

# COMMON & CHRONIC CONDITIONS IN GP

Seb Pillon

# WHAT CONDITIONS ARE PRIMARY MANAGED IN GENERAL PRACTICE?

Consider conditions which you've rarely come across in hospital,  
but see far more in GP



# VIRAL UPPER RESPIRATORY TRACT INFECTIONS



## Why Peppa Pig's GP is a bad example for real patients: Senior doctor says series is leading parents to make appointments for coughs and colds

- A leading GP said episodes of the hit children's show are influencing parents
- Says Dr Bear character prescribes medicine when it wouldn't really be needed
- Added that the character has a 'disregard' for patient confidentiality
- Claims show will have a 'significant' impact on understanding of GPs services

By DAILY MAIL REPORTER

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Peppa Pig is encouraging patients to use GP surgeries inappropriately, a senior doctor has claimed.

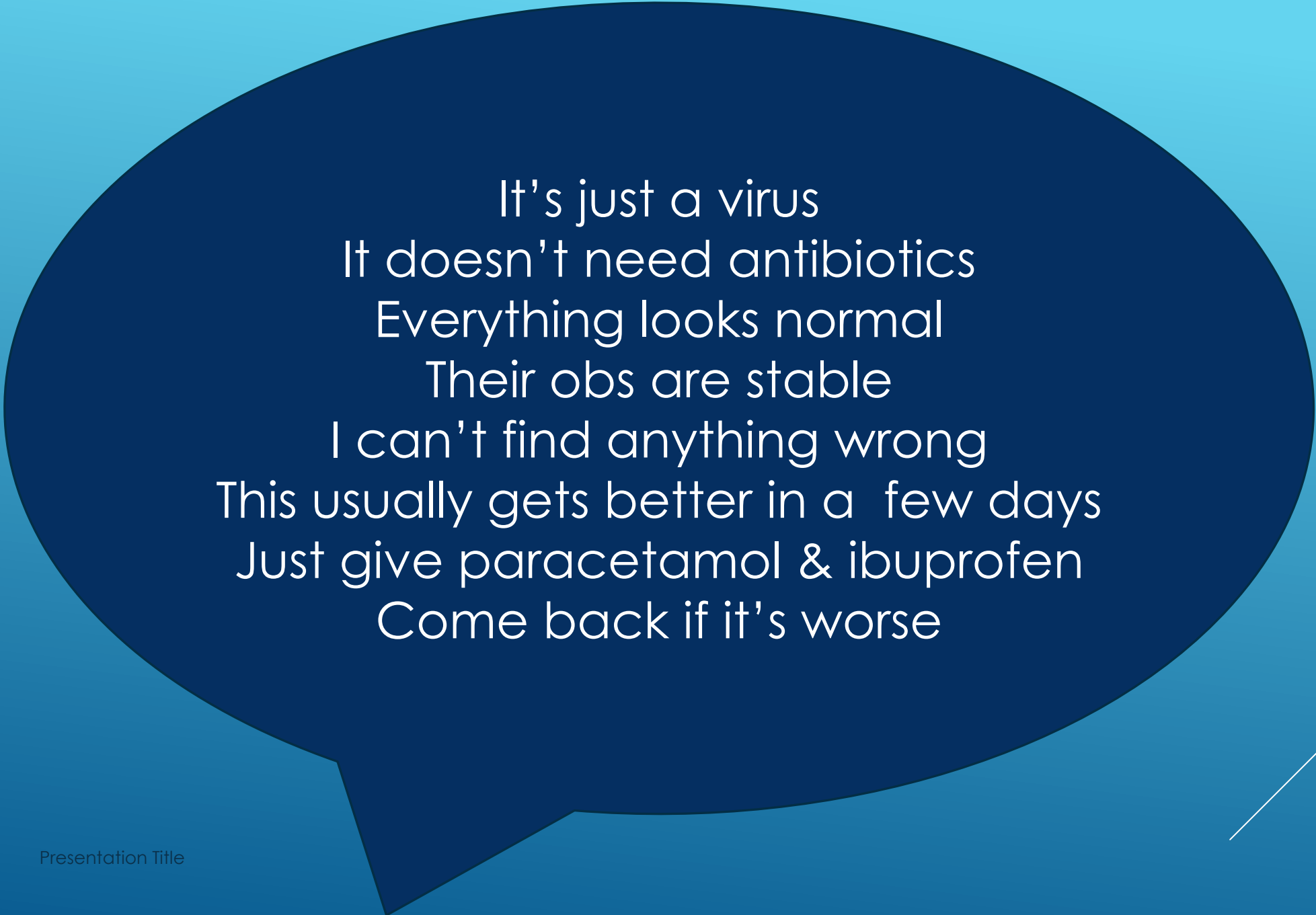
Dr Catherine Bell said the children's TV series was leading parents to make appointments for coughs and colds

This is because a GP in the programme, Dr Brown Bear, is often seen prescribing









It's just a virus  
It doesn't need antibiotics  
Everything looks normal  
Their obs are stable  
I can't find anything wrong  
This usually gets better in a few days  
Just give paracetamol & ibuprofen  
Come back if it's worse



