

Opportunistic Interventions in General Medicine

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Abstract

It is important to consider the indicators of "turning points" in the routine assistance provided during GP consultations. Not only life cycle transitions but also other transitions, "trauma," and "stress": work, school, neighbors, debts, deaths, and other serious illnesses related to the environment, and extreme stressful events. Some turning points of psychosocial and contextual stressors affecting health can be: loneliness, family care, violence, relationships with substance abusers, difficulties or conflicts with close people, dysfunctional family, unemployment, work problems, physical or mental stress, pain, sadness, suffering, etc.

Keywords: general practitioner; preventive health care; health promotion; anticipatory care; case finding; brief intervention; impact

Introduction

In general practice, interventions are divided by their timing and target population. Opportunistic interventions are those that take advantage of a patient's clinical visit for another reason, such as an acute symptom (like the flu or lower back pain). The concept of "prevention" is important in medicine, especially in general practice, and includes specific primary care tasks. The conceptual basis for these tasks is "opportunistic prevention," since every patient contact offers opportunities to prevent illness and encourage people to adopt healthier lifestyles, even when the patient presents with a seemingly unrelated problem that should be addressed first. The emphasis is on seizing the opportunities patients offer; focusing on opportunities rather than problems [1]. The value of opportunistic care lies in taking advantage of the opportunities patients present [2, 3]. Opportunistic interventions in general practice rely on the specific characteristics of the GP's work (continuity of care, contextualization, working with families, and the doctor-patient relationship) [4], and these concepts carry important, different, and specific connotations, the implications of which have not been sufficiently systematized conceptually. This "opportunistic prevention" in the GP consultation includes [5]:

1. Anticipatory care

2. Case-finding

3. Strategic brief intervention

1. Anticipatory Care

In practice, anticipatory care refers to adopting a proactive approach that allows the GP to work with patients and their support network to establish and achieve agreed-upon goals. Anticipatory care is most frequently applied to patients with chronic illnesses to establish a health action plan. Thanks to the GP's knowledge of the patient's medical history, lifestyle, living conditions, life transitions and context, health perceptions, and family context, they have the opportunity to incorporate aspects of health promotion and disease prevention during consultations for any reason, and systematically anticipate biopsychosocial risk factors in patients seen in consultation [6-8]. The moments that can lead to anticipatory care are practical opportunities that can be strategically leveraged to discuss with individuals the potential benefits of developing their own early care plan. Among the fundamental tools of the GP's clinical work, knowledge of family health is an important one. Thus, this concept also includes preventing the impact of disease on the family (disease in the family causes great disruption that alters relationships, demands, roles, communication, and tasks) and preventing and overcoming transitional crises, situated in the different stages of family life [9]: the courtship period; the initial period of marriage; the birth of and relationship with the child; the middle period of marriage; the separation of parents by the children or emancipation; retirement and old age. This family life cycle has implications for therapeutic work with families and individuals, since problems are often associated with critical periods of change and transition in families. For example, psychotic episodes are often associated with late adolescence, when one is about to separate from the family and form their own household. Another example of the possible

effects of the life cycle is the different expression of symptoms in coronary heart disease by patients [10]. It is important to consider the indicators of "turning points" in the routine assistance provided during GP consultations. Not only life cycle transitions but also other transitions, "trauma," and "stress": work, school, neighbors, debts, deaths, and other serious illnesses related to the environment, and extreme stressful events. Some turning points of psychosocial and contextual stressors affecting health can be: loneliness, family care, violence, relationships with substance abusers, difficulties or conflicts with close people, dysfunctional family, unemployment, work problems, physical or mental stress, pain, sadness, suffering, etc. [11-12]. Other examples of anticipatory care would be: after hospital discharge; in cases where the patient frequently visits the emergency department; in a COPD patient receiving home oxygen; or in patients whom the GP considers vulnerable (e.g., due to changes in health status, the caregiver's situation, or special treatments, such as opioids, anticoagulants, psychotropic drugs, etc.).

2. Case-finding

The main objective of screening tests in a healthy population is to identify individuals who have a pathology but are not yet showing symptoms. In GP consultations, the most common strategy is opportunistic detection or "case-finding," in which a series of tests are performed based on the age, sex, and potential risk factors present in the person seeking consultation for any reason. Therefore, it involves the active and systematic search for individuals at risk, rather than waiting for them to develop symptoms or signs of active disease. Case-finding takes advantage of patients' visits for any reason [13-17]. Screening activities, as a cohort method where the service is offered to a selected group of the population, are replaced in GP consultations by case-finding, leveraging contact with patients to offer screening to those who need it. This requires organization and a thorough medical history. Family medicine is the ideal setting for screening activities, as it provides access to the entire population; even those less motivated by prevention visit their family doctor when they feel ill (75% of patients assigned to a GP visit at least once every 5 years). This situation allows for determining the biological (presymptomatic) onset of the disease, integrating preventive and curative activities, and ultimately, monitoring health problems until their resolution [18]. The goal is to identify people at risk and offer them screening and treatment if necessary. Examples of case finding include: Blood pressure measurement (Hypertension Screening: Taking blood pressure during any routine visit); Ordering blood tests to detect high cholesterol or diabetes in asymptomatic patients who consult for other reasons and do not attend regular checkups; Sexual Health and HIV: Performing rapid HIV tests, providing post-exposure prophylaxis counseling, and testing for sexually transmitted infections in patients with risk behaviors; Prophylaxis in vulnerable patients: In patients with compromised immune systems (such as HIV), implementing interventions to prevent opportunistic infections such as tuberculosis or pneumonia; Obesity Screening: Quickly calculating BMI or measuring waist circumference; Mental Health: Identifying signs of depression or anxiety in patients presenting with vague somatic symptoms; asking a quick question about mood if subtle signs of anxiety or depression are detected [19]; Fall Prevention: Assessing risk in older patients during visits for acute illnesses; identifying sexual partners in syphilis outbreaks; identifying household/workplace contacts in infectious disease outbreaks; Breast Cancer: Inviting women of at-risk age to participate in early detection programs using mammograms; Colorectal cancer: Inform patients in the indicated age range about the fecal occult blood test.

3. Brief Opportunistic Interventions

By "brief intervention," we mean implementing an intervention that requires very little time. Brief interventions aim to motivate people at risk to change

their behavior [20, 21]. Many people can benefit from receiving appropriate information at the right time. Brief interventions are based on motivational interviewing techniques. Motivational interviewing is a technique that aims to be impartial and non-confrontational. Its success depends largely on providing objective feedback based on the information provided by the individual. In summary, opportunistic interventions in general practice are supported by the specific characteristics of the GP's work (continuity of care, contextualization, working with families, and the doctor-patient relationship) and are key to the prevention, early detection, and comprehensive management of chronic and infectious diseases in primary care. Opportunistic interventions in general practice are brief preventive or therapeutic actions performed during a consultation for another reason, taking advantage of the opportunity to address risk factors. These interventions include anticipatory care and prevention of health problems, case finding (the equivalent of screening in general medicine), and brief, opportunistic advice on alcohol, smoking cessation, hypertension screening, weight management, infection screening, vaccination, and more. The goal is to maximize each healthcare contact to improve the individual's overall health. It's about intervening at the right time. The challenge lies in combining anticipatory care, case finding, and continuity of care, addressing the heterogeneity of needs and achieving individualized and context-specific solutions.

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