JOHN FRAIN

EXPLORING SYMPTOMS

AN EVIDENCE-BASED APPROACH TO THE PATIENT HISTORY

WILEY Blackwell

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John Frain
University of Nottingham, UK

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This edition first published 2025

Registered Offices
John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030, USA
John Wiley & Sons Ltd, New Era House, 8 Oldlands Way, Bognor Regis, West Sussex, PO22 9NQ, UK

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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://lccn.loc.gov/2024025374
LC ebook record available at https://lccn.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

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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 heath 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 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
EMBID	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: **S**ystemic symptoms **N**eurological symptoms

	Onset sudden
	Onset after age 50
	Progressive
	Precipitated by Valsalva
	Postural relationship
	Papilloedema
SOC	skin of colour
SOCRATES	**S**ite
	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