Patient name

It is recommended that you self-care

Your infection	Most are better by	How to look after yourself and your family	When to get help
Middle-ear infection	8 days	<ul style="list-style-type: none"> <li>Have plenty of rest.</li> <li>Drink enough fluids to avoid feeling thirsty.</li> <li>Ask your local pharmacist to recommend medicines to help your symptoms or pain (or both).</li> <li>Fever is a sign the body is fighting the infection and usually gets better by itself in most cases. You can use paracetamol if you or your child are uncomfortable as a result of a fever.</li> <li>Use a tissue and wash your hands well to help prevent spread of your infection to your family, friends and others you meet.</li> <li>Other things you can do suggested by GP or nurse:</li> </ul>	<p><b>The following are possible signs of serious illness and should be assessed urgently:</b></p> <ol style="list-style-type: none"> <li>If your skin is very cold or has a strange colour, or you develop an unusual rash.</li> <li>If you feel confused or have slurred speech or are very drowsy.</li> <li>If you have difficulty breathing. Signs that suggest breathing problems can include: <ul style="list-style-type: none"> <li>breathing quickly</li> <li>turning blue around the lips and the skin below the mouth</li> <li>skin between or above the ribs getting sucked or pulled in with every breath.</li> </ul> </li> <li>If you develop a severe headache and are sick.</li> <li>If you develop chest pain.</li> <li>If you have difficulty swallowing or are drooling.</li> <li>If you cough up blood.</li> <li>If you are feeling a lot worse.</li> </ol> <p><b>If you or your child has any of these symptoms, are getting worse or are sicker than you would expect (even if your/their temperature falls), trust your instincts and seek medical advice urgently from NHS 111 or your GP. If a child under the age of 5 has any of symptoms 1-3 go to A&amp;E immediately or call 999.</b></p> <p><b>Less serious signs that can usually wait until the next available appointment:</b></p> <ol style="list-style-type: none"> <li>If you are not starting to improve a little by the time given in the 'Most are better by' column.</li> <li>In children with middle-ear infection: if fluid is coming out of their ears or if they have new deafness.</li> <li>Mild side effects such as diarrhoea, however seek medical attention if you're concerned.</li> <li>Other</li> </ol>
Sore throat	7-8 days		
Sinusitis	14-21 days		
Common cold	14 days		
Cough or bronchitis	21 days		
Other infection: .....	..... days	<hr/> <hr/> <hr/> <hr/>	

Back-up antibiotic prescription to be collected after  days only if you are not starting to feel a little better or you feel worse.

Collect from: ☐ Pharmacy ☐ General practice reception ☐ GP, nurse, other

- Colds, most coughs, sinusitis, ear infections, sore throats, and other infections often get better without antibiotics, as your body can usually fight these infections on its own.
- Taking antibiotics encourages bacteria that live inside you to become resistant. That means that antibiotics may not work when you really need them.
- Antibiotics can cause side effects such as rashes, thrush, stomach pains, diarrhoea, reactions to sunlight, other symptoms, or being sick if you drink alcohol with metronidazole.
- Find out more about how you can make better use of antibiotics and help keep this vital treatment effective by visiting [www.nhs.uk/keepantibioticsworking](http://www.nhs.uk/keepantibioticsworking)

**Never share antibiotics and always return any unused antibiotics to a pharmacy for safe disposal.**

Keep Antibiotics Working

## Scarlett's Story



Tweet

I gave birth to the most beautiful baby girl on the 12th September 2013. Scarlett showed no signs of illness growing up, only the occasional cough and cold. She was such a happy baby, and when she started walking, she loved playing and running around. Her favourite was toy story; she would have her Jessie doll in one hand and her hobby horse in the other, chasing me around the house, shouting "Yee Yah"

Scarlett had the most contagious laugh, one you couldn't ignore, her smile would brighten up your day, and her cuddles were the warmest!

It was a Wednesday when Scarlett first fell ill, she had just come home from nursery. It seemed to just be a sick bug, which would pass within a couple of days. We just kept trying to keep her hydrated.

Over the next week, Scarlett's symptoms seemed to get worse, to more flu like symptoms. She was lethargic, wanting to sleep all day and night, no colour in her face whatsoever. We struggled getting any food and water down her, to the point where we had to fill up a medicine syringe and squirt it in her mouth.

We took Scarlett to the doctors on the Monday, the doctor diagnosed her with a viral infection and sent us on our way. The following day, we took Scarlett to the doctors again, but were seen by a different GP she thought Scarlett could have some kind of throat ulcer, which was why Scarlett didn't want to eat or drink. This GP prescribed some ibuprofen, and said to give her a call if I had any worries.

Wednesday 24th February – Scarlett just did not seem to improve. I put Scarlett into her bed and gave the doctors' surgery a call, as I didn't want to drag her back out again. The doctor



and gave the doctors' surgery a call, as I didn't want to drag her back out again. The doctor wasn't available to speak to me and I was advised they would call me back. I then went to check on Scarlett in her bed. she was fast asleep, but her lips where blue. I called for a taxi straight away and took her to A&E. After waiting three hours to be seen by a doctor Scarlett was diagnosed with tonsillitis and prescribed antibiotics. We asked about what could be the cause of the blue lips, but he believed it was just a one off, which could have been caused by many different things. We kept telling him how poorly she was, and how unlike normal self she had been over the past week, but he was adamant she didn't need to be admitted. We put our trust in the doctor and took Scarlett home.

We got home around 6.30 in the evening and Scarlett was exhausted, so we tucked her up in our bed. When it was time for myself and my partner Leon to go to bed, Scarlett was still fast asleep, so Leon got in bed with Scarlett, and I got on the couch.


Around 12.30 am, Scarlett woke up shouting 'Mummy! Mummy!' and toddled in the living room. She climbed under the blanket with me, and gave me big cuddles. What I didn't know was, they would be my last. Scarlett went back to bed with Leon. She then climbed out of bed, and got comfortable on the floor. This was normal for Scarlett as the floor was her comfort place. Leon got out of bed and picked Scarlett up to put her in her own bed but then came running into me saying something wasn't right, Scarlett was making strange noises. I jumped off the couch and ran to her, there I found my daughter not breathing, and unresponsive. I screamed for Leon to call an ambulance. Leon carried out CPR until the ambulance arrived. Our little girl was in cardiac arrest, the paramedics spent 40 minutes constantly performing CPR, even giving her shots of adrenaline, anything to try and revive her. She was then taken into the ambulance, and I got in the front. All I could hear was the defibrillator shocking her, and the sirens screaming. That sound will stick with me for the rest of my life.

When we arrived at Bolton A&E, Scarlett was rushed into a room where doctors carried on with the CPR for about another hour. All we could do was sit and wait, hoping when the doctor next came in it would be good news, but when the doctor came, he told us they don't think Scarlett would make it, and allowed us to sit with her whilst they carried on the final rounds of CPR. I watched my baby die in front of me, and I was helpless. My little girl was pronounced dead in the early hours of Thursday morning.

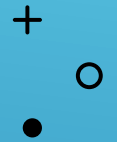
I was able to spend two years and five months being a mother to the most precious, smart, kind, thoughtful and beautiful little girl there is, though I'm grateful for all the memories, love and happiness, it is not enough. I questioned why... why my little girl? Why didn't the doctors listen when I told them how poorly she was? What more could I have done?

