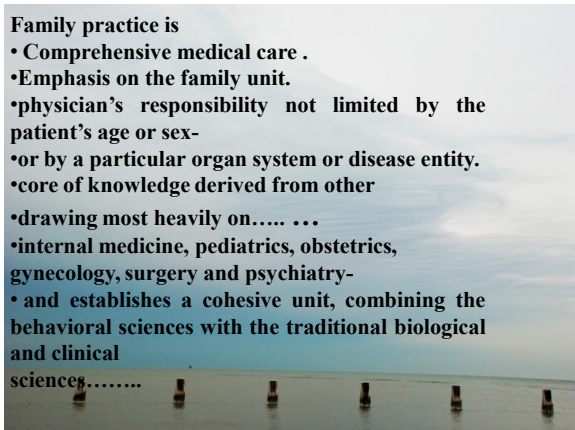


•21 % of internists are leaving practice within the first 10 years.

•And only **6.7%** of U.S Medical School Grads are choose Family Practice in 2007.

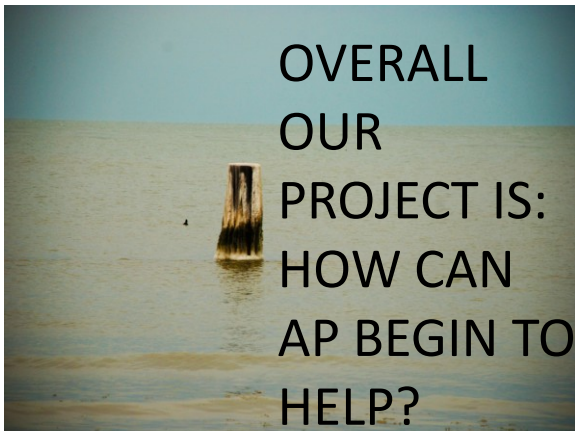
•So I am a rare creature.

•But then I too have been driven out of that main stream. I do not practice full FP.



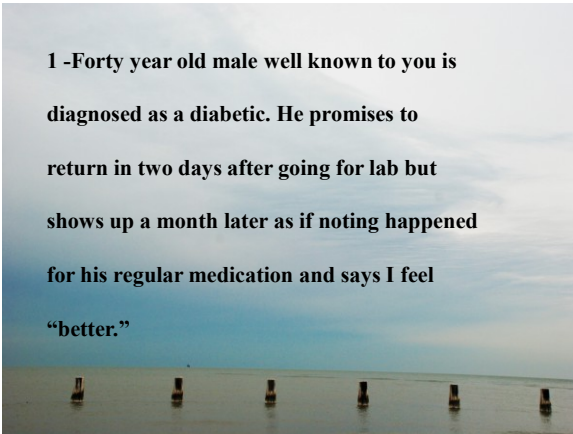
Family practice is

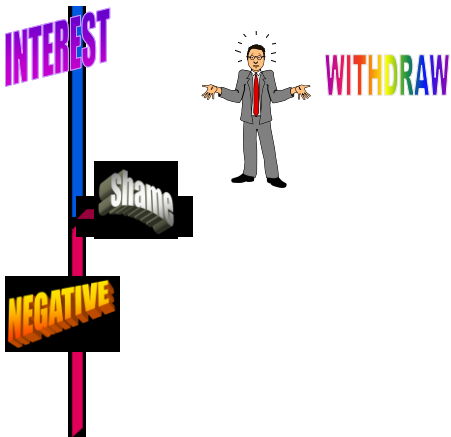
- Comprehensive medical care .
- Emphasis on the family unit.
- physician's responsibility not limited by the patient's age or sex-
- or by a particular organ system or disease entity.
- core of knowledge derived from other
- drawing most heavily on..... ...
- internal medicine, pediatrics, obstetrics, gynecology, surgery and psychiatry-
- and establishes a cohesive unit, combining the behavioral sciences with the traditional biological and clinical sciences.....



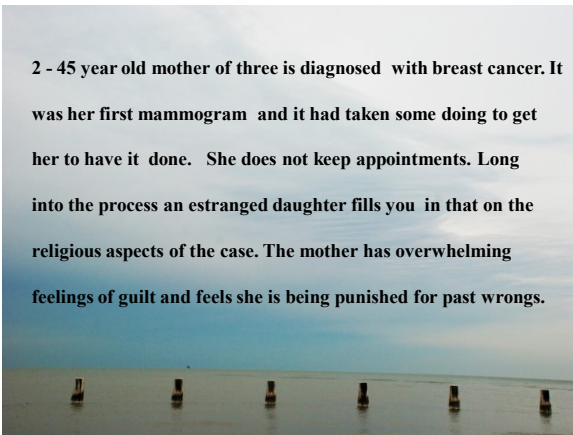
OVERALL
OUR
PROJECT IS:
HOW CAN
AP BEGIN TO
HELP?

