

Ministry of Health of Ukraine
Kharkiv National Medical University

Anamnesis morbi. Anamnesis vitae.

Methodical instructions for students

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Anamnesis morbi. Anamnesis vitae. Method. instr. for students /
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Anamnesis morbi (History of present disease)

1. Onset of present disease (date, first signs and their development).
2. Cause of onset.
3. Visiting the doctor (results of previous examination, diagnosis, treatment).
4. Development of the disease (dynamic of initial signs and symptoms, new symptoms appearance, previous hospitalizations).
5. Last exacerbation in chronic diseases (date, signs and symptoms, previous visiting a doctor, results of examination and treatment, diagnosis if known).
6. Cause of present hospitalization.

Correctly collected anamnesis morbi can be helpful in identifying of the present disease, because most of them have definite course; one symptom followed another in specific order and quite frequent the present complaints differ from the initial manifestation of the disease.

Answer standard:

1. *Feels sick since 10 of September 2013 year when after cold arised elevated temperature till 39.2°C, cough at fist dry, then with sputum, pain in the right part of the chest increased during coughing and deep inspiration, general weakness, sweatness. Visited the doctor, after examination pneumonia was diagnosed and was sent to Kharkiv City Clinical Hospital N11 for treatment.*
2. *Feels sick since 2012 year when after emotional stress arised retrosternal pain, pressing, of moderate intensity, with radiation to the left part of the body, periodic, arising after physical and emotional exertion, 2-3 times per day, lasted 10-15 min, relieved at rest and after 1-2 tab of nitroglycerine taking, accompanied by dyspnea, palpitation. Visited a doctor, after examination coronary heart disease was diagnosed and treatment was prescribed. During the year was treated outpatient. Last exacerbation occurred on 1 of September 2013, when after physical and emotional exertion the retrosternal pain increased, arised headache,*

dissiness, general weakness. Visited the doctor and after examination was sent to Kharkiv City Clinical Hospital N11 for treatment.

Anamnesis vitae (Past medical history)

Anamnesis vitae is past medical history of the patient in infancy, childhood, adolescence, and adult. The information obtained during collecting of the anamnesis vitae is very important for understanding of character, cause, and conditions of the disease onset.

1. Bibliography: place of the birth (endemic diseases), the age of the parents, living conditions in childhood, education, profession, occupation, etc.
2. Past diseases: in childhood, adolescent, and adult (tuberculosis, cardiovascular, nervous, psychiatric, endocrine diseases, etc), and also about possible traumas or operation.
3. Chronic poisoning (smoking, alcohol). Because of the extent to which smoking cigarettes, drinking alcohol, and narcotics contribute to disease, inquiries into these habits if often necessary. Patients tend to be defensive and are quite likely to deny or minimize their substance use. If there are clinical grounds for suspecting misuse, questioning has to be tactful but firm and persistent. It is important to determine whether the patient is a smoker, an ex-smoker or a lifelong non-smoker. If the patient smokes, the following information is required: form (cigarettes, cigars or pipe); quantity (number of cigarettes/cigars or amount of pipe tobacco per day), and duration. If the patient is an ex-smoker, the length of time since the practice ceased should be noted. In smokers, the possibility of tobacco-related disease should be considered (cerebrovascular disease, tobacco amblyopia, carcinoma of the mouth, lung cancer, chronic obstructive pulmonary disease, ischemic heart

disease, peptic ulceration, peripheral vascular disease). It is often necessary to ask whether the patient teetotal or drinks alcohol. If he does then how much alcohol, frequency and what exactly (vine, beer, vodka) he drinks.

4. Inquiry about relatives (parents, brothers, sisters, and childrens: health, diseases, cause of death, life duration). Information about the health of the patient's relatives (parents, sisters, brothers) is very important because some diseases are caused by hereditary factors. However it should be noted that predisposition to some disease not always provoke its development. Pathological heredity as a rule manifests under harmful environmental conditions (hypertension, atherosclerosis, cholelithiasis, etc). Inherited character of the diseases can vary widely. Some inherited disease may observed only in one member of the family, or in offspring after several generation, or in family members of one sex (hemophilia).
5. Family anamnesis. Marital status. Obsteric history (in female – mensus, menstrual cycle regularity,duration; pregnancy, abortion (miscarriages, still-born) amount).
6. Insurance anamnesis.
7. Social and life anamnesis: present professional conditions, vocation, living conditions, nutrition character (regularity, amount). This part should include basic information about occupation and domestic arrangements. It is important to determine labor conditions, exposure to hazard, e.g. chemicals, mechanical (noise, vibration, high or low temperature, etc), foreign travels, and accidents. It is necessary to ask the patient about his living condition: type of home, size, owned or rented, illumination, if it is damp or dry, hygienic conditions, etc. The patient should be also asked about the nutrition: regularity, quantity (under eating, overeating), character of food (is the diet sufficient rich in vegetables and fruits, is there meat or fatty food abuse or salt abuse, etc).

