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Evaluation and Treatment of Chronic Cough 391
Genji Terasaki and Douglas S. Paauw

Chronic cough is a common and frustrating problem for patients and health care providers that can result in a range of physical and psychological complications including exhaustion, urinary incontinence, vomiting, depression, and social isolation. A step-wise empiric approach to treatment will increase the likelihood of a successful resolution of the cough. Even with current treatment protocols, a subset of patients will continue to have chronic cough without a diagnosis. As understanding of the pathophysiology of chronic cough evolves particularly around the concept of cough reflex hypersensitivity, future research should lead to new diagnostic and therapeutic modalities for this challenging problem.

Low Back Pain 405
Anna L. Golob and Joyce E. Wipf

Low back pain is one of the most frequent complaints for which patients are seen in primary care. Low back pain has a substantial economic impact, estimated at $100 billion per year including direct and indirect costs. The evaluation of low back pain involves a thorough history and physical examination. Imaging is only indicated when a more serious underlying cause or neurologic abnormality is suspected. Abnormalities detected on imaging do not strongly correlate with symptoms. Generally, a specific underlying cause for low back pain is not identified. Treatment consists of a multidisciplinary approach with goal to maintain function and minimize disability.

Leg Discomfort: Beyond the Joints 429
Douglas Berger

Although discussions of leg pain usually begin with the hip, knee, and ankle, patients often present with leg symptoms unrelated to articular or periarticular structures. Pain, paresthesias, cramping, heaviness, or numbness may arise from a variety of vascular, neurologic, and musculoskeletal causes beyond the joints. This article describes the presentation, diagnosis, and treatment of common causes of such symptoms, including peripheral arterial disease, chronic venous insufficiency, deep vein thrombosis, lumbosacral radiculopathy, lumbar spinal stenosis, peripheral neuropathy, statin myalgia, cramps, and restless legs syndrome.

Common Dermatologic Conditions 445
Jay C. Vary and Kim M. O’Connor

This review discusses common dermatologic presentations as they would appear in a primary care office, exploring the differential diagnoses for
Tips are provided on choosing an appropriate topical drug and vehicle and advising patients on its use. Etiology, differential diagnosis, and treatment options are discussed for the following: alopecias including androgenetic alopecia, female pattern hair loss, alopecia areata, and telogen effluvium; facial rashes including acne vulgaris, acne rosacea, periorificial dermatitis, seborrheic dermatitis, erysipelas/cellulitis, and systemic lupus erythematosus; intertriginous rashes including infections, intertrigo, and inverse psoriasis; and the inflamed leg including cellulitis and erysipelas, stasis dermatitis, and contact dermatitis.

Evaluation and Treatment of Shoulder Pain
Deborah L. Greenberg

In the absence of trauma, most patients with shoulder pain will be found to have subacromial impingement syndrome. Control of discomfort and exercises to improve shoulder mechanics is the treatment of choice for most patients. Systematic history taking and physical examination will detect the uncommon, more urgent causes of shoulder pain.

Diagnosis and Treatment of Headache in the Ambulatory Care Setting: A Review of Classic Presentations and New Considerations in Diagnosis and Management
Natalie Hale and Douglas S. Paauw

Headaches are the most common constellation of neurologic disorders observed in clinical practice. This article discusses the clinical features of the most common headache subtypes and helps elucidate the more nuanced features of newly recognized and frequently misdiagnosed headache disorders. The physical examination, recommendations regarding imaging, treatment, and the differentiation of primary from secondary headache disorders is discussed. Headache is one of the most commonly encountered clinical problems and this article aims to clarify diagnostic dilemmas and provide the most up-to-date recommendations with respect to treatment and long-term management.

Evaluation and Treatment of Colonic Symptoms
Mark E. Pasanen

Symptoms related to colonic function are common and frequently related to functional issues. Possible presentations include constipation and either acute or chronic diarrhea. Because acute diarrhea is most commonly infectious, issues typically center on the role of stool testing and antibiotic treatment. For chronic diarrhea, the differential is much longer and the diagnostic options are many, making an efficient and focused evaluation a priority, whereas treatment is usually dictated by diagnosis. Constipation can be challenging and, like chronic diarrhea, an efficient and practical approach to diagnosis is critical. The role of newer laxative agents continues to be defined.

