions in Skin of Colour	38
2.12.1	Symptoms of Skin Cancer	38



2.12.2	ABCDE and ‘Ugly Duckling Sign’	38
2.12.3	Patient Experience	42
2.13	Eczema	42
2.13.1	The Eczema Area and Severity Index (EASI)	42
2.13.2	EASI and PASI Scores and Skin on Colour	42
2.14	Psoriasis	44
2.14.1	Patient Experience	44
2.15	Skin Appendages	44
2.15.1	Hair	44
2.15.1.1	Pathology of Hair	44
2.15.1.2	Key Points in the History	45
2.15.1.3	Red Flags	45
2.16	Nails	45
2.16.1	Sebaceous Glands	45
2.16.2	Sweats Glands	45
2.17	Wounds	45
	References	46
<b>3</b>	<b>Respiratory</b>	<b>51</b>
3.1	Ear, Nose and Throat	51
3.1.1	Burden of Ear, Nose and Throat Disease	51
3.1.2	Anatomy	52
3.1.3	Symptoms	52
3.1.4	Sore Throat	52
3.1.5	Patient Experience	53
3.1.6	Hearing Impairment and Ear Disease	54
3.1.7	Presbycusis	54
3.1.8	Patient Experience	54
3.1.9	Noise-induced Hearing Loss	55
3.1.10	Ototoxicity	55
3.1.11	Tinnitus	55
3.1.12	Snoring	56
3.1.12.1	Key Points in the History	56
3.1.13	Red Flags	56
3.2	Lower Respiratory Tract	57
3.2.1	Burden of Lower Respiratory Tract Disease	57
3.2.2	Ethnicity	57
3.2.3	Lesbian, Gay, Non-Binary, Transgender, Queer+ (LGBTQ+)	57
3.2.4	Social Determinants	58
3.3	Anatomy and Physiology of the Lower Respiratory Tract	58
3.4	Symptoms	58
3.5	Cough	59
3.5.1	Anatomy and Physiology	59
3.5.2	The Patient Experience	60
3.5.3	Evidence Base	60
3.6	Breathlessness	61
3.6.1	Anatomical Site	61

3.6.2	Pathophysiology	62
3.6.3	Patient Experience	63
3.6.4	Evidence Base	63
3.7	Wheeze	64
3.7.1	Anatomical Site	64
3.7.2	Pathophysiology	64
3.7.3	The Patient Experience	65
3.7.4	Evidence Base	65
3.8	Sputum	65
3.8.1	Definition	65
3.8.2	Anatomical Site	65
3.8.3	Pathophysiology	65
3.8.4	The Patient Experience	66
3.8.5	Evidence Base	66
3.8.6	Key Points in the History	66
3.9	Haemoptysis	66
3.9.1	Anatomical Site	66
3.9.2	Pathophysiology	67
3.9.3	The Patient Experience	67
3.9.4	Evidence Base	68
3.9.5	Key Points in the History	68
3.10	Chest Pain	69
3.10.1	Anatomical Site	69
3.10.2	Pathophysiology	69
3.10.3	The Patient Experience	69
3.10.4	Evidence Base	69
3.11	Symptoms Clusters in Respiratory Disease	71
	References	71
<b>4</b>	<b>Cardiovascular</b>	<b>75</b>
4.1	Global Burden of Cardiovascular Disease	75
4.1.1	Ethnicity and Cardiovascular Disease	75
4.1.2	Lesbian, Gay, Non-Binary, Transgender, Queer + (LGBTQ+)	75
4.2	Key Symptoms of Cardiovascular Disease	77
4.3	Prevalence of Symptoms	77
4.4	Assessment of Cardiovascular Risk	77
4.4.1	Age and Pre-Test Probability	78
4.4.2	Obesity	78
4.4.3	Family History	78
4.4.4	Psychosocial	78
4.4.5	Alcohol	78
4.4.6	Calculation of Cardiovascular Risk	81
4.5	Pain	82
4.5.1	Pathophysiology	82
4.5.2	The Patient Experience of Pain	83
4.5.3	Evidence Base	83
4.5.4	Chest Wall Syndrome	88

4.5.5	Chest Pain at Rest	88
4.5.6	Chest Pain in Women	89
4.5.7	Key Points in the History	90
4.6	Breathlessness	90
4.6.1	Pathophysiology	90
4.6.1.1	Orthopnoea	90
4.6.1.2	Paroxysmal Nocturnal Dyspnoea	90
4.6.2	Patient Experience	92
4.6.3	Evidence Base	93
4.7	Palpitations	93
4.7.1	Pathophysiology of Palpitations	93
4.7.2	Patient Experience	94
4.7.3	Evidence Base	94
4.7.4	Evaluation	95
4.8	Swelling (Oedema)	96
4.8.1	Pathophysiology	96
4.8.2	Patient Experience	96
4.8.3	Evidence Base	96
4.8.4	Venous Disorders	96
4.8.5	Oedema in Heart Failure	97
4.8.6	Key Points in the History	98
4.9	Syncope	99
4.9.1	Pathophysiology	100
4.9.2	Evidence Base	100
4.9.3	Key Points in the History	100
4.9.4	Differential Diagnosis	100
	References	101

