



## How to Talk to Your Doctor—the Doctor’s Perspective

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Functional gastrointestinal (GI) disorders, such as irritable bowel syndrome (IBS), have a wide variability in symptoms and activity and require a lot of patient help in the management of the disorder. However, most physicians have been forced by the economics of managed care to see more patients in less time than ever before. Patients with functional GI disorders often tend to require more time than the average patient because multiple factors may be involved – time to discuss things like diet, stress, or exercise, and their effects on this disorder.

Presently, a follow-up appointment in our office lasts for precisely 15 minutes. This includes the time it takes to clean the room after the preceding patient, to have you change your clothes, and to make an entry on your chart. Certainly it is important that you get the most out of the remaining 10 minutes when you can actually talk to your doctor.

Here are a few suggestions which can help improve the worth of the time that you do have with your physician.

**Be Scientific** – Functional GI disorders such as IBS require a lot of insight into dietary, stress, and behavioral variables. My patients with the most success in managing their IBS tend to be scientific about their disorder. They record in a diary (which may be obtained from IFFGD) things like stool patterns, diet, and activity. They bring the diary to my office where we review and analyze it together.

For instance, together we may find trends in foods which cause more gas or bloating, unsuspected lactose intolerance or sensitivity, or other hints to improve the management of this quite variable disorder.

**Be Organized** – Just as with the diary above, my most successful patient interactions include more time with me because many baseline questions have already been answered by organized patients. Some patients routinely bring in a list of what might be important medical information, such as medications with their frequency and dosage, a list of allergies, or a list of current diagnoses for which they are being treated by other physicians.

Often, we find that a patient’s medications are being taken too frequently or are not being taken with enough frequency to improve the symptoms. Additionally, many drugs may cause side effects which mimic IBS. With a list of medications, we can see any drug interactions (or possibly duplicate medications), cut the costs of medications, and improve side effects.

**Be Inquisitive** – I am delighted when a patient brings with them a list of direct questions. That allows them to direct our conversation and education to specific areas of interest or concern about their disorder. It is most disturbing to be contacted by a patient, who has been seen in the office earlier that day, with questions that might have been asked face to face for better understanding.

Be sure to ask your physician if there are new therapies available or studies going on locally in the management of IBS, such as new drug studies, or behavioral management or hypnotherapy studies. In addition, ask your physician whether there are any functional bowel disorder support groups locally. This may prompt your physician to become the medical director of such a group.

**Be Interactive** – The diagnosis of a functional GI disorder, once established, requires more partnership with your physician and more personal responsibility than many other gastrointestinal disorders. Take charge of your disorder, record your symptoms, be prepared for your doctor appointments with lists of medications and questions, and look for other ways to manage your disorder, such as new therapies, diets, studies, stress control groups, and support groups. If you have difficulty remembering the conversation and teaching of your physician, consider asking them if you could use a tape recorder at your office appointments.

**In Summary** – Do your best to make the most of your all too brief interaction with your physician. Do not let your appointment – for which you have prepared, driven to the physician’s office (perhaps through rush-hour traffic), waited for (yes, we know that we are generally late), and are then ushered into the office – deteriorate into a brief, “So how are you doing” conversation. Make every moment count.

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This article is in no way intended to replace the knowledge or diagnosis of your doctor. We advise seeing a physician whenever a health problem arises requiring an expert’s care.

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