

If pain persists...

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There are few more infectious diseases in general practice than the headache; vivid descriptions of 'bands of steel wrapped around the temples' or 'stabbing pains through the left eye and into the brain' are virtually guaranteed to induce similar symptomatology in the clinician. The child brought in with crippling headaches who, when asked to localise the pain points guilelessly to their umbilicus, presents a real challenge. Not that our patients' descriptions of their headaches should be dismissed; rather, they evoke responses in us that cross the boundary from empathetic support to sympathetic suffering.

Headache is one of those presenting problems that worries us because it is never a satisfactory diagnosis in itself. It is merely a symptom that can indicate any of a range of underlying disorders all of which must not be missed – brain tumours, subarachnoid haemorrhages, meningitis, abscesses; even non life threatening conditions such as sinusitis, obstructive sleep apnoea and migraine warrant careful diagnosis and effective treatment. The images conjured up in this issue of *Australian Family Physician* of patients banging their head against the wall – or rushing from the room due to the agony of their headache – remind us how distressing this symptom can be.

Maybe this is part of why the simulated migraine is such an effective choice of malady for the drug seeker. Who among us isn't moved by the plight of an interstate visitor marooned without their triptans and curled into a fetal position of cranium crushing desperation? Well, not me since realising some years ago that pethidine is not an appropriate treatment

for migraine, especially in the general practice setting. Mind you, it took several persistent hoaxes and the theft of my wallet to evoke this insight. Even more distressing, of course, is the fact that much of this drug dependence is iatrogenic due to inappropriate practice policies on the use of opiates.

While treating patients with headaches is a fairly straightforward part of general practice, it is the administrative complexities of our job that tend to lead to our own biggest headaches. It is surprising that one of the commonest causes of headache in general practice is not listed in the International Classification of Headache Disorders: the professionally acquired headache related to overwork and nagging (PHROWN), a well recognised entity experienced by most general practitioners, usually after interaction with large bureaucracies such as the Health Insurance Commission, the Pharmaceutical Benefits Scheme, and other manifestations of government.

Even The Royal Australian College of General Practitioners (RACGP) has the ability to cause headaches, although this is actually a sign that it is fulfilling its role as a professional body that insists on high standards of clinical care. When functioning well, the college generates a degree of tension that encourages us to develop professionally. Even though we may moan at the time, the college really earns our membership dues when it draws a line in the sand on standards, especially when it comes to balancing demands for workforce against the need for quality. Its current role in setting the standards for vocational training, for example, inevitably puts it into conflict with the providers of training. The constructive

tension arising from this interaction should be seen by providers as validation for their quality improvement efforts. Without this tension, standards diminish and the profession takes a slide toward government control and ownership. Any professional membership organisation that is not giving government and its agencies the occasional headache really isn't doing its job.

The RACGP's assessment processes are a frequent source of headache for those who aspire to Fellowship, not that the FRACGP is an unreasonably high standard; rather, it's the entry point to a career in general practice. Instead of talking of undercutting the Fellowship with a purchased Membership, we should be establishing aspirational qualifications higher than the Fellowship to mark our lifelong professional development.

Last month, *AFP* took a major step toward reducing professionally acquired headache for its readers by gaining 'LinkOut' status with the National Library of Medicine in the USA. This means that all our articles are available instantly and freely at the click of a mouse by users of the National Library of Medicine's popular 'PubMed' service. And our own website is moving toward the same level of instant searching and access in the next few months.

Finally, I need to foreshadow an initiative that might provide an antidote for professionally acquired headache: *AFP*'s new poetry column. Dr Tim Metcalf, one of Australia's most published doctor-poets, will present poems that are relevant to general practice (and often written by GPs).

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