Medical History

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Definition

Medical history is the account given by a patient of their symptoms, relevant matters, and their general health. History-taking forms the basis of clinical assessment, and also helps establish the doctor-patient relationship that is essential for medical care.

Characteristics

One imperative in eliciting a history is for the physician to be alert to so-called “red flags”, i.e. clinical features known to correlatewith serious pathology such as infection or neoplasm. In the interest of securing the patient’s safety, such possibilities must be explored at the initial assessment and at every subsequent contact.

Taking a history needs to be thorough, lest important issues pertaining to the patient’s problems be overlooked. Acomprehensive historywould entail exploring each of the following domains:

- Identification
- Presenting symptoms
- History of the index condition
- Concurrent conditions
- Concurrent medical treatment
- General medical history
- Systems review
- Psychological history
- Social history

Identification

The physician should ask the patient’s name, address, age, lateral dominance and occupation. Age is a risk factor for some conditions. Lateral dominance and occupation relate to how the affected part has been used in the past and activities the patient may undertake in the future.

Presenting Symptoms

All current symptoms should be listed and ranked in order of significance to the patient. The one for which the patient is seeking treatment should be identified as the “index condition”.

History of the Index Condition

The physician should elicit the history of the index condition systematically, using simple questions to guide the patient so they describe all relevant features. A suitable approach to a pain history is to follow the checklist below:

- Site
- Distribution

• Quality
• Duration
• Periodicity
• Intensity
• Aggravating Factors
• Relieving Factors
• Effects on Activities of Daily Living
• Associated Symptoms
• Onset
• Previous Similar Symptoms
• Previous Treatment
• Current Treatment

Site

The site of pain is the anatomical region or area inwhich the patient perceives their pain. Thatmay or may not be the site of origin of the pain. The patientmay be describing an area into which pain is referred. In recording the site of pain, the physician should take care to ensure that any terms used by the patient are not incorrect, and arecorrectlyunderstoodbythephysicianandotherswho mightbecomeengaged in the patient'smanagement.For example, what a patient calls 'back pain' may not accurately be "lumbar spinal pain", which should be distinguished from loin pain or buttock pain (Merskey and Bogduk 1994). "Leg pain" should be distinguished from pain in the thigh or pain in the (entire) lower limb.

Distribution

The distribution of pain, and to where it spreads, can provide clues to its origin. Patterns called "pain maps" have been determined experimentally for pain from particular segments of the cervical spine (Dwyer et al. 1990; Aprill et al. 1990; Dreyfuss et al. 1994; Fukui et al. 1996), thoracic spine (Dreyfuss et al. 1994) and lumbar spine (Mooney and Robertson 1976; Fukui et al. 1997), from sacroiliac joints (Fortin et al. 1994) and from peripheral joints such as the sternoclavicular joint (Hassett and Barnsley 2001). In other instances, such as abdominal pain, the distribution of pain may be used to explore sources amongst structures with the same segmental innervation as the area of distribution.

Quality

Dull, aching pain is typical of somatic pain, and if it radiates from the spine to a limb it suggests somatic referred pain of spinal origin. Sharp pain shooting from the spine into a limb is likely to be radicular. Burning pain is often, if not typically, neuropathic.

Duration

Establishing if the pain is acute, subacute, or chronic (see Acute Pain, Subacute Pain and Chronic Pain), is important for it predicates treatment. Interventions that work for acute pain may not be appropriate for chronic pain, and vice-versa.

Periodicity

Constant painmaybe associatedwith continuingpathology.

Intermittent pain, especially pain on movement, may be associated with injury of parts that become painful under load. Some forms of neurogenic pain, particularly the neuralgias, may be intrinsically periodic, i.e. occurring in bursts. Some forms of headache have characteristic periodicities.

Intensity

The intensity of pain should be measured on a visual analogue scale or other instrument. If pain is not measured initially it cannot laterbe said to havebeen relieved (Huskisson 1974). Severe pain, of sudden onset,may indicate a serious cause that requires rapid diagnosis and immediate management.

Aggravating Factors

Aggravating factors include stresses that load impaired tissues. Identifying aggravating factorsmay assist in formulatingmanagement, which includes not only specific interventions but also guiding the patient as to what they should not do, andwhat theymight do in betterways despite the pain. Pain that is not aggravated by moving or palpating the region in which pain is perceived suggests the possibility of a remote origin, which should be pursued.

