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Value of the patient interview: all but consensus among haemostasis experts

Rosendaal, F.R.

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Jeroen C.J. Eikenboom^a
Frits R. Rosendaal^{a,b}
Ernest Briët^a

Departments of

^a Haematology and

^b Clinical Epidemiology, University
Hospital Leiden, The Netherlands

Value of the Patient Interview: All But Consensus among Haemostasis Experts

Key Words

Patient interview

History taking

Haemorrhagic diathesis

Expert panel

Medical students are taught that the patient interview and medical history are of the utmost importance in leading to a diagnosis [1-3]. The value of the interview is often unquestioned, although the value of screening laboratory tests is cause of debate [4, 5]. We were interested in the value of the medical history in the diagnosis of a haemorrhagic diathesis. However, before testing questionnaires among patients and normal controls, we established which signs and symptoms are considered informative by international experts in the field of haemostasis and thrombosis.

We distributed a questionnaire among 25 participants of the 1990 conference of the World Federation of Hemophilia in Washington D.C., composed mainly of haematologists, internists and paediatricians. The questionnaire consisted of 13 questions covering common symptoms in bleeding disorders. The experts were asked to indicate which of

the questions will, in their opinion, provide the most informative answers for the evaluation of a suspected haemorrhagic diathesis. They were asked to indicate their opinion on a visual-analogue scale by drawing a vertical bar somewhere along the line between 'non-informative' and 'very informative'. The results were converted to a scale from 0 to 10; 0 representing non-informative and 10 representing very informative.

Twenty-four forms were returned (response 96%). As figure 1 shows, the experts differed greatly in their opinions. Almost all items were considered highly informative by some, and completely uninformative by others. For 9 out of 13 questions, virtually the entire range of possible answers was given, indicating a complete lack of agreement. When we look at the mean scores per item, the presence (or absence) of relatives with a bleeding disorder, postoperative bleeding, and

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Jeroen C.J. Eikenboom, MD
University Hospital Leiden
Department of Haematology
Building 1: C2-R, PO Box 9600
NL-2300 RC Leiden (The Netherlands)

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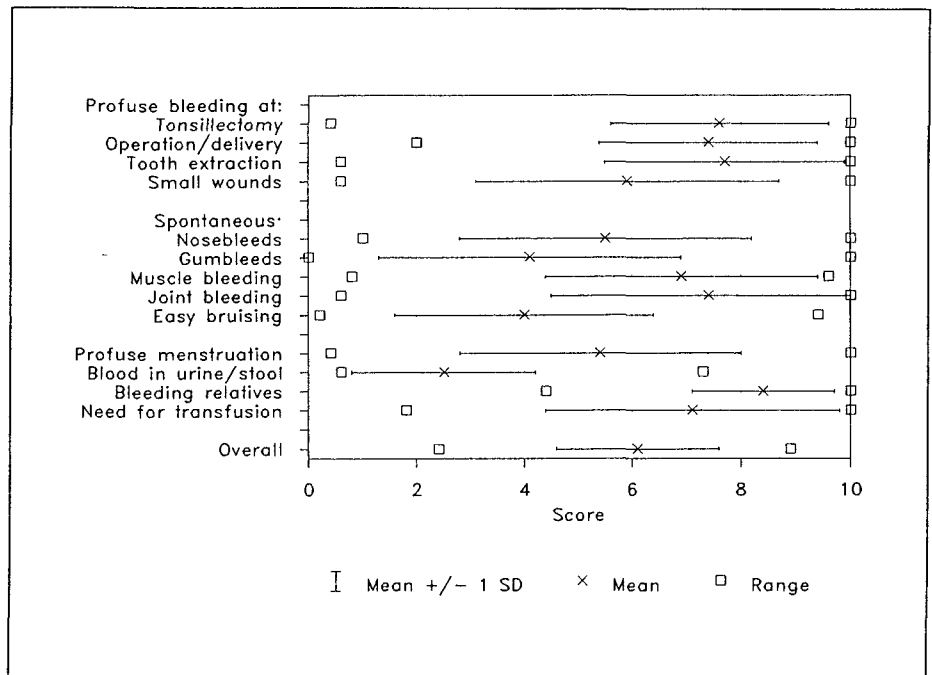


