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The importance of anamnesis in the excellent clinical examination

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Abstract

The practice of Medicine is shaped by skillfully balanced and correlated ancient principles: Art and Technique designing the clinical method. Since classical Greece, there have been reports of the use of anamnesis as an investigative method adopted in the initial approach of any patient. The objective of this study is to outline the importance of anamnesis and demonstrate what is necessary to apply in this anamnesis to obtain an excellent clinical examination. This work consists of a descriptive study with a qualitative approach carried out through bibliographic research related to the theme Anamnesis and its Importance. According to the literature, numerous authors point out the need to create tools, scripts, manuals and instruments that further enable the training of these professionals in order to train them to develop the best method of accuracy of anamnesis of excellence and thus maximize diagnostic accuracy and consequently assertive therapy.

Keywords: Medical semiology; Medical anamnesis; Clinical examination; Importance of anamnesis

1. Introduction

The practice of Medicine is shaped by ancient, skillfully balanced and related principles: Art and Technique designing the clinical method. Since classical Greece, there have been reports of the use of anamnesis as an investigative method adopted in the initial approach to any patient (MASSON, SAMPAIO, CAVADAS, 2018).

In 1st century Greece, the physician Rufus Ephesius was a pioneer in valuing the patient's perspective in the construction of clinical reasoning, structuring the role of conversation with the patient about lifestyle habits and other details to meet the specific diagnosis (MASSON, SAMPAIO, CAVADAS, 2018).

Years later, Galen concluded the technique of approaching the patient developed by Rufus Ephesius, based on the criterion of individualized treatment, consecrating it in Medicine. For Galen, the competence of philosophy was essential for the physician to reach a diagnosis, since it favored the differentiation of reality from unreal fantasy. In this way, he perfected the Greco-Roman approach to questions and answers, judging that a doctor, to be considered good, should not only be able to ask correct questions, but should also detect adequate answers (MASSON, SAMPAIO, CAVADAS, 2018).

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FONTE: AFONSO, 2010.

Figure 1 In 'Science and Charity' from 1897, Pablo Picasso depicts an anamnesis.

According to PORTO (2014), anamnesis means bringing back to mind all episodes related to the disease in question and the patient. He also highlights that anamnesis is the most important part of medicine: because it is the channel through which the doctor-patient relationship develops, which is the primary foundation of a doctor's work; and because several studies indicate that when there is a humanized side to medicine, it is possible to reach a diagnosis much more assertively. Anamnesis is the starting point for the final success of a care, a well-prepared anamnesis is accompanied by accurate diagnostic and therapeutic decisions; on the other hand, a poorly prepared anamnesis will bring losses, which will not be possible to reverse even with the application of complementary exams, even if they are sophisticated (PORTO, 2014). There was a daydream that technological advances would extinguish the use of anamnesis and make medicine a 'practically' exact science. However, this belief did not last long, since one of the main causes of failure in the quality of medical work is inevitably the reduction in time dedicated to anamnesis. Anamnesis is related to clinical reasoning and, when well prepared, it indicates the best paths to be followed in a careful manner, being able to guide from the best options for complementary exams to be requested, to even the best therapeutic path to follow (PORTO, 2014). Anamnesis is still one of the great challenges of medical education. Given the above, it is possible to see how fundamental the correct application of anamnesis is for both diagnosis, treatment and patient health safety. Therefore, the objective of this study is to outline the importance of anamnesis and demonstrate what is necessary to apply in this anamnesis to obtain an excellent clinical examination.

2. Methodology

This work consists of a descriptive study with a qualitative approach carried out through bibliographic research related to the theme Anamnesis and its Importance in four databases: Pubmed, Medline, Lilacs and Scielo, in August and September 2023, with the following descriptors: clinical anamnesis, importance of anamnesis, medical anamnesis, anamnesis and medical students, medical semiology.

The research found 180 articles and when the criterion of the last 10 years was applied, approximately 50 articles were delimited, and four of these articles were selected to reference this work.

We also used the literary work: Clinical Examination – Porto & Porto 7th edition, in addition to images related to the theme available in the Google image database and documents from the Ministry of Health, Federal Constitution and Federal Council of Medicine.

The exclusion criteria were: articles published before 2013, articles in another language and articles outside the theme.

3. Discussions

The anamnesis is the interview applied by the physician, through which it is possible to see the individual beyond the health-disease process, providing a comprehensive view of the patient. Where holistic knowledge about the individual results in a much more informed and accurate medical practice, arising from the understanding of the various factors responsible for the biopsychosocial imbalance of each patient (SOARES *et al.*, 2016).

According to Porto (2014) the anamnesis has a classic division in its structure, divided into: identification, main complaint, history of current illness (HDI), symptomatic interrogation (SI), personal and family history, lifestyle habits, socioeconomic and cultural conditions. Through this division, the patient is considered in a comprehensive and unique way. The identification outlines the patient's sociodemographic profile, and it is in this item that individual data is provided. Essential for building the doctor-patient relationship. In the case of the main complaint, it is essential that the examiner does not induce answers, nor accept assumptions regarding the case, based on a critical and rational analysis. The history of the present illness (HCI) is characterized by the chronology of events, where there is a guiding symptom, which is not necessarily the same as the main complaint. The examiner is like a historian who connects the most relevant points reported by the patient in order to draw the best diagnosis.