Relieving Factors

Relieving factors usually reduce stresses on the affected part; e.g. avoiding certain movements. Pain that is not relieved by rest raises concern about a possible serious cause that needs to be investigated.

Effects on Activities of Daily Living

The effects of pain on activities of daily living (ADLs) provide an index of ways in which the pain disables or handicaps the patient. These should be addressed in the plan of management, lest the patient become unnecessarily disabled for fear of aggravating their pain.

Associated Symptoms

Associated symptoms are important clues to serious causes of pain. Sooner or later, serious causes will produce features other than pain. These features serve to identify the cause. In the absence of associated symptoms, a serious cause of pain is highly unlikely. For different conditions, different associated symptoms apply, and should be asked about, lest a serious condition be missed. Infection can be associated with fever and malaise; tumours with weight loss, malaise, or neurological symptoms; vascular disorders with transient ischaemic attacks.

Onset

The onset means the first appearance of the pain and the circumstances in which it started. Those circumstances may provide clues to the cause of the pain. Sometimes this may be an injury. Sometimes it might be an antecedent infection. These features can provide clues as to the possible cause of pain and its aetiology.

Previous Similar Symptoms

Previous related symptoms suggest a chronic or recurrent condition. In that event, persistent risk factors for recurrence should be explored and managed.

Previous Treatment

Allmeasures used to treat the condition, their outcomes and any unwanted effects should be noted. Interventions to which there have been favourable responses may be harnessed for further management. Treatment failures may provide clues to the nature of the cause of pain; failures also suggest treatments to avoid.

Current Treatment for the Index Condition

All current treatment should be recorded, including self-appliedmeasures like local heat and all substances whether prescribed or otherwise, with the patient's appraisal of each.Knowing the current treatment serves to warn about possible deleterious interactions with treatment about to be prescribed.

Intercurrent Conditions

Any intercurrent problems should be noted, and consideration given to any "red flags".

Other Current Medical Treatment

All forms of treatment in use for other conditions should be considered for any effect they may have on the index condition or its treatment.

Past Medical History

Past history can provide clues to possible serious causes of current pain. A past history of cancer warns of possible recurrence ormetastases. Recent skin penetration, current infections, or immunological compromisewarn of possible infection. Prolonged use of corticosteroids is a risk factor for peptic ulceration and osteoporosis resulting in stress factors. Renal disease, use of corticosteroids, immunosuppression, and diabetes mellitus are risk factors for osteonecrosis.

Systems Review

Askingspecificallyaboutpastorpresentsymptomsfrom each bodily system may yield clues to possible serious causes that may not have been evident otherwise.

Psychological History

The physician should consider how the patient reacts to the condition mentally, and should identify any psychosocial risk factors, i.e. psychological and social issues correlated statistically with the likelihood of chronic disability. Sensitive exploration of a patient's psyche can enhance the doctor–patient relationship, enable development of empathy, and help the physician care for them in the manner advocated by Cochrane (Cochrane 1977).

Aspects to be addressed include affect, in particular if anxious or depressed; understanding of the condition; any associated fears; relevantcognitionsand beliefs; and copingstrategies.Thephysicianmustdecideif thesefactors are likely to influence the course of the condition (Lethem et al. 1983), and whether special psychological

management is needed.

Social History

The social history helps the physician understand the patient in their social environment. It should include their family, other close relationships, home, employment, sources of income, education, occupational qualifications and leisure interests. These factors may bear on what strategies may or may not be employed in the management plan. Some may constitute risk factors for impeded recovery. In which case, they need to be addressed.

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Medical Hydrology

Spa Treatment

Medical Misadventures

Postoperative Pain,Adverse Events (Associated with Acute Pain Management)

Medical Mishaps

Postoperative Pain,Adverse Events (Associated with Acute Pain Management)

Medical Outcomes Study 36-Item Short-Form Health Survey (SF-36)

Definition

The Medical Outcomes Study 36-Item Short-Form Health Survey (SF-36) is a 36 item general measure of perceived health status that is usually self-administered.

Pain Inventories

Medical Signs

Definition

Anatomical, physiological, or psychological abnormalities that can be observed, apart from a person's statements (symptoms). Signs must be shown by medically acceptable clinical diagnostic techniques. Psychiatric signs are medically demonstrable phenomena that indicate specific psychological abnormalities, e.g. abnormalities of behavior, mood, thought, memory, orientation, development, or perception. They must also be shown by observable facts that can be medically described and evaluated.

Disability Evaluation in the Social Security Administration

Medically Incongruent Symptoms and