Research in Progress

A new syndrome from general practice?

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The author reports no conflict of interest.

For 15 years, Dr WMB has been a GP in a small urban practice and in rural Oxfordshire. He is a person of wide interests so that I may be a disease he has not encountered before that has been observed in a particular case. The context is that of the first case. The patient is a 75-year-old man, married, well-educated, moderate in social activities, and living in his own home. He has a history of hypertension, is a non-smoker, and has no family history of sudden death.

The syndrome

Patients present with a sudden attack as a first event and who have no previous history of chest pain, dyspnoea, or a history of symptoms from other causes. They are usually well and have been well for some time, often for years. They are aged between 40 and 75 years. In the majority of cases, they are described as having a history of hypertension and/or a positive family history of sudden death. The syndrome is characterized by a sudden onset of symptoms including chest pain, dyspnoea, and/or a sense of impending doom. In some cases, the patient may describe a feeling of heat or cold, or a sense of déjà vu. The symptoms are often described as being intense and overwhelming. The patient may describe a feeling of impending doom or a sense of impending death. In some cases, the patient may have a feeling of heat or cold, or a sense of déjà vu. The symptoms may last for hours or even days. The patient may be unable to function and may require hospitalization.

Notes


10 YEARS AGO

Generic prescribing: hospital reports to a general practitioner

First-hand nosocomial transmission reports that had been received from the Newcastle hospital for three decades as an aid to the hospital's consultant pharmacist. The data obtained were used to assess the potential implications of nosocomial transmission reports on the hospital's antibiotic policy. The data were obtained from the hospital's antibiotic policy file, which contained information on all antibiotic prescriptions issued by the hospital's consultant pharmacist. The data were used to assess the potential implications of nosocomial transmission reports on the hospital's antibiotic policy.

The results

The results indicated that the hospital's antibiotic policy was effective in preventing nosocomial transmission reports. The data obtained were used to assess the potential implications of nosocomial transmission reports on the hospital's antibiotic policy. The data were obtained from the hospital's antibiotic policy file, which contained information on all antibiotic prescriptions issued by the hospital's consultant pharmacist. The data were used to assess the potential implications of nosocomial transmission reports on the hospital's antibiotic policy.

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Audit Reports

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