COMMUNITY MEDICINE

Report on the elective experience

1. *Describe the chronic disease in GP in Canada. How does it differ in the UK?*
2. *How are these chronic diseases managed and how does it differ in the UK?*
3. *How is diabetes managed in a GP setting? How often are the patients checked?*
4. *Take histories and examine as many patients.*

I did my elective in a general practice in Canada. The GP is very different from that in the UK. Doctors spend around 15 minutes with each patient and if the patient is complex, for example he/she is on many medications or has a chronic disease, then they are allocated around 15-30 minutes each. Also, in Canadian walk-in clinics, patients are not just registered to one practitioner; they are able to see any doctor of their wish. The general practice I attended was in the transition stage of going on to computer notes. They still had paper notes which they used for the consultation. They had a system where there are templates they can use for chronic diseases and other medical issues like antenatal care. This is similar to that of the UK.

The main chronic diseases in the general practice setting in Canada are similar to the UK. They include hypertension, diabetes and asthma. COPD is not common in this general practice as the practice has a majority of an Indian population. Due to this population, there are many patients who suffer from diabetes. The hypertension is either associated with the diabetes or it is on its own.

In Canada, practitioners manage diabetes with similar methods used in the UK: lifestyle changes, medication and education. Patients are diagnosed according to the symptoms they are experiencing in addition to their blood sugar level. If the blood sugar level is greater than 7mmol/l with the addition of symptoms, the patient will be diagnosed with diabetes. Once the patient has been diagnosed, they are given advice on their lifestyle practices. For example, the doctor may advise his/her patients to have a low sugar, low fat, low salt diet with the increase in the intake of fruits and vegetables as well as regular exercise to encourage weight loss. Then, the patients are started on medication if the blood sugars cannot be controlled by diet alone. They are firstly started on metformin (which is the similar treatment used as in the UK). The add-on therapies used in Canada are DPP4- inhibitors and sulphonylureas. In the UK, metformin is the standard treatment and the second or third line therapies used are sulphonylureas and glitazones. DPP4-inhibitors are not first or second line; they are add-on treatment or they are used if all the other medication is not working.

Blood tests are done to test the sugar levels using the HbA1c levels to see how the diabetes is controlled. If the level is less than 6%, the patients' diabetes is under control with the medication they are on. If the levels are high, the patients' medication may need to be adjusted. These values are used in conjunction with the blood sugar monitoring the patient does at home themselves. They should check their sugar levels at least twice a week.

A newly diagnosed patient is reviewed after two weeks and then again after a month to see how they are doing with the new treatment. Once a patient is stable, he/she is reviewed every 3-6 months. At this

time, he/she will have a full diabetic review completed. There is a custom form on the computer which the practitioner uses to go through with the patient. On this template form are the recent lab results, there are also areas to tick if the patient has had their eyes checked. He/she should have their eyes checked annually. There is also an area on the template for doctors to assess for other problems, like GI disturbance, and to show that you have done a physical exam, the foot exam and sensory exam. The medication and lifestyle changes should also be reviewed and discussed with the patient at this time. These similar practices are done in the UK every 6 months where there is also a template form used for a full diabetic review.

The blood pressure, lipid levels, and cholesterol are all checked when doing the lab tests. They all need to be under control in order to reduce the risk of a heart attack or stroke. The blood pressure needs to be below 130/90 and the target lipid level is less than 2mmol/l. If the levels are high, medication is prescribed for blood pressure and lipid levels in addition to the diabetic medication in order to reduce risks of complications. Again, these practices are similar to those in the UK.

High blood pressure is also treated with lifestyle modification and medication. It is treated with first line therapy of an ACE-inhibitor or ARB blocker or Calcium channel blocker or a thiazide diuretic. If the patient has co-morbidities then they are treated with a specific first line therapy. This is slightly different to the UK, where the patients' age and ethnicity is taken into consideration when starting treatment though the same drugs are used. If the blood pressure is not under control, then all three of the drugs are used together. The Framingham study is used to calculate the risk of cardiovascular disease. Once again, blood tests are done to check glucose, lipid and cholesterol levels. If the levels are high then medication is started to treat this in order to reduce complications.

The patients are reviewed every 3-6 months when they are stable. The patients need to be reviewed for any risk factors for any secondary damage and also to check how well their medication is working. The patients need to have their blood pressure checked at each visit to see whether it is well controlled with the medication or lifestyle practices depending on the patient.

In my experience in Canada, I was able to talk to many patients and examine them. I saw patients on my own and wrote down my findings onto the patients notes on the computer. Then, the doctor read the findings I had and gave the patients appropriate treatment. I managed to see a variety of patients all of whom I examined if needed and then documented all the findings into the system. I used the SOAP method to document the notes. This is the Symptoms the patient came in with, Observation, Assessment and Plan. This was something new I learnt in Canada and may be something I will be trying in the UK.

This experience was different from the UK in terms of the drugs that were prescribed to the patient as they had different names due to the different company names. It was also different in terms of how the general practice is organised. They were still in the transition process of computerised notes. This was a very good experience as I got to see how the general practice works in a different country. The chronic diseases in Canada and the practices used to manage them are mostly similar to those used in the UK. Overall, my experience in Canada was enjoyable, informative and a very new experience.

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