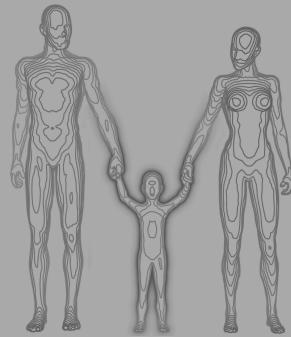


FAMILY MEDICINE

IN **3** BOOKS



BOOK 1

Edited by
Professor **O.M. HYRINA**,
Professor **L.M. PASIYEVSHVILI**

GENERAL ISSUES OF FAMILY MEDICINE

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The book explores the theoretical basis of family medicine. It also seeks to analyze the social preconditions of the need for family medicine, the main aspects of the family doctor's practice, the working process problems as well as the means to solve them. The book summarizes years of experience in teaching family medicine at leading medical universities of Ukraine.

The authors outline modern views in general practice and the concept of its development; describes the organization of outpatient care in the most widespread diseases of the therapeutic profile; study the methods of providing emergency assistance in life-threatening conditions. The textbook provides information on the diagnosis, treatment, prevention, prophylactic medical observation, examination of incapacity for work, which will allow the doctor to properly assess symptoms, determine a list of diseases for differential diagnosis, and in future — to formulate a diagnosis and plan treatment and rehabilitation activities.

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MAIN ABBREVIATIONS

| | | | |
|--------|---|---------|--|
| aCCP | — cyclic citrullinated peptide antibody | CBC | — complete blood count |
| ACE | — angiotensin converting enzyme | CBE | — clinical breast examination |
| ACH | — adrenocortical hormone | CFS | — cramp fasciculation syndrome |
| ACR | — American College of Rheumatology | CHCC | — Chapel Hill Consensus Conference |
| ACS | — acute coronary syndrome | CHD | — coronary heart disease |
| ACTH | — adrenocorticotropic hormone | CHI | — closed-head injuries |
| ACTR | — asymmetric cervical and tonic reflex | CKD | — chronic kidney disease |
| ADA | — American Diabetes Association | CNS | — central nervous system |
| AHA | — American Heart Association | COPD | — chronic obstructive pulmonary disease |
| AIDS | — acquired immunodeficiency syndrome | COX | — cyclooxygenase |
| ALS | — amyotrophic lateral sclerosis | CPCR | — cardiopulmonary and cerebral resuscitation |
| ALV | — artificial lung ventilation | CRI | — chronic renal insufficiency |
| ANCA | — antineutrophil cytoplasmic antibody | CRP | — C-reactive protein |
| ANF | — antinuclear factor | CS | — convulsive syndrome |
| AoS | — aortic stenosis | CT | — computed tomography |
| APTT | — activated partial thromboplastin time | D and C | — dilation and curettage |
| ARF | — acute rheumatic fever | DAS | — disease activity score |
| AS | — ankylosing spondylitis | DES | — diethylstilbestrol |
| ASAS | — Assessment of Spondyloarthritis International Society | DIPJs | — distal interphalangeal joints |
| ASH | — antihyaluronidase | DM | — dermatomyositis (diabetes mellitus) |
| ASK | — antistreptokinase | DMARDs | — disease-modifying antirheumatic drugs |
| ASL-O | — antistreptolysin O | DNA | — deoxyribonucleic acid |
| ATMA | — amiodorone trial meta-analysis | EAWP | — electric activity without pulse |
| AV | — atrioventricular | ECC | — endocervical curettage |
| BASDAI | — Bath Ankylosing Spondylitis Disease Activity Index | ECG | — electrocardiography |
| BP | — blood pressure | EchoCG | — echocardiography |
| BPA | — bispherical A | EGDS | — esophagogastroduodenoscopy |
| BSE | — breast self-examination | ERC | — European Resuscitation Council |
| BU | — bread unit | ESC | — European Society of Cardiologists |
| CAD | — coronary artery disease | ESCISIT | — EULAR Standing Committee for International Clinical Studies Including Therapeutics |
| CAI | — chronic arterial insufficiency | ESR | — erythrocyte sedimentation rate |
| CASPAR | — classification criteria for psoriatic arthritis | EULAR | — European League against Rheumatism |
| CaT | — cardiac tamponade | FAP | — familial adenomatous polyposis |