1 -Forty year old male well known to you is diagnosed as a diabetic. He promises to return in two days after going for lab but shows up a month later as if noting happened for his regular medication and says I feel "better."



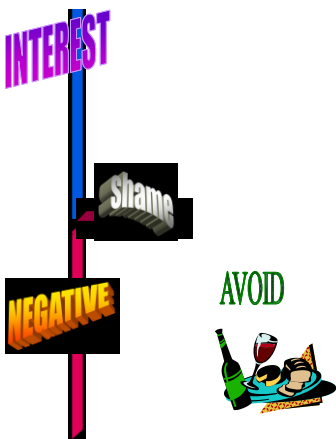


2 - 45 year old mother of three is diagnosed with breast cancer. It was her first mammogram and it had taken some doing to get her to have it done. She does not keep appointments. Long into the process an estranged daughter fills you in that on the religious aspects of the case. The mother has overwhelming feelings of guilt and feels she is being punished for past wrongs.

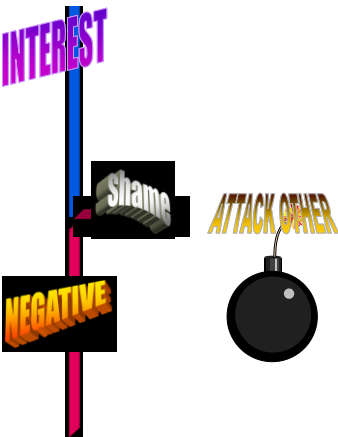




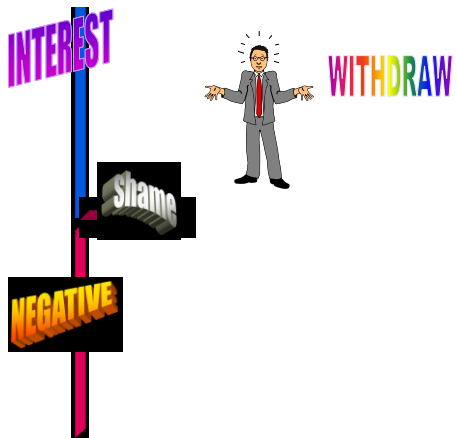
3- A long term family unit that you treat suffers the tragedy of a son that is diagnosed with leukemia. Up to this point they are stable and well off. Now the father begins drinking heavily and starts to have major career problems.

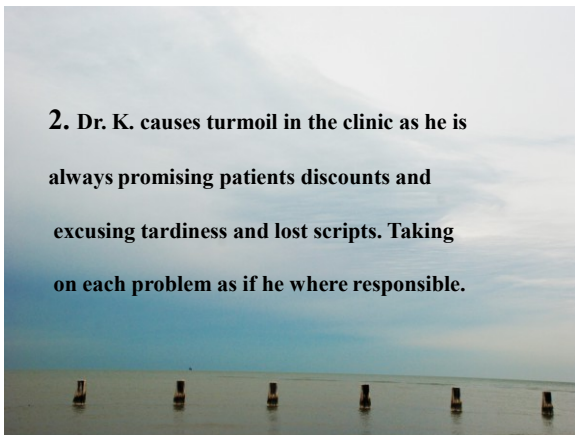


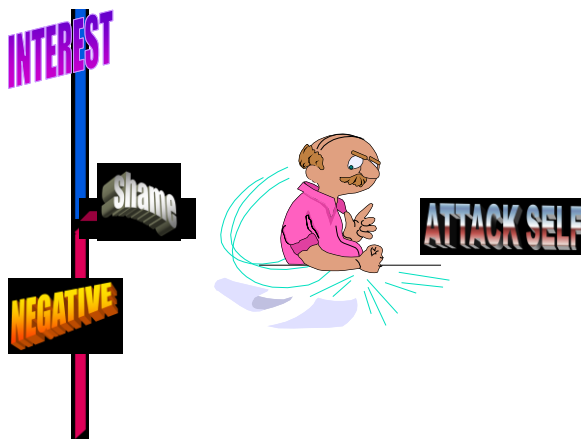
4-You are driving home from work and there is a news flash that at the local high school there has been a shooting and it is evident that one of the shooters is a long term patient of yours. You are aware of the home situation, it flashes across you mind. You try and make sense of it.

