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In the real world

A man, 45 years of age and weighing 70 kg, walks out of a textbook and into your practice. He complains of central chest pain radiating down his left arm and nausea. An ECG shows ST elevation. You treat his pain, give him aspirin and oxygen and call an ambulance. This type of presentation may only happen occasionally in general practice. However, undifferentiated illness is more common. Just how common is difficult to quantify as undifferentiated illness is, by its nature, undifferentiated.

We editors had a bit of a time trying to think of a title for this issue of *Australian Family Physician*. 'Undifferentiated illness' sounded a bit wordy. The aim was to look at how general practitioners approach a patient who feels 'not quite right'; whose symptoms don't fit a textbook pattern. I'm not usually a big fan of the thesaurus, but in this case it was a big help as it threw up the word 'malaise', from French, meaning 'ill ease'. The extensive thesaurus entry includes most of the mumbles and grumbles seen in every day general practice:

> 'Malaise' abnormality, aches and pains, acute disease, affection, affliction, agitation, ailment, all-overs, allergic disease, allergy, angst, anguish, anxiety, anxiety hysteria, anxiety neurosis, anxious bench, anxious concern, anxious seat, anxiousness, apprehension, apprehensiveness, atrophy, bacterial disease, birth defect, blank despondency, blight, bluster, bobbery, boil, boiling, boredom, brouhaha, bustle, cankerworm of care, cardiovascular disease, care, cheerlessness, chronic disease, churn, circulatory disease, commotion, complaint, complication... (entry continues)'.[1]

Patients with 'malaise' can have multiple unrelated problems, serious underlying pathology, definite but undefinable pathology, no definable pathology or a psychological cause. In any particular patient, it is a tough job to try to tease out what's really going on.

Patients with 'malaise' strain the empathic muscles more than any other. In this issue of *AFP*, GPs Louise Stone, Carolyn Ee and Andrew Knight outline their approach. They use different tools in assessment and management, however, all start with an attempt to try to find out what the patient really means. Case study, Sally, in Carolyn Ee's article says: 'I just don't feel right'. What she means by this will depend very much on who Sally is as a person and what 'right' feels like for her. Sally's symptoms are vague and include tiredness, stiffness, aches and pains, swelling and tingling of the hands and 'brain fog'. Carolyn points to the importance of finding out what was happening for Sally at the time when the symptoms started. This might give a clue to an organic cause such as a virus, but importantly, gives a sense of Sally associates her symptoms with, and what they really mean to her.

Finding out what a patient really means takes time. The GP authors in this issue all bemoan the inadequacy of the 15 minute consultation. While Andrew Knight is trying to make sense of Serge's symptoms in his article, 'I've been bleeding from the bowel', he imagines his waiting room starting to fill up. Time is a major issue in modern general practice and time management strategies are vital to finding balance between properly assessing and managing patients and meeting ever increasing demands.

Case study, Claudia, in Louise Stone's article, 'Aches, pains and osteoarthritis' thinks she's 'probably just being neurotic' by asking for help with her pain. Louise outlines evidence based management strategies for osteoarthritis and highlights the importance of patient education. Patients may understand symptoms such as aches and pains differently to their GP. For Claudia to take advantage of available treatments, she and her GP must come to a mutual understanding about what is going on.

Also in this issue, pathologist Michael Harrison looks at the evidence for investigation of the tired patient in his article, 'Pathology testing in the tired patient: a rational approach'. Unfortunately for such a common problem there isn't a lot out there. The only guidelines are consensus rather than evidence based. Michael outlines the reasons for ordering tests in this setting which vary from 'finding a diagnosis' to ensuring 'the patient returns for follow up'. There is enough that is nebulous about assessing a patient with malaise and tiredness. An evidence base behind pathology testing would be an enormous help.

Assessing patients who walk in out of the real world rather than textbooks is complex, challenging and time consuming. Working out how to tackle the problem of 'malaise' on paper was also a challenge for the editors of *AFP*. It may be that this issue of *AFP* raises more questions than it answers. However, how GP's approach 'malaise' is worth talking about. It's what they do every day.

Reference

1. Available at www.mobysaurus.com/.

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