## **5      Gastrointestinal    105**

5.1	Overview	105
5.2	Global Burden of Gastrointestinal Disease	105
5.2.1	Ethnicity	105
5.2.2	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ+)	105
5.3	Anatomy and Function	106
5.3.1	The Enteric Nervous System	107
5.4	Key Gastrointestinal Symptoms	108
5.5	How Common Are Gastrointestinal Symptoms?	108
5.5.1	The Mouth and Oropharynx	108
5.5.2	Functions of the Mouth	109
5.5.3	What Are the Key Mouth and Oropharyngeal Symptoms?	109
5.5.4	Mouth Ulceration	109
5.5.4.1	Pathophysiology	109
5.5.5	Key Points in the History	109
5.6	Difficulty Swallowing (Dysphagia)	110
5.6.1	Anatomy	110
5.6.2	Mechanism of Normal Swallowing	110
5.6.3	Pathophysiology of Dysphagia	110

5.6.4	Classification of Dysphagia	111
5.6.5	The Patient Experience	111
5.6.6	Evidence Base – Epidemiology	112
5.6.6.1	Historical Factors in Oesophageal Dysphagia	112
5.6.7	Key Points in the History	114
5.7	Dyspepsia	114
5.7.1	Anatomical Site	114
5.7.2	Anatomy and Physiology of the Stomach	115
5.7.3	Hiatus Hernia	115
5.7.4	The Patient Experience	116
5.7.5	Evidence Base	116
5.7.6	Key Points	118
5.8	Nausea and Vomiting	119
5.8.1	Anatomical Site	119
5.8.2	Pathophysiology	119
5.8.3	Patient Experience	119
5.8.4	Evidence Base	120
5.8.5	Alarm Features	121
5.9	Haematemesis	121
5.9.1	Anatomical Site	121
5.9.2	Pathophysiology	122
5.9.3	Patient Experience	122
5.9.4	Evidence Base	122
5.10	Abdominal Pain	122
5.10.1	Anatomical Site	122
5.10.2	Pathophysiology	123
5.10.3	The Patient Experience	123
5.10.4	Evidence Base	124
5.11	Bloating and Distension	125
5.11.1	Anatomical Site	126
5.11.2	Pathophysiology	126
5.11.2.1	Diet	126
5.11.2.2	Small Intestine Bacterial Overgrowth (SIBO)	126
5.11.2.3	Chronic Constipation	126
5.11.2.4	Visceral Hypersensitivity	127
5.11.2.5	Abdomino-Phrenic Dyssynergia	127
5.11.3	The Patient Experience	127
5.11.4	Evidence Base	128
5.11.5	History-Taking Tips	128
5.11.6	Red Flags	129
5.12	Change in Bowel Habit	129
5.12.1	Anatomical Site	129
5.13	Anatomy and Physiology of the Colon	130
5.13.1	Pathophysiology	130
5.13.2	The Patient Experience	130
5.13.3	Evidence Base	130
5.14	Jaundice	132

5.14.1	Anatomical Site	132
5.14.2	Pathophysiology	132
5.14.3	Patient Experience	133
5.14.4	Evidence Base	134
	Acknowledgements	135
	References	135
<b>6</b>	<b>Endocrine and Multisystem Symptoms</b>	<b>139</b>
6.1	Structure and Function of the Endocrine System	139
6.1.1	Exocrine Glands	139
6.2	Endocrine Symptoms	140
6.3	Burden of Disease	140
6.4	Ethnicity	142
6.5	LGBTQ+	142
6.6	Fatigue	142
6.6.1	Anatomy and Pathophysiology	142
6.6.2	The Patient Experience	143
6.6.3	Evidence Base	143
6.6.4	Key Points in the History	145
6.6.5	Red Flags	146
6.7	Fever/Chills/Night Sweats	146
6.7.1	Definitions	146
6.7.2	Anatomy and Pathophysiology	146
6.7.3	Patient Experience	146
6.7.4	Evidence Base	147
6.7.5	Fever of Unknown Origin (FUO)	147
6.7.6	Key Points for FUO in the History	149
6.7.7	True Night Sweats	149
6.7.8	Key Points in the History	149
6.7.9	Summary of Main Causes	149
6.7.10	Key Point	149
6.8	Sepsis	149
6.8.1	Pathophysiology	149
6.8.2	Symptoms of Sepsis	150
6.8.3	Patient Experience	150
6.8.4	Evidence Base	150
6.9	Key Points in the History	151
6.10	Unintentional Weight Loss	151
6.10.1	Anatomical Site	151
6.10.2	Pathophysiology	151
6.10.2.1	Appetite Loss	152
6.10.3	Patient Experience	152
6.10.4	Evidence Base	152
6.10.5	Key Points in the History	152
6.11	Weight Gain	153
6.11.1	Causes of Increased Appetite	154
6.12	Dizziness	154