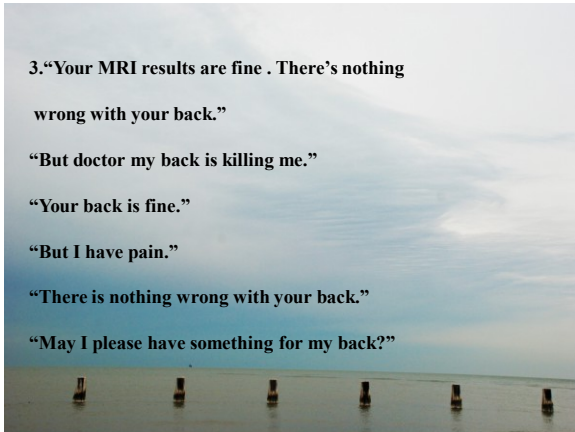


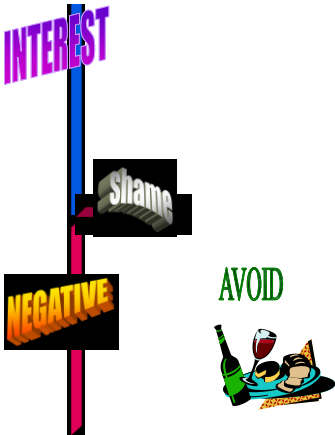
1. Physician enters exam room of new patient to find 350 pound 5' 5" woman and is immediately relieved to hear. "Hi doc I am here for my blood pressure."
He does a cursory exam and her weight is never mentioned.



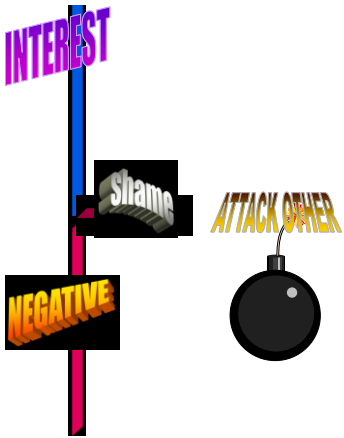








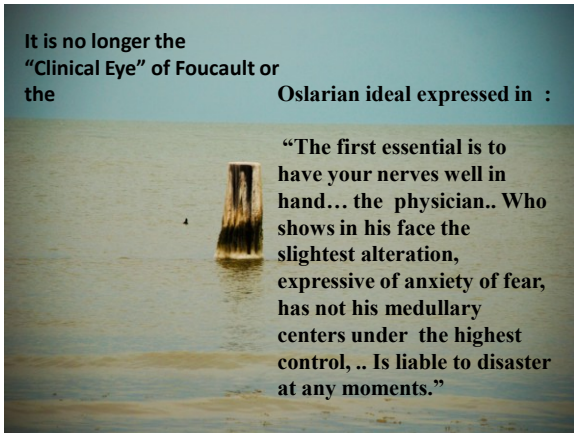


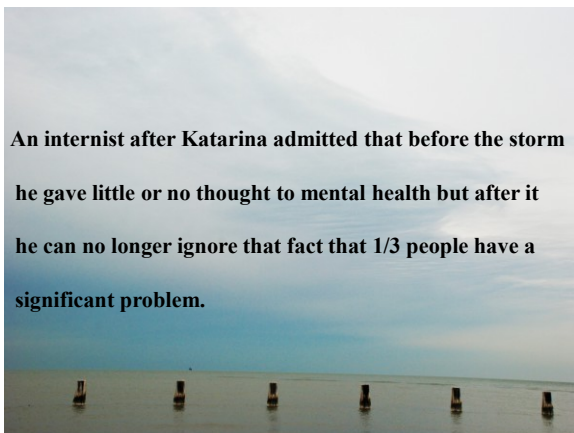










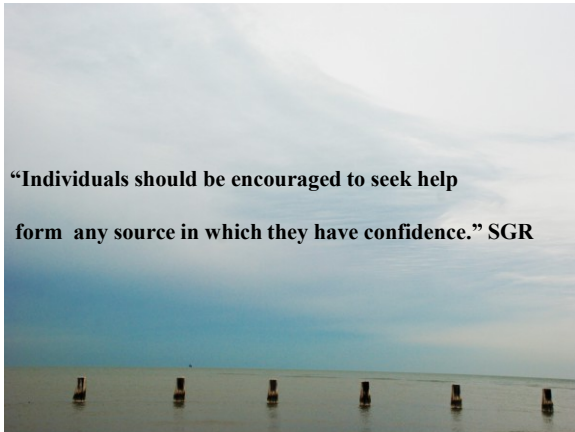


Yet it was not until 1999 first surgeon general report on mental health.

