Symptom-Directed Clinical History Taking

Below are three examples.   Can you see how I have organised the detail into easy to remember chunks rather that a list of 50 things to ask?   The chunks or blocks will help you to remember **the broad areas not to be missed.** As a learner, you only have to remember the top-level item.   If you remember that area, the items below become automatically easier to recall.

Those with eagle eyes will also notice that I have included…
- The *occasional* snippet of useful knowledge or tips (in green).   Only use where especially important.
- Some items are expanded to include real life common examples (in orange).
- An example phrase of how to enquire about an item if you feel it is a difficult thing to ask (see the one blue item below).

Remember, we do not want to make the list massive. It is the categorisation that is important as that is the main item that needs memorising and recalling. So, pay attention to the categorisation.   Easy to remember chinks is the key!

Ram

Low Mood

Top Level Items

- **Define** the low mood
    - Low moods for how long?   >2w low mood = depression
    - Persistently low for 2w or up and down? (re: bipolar – extreme highs and lows)
- Any **triggers**
    - Explore psychosocial (loss of job, death etc)
    - Staying in doors all the time (PlayStation, going to bed at crazy times, no regular sleep schedule).
- **Biological features** of depression?
    - poor concentration (like watching tv or reading newspaper), irritability,
    - sleep – initial insomnia, early morning wakening & interrupted sleep
    - anhedonia, sexual anhedonia
    - appetite/weight loss or gain.
    - hopelessness - feeling like a failure or you have let yourself or others down.
- Any features of **anxiety**?
    - Is this a mixed anxiety-depression picture (not uncommon).
    - 7 item GAD: 1. Feeling nervous/anxious/edge, 2. Not being able to stop or control worrying, 3. Worrying too much about different things. 4. Trouble relaxing, 5 restless and cannot sit still 6. Irritable   7. Fearing the worst – something bad is going to happen
- Exclude other **medical conditions**
    - Mimic depression - hypothyroidism – weight gain, constipation, feeling cold, oligomenorrhoea.
    - Cause depression e.g. terminal illness, chronic pain, rheumatoid arthritis.
- Any **substance abuse**?
    - Drugs, alcohol
    - Don't forget medication like steroids (prescribed or over the net!)
- **Suicidal risk assessment** – build a "holistic picture" from the following…
    - Have they done anything recently – self harm or OD? *"When people feel low, sometimes they have thoughts of harming themselves or ending it all. Have you had such thoughts?"*
    - Any thoughts – what are they? Any proper plans or are they fleeting ideas.   (latter less worrying)
    - What stops them from engaging?
    - Protective factors: Do they have Job?. Good family members/social network? Any children? Following a religion.
    - Not protective: Past attempts. Substance abuse (alcohol/drugs). Presence of other medical conditions e.g. terminal illness, chronic pain, rheumatoid arthritis. Sexual orientation (higher in LGBTQ+)

Symptom-Directed Clinical History Taking

Fits….

I've just done this one off the top of my head and so may not be complete. Notice, there are less in terms of suggested phrases and real-life examples – because this clinical topic is more straightforward and these additional help items would not add much value.

- **Define what happened**
    - What actually happened? *(let the patient or witness speak freely to get a true story)*
    - What were you doing at the time?
    - Were there any witnesses? What do they say about it?
- **Background**
    - Is this a new fit or not? If known epilepsy – are the fits becoming worse and unstable? *(unstable epilepsy)*
    - Have you had a recent fall or head injury?
    - Medical conditions - diabetes
    - Any drugs and alcohol?
    - Family History of epilepsy?
    - What is their job and do they normally drive? *(affects the management advice you give)*
- **Before** the fit
    - How were they feeling the 7 days prior to the fit?
    - Was there an aura?
- **During** the fit (information from patient and any witnesses)
    - Was there LOC?
    - What was the shaking like? *Big (clonic) or small (myoclonic) or whole body became rigid (tonic). Or did it gradually spread over the body (Jacksonian march)*
    - How long did it last? *(longer than 30 min = worrying)*
    - Other symptoms - Foaming at the mouth?, Bit their tongue?, Incontinence?
- **After** the fit
    - How long to recover? Do you remember what happened? (amnesia).
    - Incontinence
    - Any residual neuro symptoms like hemiparesis etc *(could be a bleed)*
- Exclude other **medical mimics**
    - Brain tumour/Meningitis – headache (esp with bending, coughing, laughing), vomiting, double vision, personality changed
    - Cardiac – any palpitations (esp with exercise), chest pain, SOB?
    - Psych – esp anxiety/panic attacks - sob, palpitations, perioral/digital paraesthesia & feeling of impending doom, no actual LOC
    - Vasovagal – simple collapse, easy recovery, no fits, Review of Systems = normal.

Symptom-Directed Clinical History Taking

Shortness of Breath

This one is basically split into the clinical systems as SOB is usually cardiac, respiratory or anxiety.

- **Define SOB**
    - How long?
    - Sudden or gradual?   *(Sudden – think fast PE or AF with HF – measure the pulse, pneumothorax, or panic attack.   Pneumothoraces happen in tall young men or those with COPD.)*
    - Getting worse or better?   What makes it better or worse – anything?
    - What sorts of things make you breathless that did not make you breathless before? (or How far can you walk now compared to before? What about the stairs?).
    - Do you smoke?
- **Cardiac**
    - Any chest pain with it? *(If yes – go through questions to exclude MI and PE).*
    - Any palpitations *(e.g. fast AF can cause SOB as heart failure sets in).*
    - Worse with lying down (orthopnoea). How many pillows do you sleep with?
    - Wake up suddenly in the night gasping for breath? (PND)
    - Swelling of both legs?
- **Respiratory**
    - Is there a cough? Is it productive? Colour? Blood? *(Green = URTI/LRTI. Frothy & white = CHF. Blood = PE or lung Ca or LRTI)*
    - Any wheeze?
    - Chest pain? [if not already asked]
    - Shivering attacks? (rigors/chills from fever).   Night sweats & Travel abroad? (TB)
    - Asthma/Allergy things
    - Throat swelling, difficulty swallowing (angioedema if withacute SOB).
    - History of eczema or hayfever?
    - Any pets at home – especially new ones?
    - Was it after breathing something in? *(e.g. work-related fumes, pollen from being in the garden).*
    - Exclude PE
        - Any chest pain – esp if sharp & made worse by taking a deep breath in.
        - Coughing blood (haemoptysis).
        - Pain in leg? (DVT)
- **Anxiety/Panic Attack**
    - Tingling around mouth or fingers?
    - Palpitations?
    - Sweating? Sweaty hands?
    - Feeling of impending doom?
    - Any stressful life events?
- **PMH that is important**
    - Asthma or COPD
    - Past MI, AF
    - Past DVTs/PEs.   On COC or HRT? (re: DVTs)
    - Anxiety/Depression
- **SH** that is important
    - What do you work as? (exclude occupational causes)
    - Do you smoke?   Illicit drugs? (e.g. cannabis lung) – if not already asked.

MRC Dyspnoea Scale – for degree of disability
1. *SOB only on strenuous exercise*
2. *SOB on hurrying or walking up a slight hill*
3. *Walks slower than conempories on level ground because of SOB, or has to stop for breathing when walking at own pace*
4. *SOB after 100m or after a few minutes on level ground*
5. *Can't even leave the house – too breathless.   Can't even dress/undress.*