6.12.1	Anatomical Site	154
6.12.2	Pathophysiology	154
6.12.3	Patient Experience	155
6.12.4	Evidence Base	156
6.13	Thirst and Polyuria	156
6.14	Skin: Rashes/Bruising	156
6.14.1	Anatomy and Pathophysiology	157
6.14.2	Patient Experience	157
6.14.3	Evidence Base	157
6.14.4	Key History-Taking Points	158
6.14.4.1	Bruising	159
6.15	Flushing	159
6.15.1	Anatomical Site	159
6.15.2	Pathophysiology	159
6.15.3	Patient Experience	159
6.15.4	Evidence Base	159
6.15.5	Key Points in the History	159
6.16	Long Covid	160
6.16.1	Anatomical Site	160
6.16.2	Pathophysiology	161
6.16.3	Patient Experience	161
6.16.4	Evidence Base	161
6.16.5	Key Points in the History	163
	References	163
<b>7</b>	<b>Musculoskeletal</b>	<b>167</b>
7.1	Symptoms of Musculoskeletal (MSK) Disease	167
7.2	Burden of Musculoskeletal Disease	167
7.3	Community Prevalence of Symptoms	168
7.3.1	Ethnicity and Musculoskeletal Conditions	168
7.4	Distribution of Symptoms and Signs	169
7.4.1	Mode of Onset	169
7.4.2	Day-to-day Behaviour	170
7.4.3	Pattern of Joint Involvement	170
7.4.3.1	Inflammatory or Degenerative (Non-inflammatory)	170
7.5	Key Points in History-taking	170
7.6	Pain	171
7.6.1	Anatomical Site	171
7.6.2	Pathophysiology	171
7.6.3	Patient Experience	172
7.6.4	Gender Differences	172
7.6.5	Evidence Base	172
7.7	Stiffness	173
7.7.1	Anatomical Site	173
7.7.2	Pathophysiology	173
7.7.3	Patient Experience	173
7.7.4	Evidence Base	174
7.8	Swelling	174

7.8.1	Anatomical Site	174
7.8.2	Pathophysiology	174
7.8.3	Patient Experience	175
7.8.4	Evidence Base	175
7.9	Loss of Function	175
7.9.1	Anatomical Site	176
7.9.2	Pathophysiology	176
7.9.3	Patient Experience	176
7.9.4	Evidence Base	176
7.10	Activities of Daily Living	176
7.10.1	Patient Experience	177
7.11	Extra-articular Manifestations	177
7.11.1	Pathophysiology	177
7.11.2	Patient Experience	177
7.11.3	Evidence Base	178
7.11.3.1	Presence of Raynaud's Phenomenon	178
7.11.3.2	Dry Eyes and Mouth	179
7.11.3.3	Red Eyes	179
7.11.3.4	Sexual History	179
7.11.4	Key Points in the History	179
7.12	Specific Joints	179
7.12.1	Key Points in the History	179
7.13	Neck	179
7.13.1	Where is the Neck Vulnerable to Injury?	179
7.13.2	Neck Symptoms	179
7.14	Thoracolumbar Spine	180
7.14.1	Where is the Thoracolumbar Spine Most Vulnerable to Injury?	180
7.14.2	Cauda Equina Syndrome	181
7.15	Shoulder	181
7.15.1	Where is the Shoulder Most Vulnerable to Injury?	181
7.15.2	Shoulder Symptoms	181
7.16	Elbow	182
7.17	Hand	182
7.17.1	Where are the Wrist and Hand Most Susceptible to Injury?	182
7.17.2	Hand Symptoms	183
7.18	Hip	183
7.19	Knee	183
7.19.1	Pathophysiology	184
7.19.2	Evidence Base	185
7.19.3	Key Points in the History	185
7.19.4	Foot and Ankle	185
	References	186