Fig. 1. Results of the questionnaire about the value of bleeding symptoms. The scale ranges from 0 (non-informative) to 10 (very informative). Indicated are the topic of each question, the mean score per question \pm 1 SD and the minimum and maximum value. 'Overall' indicates the summation of all questions.

bleeding for which blood transfusion had been necessary were considered most informative, whereas blood in the urine or stool, easy bruising and gumblings had the lowest mean score. For all of these items, however, some experts held an opposite opinion. Although most individual experts gave answers ranging from non-informative to very informative, some experts tended to either high or low scores. The mean score of each expert, for all 13 questions together, ranged from 2.4 to 8.9. The scores of the European experts did not differ from the scores of the experts from the USA.

Although the history is generally considered to be important, this enquiry demon-

strates that there is no consensus among experts about the value of the information that can be obtained by questions about a haemorrhagic diathesis. This seems to contradict the general agreement about the importance of history taking [1-3]. The lack of consensus possibly indicates that the interview yields only little additional information in a specialized setting. All referred patients will probably demonstrate bleeding symptoms, since that is the reason for referral, but the various syndromes may not be distinguished. It is, however, possible that in a primary care setting the questions about bleeding symptoms will contribute more to the diagnosis than in the selected group of patients seen by the

experts in this study. A subsequent study will be performed to investigate the contribution of the patient interview to the diagnosis of bleeding disorders in the specialized as well as in the primary care setting.

Acknowledgement

This work was supported by the Praeventiefonds (grant no. 28-1862). We thank all experts for completing the questionnaire.

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- 5 Rohrer MJ, Michelotti MC, Nahrwold DL: *A prospective evaluation of the efficacy of preoperative coagulation testing*. Ann Surg 1988;208:554-557.

Jeroen C.J. Eikenboom^a
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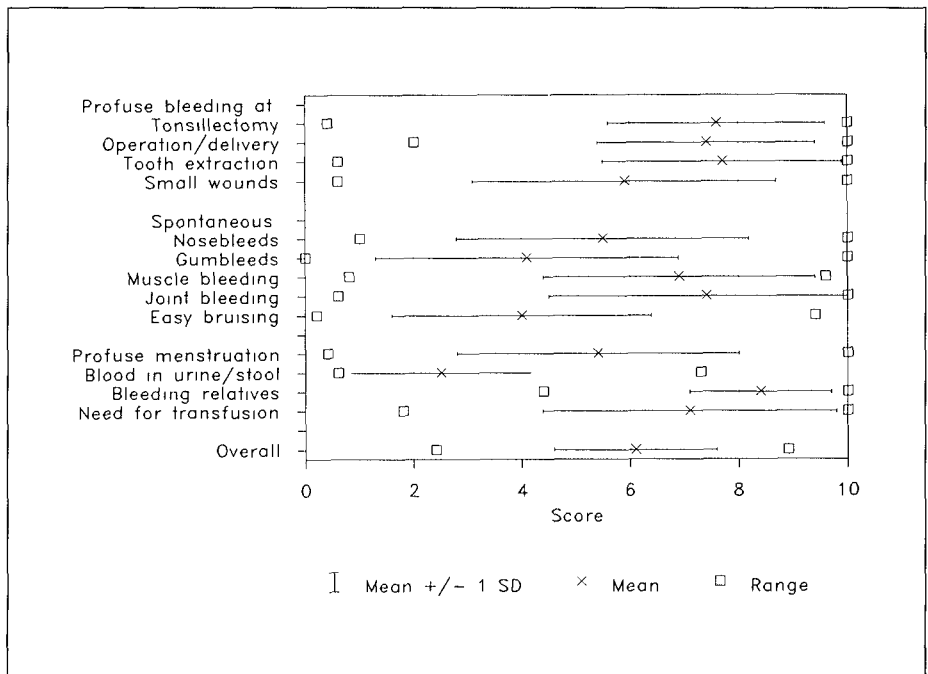


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