GI history taking

Mouth symptoms :

Ask about :

- Bad breath , Dry mouth, Altered taste, Foul taste.

Anorexia & weight loss :

Ask about :

- Loss of appetite: do you still enjoy food ?
- Weight loss (How much kg during which duration)

Heartburn and reflux :

Ask about :

- character of pain : burning
- radiation : upward
- precipitating factors : lying flat or bending forward
- associated symptoms :

A) waterbrash (sudden appearance of fluid in the mouth due to reflex salivation as a result of gastro-oesophageal reflux disease (GORD) or, rarely, peptic ulcer disease)

B) the taste of acid appearing in the mouth due to reflux/ regurgitation.

Dyspepsia :

Ask about :

- site of pain
- character of pain
- exacerbating and relieving factors, such as food and antacid
- associated symptoms, such as nausea, belching, bloating and premature satiety.

Clusters of symptoms are used to classify dyspepsia :

A) reflux-like dyspepsia (heartburn-predominant dyspepsia)

B) ulcer-like dyspepsia (epigastric pain relieved by food or antacids)

C) dysmotility-like dyspepsia (nausea, belching, bloating and premature satiety).

Abdominal pain

Ask about :

- SOCRATES
- Food intake and satiety
- **Taking NSAID's , Ibuprofen**

6.2 Diagnosing abdominal pain

	Disorder			
	Peptic ulcer	**Biliary colic**	**Acute pancreatitis**	**Renal colic**
Site	Epigastrium	Epigastrium/right hypochondrium	Epigastrium/left hypochondrium	Loin
Onset	Gradual	Rapidly increasing	Sudden	Rapidly increasing
Character	Gnawing	Constant	Constant	Constant
Radiation	Into back	Below right scapula	Into back	Into genitalia and inner thigh
Associated symptoms	Non-specific	Non-specific	Non-specific	Non-specific
Timing				
Frequency/periodicity	Remission for weeks/months	Attacks can be enumerated	Attacks can be enumerated	Usually a discrete episode
Special times	Nocturnal and especially when hungry	Unpredictable	After heavy drinking	Following periods of dehydration
Duration	½–2 hours	4–24 hours	>24 hours	4–24 hours
Exacerbating factors	Stress, spicy foods, alcohol, non-steroidal anti-inflammatory drugs	Eating – unable to eat during bouts	Alcohol Eating – unable to eat during bouts	–
Relieving factors	Food, antacids, vomiting	–	Sitting upright	–
Severity	Mild to moderate	Severe	Severe	Severe

Nausea and vomiting :

Ask about :

- relation to meals and timing, such as early morning or late evening
- associated symptoms, such as dyspepsia and abdominal pain, and whether they are relieved by vomiting
- whether the vomit is bile-stained (green), blood-stained or faeculent
- associated weight loss
- the patient's medications (alcohol, opioids, theophyllines, digoxin, cytotoxic agents, antidepressants)

Abdominal distention :

Ask about :

- Diet ? Bowel obstruction and constipation ? Pregnancy ? Persistent distention or develop during the day and resolves overnight ?

Diarrhoea :

Ask about :

- onset of diarrhoea: acute, chronic or intermittent
- stool : frequency, volume, colour, consistency (watery, unformed or semisolid), contents (red blood, mucus or pus)
- associated features : urgency, faecal incontinence or tenesmus (the sensation of needing to defecate, although the rectum is empty), abdominal pain, vomiting, sleep disturbance
- recent travel and where to
- recent medication, in particular any antibiotics.

Constipation :

Ask about :

- onset : lifelong or of recent onset
- stool frequency: how often the patient moves their bowels each week and how much time is spent straining at stool
- shape of the stool : for example, pellet-like
- associated symptoms, such as abdominal pain, anal pain on defecation or rectal bleeding
- drugs that may cause constipation (opiates, iron)

Haematemesis :

Ask about:

- Colour : is the vomitus fresh red blood or dark brown, resembling coffee grounds?
- Onset : was haematemesis preceded by intense retching or was blood staining apparent in the first vomit?
- History of dyspepsia, peptic ulceration, gastrointestinal bleeding or liver disease.
- Alcohol, non-steroidal anti-inflammatory drugs (NSAIDs) and glucocorticoid ingestion.

Melaena :

Ask about :

- character of stool (tarry, shiny black stools with a characteristic odour)
- Alcohol
- Drugs like anticoagulants or anti platelets

Rectal bleeding :

Ask about :

- Establish whether the blood is mixed with stool, coats the surface of otherwise normal stool or is seen on the toilet paper or in the pan

Jaundice :

Ask about :

- associated symptoms: abdominal pain, fever, weight loss, itching
- colour of stools (normal or pale) and urine (normal or dark)
- alcohol intake
- travel history and immunisations
- use of illicit or intravenous drugs
- previous blood transfusions
- recently prescribed drugs.

Groin swellings and lumps :

Ask about :

- associated pain
- precipitating/exacerbating factors, such as straining due to chronic constipation, chronic cough, heavy manual labour and relationship with micturition
- timing : when the symptoms are worse.

Past medical history :

- History of a similar problem may suggest the diagnosis, for example, pancreatitis, bleeding peptic ulcer or inflammatory bowel disease
- Coexisting peripheral vascular disease, hypertension, heart failure or atrial fibrillation may suggest aortic aneurysm or mesenteric ischaemia as the cause of acute abdominal pain
- Primary biliary cirrhosis and autoimmune hepatitis are associated with thyroid disease, and non-alcoholic fatty liver disease (NAFLD) is associated with diabetes and obesity
- Ask about previous abdominal surgery.

Drug history :

- Ask about all prescribed medications, over-the-counter medicines and herbal preparations

6.8 Examples of drug-induced gastrointestinal conditions

Symptom	Drug
Weight gain	Oral glucocorticoids
Dyspepsia and gastrointestinal bleeding	Aspirin Non-steroidal anti-inflammatory drugs
Nausea	Many drugs, including selective serotonin reuptake inhibitor antidepressants
Diarrhoea (pseudomembranous colitis)	Antibiotics Proton pump inhibitors
Constipation	Opioids
Jaundice: hepatitis	Paracetamol (overdose) Pyrazinamide Rifampicin Isoniazid
Jaundice: cholestatic	Flucloxacillin Chlorpromazine Co-amoxiclav
Liver fibrosis	Methotrexate

Family history :

- Any family member with GI complaints

Social history :

- Dietary history : assess the intake of calories and sources of essential nutrients. For guidance, there are 9 kcal per g of fat and 4 kcal per g of carbohydrates and protein.
- Food intolerances : patients with irritable bowel syndrome often report specific food intolerances, including wheat, dairy products and others. Painless diarrhoea may indicate high alcohol intake, lactose intolerance or coeliac disease.
- Alcohol consumption : calculate the patient's intake in units (p. 15).
- Smoking : this increases the risk of oesophageal cancer, colorectal cancer, Crohn's disease and peptic ulcer, while patients with ulcerative colitis are less likely to smoke.
- Stress : many disorders, particularly irritable bowel syndrome and dyspepsia, are exacerbated by stress and mental disorders.
- Foreign travel : this is particularly relevant in liver disease and diarrhoea.
- Risk factors for liver disease : these include intravenous drug use, tattoos, foreign travel, blood transfusions, and sex between men or with prostitutes and multiple sexual partners. Hepatitis B and C may present with chronic liver disease or cancer decades after the primary infection, so enquire about risk factors in the distant as well as the recent past.