## **8      Neurological    191**

8.1	Impact of Neurological Disease	191
8.2	Ethnicity	191
8.3	LGBTQ+	192
8.4	Approaching the Neurological History	192

8.4.1	The Basic Four Approach	192
8.5	Key Neurological Symptoms	194
8.6	Headache	194
8.6.1	Pathophysiology	195
8.6.2	The Patient Experience	196
8.6.3	Evidence Base	197
8.6.4	Key Points in the History	198
8.7	Altered Mental Status	198
8.7.1	Anatomical Site	198
8.7.2	Pathophysiology	198
8.7.3	Evidence Base	198
8.7.4	Key Points in the History	199
8.8	Seizures	199
8.8.1	Anatomical Site	199
8.8.2	Pathophysiology	199
8.8.3	Patient Experience	200
8.8.4	Evidence Base	200
8.8.4.1	Generalised Tonic-clonic Seizures	200
8.8.4.2	Focal Seizures	200
8.8.4.3	Psychogenic Non-epileptic Seizures (PNES)	200
8.8.4.4	Differentiating Seizures from Cardiac Syncope	201
8.8.5	Key Points in the History	201
8.9	Weakness	202
8.9.1	Anatomy and Pathophysiology	202
8.9.2	Patient Experience	203
8.9.3	Evidence Base	203
8.9.3.1	Proximal Muscle Weakness (Limb-girdle)	203
8.9.4	Key Points in the History	203
8.10	Sensory Symptoms	205
8.10.1	Anatomical Site	205
8.10.2	Pathophysiology	205
8.10.3	Patient Experience	205
8.10.4	Evidence Base	205
8.10.4.1	Parietal Lobe Symptoms	206
8.10.5	Key Points in the History	206
8.11	Tremor	206
8.11.1	Anatomical Site	206
8.11.2	Pathophysiology	206
8.11.3	Patient Experience	206
8.11.4	Evidence Base	207
8.11.4.1	Essential Tremor	207
8.11.4.2	Physiological Tremor	207
8.11.4.3	Tremor with Parkinsonian Features	207
8.11.4.4	Isolated Focal Tremors	207
8.11.4.5	Intention Tremor	207
8.11.5	Key Points in the History	207
8.11.5.1	Red Flags	207
8.12	Visual Disturbance	207
8.12.1	Anatomical Site	207



8.12.2	Pathophysiology	208
8.12.3	Patient Experience	208
8.12.4	Evidence Base	208
8.13	Gait Abnormality	208
8.13.1	Anatomical Site	208
8.13.2	Pathophysiology	208
8.13.3	Evidence Base	208
8.14	Speech Abnormalities	209
8.14.1	Anatomical Site	209
8.14.2	Pathophysiology	210
8.14.3	Patient Experience	210
8.14.4	Evidence Base	210
8.14.5	Communication with Patients with Speech Difficulties	210
	References	211

## 9 Urinary 215

9.1	Burden of Urinary Problems	215
9.2	Community Prevalence of Urinary Symptoms	215
9.3	Ethnicity and Urinary Symptoms	216
9.4	LGBTQ+ Experience	216
9.5	Anatomy and Physiology of the Urinary Tract	217
9.6	What Causes Symptoms of the Urinary Tract?	218
9.6.1	The Patient Experience of UTI	219
9.6.2	Benign Prostatic Hyperplasia (BPH)	219
9.7	Dysuria	219
9.7.1	Key Points for the History	219
9.7.2	Anatomical Site	219
9.7.3	Pathophysiology	220
9.7.4	The Patient's Experience	220
9.7.5	Evidence Base	220
9.8	Urinary Frequency	221
9.8.1	Anatomical Site	221
9.8.2	Pathophysiology	221
9.8.3	The Patient's Experience	221
9.8.4	Evidence Base	221
9.8.5	Key Points for the History	222
9.9	Urgency	222
9.9.1	Anatomical Site	222
9.9.2	Pathophysiology	222
9.9.3	The Patient's Experience	222
9.9.4	Evidence Base	222
9.10	Nocturia	223
9.10.1	Anatomical Site	223
9.10.2	Pathophysiology	223
9.10.3	What Does the Patient Say?	223
9.10.4	Evidence Base	223
9.11	Haematuria	224
9.11.1	Anatomical Site	224
9.11.2	Pathophysiology	224

9.11.3	What Does the Patient Say?	224
9.11.4	Evidence Base	225
9.12	Pain from the Urinary Tract	226
9.12.1	Anatomical Site	226
9.12.2	Pathophysiology	226
9.12.3	Patient Experience	227
9.12.4	Evidence Base	227
9.12.5	Key Points	227
9.13	Incontinence	228
9.13.1	Anatomical Site	228
9.13.2	Pathophysiology	229
9.13.3	What Does the Patient Say?	229
9.13.4	Evidence Base	230
9.13.5	Key Points for History-taking	230
9.14	Prostatic Symptoms	230
9.14.1	Anatomical Site	230
9.14.2	Pathophysiology	231
9.14.2.1	Hesitancy	231
9.14.2.2	Poor Urinary Flow	231
9.14.2.3	Terminal Dribbling	231
9.14.3	The Patient's Experience	231
9.14.4	Evidence Base	232
9.14.5	Key Points for History-taking	232
9.15	Symptoms of Chronic Kidney Disease	232
	References	233

