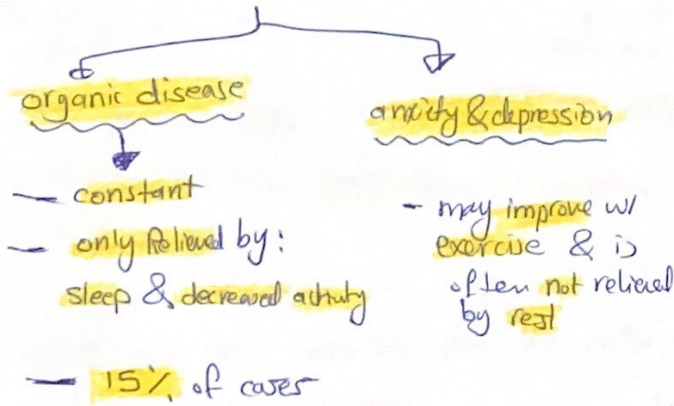


# Fatigue

Normal  $\rightarrow$  Full day of work, physical activity, prolonged stress or mental strain  
 Chronic fatigue  $\rightarrow$  Not a normal state

## Fatigue from



### DDX:

- Infectious causes
- anemia
- endocrinopathies: Diabetes & hypothy.
- sleep disturbances including OSA
- Medications SE
- Adrenal insufficiency [rare; w/o oth]
- Malignancies [rare prebr]

### \* chronic fatigue syndrome:

specific clinical diagnosis that may include

Sx of sore throat, at least characterized  
 myalgia by 6 weeks of  
 arthralgia, fatigue limiting  
 lymphadenopathy, activities by 50%  
 or more.

## < 45

- Fatigue MYD
- others
- viral illness
- Anxiety / stress
- Anemia
- Depression
- Sinusitis
- Mononucleosis
- ~~Anemia SE~~
- Influenza
- ~~Mononucleosis~~
- Medication SE
- DM
- GI Malignancy
- COPD, IHD
- Lymphoma, leukemia

## ≥ 45

- Fatigue MYD
- = others
- viral illness
- Depression
- Anemia / Anx / stress / CHF
- Medication SE
- DM
- Influenza
- COPD / IHD
- Sinusitis / GI Malignancy
- Lymphoma / leukemia
- Mononucleosis



# Fever

\* Acute → 🔍

\* prolonged fever of unknown origin [FUO] of <sup>>3 weeks</sup> over 3 weeks duration :

\* Ddx :

- Abdominal abscess
- Neoplasms esp. lymphomas, leukemia, MM, Bronchial carcinoma
- CT disease.
- TB
- AIDS
- Infective endocarditis
- Multiple PEs
- Malaria & other tropical diseases in the returning traveller
- Drug fever.

Note: Don't give therapeutic trial for FUO unless in areas w/ limited resources [e.g. Malaria in Sub-Saharan Afr.]

< 45

other viral dis. 21%  
URI 18%  
Acute bronchitis  
Acute OM  
Influenza  
Fever NYD  
UTI  
strep throat  
pneumonia  
sinusitis  
GI infections  
Mononuc.  
COPD exae.  
Meningitis  
Appendicitis, Intro  
GI malign → Ems (A), lymph, leukemia

≥ 45

Acute bronchitis  
other viral  
URI  
pneumonia  
Influenza  
Fever NYD  
UTI  
sinusitis  
COPD exae  
GI inf  
GI malign  
Strep throat  
Intro  
lymphoma, leuk, lung CA  
Acute OM  
Appendicitis → Meningitis → Myeloma

## Low back pain.

### \* DDX :

- acute mechanical low back pain/strain
- sciatica / radiculopathy
- DDD : Degenerative Disc Disease.
- Inflammatory causes : spondyloarthropathies  
: sig. stiffness & limited range of motion
- Intermittent claudication worse when walking or upright
- Rare serious : Neoplasm [Mets] → spine thru disc  
Infections [Diskitis, TB]  
Cauda equina syndrome
- visceral causes : pelvic infection  
Nephrolithiasis  
pancreatic disease  
AAA

Note: In the absence of Red flags,

X-ray can be counter productive

But reasonable in the context of:

- 1- Trauma
- 2- elderly
- 3- known osteoporosis

<45

Mechanical 67%

sciatica

Muscle strain

DDD

Nephrolithiasis

UTI

RA

osteoporosis

≥45

Mechanical 59%

DDD

Sciatica

Muscle strain

osteoporosis

UTI

RA

Nephrolithiasis

prostate CA

# Dyspnea

## Acute dyspnea

If the pt in obvious Resp. distress



Stabilize airway  
provide oxygen



Ddx

- pneumonia
- CHF
- Acute asthma or COPD ex.
- PE
- pneumothorax [esp. in suddenly worse] asthma in an asthma
- Foreign body aspiration
- Hyperventilation [esp. when accompanied by dysrhythmias]
- DKA or another metabolic process

## chronic dyspnea

- cardio-respiratory
- anemia
- hyperthyroidism
- obesity
- chest wall pathology
- Neuromuscular disease

<45

- Asthma
- Acute bronchitis
- anxiety
- URI
- Acute laryngitis/trachitis
- pneumonia
- COPD
- PE
- IHD
- CHF

≥45

- COPD
- CHF
- Acute bronchitis
- Asthma
- Anxiety
- pneumonia
- ~~URI~~ IHD
- URI
- Lung Malign.
- ~~Asthma~~
- PE

## Generalized abdominal pain

- \* history, PE, peritoneal signs?  
always in  $\alpha$  : genitals & testes  
♀ : pregnancy test

\* The MC presentation in office setting : generalized chronic or recurrent pain

### \* Red flags :

- New onset, change in pain, altered bowel habits in elderly
- weight loss
- Bleeding per rectum, melena
- anemia
- supraclavicular ~~lymph~~ nodes
- personal / family hx of serious bowel pathology.
- pain waking the pt at night

<45

IBS 20%  
GI infection  
constipation  
other viral  
UTI  
Appendicitis  
Duodenal ulcer  
biliary colic, Diverticular disease  
GI malign.