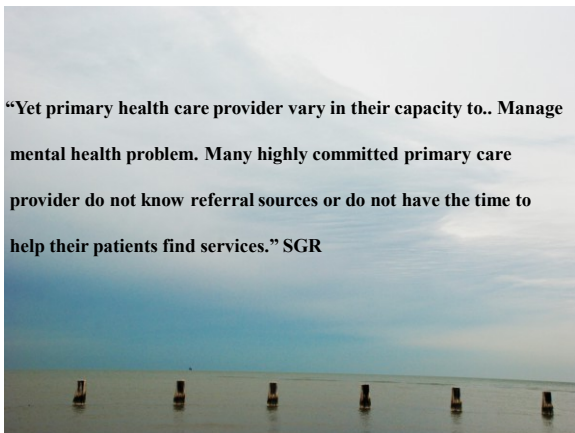
That the report recognized the inextricably intertwined relationship between our mental health and our physical health and well being.

“We recognize that the brain is the integrator of thought, emotion, behavior, and health...” SGR

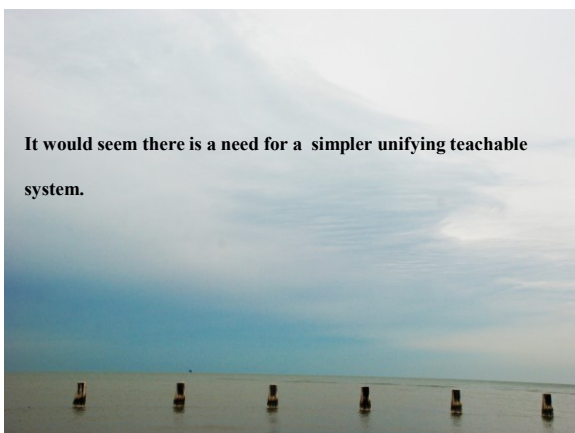
“Today, the majority of those who need mental health treatment do not seek it. The reluctance of Americans to seek and obtain care for mental illness is all to understandable. , given the many barriers that stand in their way.” Again from SGR 1999



“Individuals should be encouraged to seek help from any source in which they have confidence.” SGR



“Yet primary health care provider vary in their capacity to.. Manage mental health problem. Many highly committed primary care provider do not know referral sources or do not have the time to help their patients find services.” SGR



It would seem there is a need for a simpler unifying teachable system.

SECTION 1 COMMON PATIENT PRESENTATIONS

33 Chest Pain	175	30 per cent of cardiologist visits are effectively done "back to the chest" (Diaper and Diamond)
34 Abdominal Pain	179	Well known problem in pediatric especially with school problems. (Diaper)
35 Headache	183	"Tension" type of headache and Migraine seems to affect the girls
36 Back and Neck Pain	189	Dr. Torres: back hip and upper back pain, osteoporosis, back abuse
37 Fever, Hyperthermia, Chills, and Rash	199	Back
38 Pain and Swelling of joints	203	
39 Syncope	207	Fainting long history
40 Dizziness and Vertigo	211	Down
41 Acute Visual Loss and Double Vision	215	Down
42 Weakness and Paralysis	218	Down
43 Tremor and Movement Disorders	222	
44 Aphasia and Related Disorders	224	
45 Sleep Disorders	226	
46 Dyspnea	231	Fear, distress, or all
47 Cough and Hemoptysis	233	
48 Cyanosis	239	
49 Edema	240	
50 Nausea, Vomiting, and Indigestion	244	Secondary to substance abuse which is secondary to affective profile
51 Weight Loss	247	anorexia (BY GENERAL THE QUESTION OF THE DIRECTION OF THE EMOTIONAL AND BEHAVIORAL)
52 Dysphagia	249	anorexia
53 Diarrhea, Constipation, and Malabsorption	253	anorexia irritability level BID DIS - CIBSONS
54 Gastrointestinal Bleeding	259	alcoholism
55 Jaundice and Evaluation of Liver Function	263	alcoholism
56 Ascites	271	alcoholism
57 Azotemia and Urinary Abnormalities	274	
58 Anemia and Polycythemia	280	
59 Lymphadenopathy and Splenomegaly	283	
60 Generalized Fatigue	288	