## **10 Gender, Sexuality and Reproduction** 237

10.1	The Scope of the Sexual History	237
10.2	Epidemiology of Gender, Sexual and Reproductive Symptoms	238
10.3	Sexual Orientation	239
10.4	Barriers to Taking a Sexual History	240
10.5	Non-consensual Sex	240
10.6	Health Professionals' Roles in Discussion and Treatment of Non-consensual Sex	241
10.7	Gender Dysphoria	241
10.7.1	Transition and Affirmation	244
10.7.2	Key Points in the History	245
10.8	Vaginal Discharge	245
10.8.1	Anatomical Site	245
10.8.2	Pathophysiology	245
10.8.3	The Patient Experience	245
10.8.4	Evidence Base	246
10.8.5	Key Points for the History	247
10.9	Normal Menstruation	247
10.10	Dysmenorrhoea	247
10.10.1	Anatomical Site	247
10.10.2	Pathophysiology	248
10.10.3	The Patient Experience	249

10.10.4	Evidence Base	249
10.10.4.1	Primary Dysmenorrhoea	249
10.10.4.2	Secondary Dysmenorrhoea	249
10.10.5	Key Points in the History	250
10.11	Heavy Menstrual Bleeding (HMB)	250
10.11.1	Anatomical Site	250
10.11.2	Pathophysiology	251
10.11.2.1	PALM-COEIN Classification	251
10.11.3	Patient Experience	252
10.11.4	Evidence Base	252
10.11.5	Key Points in the History	252
10.12	Pelvic Pain	252
10.12.1	Anatomical Site	252
10.12.2	Pathophysiology	252
10.12.3	The Patient Experience	254
10.12.4	Evidence Base	254
10.12.5	Key Points	254
10.13	Menopause	254
10.13.1	Anatomical Site	254
10.13.2	Pathophysiology	255
10.13.3	The Patient Experience	255
10.13.4	Evidence Base	255
10.13.5	Premature Ovarian Insufficiency	255
10.14	Sexual Dysfunction	255
10.15	Erectile Dysfunction	256
10.15.1	Anatomical Site	256
10.15.2	Pathophysiology	256
10.15.3	The Patient Experience	256
10.15.4	Evidence Base	257
10.15.5	Key Points in the History	258
10.16	Female Sexual Dysfunction	258
10.16.1	Anatomical Site	258
10.16.2	Pathophysiology	259
10.16.3	The Patient Experience	259
10.16.4	Evidence Base	259
10.16.5	Key Points in the History	259
10.17	Fertility Problems	259
10.17.1	Anatomical Site	259
10.17.2	Pathophysiology	260
10.17.3	The Patient Experience	260
10.17.4	Evidence Base	260
10.18	Breast Lump	261
10.18.1	Anatomical Site	261
10.18.2	Risk Factors for Breast Cancer	261
10.18.3	Patient Experience	261
10.18.4	Key Points of the History	261
	References	263

<b>11</b>	<b>Mental Health</b>	<b>267</b>
11.1	Impact of Mental Health Disorders	268
11.1.1	Impact of COVID-19	270
11.2	Stigma and Discrimination	271
11.3	Community Prevalence of Mental Health Symptoms	271
11.4	Social Determinants of Mental Health	271
11.5	Ethnicity and Mental Health	272
11.6	LGBTQ+ and Mental Health	272
11.7	The Patient Experience	273
11.8	Approaching the Mental Health Interview	273
11.8.1	Sensitive Topics	274
11.8.2	Assessing Mood	274
11.8.3	Starting Off	274
11.8.4	Closing the Interview	274
11.9	Anxiety	275
11.9.1	Pathophysiology	275
11.9.2	The Patient Experience	275
11.9.3	Evidence Base	276
11.10	Mood Disorders	276
11.10.1	Pathophysiology	276
11.10.2	Patient Experience	277
11.10.3	Evidence Base	277
11.10.3.1	Symptoms of Depression	277
11.10.3.2	Screening for Depression	278
11.10.3.3	Post-partum Depression	278
11.10.3.4	Bipolar Disorders	279
11.10.4	Red Flags	279
11.11	Thought Disorder	280
11.11.1	Pathophysiology	280
11.11.2	Patient Experience	280
11.11.3	Evidence Base	280
11.11.4	Key Points in the History	281
11.12	Sleep Disorders	282
11.12.1	Pathophysiology	283
11.12.2	Patient Experience	283
11.12.3	Evidence Base	283
11.12.4	Key Points in the History	283
11.13	Memory Change	284
11.13.1	Anatomical Site	284
11.13.2	Pathophysiology	284
11.13.3	Patient Experience	285
11.13.4	Evidence Base	285
11.13.5	Assessment Tools in Dementia	285
11.13.6	Key Points in the History	286
11.14	Personality Disorders	287
11.14.1	Pathophysiology	287
11.14.2	Patient Experience	287
11.14.3	Evidence Base	288