Dyspepsia
Maryann Katherine Overland

Dyspepsia is a common and complex condition consisting of chronic upper gastrointestinal symptoms. A rational approach to diagnosis and
treatment of dyspepsia includes identifying those patients with alarm symptoms and referring them for prompt endoscopy. Those without alarm symptoms can be differentiated into patients who do and do not have symptoms consistent with gastroesophageal reflux disease. In the absence of predominant heartburn and regurgitation, patients should be tested and treated for *Helicobacter pylori*. Functional (nonulcer) dyspepsia is a multifactorial disorder with several possible pathophysiologic mechanisms, but no clear guidelines for therapy. There is some evidence of efficacy of proton pump inhibitors, antisecretory agents, antidepressants, and psychotherapy for functional dyspepsia.

**Insomnia**

Eliza L. Sutton

Insomnia, as the term is used by patients and in primary care, is a symptom: dissatisfaction with the quality or quantity of sleep obtained, despite attempts. For acute insomnia, reversal of the trigger (if possible) and treatment with safe, effective sleep medication are advised. For chronic insomnia, as with other types of symptoms, trying to distinguish between several potential underlying causes is key, because no single treatment approach is appropriate for all situations. Specific conditions such as restless legs syndrome, circadian rhythm disorders, and sleep apnea have specific treatment approaches.

**Diagnosing and Treating Dizziness**

Alexandra Molnar and Steven McGee

Dizziness is a common presenting concern in primary care practice. The most useful diagnostic approach in distinguishing different types of dizziness is a thorough history and physical examination; additional tests are rarely necessary. Effective treatments exist for many causes of dizziness, and these treatments are often accomplished in the clinic or at home without the need for medication.

**Fatigue**

Jennifer Wright and Kim M. O’Connor

Fatigue is a common symptom in primary care with many causes ranging from benign to life threatening. Appropriate evaluation and management are guided by the patient’s history, which provides valuable clues as to the source of the patient’s symptoms. Ultimately a diagnosis may not be identified for many patients presenting with fatigue, and in these patients management is the most challenging. This article offers guidance in the management of patients presenting with fatigue including key aspects of the patient’s history of present illness, the building of a differential diagnosis, rational evaluation in a patient with a nondiagnostic history, and management in the setting of a nondiagnostic work-up.

**Common Anal Problems**

Jared Wilson Klein

This article discusses the diagnosis and basic medical management of common anal problems, including anal fissures, hemorrhoids, perirectal...
Involuntary weight loss, defined as 5% or greater weight loss occurring within 6 to 12 months, may have a prevalence as high as 7% in the adult population. In case series, malignant, gastrointestinal, and psychiatric conditions were common, although unidentified causes were still prevalent after evaluation. Patients without malignancy are more likely to have normal physical examination, and normal laboratory and imaging studies. Treatment is directed at identifying and treating the causative illness. This article reviews the syndrome of involuntary weight loss and its diagnostic etiologies, and provides an approach to the treatment of patients presenting with this condition.

Identifying and Treating the Causes of Neck Pain

Chronic neck pain is a common and often disabling problem. It can describe pain in the neck region alone or include related disorders of radiculopathy or myelopathy. This review of the literature is aimed at the practicing primary care provider, who is diagnosing and managing non-traumatic neck pain in the clinic. It includes an anatomic review, definition of related disorders, differential diagnosis, and discussion of common diagnostic uncertainty for mechanical neck pain. Important history and physical examination techniques, the role of imaging, and the available literature on conservative and invasive treatment options are reviewed.

Medically Unexplained Symptoms

Medically unexplained symptoms (MUS) are common in the primary care setting and lead to high medical resource use. Diagnostic criteria for somatic symptom disorder focus on the psychological impact of symptoms. Patients with MUS may present with a myriad of symptoms, with pain being the most common, and several named disorders with specific symptoms are included under the broad heading of MUS. Treatment of MUS is challenging, and cognitive behavior therapy is the best studied and validated specific treatment modality. In the primary care setting, a specific 6-step approach can help clinicians provide the best care for patients.