Title Page

WHICH CAME FIRST?

Melodie J. Kolmetz, MPAS, PA-C, EMT-P
Assistant Professor, Physician Assistant Program
Rochester Institute of Technology
College of Health Sciences and Technology
180 Lomb Memorial Drive
Clinical Health Sciences Building, 78-1616
Rochester, NY 14623
Melodie.kolmetz@rit.edu
(585) 475-4473 (phone)
(585) 475-5809 (fax)

My medical assistant leaned over and said “It’s another anxious one.” The next patient was thirty minutes early for her appointment and she couldn’t wait to hand over her patient registration information. She spoke so fast that it was difficult for the medical assistant to obtain her medication list and review her allergies. She came to the counter multiple times to ask “Is it my turn yet?” I could tell that the medical assistant was close to losing her patience.

Working in gastroenterology, anxious patients are a frequent occurrence. So often, they are the worried well who have had multiple labs and imaging prior to seeing me. It sometimes surprises me that the treatment they require is education. Providing education about the tests that they have already had, about the differential diagnosis for their specific complaint, about how/why we narrow the differential diagnosis, and about the treatment options can be so rewarding to both the patient and the care provider. This process establishes a relationship built on trust. That trust is essential for the prescribed treatment to have the desired effect.

I could immediately tell that this case was different. This 72 year old female presented with two months of centralized abdominal pain and worsening constipation. That’s the key word here, worsening. She did admit to chronic constipation since she was a child, averaging two stools/week, but she is now going only once every 8-10 days. She was obviously anxious, wringing her hands frequently.

There was no referral information in her chart. We went over her history and she mentioned visiting the emergency room. I logged into the hospital EMR to find that she had been to the ED four times in the past eight weeks, and Urgent Care three times in the same timeframe. Each time she complained of abdominal pain and constipation. She had not had a rectal exam, nor had labs or imaging been done. She was told that she had anxiety and constipation. She was prescribed polyethylene glycol and then lactulose. She was referred back to her PCP, who referred her on to us.

She consented to an exam which was unremarkable, including the rectal exam. Not surprisingly though, the stool was guaiac positive. I lost track of the number of times that she asked “Is it bad?” It was so hard not to feed her anxiety by letting on that I was very concerned. This time, I was convinced that my usual education process would

aggravate her underlying anxiety. I was fearful that she would not agree to the colonoscopy which was needed for further evaluation. I took a deep breath, and showed her the test results.

She shocked me by saying “I was right. There is something wrong. Thank you for listening to me and thank you for doing a rectal exam. When can I have that colonoscopy? How about tomorrow?” She actually thanked me for performing a rectal exam! This might be the second time in my life that a patient thanked me for that.

I reflected on this case on the way home. I had never met her before, so I had no baseline understanding of her mental health. I really wondered if she was genuinely anxious, or if she was anxious because subconsciously she knew something was wrong. So often, patients are in denial on the surface, but underneath they are psychologically aware that something bad is happening. I concluded that it didn’t matter, because anxious patients have disease, too.

It’s so easy to slide down the slippery slope of early closure. “She looks anxious, so that must be the cause of her abdominal pain.” “All the other providers thought so, too.” Anchoring bias and the bandwagon effect are tough to avoid when you are busy and seeing multiple difficult patients every day.

It is easy to let others set the tone for your encounter with the patient. Sometimes, those encounters that I expect to be awful are the ones that are the most productive and rewarding. Go back to the basics. Listen to the patient. Take a good history and do a thorough physical exam. Most of all, listen to your own gut instinct. It has taken me many years to trust it. More often than not, it is spot on.

She was scheduled for her procedure in two days. Not surprisingly, she was found to have a colonic mass lesion in the area of her splenic flexure. CT of the abdomen and pelvis was arranged for the same day. Thankfully, her CT was without lymphadenopathy and there was no evidence of metastatic disease. She will see the colorectal surgeon next week.

She insisted on seeing me before she went home. I walked over to radiology where I found her sitting with her daughter. Both of them gave me a hug and thanked

me for taking care of her. I was shocked. “She was just told that she has colon cancer and she wants to thank me?” I watched her as we chatted about the next step in the process and the answer to my initial question came to me. She wasn’t anxious anymore.