After a long wait, Scarlett's inquest was in December. It was concluded that Scarlett died from Laryngotracheobronchitis, which is an upper respiratory infection. However that being a cause of death is very rare. The findings from the post mortem showed that Scarlett's heart was not normal for a child her age. It is believed this was a long-term heart problem and not just caused from her being unwell. The heart problem is likely to have suppressed Scarlett's ability

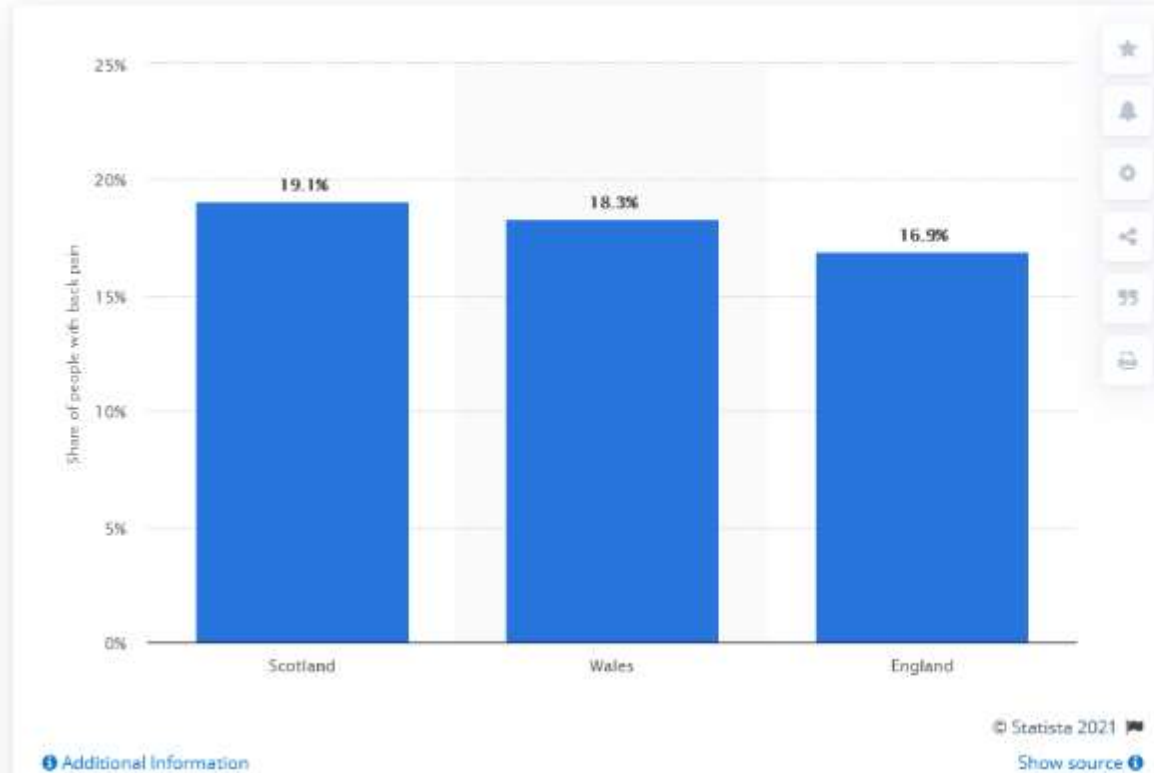




# BACK PAIN



## Share of individuals suffering from back pain in the United Kingdom (UK) in 2019, by region



Approximately 8 million adults in the UK report chronic pain that is moderate to severely disabling.

Back pain alone accounts for 40% of sickness absence in the NHS (2014)

Overall it costs £10 billion for the UK economy (2000)

# BACK PAIN

# BACK PAIN

- What do we need to assess?
- What can we do about it?





## ► Nerve and spinal cord problems

- **Spinal nerve compression, inflammation and/or injury**
- **Sciatica** (also called radiculopathy), caused by something pressing on the sciatic nerve that travels through the buttocks and extends down the back of the leg. **Spinal stenosis**, the narrowing of the spinal column that puts pressure on the spinal cord and nerves
- **Spondylolisthesis**, which happens when a vertebra of the lower spine slips out of place, pinching the nerves exiting the spinal column
- **Herniated or ruptured discs** can occur when the intervertebral discs become compressed and bulge outward
- **Infections** osteomyelitis; discitis; sacroiliitis
- **Cauda equina syndrome**
- **Osteoporosis**
- **Non-spine sources**
- **Kidney stones**
- **Endometriosis**
- **Fibromyalgia**
- **Tumours**
- **Pregnancy**

## ► Congenital

- **Skeletal irregularities** such as scoliosis (a curvature of the spine), lordosis (an abnormally exaggerated arch in the lower back), kyphosis (excessive outward arch of the spine)
- **Spina bifida** which involves the incomplete development of the spinal cord and/or its protective covering and can cause problems involving malformation of vertebrae
- **Injuries**
- **Sprains** (overstretched or torn ligaments), **strains** (tears in tendons or muscle), and spasms (sudden contraction of a muscle or group of muscles)
- **Traumatic Injury**
- **Degenerative problems**
- **Intervertebral disc degeneration**
- **Spondylosis** the general degeneration of the spine associated with normal wear and tear that occurs in the joints, discs, and bones of the spine as people get older.
- **Arthritis or other inflammatory disease** in the spine, including osteoarthritis and rheumatoid arthritis as well as spondylitis, an inflammation of the vertebrae.



# PAIN LADDER

- ▶ **Low back pain is a self limiting condition:**
  - **90%** of people with LBP will recover in 3-4 months with no treatment.
  - **70%** of people with LBP will recover in 1 month with no treatment.
  - **50%** of people with LBP will recover in 2 weeks with no treatment.
  - **5%** of the remaining 10% will not respond to conservative care (such as physiotherapy). This final 5% are the most challenging cases (that usually stay with the GP!)

# BACK PAIN





TO MRI OR TO NOT MRI?