11.14.4	Addiction	288
11.14.5	Evaluation of Addiction	288
11.15	Self-harm	289
11.15.1	Evidence Base	289
11.15.1.1	Risk Factors	289
11.16	Suicide	290
11.16.1	Risk Factors	290
11.16.2	Red Flags	290
11.17	Assessing Risk of Self-harm and Suicide	291
	References	291
<b>12</b>	<b>Babies and Children</b>	<b>297</b>
12.1	Burden of Disease in Childhood	297
12.2	Social Determinants of Health	297
12.3	Ethnicity	298
12.4	Phases of Childhood	298
12.5	Exploring Symptoms of Babies and Children	299
12.5.1	Past Medical History	299
12.5.2	Review of Systems	300
12.5.2.1	Medication History	300
12.5.3	Family History	300
12.5.4	Parental Ideas and Expectation	300
12.5.5	Differential Diagnosis	301
12.6	Signs of Serious Illness in Babies	301
12.6.1	Neonates	301
12.6.2	Parenting	301
12.7	Feeding and Growth	301
12.7.1	Faltering Growth and Weight	302
12.7.2	Pathophysiology	302
12.7.3	Evidence Base	303
12.7.4	Key Points	303
12.8	Development	303
12.8.1	Pathophysiology	303
12.8.2	Patient Experience	303
12.8.2.1	Developmental Variation	303
12.8.3	Evidence Base	305
12.8.4	Key History Points	305
12.8.5	Red Flags	305
12.9	Cardiovascular Disease	305
12.10	Respiratory	309
12.10.1	Cough in Children	309
12.10.2	Patient Experience	309
12.10.3	Otitis Media	309
12.10.4	Wheeze	310
12.10.4.1	Pathophysiology of Wheeze	310
12.11	Neurological	310
12.11.1	Key Points in the History	311
12.12	Gastrointestinal	311

12.12.1	Constipation	312
12.12.2	Abdominal Pain	312
12.12.3	Bleeding and Jaundice	312
12.13	Musculoskeletal Symptoms	312
12.14	Cancer in Children	312
12.14.1	Key Points in the History	313
12.15	Emotional Disorders	313
12.15.1	Signs and Symptoms	313
12.16	Autistic Spectrum Disorders (ASD)	313
12.16.1	The Patient Experience	316
12.17	Attention Deficit Hyperactivity Disorder (ADHD)	316
12.17.1	Pathophysiology	316
12.17.2	The Patient Experience	316
12.17.3	Evidence Base	316
12.18	Adolescence	317
12.18.1	HEADSS for Adolescents	317
12.18.2	Red Flag Responses for HEADSS	317
12.18.2.1	Suicide/Depression	317
12.19	Gender Identity and Sexual Orientation	317
12.19.1	Gender Identity and Expression	319
12.20	Sexual Orientation Symptoms in Children	319
	References	319

## **13 Elderly Care** 325

13.1	Global Burden of Disease in Older People	325
13.2	Ethnicity and Ageing	326
13.3	LGBTQ+ and Ageing	326
13.4	Normal Ageing	327
13.4.1	Patient Experience	327
13.5	Symptoms in the Elderly	327
13.5.1	Patient Experience	328
13.6	Key Tips in Taking a History	329
13.7	Multimorbidity and Comorbidity	329
13.7.1	Patient Experience	330
13.8	Frailty	330
13.8.1	Pathophysiology	330
13.8.2	Risk Factors	330
13.8.3	The Patient Experience	331
13.8.4	Comprehensive Geriatric Assessment (CGA)	331
13.9	Falls	333
13.9.1	Pathophysiology	333
13.9.2	Patient Experience	333
13.9.3	Evidence Base	333
13.9.4	Fragility Fractures	335
13.9.5	Evidence Base	335
13.9.6	Key Tips for History Taking	337
13.10	Appetite and Weight	338