Table 2. Lifetime and 12-Month Prevalence of UM-CIDI/DSM-III-R Disorders*

Disorders	Male				Female				Total			
	Lifetime		12 mo		Lifetime		12 mo		Lifetime		12 mo	
	%	SE	%	SE	%	SE	%	SE	%	SE	%	SE
Affective disorders												
Major depressive episode	12.7	0.9	7.7	0.8	21.3	0.9	12.9	0.8	17.1	0.7	19.3	0.6
Manic episode	1.6	0.3	1.4	0.3	1.7	0.3	1.3	0.3	1.6	0.3	1.3	0.2
Dysthymia	4.8	0.4	2.1	0.3	8.0	0.6	3.0	0.4	6.4	0.4	2.5	0.2
Any affective disorder	14.7	0.8	8.5	0.8	23.9	0.9	14.1	0.9	19.3	0.7	11.3	0.7
Anxiety disorders												
Panic disorder	2.0	0.3	1.3	0.3	5.0	1.4	3.2	0.4	3.5	0.3	2.3	0.3
Agoraphobia without panic disorder	3.5	0.4	1.7	0.3	7.0	0.6	3.8	0.4	5.3	0.4	2.8	0.3
Social phobia	11.1	0.8	6.6	0.4	15.5	1.0	9.1	0.7	13.3	0.7	7.9	0.4
Simple phobia	6.7	0.5	4.4	0.5	15.7	1.1	13.2	0.9	11.3	0.6	8.8	0.5
Generalized anxiety disorder	3.6	0.5	2.0	0.3	6.6	0.5	4.3	0.4	5.1	0.3	3.1	0.3
Any anxiety disorder	19.2	0.9	11.8	0.6	30.5	1.2	22.6	0.1	24.9	0.8	17.2	0.7
Substance use disorders												
Alcohol abuse without dependence	12.5	0.8	3.4	0.4	6.4	0.6	1.6	0.2	9.4	0.5	2.5	0.2
Alcohol dependence	20.1	1.0	10.7	0.9	8.2	0.7	3.7	0.4	14.1	0.7	7.2	0.5
Drug abuse without dependence	5.4	0.5	1.3	0.2	3.5	0.4	0.3	0.1	4.4	0.3	0.8	0.1
Drug dependence	8.2	0.7	3.8	0.4	5.9	0.5	1.9	0.3	7.5	0.4	2.8	0.3
Any substance abuse/dependence	35.4	1.2	16.1	0.7	17.9	1.1	6.6	0.4	26.6	1.0	11.3	0.5
Other disorders												
Antisocial personality	5.8	0.6	...	...	1.2	0.3	...	...	3.5	0.3	...	...
Nonaffective psychosis†	0.6	0.1	0.5	0.1	0.8	0.2	0.6	0.2	0.7	0.1	0.5	0.1
Any NCS disorder	48.7	0.2	27.7	0.9	47.3	1.5	31.2	1.3	48.0	1.1	29.5	1.0

*UM-CIDI indicates University of Michigan Composite International Diagnostic Interview; NCS, National Comorbidity Survey.
†Nonaffective psychosis includes schizophrenia, schizophreniform disorder, schizoaffective disorder, delusional disorder, and atypical psychosis.

Google abdominal pain and stress

About 1,820,000 results (0.31 seconds)

Abdominal Pain [Long Term - familydoctor.org](#)
But ongoing or recurrent abdominal pain, also called chronic pain, ... Does your pain get worse when you're under stress or do you alternate between loose ...
[familydoctor.org](#) - Health Tools - Search by Symptom - Cached - Similar

Pain and Symptoms Chart
If you experience severe abdominal pain or bleeding, call 911 or go to the ... you should eat nutritious meals, get plenty of rest, and cut back on stress ...
[www.kidney.com/pain-and-symptoms-chart.html](#) - Cached - Similar

Anxiety Stress induced abdominal pain - Beating The Beast
Jan 7, 2009 ... I've come to think that these extremely painful abdominal episodes which last for many hours must be stress related.
[www.beatingthebeast.com/kidneyindex.php?hwtopic...](#) - Cached - Similar