8. Allergological anamnesis. It is necessary to determine in the patient and his relatives possible allergic reactions to various food (strawberry, eggs, crabs, etc), cosmetics, odor, etc. It is important to reveal whether the patient has ever experienced an adverse reaction to a drug and, if so, to record the information prominently so that it is immediately obvious at any future presentation. Allergic reactions are quite varied: from vasomotor rhinitis, Quincke's edema to even anaphylactic shock. Failure to obtain and record an adverse reaction therefore may lead to serious illness or even death.

Answer standard:

Born in Ukraine, living conditions in childhood satisfactory. Went to school at age 7, graduated from Kharkiv Pedagogical University, he began his career with 23 years as a teacher of mathematics in high school.

As a child sick with influenza, measles, chicken pox. Ill adult acute respiratory infections, bronchitis. There were no injuries and surgeries. Do not smoke, alcohol and drugs does not use.

Heredity is burdened: maternal hypertension, paternal - peptic ulcer disease. Children are healthy. Endocrine, neurological, psychiatric, oncological diseases, myocardial infarction, stroke, asthma and tuberculosis in himself and his other relative denies. Parents are still alive: the mother '76 (CHD, arterial hypertension), the father of '78 (chronic gastritis, peptic ulcer disease).

Married, two children: son – 20 years old, daughter – 17 years old.

Sick leave is not often enjoyed the last half a year ago about a hypertensive crisis. No disability.

Works as a teacher in the school only in the first shift, no night shifts, and trips, regularly uses vacation. Living conditions are now satisfactory: lives with his wife and children in an isolated four-bedroom apartment, eat regularly, observes Diet with salt restriction, fluid, fried and spicy food.

Allergic disease and the response to blood transfusion, the introduction of serums, vaccines, medicines, the impact of the disease on a variety of nutrients, cosmetics, fragrances, denies

KNOWLEDGE CONTROL

1. The patient aged 41 have suddenly fallen ill after cold. He complains of cough with sputum discharge, pain in the chest, weakness, and elevated

body temperature (39°C), loss of appetite. Fatigue, perspiration. Right-sided pleuropneumonia was diagnosed. What are his main complaints:

- A. Cough with sputum discharge, pain in the chest
 - B. weakness
 - C. perspiration
 - D. perspiration
 - E. loss of appetite
2. A patient aged 50 has 8-year history of bronchial asthma. He was admitted with complains on attacks of shortness of breath with expiratory dyspnea twice a day, perspiration, pain in the chest, perspiration, fatigue. Which complaints are secondary?
- A. Shortness of breath
 - B. Expiratory dyspnea
 - C. Headache
 - D. Pain in the chest
 - E. Fatigue
3. When investigating secondary complains of a 39-year old patient the physician revealed complaints of insomnia, decreased memory, headache. Which system is involved?
- A. Respiratory
 - B. Nervous
 - C. Cardiovascular
 - D. Digestive
 - E. Urinary
4. A 20-year old patient developed edema of the face, pain in the lumbar area 3 days after tonsillitis. Changes in the urine were revealed. Which system can be involved?
- A. Nervous
 - B. Respiratory
 - C. Cardiovascular
 - D. Genitourinary
 - E. Digestive
5. A 53-year-old patient with a 10-year history of hypertension complains on headache, pain in the heart. His father and grandfather on the father's side also have hypertension disease. Which section of the case history are the type of inheritance and pedigree entered to?
- A. Anamnesis vitae
 - B. Present complaints
 - C. Asking about organs and systems
 - D. Anamnesis vitae
 - E. Passport part

6. A 73-year-old patient with a 10-year history of coronary artery disease complains of pain in the precordial area, dyspnea. Which type of dyspnea is typical for heart diseases?
- Expiratory
 - Inspiratory
 - Mixed
 - Dyspnea of effort
 - Fit-like dyspnea
7. A 48-year-old patient with diabetes mellitus complains of itching, dryness in the mouth, increased appetite, polyuria, weakness. Which is a secondary complaint?
- Itching
 - Dryness in the mouth
 - Increased appetite
 - Weakness
 - Polyuria
8. The father of the 48-year-old patient with hemophilia is also ill with hemophilia. What is the type of inheritance?
- Inheritance linked to the sex chromosome
 - Autosomal-recessive
 - Autosomal dominant
 - Genetic mutations
 - Polygenic type
9. Which method aid in specifying the role of inheritance in forming the pathology when questioning the patient with an inherited disease?
- Genealogical
 - Subjective
 - Objective
 - Subjective and objective
 - Specific methods are absent
10. A 64-year-old patient developed a severe retrosternal pain, weakness, nausea, dyspnea, anxiety after an emotional stress. A diagnosis of acute myocardial infarction was made. What is the main complaint of the patient?
- Retrosternal pain
 - Nausea
 - Dyspnea
 - Weakness
 - Anxiety

Answers: 1-A; 2-E; 3-B; 4-D; 5-A; 6-C; 7-D; 8-A; 9-A; 10-A.

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