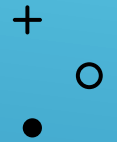
**Table 2: Age-specific prevalence estimates of degenerative spine imaging findings in asymptomatic patients<sup>a</sup>**

Imaging Finding	Age (yr)						
	20	30	40	50	60	70	80
Disk degeneration	37%	52%	68%	80%	88%	93%	96%
Disk signal loss	17%	33%	54%	73%	86%	94%	97%
Disk height loss	24%	34%	45%	56%	67%	76%	84%
Disk bulge	30%	40%	50%	60%	69%	77%	84%
Disk protrusion	29%	31%	33%	36%	38%	40%	43%
Annular fissure	19%	20%	22%	23%	25%	27%	29%
Facet degeneration	4%	9%	18%	32%	50%	69%	83%
Spondylolisthesis	3%	5%	8%	14%	23%	35%	50%

# MRI FINDINGS



# CHRONIC PAIN







# CAKE, 2014

<https://youtu.be/aNxibMu-6gc>

- ▶ Looking fine doesn't mean we are fine
- ▶ We need the accessible parking spot but are afraid to use it
- ▶ We're not lazy, we're exhausted
- ▶ Our side effects have side effects
- ▶ If we have to hear 'Have you tried...?' one more time, we're going to lose it
- ▶ Guilt is our constant companion
- ▶ We get treated like drug addicts
- ▶ 'We don't know' is the story of our life
- ▶ The big stuff hurts, but it's the little things that break our hearts
- ▶ We can do everything right and still have it all go wrong
- ▶ We've lied about our pain to make someone else feel better

## WHAT DO SUFFERERS THINK?

# The Path In (and Out) of CHRONIC PAIN



1

## Challenging Childhood Experiences

During childhood, the nervous system learns to detect danger. With each experience that feels physically or emotionally unsafe, the brain learns to go into protective mode more quickly and its "alarm system" may become increasingly sensitive.



## Everyday Adult Stress

When an overprotective nervous system meets the everyday stress of adulthood, it often responds by producing physical symptoms. This may show up in the form of headaches, stomach issues, muscle tension, back aches, rapid heart rate, and many more.

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## Major Life Events

Just as everyday stresses trigger physical symptoms, major life changes can often coincide with the development of new or worsened symptoms. Common events include:

- Change in relationship status
- Change in housing
- Death or loss of a loved one
- Change in employment or career
- Ongoing discrimination
- Change in financial standing
- Involvement in an abusive relationship
- Traumatic event

3

## Health Experiences

Health scares during childhood can have a huge impact on how protective the nervous system becomes. Major surgeries, injuries, or incorrect diagnoses can lead to pain catastrophizing, increased amygdala activity, and a more intense experience of pain.



2

## Coping Strategies

When faced with challenges, children often try to reduce conflict by behaving perfectly. This can lead them to become perfectionists and people-pleasers in adulthood. The cost that comes with that is a learned, ongoing state of tension and vigilance in the nervous system.







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## Chronic Symptoms

At any point, an overactive nervous system can hit its tipping point and begin the cycle of chronic symptoms. These symptoms may begin with injury, underlying pathology, or appear out of the blue. Common examples include:

- Migraines
- Fibromyalgia
- Fatigue
- Back pain
- Neck or shoulder pain
- Hand or wrist pain
- CRPS
- Knee pain
- Leg or foot pain
- Trigeminal Neuralgia
- IBS and other GI issues
- Lingering pain from an injury
- Other symptoms lasting >3 months



## Learned Neural Pathways

The nervous system is exceptionally plastic, which means it can pick up habits easily. Pain is one of those habits. The more the nervous system "practices" activating a certain symptom, the easier it becomes to activate it again and again.

1



## The Downward Spiral

Unfairly, the brain changes and life changes that come along with chronic pain provide the pain with fuel. Activities that naturally relieve pain and release "happy chemicals" become restricted, while fear and vigilance grow.

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## Brain Changes

As pain becomes chronic, many people experience a sensitivity adjustment. The brain becomes more and more protective, detecting danger and triggering a pain response even when no danger is present.

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## Pain Related Stress and Changes

Chronic pain doesn't just impact the brain, it impacts every aspect of life, including:

- Physical activity levels
- Social life
- Relationships
- Identity
- Mental health

## Targeted Rewiring

The process of rewiring the neural pathways of chronic



11

### Knowledge

The brain processes chronic pain using its fear system. In order to reverse the cycle of pain, the rational part of the brain (the prefrontal cortex) often needs to get more involved. Simply learning about how pain works can help the prefrontal cortex play a larger role.



### Targeted Rewiring

The process of rewiring the neural pathways of chronic pain requires experimentation, patience, and consistency. Science-backed techniques, like those found in the Curable app, can greatly assist in this process. Common techniques include:

- Physical activity levels
- Social life
- Relationships
- Identity
- Mental health
- Daily routine

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- Pain Science Education
- Guided Meditation
- Guided Visualization
- Graded Motor Imagery
- Cognitive Behavioral Therapy
- Expressive Writing
- Brain-Centric PT
- Social/Peer Support
- And many more

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### Self Discovery

To help the nervous system feel safe again, it is critical to understand what made it feel unsafe. This can be completed through guided writing exercises or with the help of a professional. An understanding of the nervous system's journey into pain will provide a clearer map of the way out.



### New Neural Pathways

Armed with a new perspective on pain, it is possible to start teaching an old nervous system new tricks. Joy, play, gratitude, and physical activity are powerful habits that release natural pain-relieving chemicals. The more these new habits are practiced, the more comfortable they will feel in the nervous system.

14



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### A Fresh Perspective

Following these steps can greatly reduce physical symptoms, but that is not the only benefit. The work it takes to unlearn chronic pain impacts every aspect of life, allowing for a deeper understanding of the self, better relationships, a greater enjoyment of everyday life, and a loving relationship with the body.



Try the Curable app  
for free at [curable.com](https://curable.com)





What do doctors do?

# Who do doctors treat?

III

- Suffering from an illness or disease or feeling unwell.