About Stress & Upper Abdominal Pain [Let's How.com](#)
Sep 11, 2009 ... About Stress & Upper Abdominal Pain. People suffering from stress may find that they have upper abdominal pain. Stress is linked to this ...
[www.lets-how.com/Health/MentalHealth/Stress](#) - Cached - Similar

Can Stress Cause Severe Stomach Pain?
Stress can definitely cause stomach problems. Before trying medication ... My husband has had several attacks of horrible abdominal pain (lower left) ...
[www.remed.com/can-stress-cause-severe-stomach-pain](#) - Cached - Similar

Intense Abdominal Pain - Gastroenterology - MedHelp
Again, I can say honestly that I was not dealing with stress well and I was very hectic with school and work. The abdominal pain surfaced again in 1993 ...
[www.medhelp.org/gastro...Intense-Abdominal-Pain_864096](#) - Cached - Similar

[Download Table](#)

Infant Mortality Rate (Deaths per 1,000 Live Births) by Race/Ethnicity, Linked Files, 2004-2006		
	US	US
Non-Hispanic White	5.7 ^a	5.7 ^a
Non-Hispanic Black	13.5 ^a	13.5 ^a
Hispanic	5.5 ^a	5.5 ^a
Total	6.8 ^a	6.8 ^a

Diabetes
USA - 12.5%
UK - 6.1%

High Blood Pressure
USA - 42.4%
UK - 33.8%

Heart Disease
USA - 15.1%
UK - 9.6%
UK - 4%

Cancer
USA - 9.5%
UK - 5.5%

Lung Disease
USA - 8.1%
UK - 6.3%

Stroke
USA - 3.8%
UK - 2.3%

Heart Attack
USA - 5.5%

Substance Abuse
Suboxone
Affect Psychology
Medicine

Affect Psychology
Substance Abuse
Medicine
Suboxone

Medicine
Affect Psychology
Avoidance/ Suboxone

Shame is, of course, everywhere. 58 year old male on

PA will not pay for his meds with his Public Aid card.

"..the shame of food stamps at the supermarket when the clerk shows impatience as you fumble with the change."

Shame Vern Rutsula



38 year old dabbler in heroin speed balls and gets an
dozy of abcess but has no idea where to go and finally
gets referred to me. Something that happens all the
time. Still he tells me he was ashamed to go to the ER.

*".. This is the shame of being ashamed,
the self-disgust of the cheap wine drunk, "*