MAIN ABBREVIATIONS

| | | | |
|--------|--|---------------|--|
| FC | — functional class | OA | — osteoarthritis |
| FOBT | — facial occult blood testing | PAN | — polyarteritis nodosa |
| FOC | — phosphor organic compounds | PE | — pulmonary artery embolism |
| FP | — family physician | PHC | — primary health care |
| GP | — general practitioner | PIPJs | — proximal interphalangeal joints |
| GPFM | — general practice/family medicine | PM | — polymyositis |
| HBV | — hepatitis B virus | PMV | — prolapse of mitral valve |
| HCM | — hypertrophic cardiomyopathy | PNS | — peripheral nervous system |
| HIV | — human immunodeficiency virus | PO | — per os (orally) |
| HLA | — human leukocyte antigen | PPH | — postprandial hypotension |
| HNPPCC | — hereditary non-polyposis colorectal cancer | PR3 | — proteinase 3 |
| HOA | — hand osteoarthritis | PsA | — psoriatic arthritis |
| HPRT | — hypoxanthine guanine phosphoribosyltransferase | PTE | — pulmonary thromboembolism |
| HPV | — human papilloma virus | RA | — rheumatoid arthritis |
| HR | — heart rate | RAAS | — renin-angiotensin-aldosterone system |
| HRT | — hormone replacement therapy | RCT | — randomized control trials |
| IA | — intraarterial | ReA | — reactive arthritis |
| ICD | — International Classification of Diseases | RF | — rheumatoid factor |
| IHD | — ischemic heart disease | SBP | — systolic blood pressure |
| IM | — intramuscular | SC | — subcutaneous |
| IPJ | — interphalangeal joint | SE | — status epilepticus |
| IV | — intravenous | SF | — synovial fluid |
| LDH | — lactate dehydrogenase | SHF | — super high frequency |
| LDLP | — low-density lipoproteins | SI | — sacroiliac |
| LEEP | — loop electrosurgical excision procedure | SL | — sublingual |
| MCPJs | — metacarpophalangeal joints | SLE | — systemic lupus erythematosus |
| MH | — Ministry of Health of Ukraine | SME | — self-management education |
| MI | — myocardial infarction | SOV | — single-organ vasculitis |
| MPO | — myeloperoxidase | SP | — spontaneous pneumothorax |
| MRI | — magnetic resonance imaging | SpA | — spondyloarthritis |
| MSEC | — medical and social expert commission | SSc | — systemic sclerosis |
| MSU | — monosodium urate | TMS | — transcranial magnetic stimulation |
| NSAIDs | — nonsteroidal anti-inflammatory drugs | TNF- α | — tumor necrosis factor α |
| | | UV | — ultraviolet |
| | | VF/VT | — ventricular fibrillation / ventricular tachycardia |
| | | WHO | — World Health Organization |
| | | y. o. | — years old |

Chapter 1

THE PLACE OF FAMILY MEDICINE IN THE GENERAL STRUCTURE OF PUBLIC HEALTH AND THE PRINCIPLES OF FAMILY PUBLIC SERVICE ON THE BASIS OF FAMILY MEDICINE. THE ORGANIZATION OF FAMILY DOCTOR'S WORK. THE PECULIARITIES OF OUT-OF-HOSPITAL THERAPEUTIC CARE

At the outpatient stage of medical care more than 80 % of resources patients and victims of different accidents begin and complete their treatment. Material and technical of many cities provide regional clinics with highly skilled specialists. This allows to propose at the outpatient level the most advanced diagnostic techniques and complex modern treatment.

The formation and development of new forms supported with health care teaching provide the population with a day-care clinics, hospitals with decentralized and centralized patients' service at home, public service on the family medicine principles, introducing the health insurance elements. All together it significantly contributes by increasing the proportion of outpatient clinics in the system of public health in Ukraine, especially in the segment of primary healthcare (PHC), an important element of which is preventive medicine. A proof of this is processed by the Advisory Group on PHC of CIS countries and the USA in December 1998 determining the latter as a form of health care that aims at comprehensive organization of measures to promote healthy lifestyles, disease prevention, and medical care provision in the pre-hospital phase.

The international experience confirms that the lower the ratio between primary and specialized medical care, the more costly and less effective the entire health care system. Therefore, the introduction of the PHC system according to the family doctor principle is a progressive process in the current health care system for following reasons: firstly, the doctor assumes permanent responsibility for his patient health; secondly, the object of the family doctor's attention is a family as the most important micro-social environment of each person, with all its members (children, adults, pregnant women, the elderly, etc.); thirdly, other types of medical care (outpatient, specialized, emergency, hospital) are open to substantial restructuring, because out-of-hospital forms of inpatient care (day-time and home hospitals) are created.