13.11	Hearing and Vision	338
13.11.1	Key Points in the History	338
13.11.2	Vision	338
13.12	Mobility	339
13.13	Mental Health	340
13.14	Sexuality	341
13.14.1	Pathophysiology	341
13.14.2	Patient Experience	341
13.14.3	Evidence Base	341
13.15	Elder Abuse	343
13.15.1	Patient Experience	343
13.15.2	Key Points in the History	343
	References	344
<b>14</b>	<b>Functional Symptoms</b>	<b>349</b>
14.1	Introduction	349
14.2	Burden of Functional Disorders	350
14.3	Impact on Patients and Clinicians	350
14.4	Ethnicity and Culture	350
14.4.1	LGBTQ+	351
14.5	When Is it Organic Disease?	351
14.5.1	Diagnostic Delay	351
14.5.2	Sources of Bias	351
14.6	Maintaining Factors	352
14.7	Disorders of Gut-Brain Interaction (DGBI)	352
14.7.1	Natural History of DGBIs	353
14.7.2	Pathophysiology	354
14.8	The Gut-Brain Axis	354
14.8.1	The Enteric Nervous System (ENS)	355
14.8.2	Gut Biome	355
14.9	Irritable Bowel Syndrome (IBS)	357
14.9.1	Patient Experience	357
14.9.2	Evidence Base	359
14.9.3	Key Points in the History	359
14.10	Functional Dyspepsia	359
14.10.1	Anatomical Site	360
14.10.2	Pathophysiology	360
14.10.3	Patient Experience	360
14.10.4	Evidence Base	360
14.10.5	Red Flag Symptoms	361
14.11	Functional Cardiovascular Symptoms	361
14.11.1	Model for the Pathogenesis of Functional Cardiovascular Disorders	362
14.11.2	Patient Experience	362
14.11.3	Evidence Base	362
14.11.3.1	Non-cardiac Chest Pain (NCCP)	363
14.11.3.2	Palpitations	363
14.12	Functional Respiratory Symptoms	363

14.12.1	Breathing Pattern Disorder	363
14.12.2	Models of Pathology in Breathing Pattern Disorder	364
14.12.3	Patent Experience	364
14.12.4	Evidence Base	365
14.13	Functional Neurological Disorder (FND)	366
14.13.1	Pathophysiology	366
14.13.2	Patient Experience	366
14.13.3	Evidence Base	366
14.13.3.1	Incidence and Prevalence of FND	366
14.13.3.2	Diagnosis	368
14.13.3.3	Weakness	368
14.13.3.4	Blackouts/Seizures	369
14.13.3.5	Dizziness	369
14.14	Fibromyalgia	369
14.14.1	Pain	369
14.14.2	Patient Experience	370
14.14.3	Evidence Base	370
14.14.4	Red Flags	371
14.15	Patient-Doctor Communication and Functional Symptoms	371
14.15.1	Key Points for the History	372
	References	373

## **15      Bedside Teaching    379**

	Teaching About Symptoms and Diseases	379
15.1	Settings	379
15.2	Bedside Teaching	380
15.2.1	The Patient's Perspective	380
15.3	Organising Bedside Teaching	381
15.3.1	Process	381
15.4	Marrying Process and Content	384
15.4.1	Content Observation	384
15.4.2	Feedback on the Content of the History	384
15.4.3	Presenting the History	386
15.5	Teachable Moments	388
15.5.1	One-Minute Preceptor	388
15.5.2	SNAPPS	388
15.5.3	Clinical Reasoning Tools	388
15.6	Topics for Reflecting on the History	389
15.6.1	Can We Teach Pre-Test Probability at the Bedside?	389
15.6.2	The Opening Statement	393
15.6.2.1	Teaching Tip	393
15.6.3	The Importance of 'What Do You Mean by That?'	393
15.6.3.1	Teaching Tip	394
15.7	Case-Based Discussion	394
	References	394

## **Glossary of Terms    397**

## **Index    401**



## Preface

Patients present with symptoms not diseases. They rely on healthcare professionals to accurately interpret these symptoms. A patient who attends their doctor is saying: 'I've noticed my anatomy and physiology are changing'. Can you tell me: is this normal change as I get older? Or am I developing a disease? If it is a disease: will it get better, and will I return to normal? Or will it continue and change my health and level of function? Will it shorten my life?

Answering these questions requires good communication but also accurate interpretation of the patient's description based on understanding of what is being described. *Exploring Symptoms* describes the connection between the underlying science of symptoms and the words used by patients to describe them. Though many patients may have a particular disease, each person's experience and description of it is unique to them. Nonetheless, connecting science, patients words, and studies of how symptoms are presented in disease facilitates clinical reasoning and diagnostic accuracy. It is safer for patients and more professionally satisfying for clinicians. Importantly, it may lead to more judicious use of finite resources with more appropriate choice of limited diagnostic technologies.

Despite technological advances in medicine and particularly in diagnostics, the patient history remains responsible for approximately 80% of diagnoses. Even where examination, blood tests and imaging are undertaken, they can only be accurately interpreted by reference to the patient's symptoms. Rightly, we emphasise the evidence-base to establish new investigations and treatments not least on the grounds of patient safety. However, the history, our most important tool, remains without a firmly established and widely known evidence-base so far as its content is concerned. Understanding the patient's symptoms is crucial to modern medicine for diagnostic accuracy, patient safety, and satisfaction and for good resource management in finite health services.