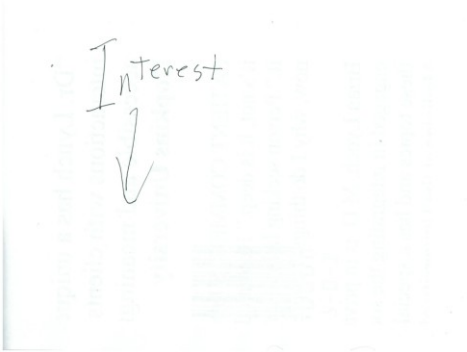
Shame Vern Rutsula

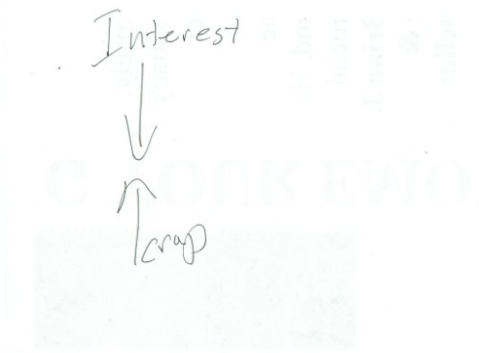


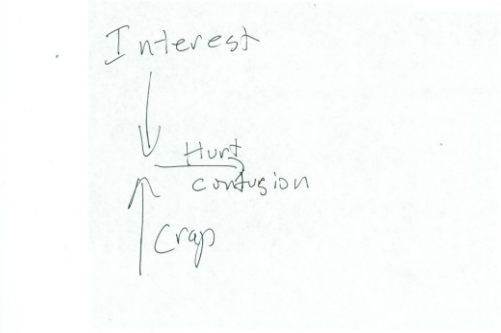
0-10

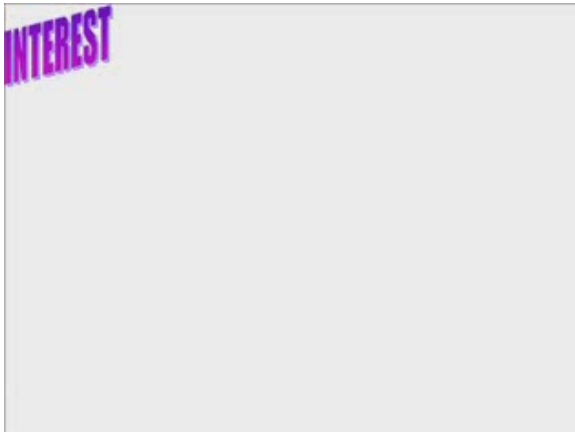
Anger	8
Fear	7
Disgust	2
Interest	7
Shame	8
Distress	3
Joy	4
Surprise	3

3/10 = 11/20
28/50















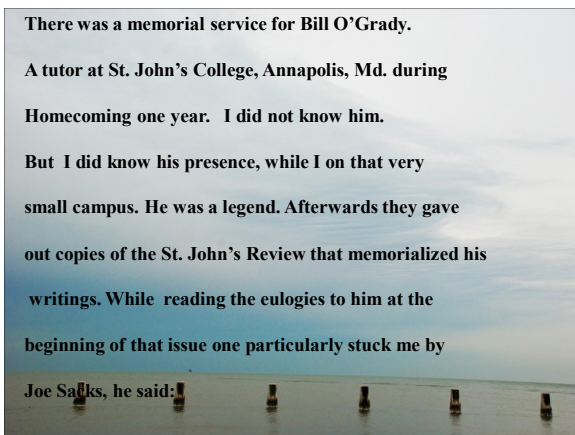
INTEREST
JOY
SURPRISE
ANGER
FEAR
DISTRESS
DISGUST
SHAME

FEELING CHART

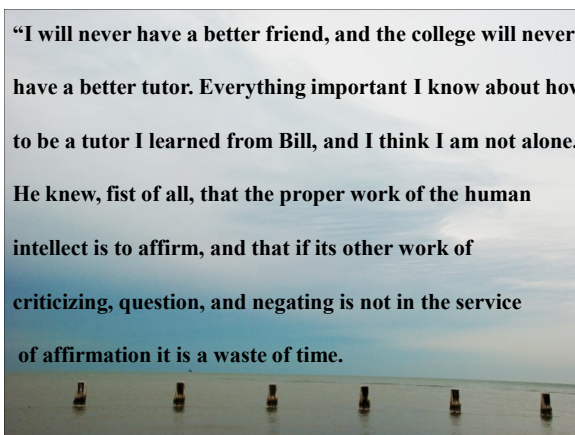
	S	M	T	W	T	F	S
JOY							
SURPRISE							
ANGER							
FEAR							
DISGUST							
DISTRESS							
DISGUST							
SHAME							



Isn't the idea to "Bottle this stuff?"



**There was a memorial service for Bill O'Grady.
A tutor at St. John's College, Annapolis, Md. during
Homecoming one year. I did not know him.
But I did know his presence, while I on that very
small campus. He was a legend. Afterwards they gave
out copies of the St. John's Review that memorialized his
writings. While reading the eulogies to him at the
beginning of that issue one particularly stuck me by
Joe Salks, he said:**



**"I will never have a better friend, and the college will never
have a better tutor. Everything important I know about how
to be a tutor I learned from Bill, and I think I am not alone.
He knew, fist of all, that the proper work of the human
intellect is to affirm, and that if its other work of
criticizing, question, and negating is not in the service
of affirmation it is a waste of time.**

He knew, too, that everything worth studying is bigger than we are, so that the life of every good student is an almost daily battle with discouragement. That was why he never made demands on students, or on anyone but himself. All he did was offer each of us all he had to give, all the time.”



What I see that his greatness was now, is that he evidently knew how not to shame in the way that I understand that word and phenomena. He knew, then, conversely how to mutualize and maximize interest and thus reduce to a minimum confusion and chaos. He did this because he was Bill O’Grady.



But I do not believe we need to leave why he was able to do it at the level of mystery or personality. This is to take nothing at all away from him. The college will indeed “never have a better tutor” as Sachs says, but I claim that we all might be better teachers and students if we understood something about why O’Grady was so good. It is, as far as I am concerned, not a mystery at all in its essence. Not in 2010.

