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Comprehensive Care of Patients with Chronic Liver Disease 913
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Chronic liver disease results from a wide range of conditions, for which individual management is beyond the scope of this article. General education, counseling, and harm reduction practices are important to the primary care of these patients, as are monitoring for cirrhosis and management of its complications. For patients with advanced liver disease, comprehensive care includes considering referral for liver transplantation, educating and empowering patients to prioritize goals of care, and optimizing symptom relief.

Primary Care of the Patient with Chronic Kidney Disease 935
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Chronic kidney disease (CKD) is defined by reduced estimated glomerular filtration rate, increased proteinuria, or both. CKD affects more than 10% of US adults, or 20 million people, and the numbers are rising as the population ages. However, CKD remains underdiagnosed. Diabetes and hypertension are the most common causes of CKD. Although end-stage renal disease is a feared complication of CKD, patients with CKD have a much greater risk of dying of cardiovascular (CV) disease than progressing to kidney failure. Special effort should be made to address modifiable CV risk factors in patients with CKD.

Primary Care of the Patient with Asthma 953
Michael J. Lenaeus and Jan Hirschmann

Obstructive lung disease includes asthma and chronic obstructive pulmonary disease (COPD). Because a previous issue of Medical Clinics of North America (2012;96[4]) was devoted to COPD, this article focuses on asthma in adults, and addresses some topics about COPD not addressed previously. Asthma is a heterogeneous disease marked by variable airflow obstruction and bronchial hyperreactivity. Onset is most common in early childhood, although many people develop asthma later in life. Adult-onset asthma presents a particular challenge in the primary care clinic because of incomplete understanding of the disorder, underreporting of symptoms, underdiagnosis, inadequate treatment, and high rate of comorbidity.
Inflammatory bowel disease (IBD) includes 2 major disorders, ulcerative colitis and Crohn’s disease, both of which are due to inflammatory dysregulation in the gastrointestinal tract. Ulcerative colitis and Crohn’s disease have many overlapping as well as distinguishing features in pathophysiology and management. This article highlights aspects of IBD that are most applicable to a primary care physician’s practice. Also detailed are disease-related and treatment-related, and routine health maintenance practices for patients with IBD.

More than one in four American adults consume alcohol in quantities exceeding recommended limits. One in 12 have an alcohol use disorder marked by harmful consequences. Both types of alcohol misuse contribute to acute injury and chronic disease, making alcohol the third largest cause of preventable death in the United States. Alcohol misuse alters the management of common conditions from insomnia to anemia. Primary care providers should screen adult patients to identify the full spectrum of alcohol misuse. A range of effective treatments are available – from brief counselling interventions and mutual help groups to medications and behavioral therapies.

This article discusses the unique considerations when caring for patients who lack housing, one of the most essential human needs. Special attention is provided to diseases and conditions that are affected by homelessness as well as to particularly vulnerable populations of homeless patients.

Refugees share a common experience of displacement from their country of origin, migration, and resettlement in an unfamiliar country. More than 17 million people have fled their home countries due to war, generalized violence, and persecution. US primary care physicians must care for their immediate and long-term medical needs. Challenges include (1) language and cultural barriers, (2) high rates of mental health disorders, (3) higher prevalence of latent infections, and (4) different explanatory models for chronic diseases. This article discusses management strategies for common challenges that arise in the primary care of refugees.
Today more than 80% of children diagnosed with cancer are alive 5 years after diagnosis. Childhood cancer survivors encounter high rates of morbidity and mortality from late effects and, as a result, require long-term follow-up care. Care must be individualized based on the cancer type and therapies, which are detailed in a treatment summary. Primary care providers are instrumental to providing long-term care, which includes monitoring for recurrence and secondary malignancies, evaluating for and treating late effects, and providing preventive care and counseling. With appropriate surveillance, childhood cancer survivors can live physically and emotionally healthy lives.

Solid organ transplantation (SOT) is one of the major advances in medicine. Care of the SOT recipient is complex and continued partnership with the transplant specialist is essential to manage and treat complications and maintain health. The increased longevity of SOT recipients will lead to their being an evolving part of primary care practice, with ever more opportunities for care, education, and research of this rewarding patient population. This review discusses the overall primary care management of adult SOT recipients.

Human immunodeficiency virus (HIV) is a disease that affects 1 million patients in the United States. Many excellent drug regimens exist that effectively suppress the viral load and improve immune function, but there are consequences of long-term antiviral therapy. In addition, patients with HIV tend to have much higher rates of chronic disease, substance abuse, and cancer. Thus, while expert care in the treatment of HIV remains critical, the skill set of a primary care provider in the prevention, detection, and management of acute and chronic illness is vital to the care of the HIV patient.

Sarcoidosis is an idiopathic inflammatory disorder characterized by non-caseating granulomas, which can affect any organ system. The lungs are most commonly affected but extrapulmonary sites may cause the initial and/or sole symptoms. In this review, the disease manifestations and treatment are described, with particular emphasis on the management of each affected organ system. Diagnosis and management can be difficult and greatly affect quality of life, but despite these challenges, it is possible to successfully manage patients with sarcoidosis in the primary care setting.