The symptomatological interrogation (SI) includes aspects that were not addressed in the HCI and arise through a systemic analysis of the organism. In the personal history, as the name suggests, the past and current personal aspects that may interfere with the health process are observed. In the family history, the characteristics of the closest family members are highlighted to identify any disease or risk, especially in the case of hereditary diseases. As an aid in the interrogation, we also have lifestyle habits, which provide pertinent information, as they include eating habits, previous occupations, lifestyle habits such as physical activity, use of legal and illegal drugs, quality of sleep, and sexual aspects. And it ends with socioeconomic and sociocultural aspects, where it is possible to analyze purchasing power and offer the most appropriate treatment for the condition. It is also possible to analyze aspects such as the individual's religiosity, empirical knowledge and level of education. In this way, respecting all these items, it is possible to build comprehensive and individualized care, addressing both biological and social characteristics of the health-disease process (PORTO, 2014).

From the beginning of a doctor's career, he is taught that anamnesis is fundamental for the success of his clinical practice. It is up to him to understand and rationalize the depth of this instrument. It is through anamnesis that the first contact between doctor and patient arises, and it is essential to define a conduct and accurate listening in order to interpret everything that the patient will bring to that moment (BUCKER *et al.*, 2018).

The Federal Council of Medicine, through resolution 2153/2016, defines an anamnesis guide that must be applied throughout the national territory. According to this document, an anamnesis must include, at a minimum, the following items:

- Patient identification: name, age, date of birth, parentage, marital status, race, sex, religion, profession, place of birth, origin and telephone number;
- Main complaint: brief description of the reason for the consultation;
- History of current illness: report of the illness, onset, main signs and symptoms, duration, form of progression, consequences, treatments performed, hospitalizations, other relevant information;
- Family history: previous illnesses in the family, health status of parents, if deceased, age and cause, main occupation of parents, number of children, type of family relationship, record the existence of mental illness in the family in psychiatric evaluations;
- Personal history: information about pregnancy, intercurrent illnesses of the mother during pregnancy, fetal diseases, normal or dystocic delivery, birth conditions, psychomotor development with information about age at which the patient spoke and walked; intercurrent illnesses in childhood, vaccination cycle, learning at school, sociability at home, at school and in the community; work, illness at work, interpersonal relationships in the family, at work and in the community; puberty, sexual and reproductive life, menopause and andropause; whether the person professes any religion and which one; pre-existing diseases related or not to the current illness; current life situation;
- Physical examination: skin and appendages, olfactory and gustatory system, visual, auditory, sensory-sensory, cardiocirculatory and lymphatic, musculoskeletal and articular, genitourinary and neurological with assessment of mental capacity (CFM, 2016).

The guidelines defined by the Federal Council of Medicine are in line with those described by Porto in his bibliography. The effectiveness and excellence of anamnesis are relatively associated with constant training, concentration, emotional balance and talent of those who perform it, and it is of utmost importance to respect the diversity of the context in which it is applied, in addition to the collaboration of those interviewed (MASSON, SAMPAIO, CAVADAS, 2018).

FAVALORO (1999) points out that when the clinical history is associated with the findings of the physical examination, the proportion of correct diagnosis increases to 70-90% of cases. It is clear that anamnesis is a refined instrument, an admirable investigative resource, assuming that, limited to other forms of research, the object of research expresses its speech (FAVALORO, 1999; MASSON, 2018).

Article 196 of the Federal Constitution guarantees that "Health is a right of all and a duty of the State". However, this constitution contains scattered references in relation to anamnesis. It mentions the right to dignified, attentive and respectful care, without other attributes that relate to the anamnesis.

In Ordinance 1820 of 2009 of the National Health Council, it provides for the rights and duties of health users. In this document, there is no mention of the timeliness of the medical consultation, however, it determines that there must be quality and that it must be adequate, as described below:

Art. 3rd Sole Paragraph. It is the right of the person to have adequate, quality care, at the right time and with guaranteed continuity of treatment (MINISTRY OF HEALTH, 2009).

PORTO (2014) warns that the reduction in time allocated to anamnesis can be pointed out as one of the main causes of impairment in the quality of care, in interaction with the patient and consequently in the devaluation of the medical service.

MASSON (2018) also points out that the ideal time to perform a minimally acceptable elective clinical investigation should consider some aspects such as: complexity of the disease, cultural level and degree of cooperation of the individual. There is a consensus among professionals who consider it impractical to perform a correct and specific clinical evaluation in less than 25 minutes.

Learning and performing a coherent anamnesis is still the great challenge of the medical community. According to the literature, numerous authors point out the need to create tools, scripts, manuals and instruments that further enable the training of these professionals in order to train them to develop the best method of accuracy of anamnesis of excellence and thus maximize diagnostic accuracy and consequently assertive therapy (DIAS, 2019).

4. Conclusion

Obviously, there is a great challenge ahead. It is necessary to stimulate debate on the issue, effectively contributing to a future scenario in which dedication, commitment, technical-scientific excellence and humanized treatment design a much more accurate and efficient anamnesis model.

The teaching of medical semiology requires greater appreciation and should be prioritized with the same emphasis as other disciplines of medical importance.

It would be essential for professional councils to develop campaigns to highlight the importance of anamnesis in conducting diagnostic reasoning, in addition to being the main instrument for bonding with the patient.

To conclude, we raise a central question, as a way of provoking debate on the topic, in search of plausible solutions:

What is missing for anamnesis to be the guide to a precise and accurate diagnosis?

Compliance with ethical standards

Disclosure of conflict of interest

The authors declare that they have no conflicts of interests.

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