My medical assistant leaned over and said "It's another anxious one." The next patient was thirty minutes early for her appointment and couldn't wait to hand over her patient registration information. Her speech was so fast that it was difficult for the medical assistant to obtain any information. She came to the desk multiple times asking "Is it my turn yet?"

Working in gastroenterology, anxious patients are a frequent occurrence. So often, they are the worried well who have had multiple laboratory tests and imaging procedures prior to their specialist appointment. It sometimes surprises me that the treatment they require is education. Education about the tests that have been done, the differential diagnosis associated with the chief complaint, and about treatment options establishes a relationship built on trust. This trust is essential for the prescribed treatment to have the desired effect.

I could immediately tell that this case was different. A 72 year old female was referred for a "screening" colonoscopy. She was obviously anxious, wringing her hands frequently. Her speech was rapid and she repeatedly asked "Is there something wrong with me? Is it bad?" She had never undergone a screening colonoscopy but was complaining of constipation and centralized abdominal pain for the past two months. It was difficult to guide her through a review of systems, but she revealed that she had suffered from chronic constipation since she was a child, averaging two stools/week. When asked about changes in her bowel habits, she reported that she was now going only once every ten days. She also mentioned a recent ED visit for abdominal pain.

Upon viewing the reports from the hospital EMR, I found that she had been to the ED four times and Urgent Care three times in the past eight weeks. Each time she complained of abdominal pain and constipation. There were no lab results, imaging results, or rectal exam documented. She was diagnosed with anxiety and chronic constipation. She received a prescription for a laxative and was referred back to her PCP, who scheduled the appointment with us.

Her physical exam, including a rectal exam, was unremarkable. Not surprisingly, the stool fecal immunochemical test (FIT) was positive. She repeatedly asked "Is it bad?" and I struggled with how to proceed. I was concerned that my usual patient education process would aggravate her underlying anxiety. I was fearful that once we reviewed my differential diagnosis, she would refuse to have a colonoscopy.

Taking a deep breath, I showed her the positive stool FIT results. I was shocked when she grabbed my hand and said "I was right. There **is** something wrong. Thank you for listening to me and for doing a rectal exam. When can I have that colonoscopy? How about tomorrow?" We discussed the difference between a screening exam and a diagnostic exam. Thankfully, there was a cancellation, so her colonoscopy was scheduled for two days later.

I reflected on this case later that evening. I had never met her before, so I had no understanding of her baseline mental health. *Was she always anxious?* I thought about the number of visits it took for her to be taken seriously. *Does her anxiety stem from a subconscious understanding that something was really wrong?* I eventually concluded that it didn't matter, because anxious patients have disease, too.

It would have been very easy to let others set the tone for this patient encounter. I could have taken a dangerous ride down the slippery slope of early closure. Anchoring bias and the bandwagon effect can be tough to avoid, especially in patients who have seen other medical providers. Hassle bias is also tempting when working in the ED or a busy medical practice.

The lack of information in her chart forced me to go back to the basics and listen to her story. Taking a good history and performing a thorough physical exam allowed me to format a thoughtful differential diagnosis. This was perhaps even easier without the distraction of a plethora of previous labs and imaging studies. It was a good reminder to follow that algorithm with every patient. Listen first, then look at all of the information provided.

Not surprisingly, this patient was found to have a colonic mass lesion in the area of her splenic flexure. CT of the abdomen and pelvis was arranged for the same day, right after her colonoscopy. Thankfully, it showed a solitary colonic lesion and there was no evidence of lymphadenopathy or metastatic disease. An appointment for consultation with the colorectal surgeon was immediately arranged.

She insisted on seeing me before she went home. I walked over to radiology where I found her sitting in the waiting area with her daughter. They both stood to give me a hug and she thanked me for taking care of her. *She was just told that she has colon cancer and she wants to thank me?* I watched her as we reviewed her results and discussed the next steps. Her speech was

normal and her questions were very appropriate. I recalled my earlier reflection and realized that the answer was right in front of me. *She wasn't anxious anymore.*