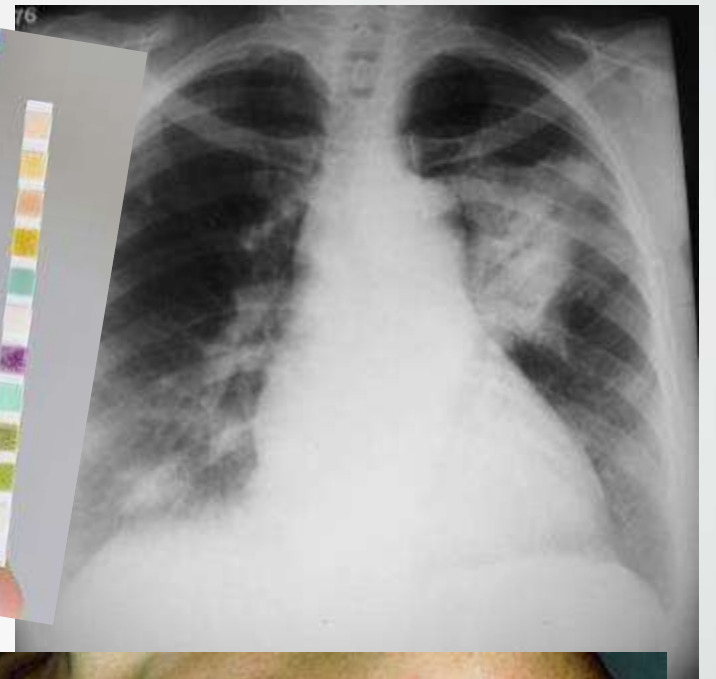


Well

- In good health; free or recovered from illness.







# Traditional Medical Model

History & Examination

Differential Diagnosis

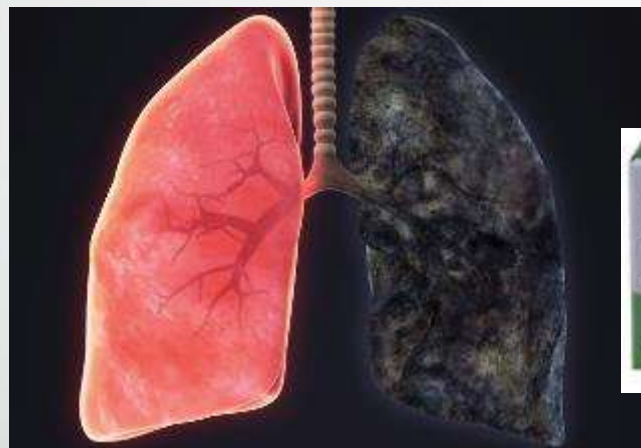
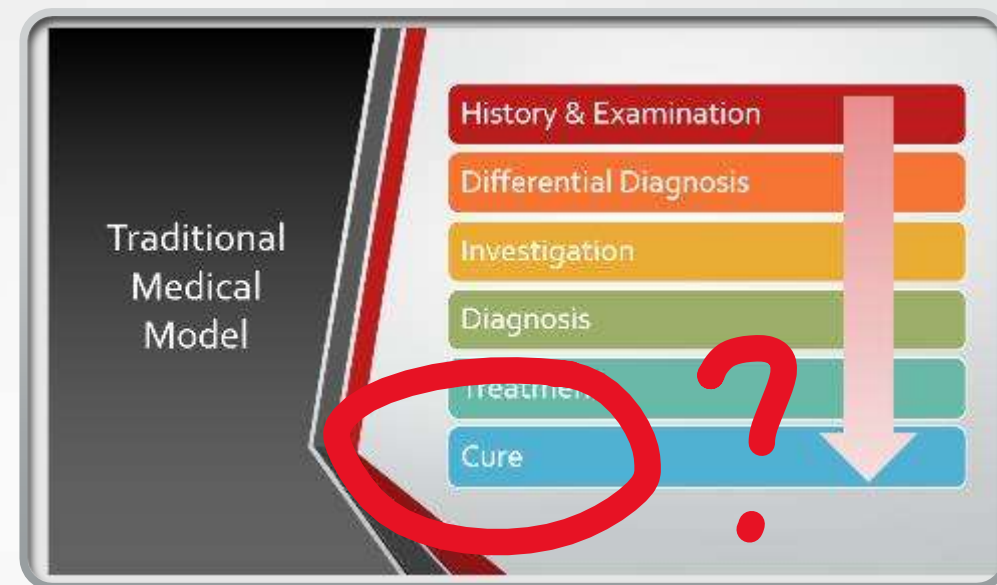
Investigation