≥45

IBS  
Diverticular DD.  
constipation  
GI mf.  
GI Malign  
UTI  
Biliary  
duodenal ulcers  
other Malign  
Appendix  
other viral

# chest pain

Levine sign = clenches a fist  
over sternum

\* Against angina:

< 30 seconds or > 30 min

localized w/ one finger

immediately seen w/ no crescendo pattern

Relief w/ nitro after 10 mins

\* ask about nitroglycerine effect

angina: esophageal spasm

↓  
time of relief < 5 minutes

< 45

anxiety 27%

IHD

GERD [waterbrash]

HTN

pneumonia

Acute Bronchitis

A-fib COPD

≥ 45

IHD

anxiety

CHF

A-fib

GERD

HTN

pneumonia

PE COPD Acute Bronch

# Edema

~~tropical~~ In tropics: Filariasis \* elephantiasis

Localized / generalized ...?

pitting / non pitting ...?

low transudated fluid

[↑ hydrostatic p. → high venous p; CHF / abdom. compression]  
 [↓ oncotic p. → low albumin]

pseudo-edema → obesity

Bilat: pregnancy / abd. mass compress IVC

## Localized

- Venous insufficiency
- immobility / trauma
- cellulitis
- Ruptured Baker's cyst
- thrombophlebitis
- DVT
- lymphatic obst. → non pitting

## Generalized

- CHF
  - Renal insuff.
  - cirrhosis
  - Malnut. → protein losing enteropathy
  - Myxedema
  - premenstrual syndrome
  - Drugs [CCB, NSAIDs]
- protein losing enteropathy  
 liver cirrhosis  
 nephrotic syndrome.

< 45

- venous insuff.
- Pregnancy
- HTN
- Medic S/E / thrombophlebitis
- Inf. / Renal dis
- Arthritis ≠ GI malign

≥ 45

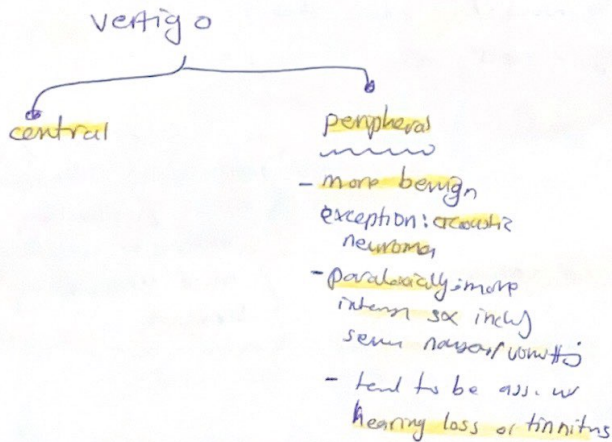
- CHF
- venous insuff
- thrombophlebitis
- HTN
- Medic S/E
- IHD
- PVD
- Inf
- Arthritis
- A-fib
- GI malign
- Renal
- carcinoma



# Vertigo/Dizziness

Vertigo vs lightheadedness vs ocular sex vs diplopia

↳ subjective impression of movement of self or surroundings.



constant nystagmus or vertical nyst. usually points to more serious dis. as does persistent axiatic.

## MC

viral labyrinthitis

BPV

Eustachian tube dysfunction 'often w/ serous OM'

Meniere's dis.

vertebrobasilar insuff. "elderly w/ vasculopathy"

< 45

- Anxiety
- cervical dis
- post. hypo
- fatigue
- IDA
- concussion
- URI
- HTN, sinusitis, headache
- Medic S/E
- CVA

≥ 45

- HTN
- cervical dis
- Medic S/E
- post. hypo
- CVA / TIA / aneclg
- IDA
- A-Fib
- sinusitis / tensor health
- Concussion

# Headache

\* Always ask about **Red flags**:

- worst headache or thunder clap headache  $\rightarrow$  SAH (vascular stroke)  
"reach maximum intensity v. rapidly after the onset"
- visual loss (temporal arteritis)
- new onset headache in the elderly
- positional exacerbation or worsening w/ valsalva
- Morning headaches
- in pregnancy; esp in 3rd trim.
- Trauma, intoxication, anticoagulation
- hx of carcinoma
- other neurological deficits.

expanding intracranial mass paradoxically prevents w/ relatively mild unremitting headache

~~45~~

~~45~~

More common causes:

- Tension headache
- Migraine
- cervical disc disease
- eye disorders incl. refractive errors
- sinusitis, URI
- Rebound headache; analgesic overuse.
- Factorials: Nitrates & CCB

<45

≥45

- sinusitis
- tension headache
- Migraine
- cervical disease
- URI
- other viral
- concussion
- Inf
- Menj
- CVA
- CNS Malign.

- cervical disc
- tension
- sinusitis
- Migraine
- URI
- Inf
- concussion
- CVA
- CNS malign/Meningitis