

LETTER TO THE EDITOR

Comment on " The priorities of elderly patients suffering from dizziness: A qualitative study, published by Kruschinski Carsten, Theile Gudrun, Dreier Sabine Dorothee, Hummers-Pradier Eva. European Journal of General Practice, 2010; 16:6-11"

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Elderly balance disorders are particularly frequent due to the combination of multiple etiologic factors. We speak of multifactorial geriatric syndrome. For this reason, the diagnostic process and the treatment may prove to be much more complex than other age groups. In addition, treatment and rehabilitation usually take longer than usual and often result in unsatisfactory results.

This paper analyzes, with a priority scale, the expectations that the elderly patient suffering from balance disorders complains about his / her treating physician. The study was conducted by analyzing the results of semi-structured interviews conducted by a group of specially selected medical students on patients over 65 years of age.

Based on the results obtained, a scale of priorities is then proposed. It is intended to provide the general practitioner and specialist with an instrument that allows them to come closer to the expectations of the patient.

The majority of patients interviewed state that they feel the primary need to know the cause of her illness. Uncertainty about the aetiology of the disease, even more than in other fields of the clinic and more than in other age groups, amplifies the anxiety that commonly accompanies the disturbances of balance.

Patients also report a lack of communication between physician and patient regarding their health status. They therefore wish, by the general practitioner, greater willingness to inform. The

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communication process should include a "counseling" about the various possibilities on the nature of the disequilibrium.

Patients do not perceive particular shortcomings with regard to the "technical" professionalism of their physician and the specialists to whom they are addressed. They accuse the physicians' lack of communication. Diagnostic uncertainty is not uncommon, at least in the early stages of the onset of symptomatology, but it must not be a reason for renouncing a frank, but at the same time as peaceful as possible, with the patient and his / her family members. Patient information should be considered as a key component in the diagnostic-therapeutic approach. Therefore, the medical practitioner is rightly required to be aware of the importance of the patient's mood, of his fears and expectations and to transfer the request to the specialists to whom the patient will be directed for further investigation. Such attitudes can only lead to better patient compliance in accepting sometimes unpleasant diagnostic procedures and / or long-term therapeutic and rehabilitative treatments. Another concern for patients, in descending order of frequency, is that of their own prospects as regards the capacity motor. Patients are especially concerned about possible falls and the possible loss of self-sufficiency.

The achievement of the goal that this work proposes can undoubtedly have a significant practical impact on the management of the elderly patient suffering from balance disorders. Case studies, based on 20 patients, can be considered a first step. The study should be developed with multicentre work, which can take into account a wider range of patients, different social and cultural extraction and, as far as possible, placed in different geographic and healthcare contexts. It might also be helpful to use an interview questionnaire to adapt to different types of patients.