



Pocket
**PRIMARY
CARE**

Edited by

MEGHAN M. KIEFER, MD

CURTIS R. CHONG, MD, PhD, MPhil



A Massachusetts General Hospital Handbook



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FOREWORD

The last decades have witnessed tremendous advances in scientific knowledge and medical technology. At the same time that these advances have transformed our ability to diagnose and treat disease, this new world has also served to remind us of the critical importance of the doctor–patient relationship. The longitudinal relationship between a patient and their doctor is at the heart of what makes medicine work and of what brought so many of us to the field. In many ways, the field of primary care embodies our commitment to that relationship. Thus, perhaps it should not be surprising that, even as technology grows around us, there is a widespread and growing reaffirmation of the importance of primary care to the field of medicine, to our health care system, and, ultimately, to the health of our nation.

Primary care is a rewarding but challenging field. It is hard to overestimate the impact of caring for a patient across his or her adult life, but such care also requires managing a range of problems that can make one's head spin. Many of the most challenging and important communication opportunities reside in primary care as primary care providers try to change health-related behaviors, support informed decision making, and navigate the end of life. It is clear that new tools are needed to support education and practice in primary care.

Pocket Primary Care is just such a new tool. Representing the effort of a dedicated team of housestaff and attending physicians at the Massachusetts General Hospital, it brings together evidence and experience to guide physicians through the many domains of primary care, providing concise and useful information for topics from chronic pain to incontinence. Building upon the tradition of the Pocket Medicine handbook, Pocket Primary Care understands that information is most effective if it is accessed and understood when the question arises. I have no doubt that Pocket Primary Care will become a stand-by of medical training and make a major contribution to the “health” of the field of primary care itself. This outstanding team has my deepest gratitude for what they have created.

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PREFACE

To Will, Liam, and Rowan—MMK

To my family, Dina Reiss, and my teachers

*(Melvin Welinsky, DSA, ARF, DJS, JOL, RFS, JLC, RCZ, DBH, LA, MMP,
BAO, JAC, DMJ, PAJ, BEJ, BAC, DM, RJM, CAH, EPR)—CRC*

More than a century ago, the great physician Sir William Osler wrote, “It is much more important to know what sort of patient has a disease than what sort of disease a patient has.” While the pace of patient care and increasing administrative burdens of modern medicine are challenging, the relationship forged between patient and physician can be an incredible source of satisfaction and renewal. We believe physicians who take primary ownership for patient care have what has been described as the “best job in medicine” (*NEJM* 2006;355:864).

Pocket Primary Care is intended to support providers and trainees who take such ownership for their patients. Its aim is to concisely present the most current evidence-based approaches to delivering quality care in the outpatient setting. Given the breadth of modern medicine, this text is meant as a starting point for further exploration, and hundreds of references are provided. While we attempt to present summaries on disease diagnosis and management as accurately as possible, sound clinical judgement must be applied to every patient.

We would like to acknowledge the many people who were instrumental to this project’s success. This text is the cumulative effort of over one hundred members of the Massachusetts General Hospital community; the MGH’s faculty, trainees, and graduates authored these chapters, edited these sections, and reviewed this content to ensure it reflects the hospital’s dedication to conscientious, superb care for each and every patient. This project would not have been possible without the support of the Department of Medicine under the superb leadership of Dennis Ausiello and Katrina Armstrong. Valerie Stone’s early support, vision, and longitudinal mentorship were invaluable to this work’s development. We also thank Hasan Bazari for his encouragement of this project and for his dedication to his residents and his patients, and we thank Marc Sabatine for his generosity and advice. Finally, we are grateful to our patients, who have been our greatest teachers.

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