Diagnosis

Treatment

Cure





# Chronic Disease Model

History & Examination

Differential Diagnosis

Investigation

Diagnosis

Symptom Assessment

Monitoring

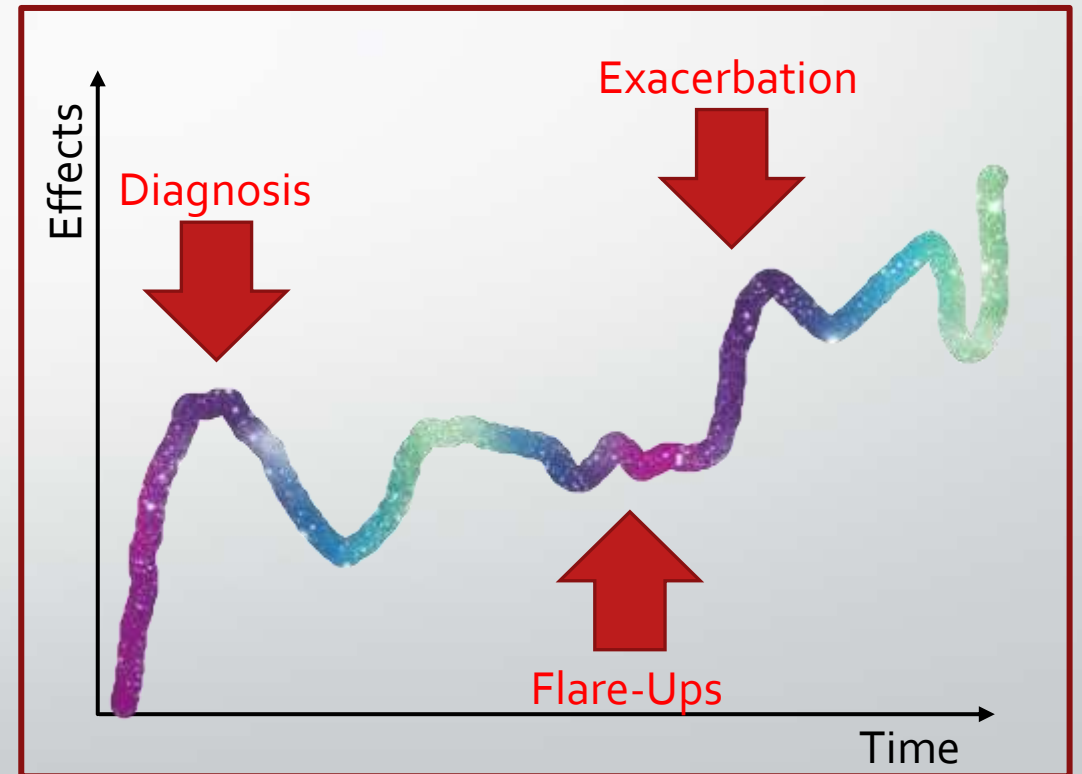
Symptom Management

~~Treatment~~

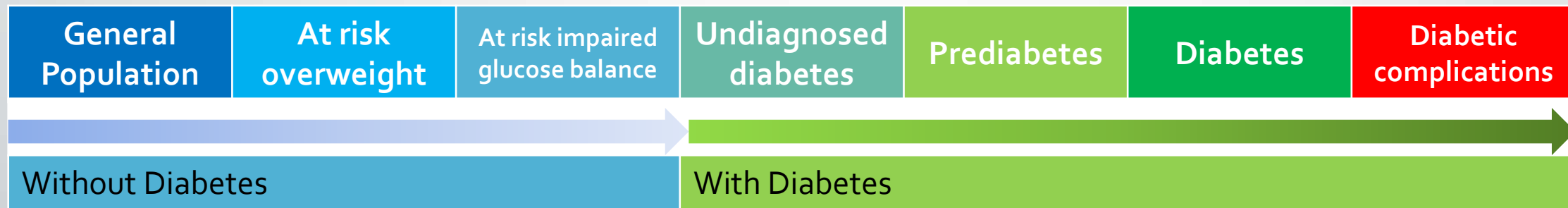
~~Cure~~

# Chronic Illness

- Conditions usually on a spectrum
- Patients can be ill or well at varying points on the spectrum
- The patient is often the expert of their condition
- Guidance helps ensure good management...
- ...but doesn't define a uniform pathway for all.

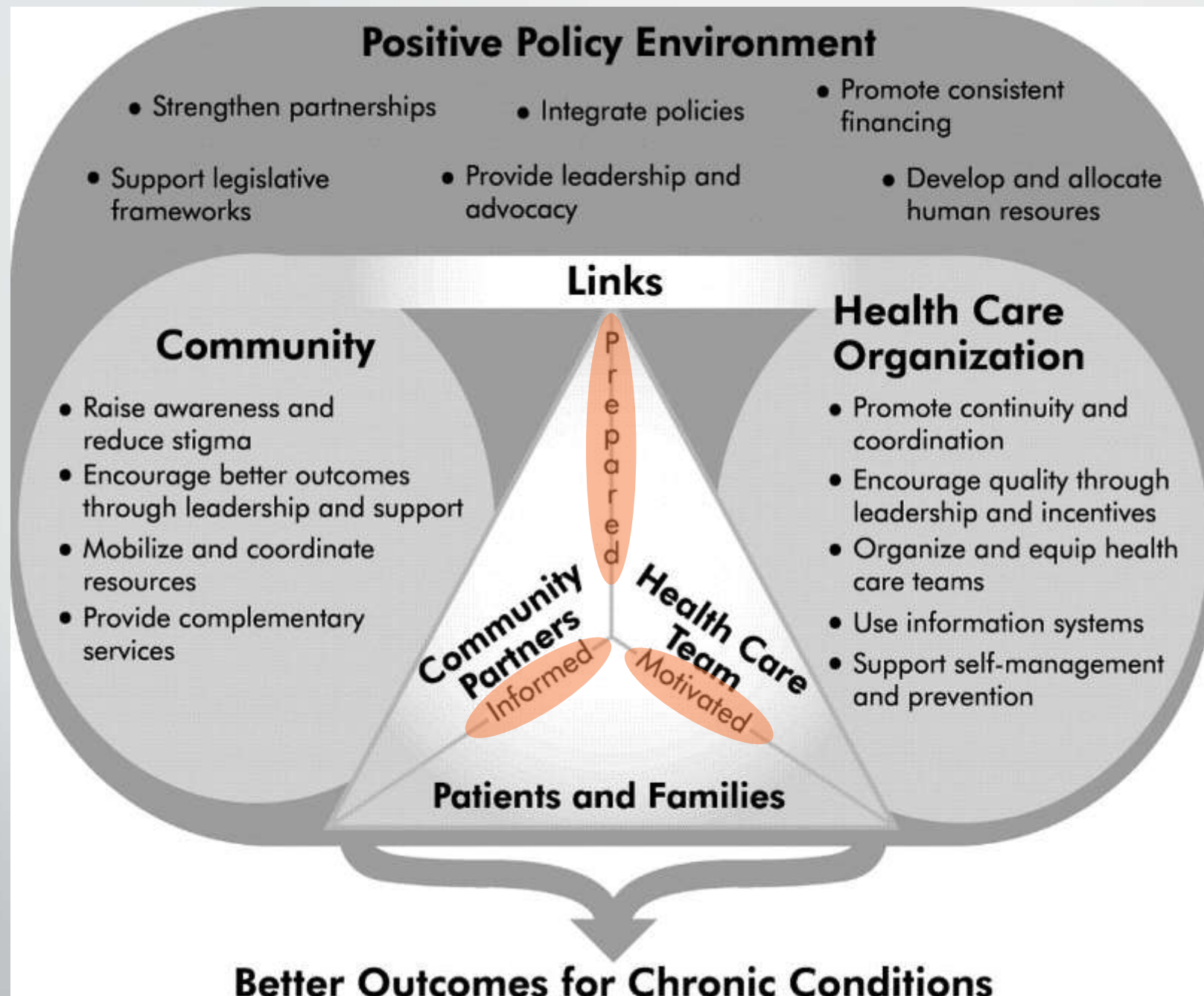






# Chronic Care Model

- **Community**
  - Mobilise community resources to meet needs of patients
- **Organisation of health care**
  - Create a culture, organisation, and mechanisms that promote safe, high quality care
- **Support self management**
  - Empower and prepare patients to manage their health and health care
    - for example, use effective self management support strategies that include assessment, goal setting, action planning, problem solving, and follow up
- **Design of delivery system**
  - Assure the delivery of effective, efficient clinical care and self management support
    - for example, define roles and distribute tasks among team members
- **Decision support**
  - Promote clinical care that is consistent with scientific evidence and patient preferences
- **Clinical information systems**
  - Organise patient and population data to facilitate efficient and effective care
    - for example, provide timely reminders for providers and patients