I have tried to ensure this work is representative of those who too often feel excluded from health care and who suffer discrimination from services through no fault of their own. I could not include everything about all groups or individuals, but this book is dedicated to everyone. I hope it will contribute to improving care for all of us.

I thank Dr. Anna Frain for her reading and re-reading of the chapters which has helped to refine and clarify the text and for all the support she has given over the past year I have been writing this book. Dr. Jo Butler of [www.medical-artist.com](http://www.medical-artist.com) has provided some wonderful anatomical illustrations to help connect the science to the patient experience. Thank you also to Fozia Mushtaq, Prathishta Gnanaratnasingham, Isabel and Leo Ashford, Leonardo Jackson and Dr. Magdy Abdalla all from the University of Nottingham, UK for their contribution to Chapters 1, 5 and 15.



## Abbreviations

ACS	acute coronary syndrome
ADL	activity of daily living
aF	birth-assigned female
AIDS	acquired immune deficiency syndrome
aM	birth assigned male
AOR	adjusted odds ratio
ASDR	age-standardised death rates
ASIR	age-standardised incidence rate
ASMR	age standardised mortality ratio
ASR	age standardised rate
AUC	area under the curve
BPD	borderline personality disorder
BPH	benign prostatic hypertrophy
CFS	chronic fatigue syndrome
CGA	comprehensive geriatric assessment
CI	confidence interval
CNS	central nervous system
COPD	chronic obstructive pulmonary disease
CRC	colorectal cancer
CVD	cardiovascular disease
DALY	disability adjusted life year
DGBI	disorders of gut-brain axis
DIMS	disorders of initiating and maintaining sleep
DLQI	dermatology life quality index
DOS	disorders of excessive somnolence
DSM V	diagnostic and statistical manual of mental disorders
EASI	eczema area and severity index
ED	erectile dysfunction
EDC	endocrine disrupting chemicals
EMPID	endocrine, metabolic, blood and immune disorders
ENS	enteric nervous system
FND	functional neurological disorder
FSH	follicle stimulating hormone
FTD	formal thought disorder
FUO	fever of unknown origin

GCS	Glasgow coma scale
GD	gender dysphoria
GI	gastrointestinal
GP	general practitioner
GTS	generalised tonic-clonic seizures
GUM	genitourinary medicine
HCl	hydrochloric acid
HIV	human immunodeficiency virus
HMB	heavy menstrual bleeding
HPA	hypothalamo-pituitary-adrenal axis
HRT	hormone replacement therapy
HVS	hyperventilation syndrome
IADL	instrumental activities of daily living
IBD	inflammatory bowel disease i.e. ulcerative colitis and Crohn's
IBS	irritable bowel syndrome
IPSS	international prostate symptom score
LBP	low back pain
LGBTQ+	lesbian, gay, non-binary, transgender, queer +
LR	likelihood ratio
LUTS	lower urinary tract symptoms
ME	myalgic encephalitis
MRI	magnetic resonance imaging
MSK	musculoskeletal
MSM	men who have sex with men
NCCP	non-cardiac chest pain
NEWS	national early warning score
NSAID's	non-steroidal anti-inflammatory drugs
NSTEMI	non-ST elevation myocardial infarction
OA	osteoarthritis
OAB	overactive bladder
OR	odds ratio
PASI	psoriasis area and severity index
PNES	psychogenic non-epileptic seizures
PUD	peptic ulcer disease
PVB	premature ventricular beat
RA	rheumatoid arthritis
RA-ILD	rheumatoid arthritis-interstitial lung disease
RR	risk ratio
SAH	subarachnoid haemorrhage
SDI	socio-demographic index
SGM	sexual and gender minority
SIBO	small intestinal bacterial overgrowth
SIRS	systemic inflammatory response syndrome
SM	sexual minorities
SNOOP4	mnemonic for assessment of headache: Systemic symptoms Neurological symptoms

	Onset sudden
	Onset after age 50
	Progressive
	Precipitated by Valsalva
	Postural relationship
	Papilloedema
SOC	skin of colour
SOCRATES	Site
	Onset
	Character
	Radiation
	Alleviating factors
	Time course
	Exacerbating factors
	Severity
SAH	subarachnoid haemorrhage
STD	sexually transmitted disease
STI	sexually transmitted infection
TIA	transient ischaemic attack
UI	uncertainty interval
UK	United Kingdom of Great Britain and Northern Ireland
US	United States of America
UTI	urinary tract infection
WHO	World Health Organisation
WSW	women who have sex with women
YLD	years lost to disability
YLL	years of life lost

