

COMMUNITY
MEDICINE

Subject: Elective report and appendix 4 (assessment form)- Aneesa Awan
From: Aneesa Awan <ha08121@qmul.ac.uk>
Date: Sun, 16 Jun 2013 16:16:13 +0000
To: "mbbs-year5-admin@qmul.ac.uk" <mbbs-year5-admin@qmul.ac.uk>

Elective: Health Care in the Community

Name: Aneesa Awan

Email: ha08121@qmul.ac.uk

Elective dates: 5/5/13 - 7/6/13

Objectives

1. Compare the rates of essential hypertension in East London and West London
2. Investigate the pattern of health provision in West London compared to that of the rest of London
3. Identify 3 main conditions encountered and describe the major signs, symptoms, diagnosis and management plans.
4. Describe NICE guidelines for one condition commonly encountered in the community.
5. Reflect on the practical application of theory and clinical knowledge gained in MBBS6. Identify and address possible weak areas prior to FY1 induction.

Compare the rates of essential hypertension in East London and West London

The British Heart Foundation is a charitable organisation which aims to carry out pioneering research to save lives. It has a vast database of research on heart disease including information on hypertension as this is one of its risk factors. In England, 32% of men and 29% of women suffer from hypertension or are being treated for it. When comparing rates of hypertension in East and West London it is vital to look at the ethnic populations of these regions. East London has a relatively large Pakistani, Bangladeshi, Indian, Black Caribbean and African community where as West London has a significant White and Irish community. The Health Survey for England 2004 reveals interestingly that the East London population generally and collectively have higher rates of hypertension. The table below summarises the survey's section on hypertension and the relationship with ethnicity and sex. There are many hypotheses as to why this is which include poor diet, lack of exercise, lower socioeconomic status and possible genetic predisposition.

Ethnic Group	Men (%)	Women (%)
Bangladeshi	16	19
Black African	25	19
Black Caribbean	38	32
Chinese	20	16
Indian	33	18
Irish	36	29
Pakistani	20	15
General population	32	29

Investigate the pattern of health provision in West London compared to that of the rest of London

The National Health Service (NHS) provides health provision to the UK and was set up in 1948. It was born out of a long-held ideal that 'good healthcare should be available to all, regardless of wealth'. The NHS is free for all residents of the UK and the Department of health makes sure the provision is the equal for all. The NHS is split into primary and secondary care and through these provide a wide range of services.

Identify 3 main conditions encountered and describe the major signs, symptoms, diagnosis and management plans

Diabetes Mellitus

Diabetes Mellitus (DM) can be split into two types. Type 1 DM is an autoimmune condition where the body's immune cells attack the cells that produce insulin. Patients may be asymptomatic but may present with weight loss, dehydration, ketonuria and other complications. Type 2 DM is a metabolic disorder due to insulin resistance and deficiency. Patients may present with polyuria, polyuria, fatigue and other complications. A patient with diabetic symptoms as mentioned above only require one abnormal plasma glucose result to be diagnosed with diabetes. This result can be a random blood glucose level of ≥ 11.1 mmol/L or a fasting blood glucose level of ≥ 7 mmol/L.

Managing diabetes requires many key members of the NHS know as a multidisciplinary team. Blood glucose control as well as controlling other cardiovascular risk factors such as smoking, high cholesterol and hypertension are all extremely important so a holistic management approach is required. Dieticians, podiatrists, opticians are a few of many members of the team who are not doctors but play a vital role in diabetic control. Retinopathy screening must be offered as well as support groups as diabetes is a chronic condition with no cure as of yet and can have poor psychological effects on patients.

Medications such as oral hypoglycaemics and insulin are mainly managed by the GPs and are adjusted when required. For some patients lifestyle changes are not enough to control their diabetes entirely so unfortunately they require medications to help.

Eczema

Eczema is an atopic dermatitis and is a dry skin condition which has a strong link to hay fever and asthma. Some of the symptoms include redness, skin oedema, itching and dryness, crusting, flaking, blistering, cracking, oozing, or bleeding. There are many different types of eczema and it can affect any part of the body. Diagnosis is made by attaining a good history to reveal a significant family history or atopy and doing an examination on the affected skin. Keeping skin moisturised using medical moisturisers is vital to managing all types of eczema with topical steroids commonly used to bring flare ups under control.

APPENDIX 3: SSC 5c (Elective) Assessment (part1)
 Assessed by host institution tutor/supervisor.

Student's name and contact details: (Please ensure this is filled in)
 ANEESA AWAN
 07590917638

Elective subject: Health Care in the Community

Elective location: Bedford Sq. Medical Centre, WC1B 3QU

Elective dates: 6/5/13 -> 7/6/13

Supervisor's name and contact details: DR FAHED AL-DAOUR
 fahed63@hotmail.com

Date of receipt of elective report: 4/6/13

The student should have provided you with a report relating their objectives and no more than 1200 words that address these. A free text area is also provided if you wish to provide further information on the student's performance. This will form part of the overall elective assessment.

- Please rate the student's report: (Circle as appropriate)
 A = excellent; B = good; C = satisfactory; D = poor; E = unsatisfactory

(If a D or E grade has been awarded for any of the above categories please give details of the reasons for the poor grade)

- General comments on the student's performance

Tutor/Supervisor's Signature: *Fahed Al-Daour* Dr. Fahed Al-Daour

Please return to student while they are with you or e-mail this form back to the student with a copy direct to: mbbs-years-admin@qmul.ac.uk within one week of receipt. Many thanks for your help (it is generally preferable to complete this form before the student completes their elective if possible)

Osteoporosis

Osteoporosis is a degenerative bone condition mainly associated with the elderly but also peri-menopausal women and other conditions that could promote early bone weakening. Symptoms can include aches, pain and crepitus in joints symmetrically and can have long term psychological effects on patients due to poor pain management. Medications to reduce bone degeneration and to promote bone regeneration do exist however are not curative. Analgesia plays a big role in managing osteoporotic patients and vitamin D and calcium supplements if deficiency has been noted.

Describe NICE guidelines for one condition commonly encountered in the community

A common condition seen in general practice is high blood pressure. Hypertension is diagnosed when a blood pressure reading of 140/90 mmHg is recorded at least twice in the surgery and this is confirmed by ambulatory blood pressure monitoring (ABPM). The management of hypertension includes lifestyle advice which aims at targeting risk factors such as reducing salt in their diets, alcohol consumption, promoting smoking cessation and preventing further cardiac problems by monitoring cholesterol levels. Anti-hypertensive medication is also used. It is important to clarify the stages of hypertension to understand when to initiate treatment

Blood pressure measurement method	Threshold for Stage 1 hypertension	Threshold for Stage 2 hypertension
Clinic blood pressure reading	140/90mmHg	180/110mmHg
Ambulatory blood pressure reading	135/85mmHg	151/96mmHg

The clinical blood pressure targets depend on the patients age with an aim of lower than 140/90 mmHg for those aged younger than 80 years and a blood pressure aim of lower than 150/90 mmHg for those aged over 80 years old. The management of hypertension also depends on age and patient ethnicity and is summarized in the NICE guidelines.