# What kind of patients do you like managing?

- 45y M presenting with chest pain and ST elevation on ECG
- 47y F with known MS presenting with multiple pains, including the chest
- 22y F with T1DM presenting with D&V, tiredness and a blood sugar of >30
- 68y M with T2DM on 3 anti-diabetic agents and a recent HbA1c of 74
- 98y M with long PMHx presenting as “not feeling self”
- 22y F presenting with 3/52 of feeling tired, some stressors, low mood and tearfulness
- 15y M with CF presenting with productive cough, fever 2 weeks after last admission
- 62Y F presenting with a first LRTI and a CURB-65 =1



# Do doctors want to manage chronic illnesses?

## Expectation

- Most medical students want to become doctors to heal patients.
- Good doctors cure their patients.
- Patients just want to know their diagnosis.
- Medical success is equated with cure; medical failure with the absence of effective treatments and so resort to palliative care.
- Dominant model of medical education remains disease oriented, hospital based, and intent on cure.

## Reality

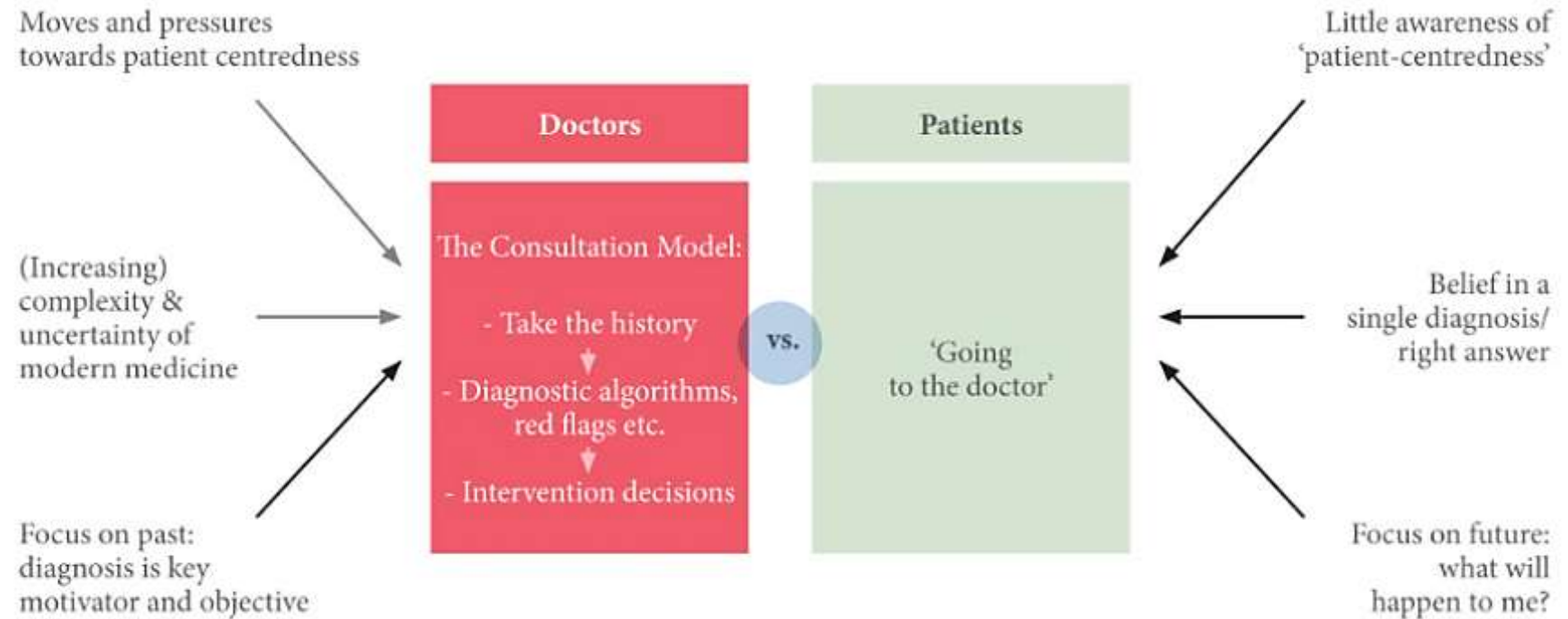
- Most will spend much of their time caring for patients for whom no cure is possible.
- Good doctors consider patients holistically.
- Patients want to know how to manage their symptoms.
- The treatment of chronic disease conflicts so fundamentally with these expectations that it tends to be neglected.
- This mismatch between medical education and medical practice can lead to disillusioned doctors and poorly served patients.



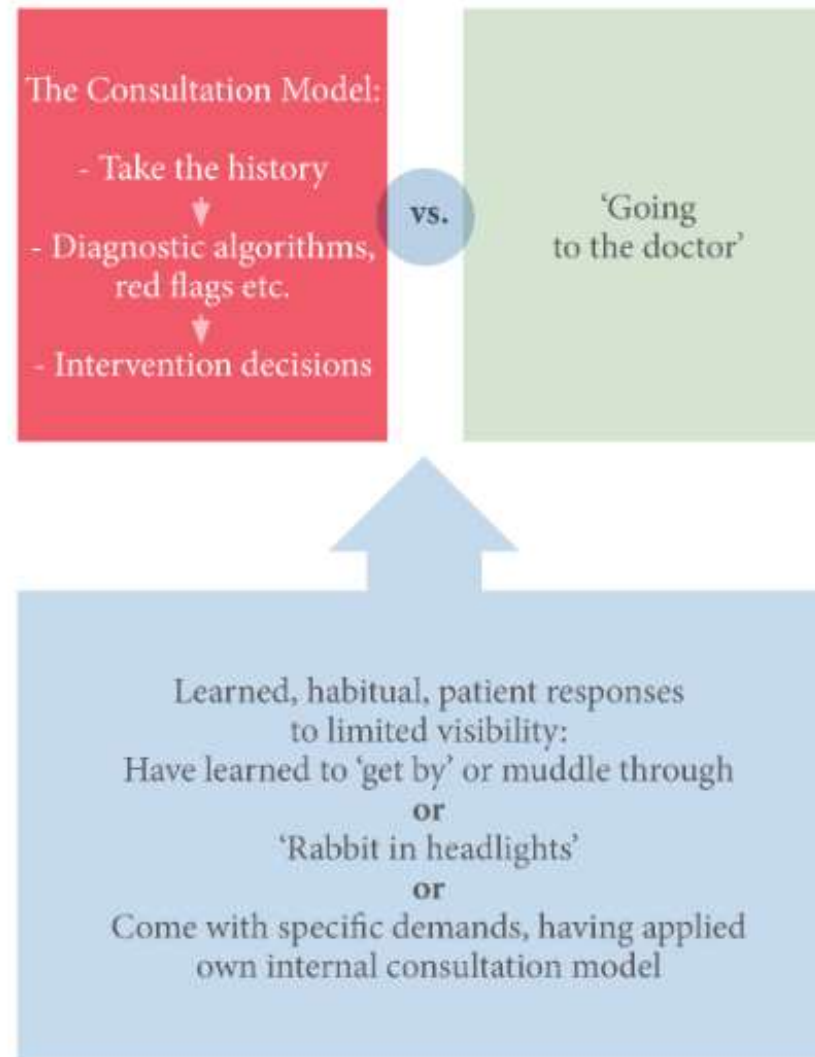
# Skills required in the management of chronic illnesses

