

In 1983, the GPs of the French Society of General Practice (SFMG) want a tool to describe health problems they take care in general practice. They look everywhere but they cannot find what they want. So they start a 15 years work for the creation of the Dictionary of Consultation Results.

SFMG developed its works starting from Robert Braun concepts who analysed his practice for several decades.

The SFMG has set up an updating committee composed of 24 members. A first work of validation in 1996 allowed the publication of the Dictionary of the Consultation Results (CR). It was first updated in 1998 and then in 2001 and 2003.

SFMG set up the Observatory of General Practice (125 computerised doctors who collect in real time and on going medical data) who allows for ten years to test the use of the DCR in daily practice and to develop epidemiological analysis.

The GP of this observatory use the DCR

The 2002 edition of the DRC contains 274 Consultation Results.

The dictionary is a list of denominations (CR) describing the morbid entities in primary care. Each CR contains:

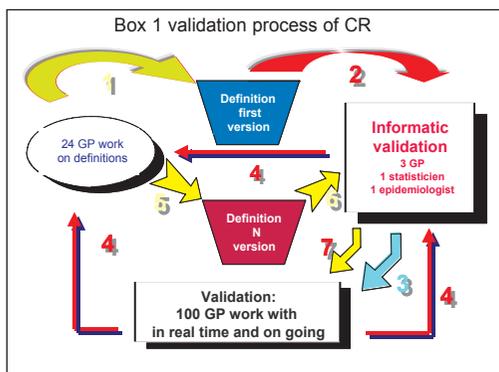
- a **title**,
- **inclusive criteria**: they are indispensable to justify the choice,
- a **list of Avoidable Critical Risk (ACR)**: make sure that no other diagnosis (whose serious evolution would be avoidable) could be evoked,
- **semiological complements**: preceded by the sign +-, they present taxonomic interest (for case classification) but are also useful to pinpoint the site, the side, a symptom or a sign frequently associated with the CR,
- a **diagnostic position** (A for symptom, B for syndrome, C for disease picture and D for certified diagnosis),
- a list of **"see also"**: who are close CR.

An update of the DCR is published every 2 years. You can see box 1 the validation process of definitions.

The 2003 data of the SFMG Observatory network concern:

- 106,672 patients (56,637 women and 50,035 men),
- 276,476 consultations,
- 528,248 consultation results,
- 902,245 lines of medication.

The DRC is a validated tool which, thanks to its adaptation to the doctor's practice, allows him to complete his electronic medical record without losing too much time. Its incessant use makes it possible to analyse the practice and the production of epidemiological data.



### Example of a CR ANGINA – CORONARY INSUFFICIENCY

#### ++1 | TYPICAL ANGOR PAIN

- ++++ retrosternal and/or anterior thoracic
- ++++ constrictive
- ++++ triggered by exertion
- ++++ subsiding with rest in less than 15 minutes

#### ++1 | ATYPICAL ANGOR PAIN, but

- ++++ triggered by exertion or stress
- ++++ subsiding with trinitrin in less than 3 minutes

#### ++1 | RESULTS of ADDITIONAL DIAGNOSTIC TESTS

- ++1| ECG at rest
- ++1| exertion test
- ++1| coronarography
- ++1| scintigraphy

#### ++++ HISTORY of MYOCARDIAL INFARCTION DATING BACK MORE than 28 days (if not, choose myocardial infarction)

- + – with cardiovascular risk factors
- + – known coronary patient

- + – irradiation in upper arm
- + – irradiation in jaw
- + – irradiation in back

- + – relapse

#### AVOIDABLE CRITICAL RISK(S) (ACR)

ACUTE PANCREATITIS  
ACUTE PERICARDITIS  
DISSECTING AORTIC ANEURYSM  
GASTRIC or DUODENAL ULCER  
MYOCARDIAL INFARCTION  
PLEURISY  
PNEUMOTHORAX  
PULMONARY EMBOLISM  
RISK OF MISCARRIAGE  
PRECORDIALGIA  
REFLUX – PYROSIS – ESOPHAGITIS

#### ICD – 10 CORRESPONDANCE

I20.9: Typical or atypical angor pain  
I25.9: Chronic ischemic cardiopathy, unspecified  
I25.2: Old myocardial infarction (asymptomatic or healed, but 125.8 if evolutive)

#### DIAGNOSTIC POSITION(S)

A, B, C

++++ all criteria preceded by this sign must be chosen.

++1 | at least one (1) of the criteria preceded by this sign must be chosen in the list.

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## The Dictionary of Consultation Results: A Tool to Describe Health Problems in General Practice

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French society of general medicine

### the DRC in 10 points

1 Any science begins with the enumeration of the objects or phenomena observed in its field of application.

General practice, like all medical specialities, cannot develop scientifically without fulfilling this requirement.

2 The dictionary is not a classification, but rather a glossary. A classification, "systematic grouping into various categories based on precise criteria", consists of assembling the consultation results (CR) contained in the dictionary, based on common characteristics, so as to place them into categories. A glossary, "the totality of technical terms specific to a science", listed alphabetically, constitutes a dictionary.

3 The dictionary allows the general practitioner to consult an alphabetical list which makes it easy for him/her to find the 270 terms he/her uses most often in his/her daily practice. Based on the law of even case distribution, all doctors in general practice, at the same latitude, can expect to encounter, on a regular basis, about 300 CRs, as long as they designate them by the same name every time.

4 The dictionary allows a doctor to use a CR in order to enforce the clinical certainty (highest level of proof) to which he/her arrives at the end of the session, based on the elements in his/her possession at the time of the consultation. The CR describes the problem with which the doctor is presented (and which he must solve) during the session (consultation or visit).

5 The 270 CRs cover 95% of pathologies encountered by a doctor in general practice. However, he/her must also be acquainted with the other 5% he sees more rarely.

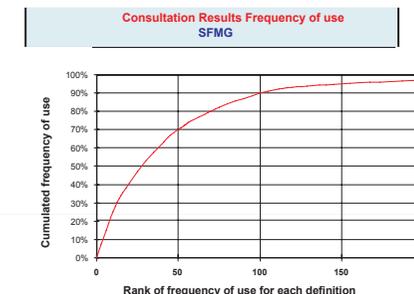
6 The four diagnostic positions possible (symptom, syndrome, clinical picture and proven diagnosis) are not rated hierarchically. They are all equivalent as clinical findings at the end of the visit. They do, however, define the diagnostic possibilities of the clinical findings.

7 By consulting the "Avoidable Critical Risks" and the "See also" list, the practitioner can make sure that the clinical situation before him/her does not correspond more closely to another, more characteristic, CR.

8 The dictionary not only fills the need for a common language, but also answers a threefold demand: for rationality (providing an information model), for confirmation ("it's exactly what I'm looking at") and for justification ("what I observed justifies the decision I'm making").

9 The fact that each definition in the dictionary corresponds to the International Classification of Diseases (ICD-10) guarantees a common international, cross-speciality language.

10 Each definition provides inclusion criteria, semiologic complements and the avoidable critical risks of a given situation.



Download the  
**Dictionary of Consultation Results**  
in **English** (pdf file and soon Access®)  
[www.sfmg.org](http://www.sfmg.org)  
and click on the **English flag**

**Observatory of General Practice**  
<http://omg.sfmg.org>  
now in French, in English beginning 2005