



## Clinical conundrums in primary health care

I was in one of the first groups of private general practitioners to volunteer to work for the new National Health Insurance clinics. As I trained in the British NHS and first went into an NHS clinic practice over 45 years ago I was interested to revisit primary care practice. The work, I found, was very rewarding but unfortunately after a year I had to give up my sessions due to my own ill health.

I am going to select just one clinical condition, hypertension, to illustrate gaps that appeared in my knowledge of current primary care practice. It was surprising to see so many morbidly obese patients, mainly female, with hypertension. Their weights were between 90 to 130 kg or above and their BMIs were usually above 35, a reasonable number over 40 and a few above a BMI of 50.

The patients were on a lot of medications from the four different groups of anti-hypertensives on the code (diuretics, betablockers, ACE inhibitors and CCBs) and usually had come in for repeat medications. Despite all their medications their blood pressures were often uncontrolled. A reasonable number were taking 8, 10 or 12 different pills (many, as expected, had diabetes and other complications of obesity). One small female patient, aged 53, who weighed 108 kg (BMI 35+) was on 21 different medications. She had no complaints although her blood pressure and blood glucose were still uncontrolled despite her 21 medications.

My problem was how I was going to manage these sorts of patients from the perspective of a primary healthcare clinic when they were often attending several OPD clinics at two district hospitals and a tertiary hospital. It needed a lot of time to collect some basic information and measurements while the benches outside in the corridor were groaning with the weight of more patients waiting to see me. I would need to follow up the patients several times and try and get reports from hospital OPDs such as medical, diabetic, orthopaedic and the pain clinic.

I found trying to rationalise medication use in these patients was not an easy business. A recent study from Israel discontinued the pills that a group of elderly patients were

taking (they were each taking an average of seven or more pills). They stopped five drugs per patient for more than 90% of the patients and only 2% needed to have the pills restarted. Almost all the patients reported an improvement in their health.

I seemed to experience a sequence of these conundrums during my clinic sessions. Many of the patients' blood pressures and blood sugars were uncontrolled despite what appeared to be adequate medication. Working under the principles of proportionality and heresy I have assumed that some protection was better than none. I was also intrigued to find out where all the pills actually ended up and whether they were actually taken. About a third of the population in and around Pietermaritzburg live in informal settlements and shack dwellings so probably about fifty percent or more of the patients attending a government clinic would be living in these types of crowded shelters, sharing a room with relatives and others. Where, I wondered, did they put their 8 or 12 or 21 pills?

I am lucky enough to live in a two bedroom house with running water and I am on four pills a day following a myocardial infarction. It takes me all my concentration to line these pills up on a shelf in my bedroom and remember to take them before I go off to my consulting rooms in the morning. How, I wondered, did these patients manage all their pills while living in one room with several others?

Some of the difficulties in delivering primary health care appear to be the rational and practical application of modern medical concepts within the contexts and life worlds of the patients. These are some of the great and exciting challenges that face us as we build up the National Health Service. Because of the advances in medicine, the problems of providing health care to the growing volumes and the changing morbidities of our patients may require us to rethink our ultimate objectives.

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