- **Therapeutic relationship**
  - Eliciting patients' perspectives on their illness
  - Attending to your own response to the patient
  - Accurately assessing the therapeutic relationship
  - Developing and reviewing individual management plans
- **Within teams**
  - Appreciation of roles within multidisciplinary and primary healthcare teams
  - Interpersonal skills to be an effective team member
  - Openness to acknowledging ambivalent or negative reactions
- **In the wider system**
  - Applying disease prevention and health promotion strategies
  - Employing strategies that empower patients and carers
  - Participating in health service development and evaluation
  - Effective multiagency liaison

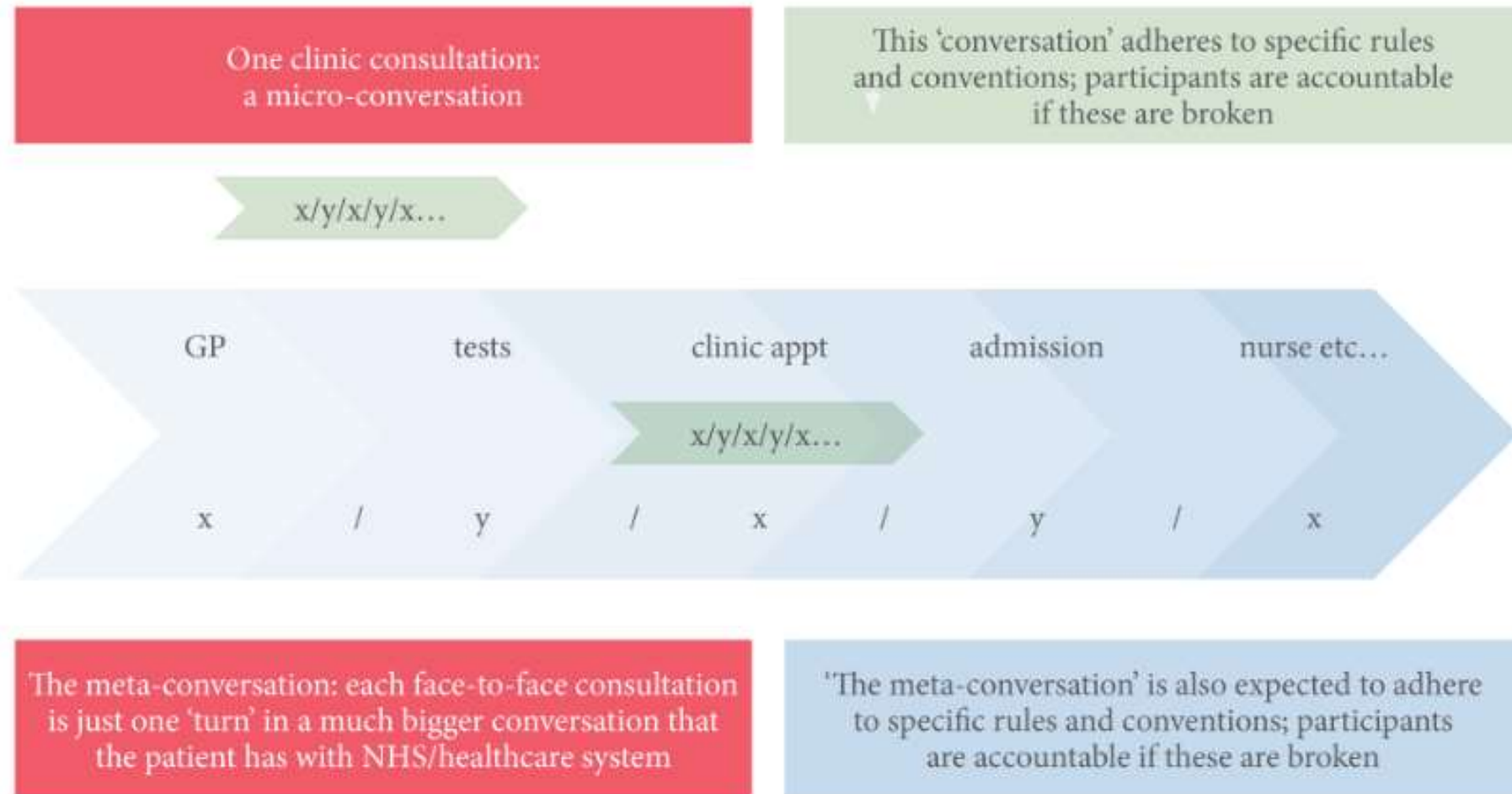
**Figure 8: Doctors manage interactions with a formal consultation structure – but this is invisible to the patient**



**Figure 9: Patient responses to invisibility of the consulting structure**



**Figure 10: The 'consultation' within a bigger 'conversation'**





# Why do we care about chronic disease?

- **Patient**
  - Improved mortality and morbidity
  - Improved wellbeing
- **Healthcare**
  - Reduced admissions/appointments
  - Reduced costs (?)
- **Physician**
  - Job satisfaction
  - Transferable skills and knowledge