CHAPTER 1

A family doctor is a specialist with higher medical education who is the first to contact with the patient and provide qualified primary care for family in general medical degree, and for each member individually. In the world practice, there are **three main forms of the work** of family doctors:

- individual practice when a family doctor cooperates only with the nursing staff;
- group practice where several family doctors unit into a clinic, saving money on the clinical equipment, interchange among themselves, have some specialization;
- the health centers (of family medicine), which at the clinics of family doctors have hospitals for the elderly.

The main tasks of the district physician are:

- qualified therapeutic care provision for the adults of the district in the clinic and at home;
- organization and implementation of preventive measures among the population of the district by promoting hygiene, prophylactic vaccinations;
- organization of preventive examinations and systematic improvement of clinical examination;
- reduction of morbidity and mortality in the population of the district.

The peculiarity of activity of the family doctor is providing qualified PHC to all the families and their members at the clinic and in case of the house-call. The other tasks identified for a district physician are the family doctor responsibilities, but the latter must implement them not only in relation to adults, but children as well.

Based on the main objectives, you can identify the following **areas of activity of the district physician and family doctor:**

1. To provide the population of the district with qualified therapeutic care (or PHC by the family doctor) in the clinic (out-patient department) and at home.
2. To provide emergency medical care to the patients regardless of their place of residence in case of a direct appeal at the time of acute conditions, injuries, poisoning.
3. Organization of immediate preventive measures among the population of the district, clinical examination of the adults and children (for family doctors).
4. Ensuring of continuity at the various stages of patient and victim (of different accidents) rehabilitation and involvement in their hospitalization.
5. Medical and social expertise, participation in the medical-advisory committee (MCC), certificates issuance as part of medical-social expert commission (MSEC), following the recommendations of MSEC.
6. Patients' referral to sanatorium-and-spa treatment, to specialized diagnostic and treatment facilities, clinics, sanatorium-preventoriums.
7. Preventive and epidemiological work.
8. Healthy lifestyle promotion.
9. Analysis of the district residents morbidity, analysis of the district physician's (family doctor) work effectiveness, district passport registration process, keeping the necessary documentation, reporting.



THE PLACE OF FAMILY MEDICINE IN THE GENERAL STRUCTURE OF PUBLIC HEALTH AND THE PRINCIPLES OF FAMILY PUBLIC...

10. To provide the increase of own skills and level of professional knowledge of nurses.

A working day of the district physician and family doctor is functionally distributed among the reception in the dispensary and care for the patients at home. The number of hours for these types of work at every clinic is different and depends on the number of patients and the number of house-calls on different days of the week, seasons, etc.

The work of the district physician or family doctor is carried out according to the schedule approved by the chief doctor (head of department or clinic). The schedule assumes fixed office hours at the clinic, home care to the patients, prevention work and so on. Herewith, reception time in the clinic is determined on a sliding timetable when the morning and evening reception hours alternate with each other. It allows the working patients to contact their doctor in non-working hours. The schedule of the family doctor may have definite service hours for the patients in day hospital of the clinic.

The time distribution of repeating visits has a significant importance in the reception of the patients. A district physician or a family doctor can adjust the day and time of repeated out-patients visits by the doctor. The length of time for repeated receptions can be determined without difficulty knowing the reason for the repeated visits.

The medical service for patients at home has certain features because at home it is harder than in the clinic to conduct additional diagnostic examinations. An important role in medical care provision to patients at home has provision of district physicians or family doctors with needed portable diagnostic equipment. A doctor is called home by a patient (via phone), by his relatives or neighbors through the record department and is recorded by a registrar in a special "Care at Home" logbook, which is maintained separately for each doctor. The doctor should certainly visit the patient at home on the day of the call. If necessary, the physician must provide emergency care to the patients at home, provide dynamic monitoring, active treatment or hospitalization.

Later the doctor (if necessary) should visit the patient at home on his own initiative. Repeated (active) visits of the patients by the doctor are a sign of properly organized care for the patients at home. Diagnostically unclear patients should be consulted at home by the head of department or other experts.

To organize systematic treatment of the patients at home a district physician or a family doctor creates a home in-patient department, in terms of which patient's care is carried out at a level as close as possible to the hospital, using all the necessary diagnostic and therapeutic methods in the home conditions.

To provide emergency care to patients district physicians and family doctors are supplied with a toolset, medicines and portable diagnostic equipment (for emergency medical care outside the clinic). Of particular importance is the prevention of infectious diseases at the station. To do this in case of infectious disease a district physician or a family doctor fills out an emergency message card and sends it to the sanitary hygienic service with a set of measures of epidemic character. There should be taken measures on admission of the patient and disease dissemination prevention by the time of hospitalization. If the patient is not hospitalized for medical reasons, organization of the specialized