

# What doctors GET WRONG

Even the best GPs miss things. Anna Magee talks to the specialists about common misdiagnosis

## OVARIAN CANCER

### YOUR SYMPTOMS:

Bloated tummy, abdominal pain

**SPECIALIST SAYS:** Irritable Bowel Syndrome (IBS). "IBS is quicker for doctors to diagnose," says Hani Gabra, director of the Ovarian Cancer Research Centre and professor of Cancer Medicine at Imperial College, Hammersmith Hospital.

**DON'T PANIC:** IBS affects a tenth of the population, while ovarian cancer strikes one in 48 women, so IBS is the more likely explanation. At [ovarian.org.uk](http://ovarian.org.uk), you can download a symptoms diary, which you can log symptoms in and present to your GP.

**WATCH OUT FOR:** "There are key early warning signs to watch out for that may differentiate the disease in its early stages from other more common conditions," says Professor Gabra. "These include persistent pelvic and abdominal pain, increased abdominal size or persistent bloating that does not come and go, difficulty eating and feeling full quickly as well as changes in bowel habits, extreme fatigue or back pain.

If you experience any of these symptoms on most days of the month, see your doctor."

**GET TESTED:** "If you have symptoms, ask your GP for a transvaginal ultrasound," says Jonathan Ledermann, professor of medical oncology at University College London, and Cancer Research UK's gynaecological cancer expert.

"There's a blood protein test doctors can do called CA125, but it's not reliable alone. If you take women with early ovarian cancer only confined to the ovary, only half of those women will have a raised CA125 test. Yet that is the time we can save them. You should ask your doctor for the CA125 and an ultrasound."

### Help yourself

**If you have two or more relatives on the same side who had ovarian or breast cancer, you may be at risk. Most cases happen in women over 40. If you've had two children, breast-fed both, and been on the Pill for three years or more, your risk could decrease by 50 per cent. Being overweight or obese can also increase risk.**

## UNDERACTIVE THYROID

### YOUR SYMPTOMS:

Tiredness, low mood, weight gain

**SPECIALIST SAYS:** Menopause or depression. "A large proportion of our underactive thyroid patients in their 40s and 50s weren't even initially investigated by their doctors," says Lyn Mynott, chief executive of Thyroid UK. "Many GPs either immediately put it down to menopause or they prescribe Prozac."

**DON'T PANIC:** There is a high likelihood it may be either of these things, so don't dismiss your doctor's hunch. One in four of us will experience depression at some point. As for the menopause, symptoms can be similar to underactive thyroid, also called hypothyroidism, which affects one in ten women, most commonly after 40. "Many women are told their symptoms are down to the menopause when actually their thyroid



## STROKE

### YOUR SYMPTOMS:

Speech slurring or difficulty finding words, headache

**SPECIALIST SAYS:** Migraine, confusion, drunkenness. "Some strokes predominantly affect people's ability to communicate, so if they turn up to A&E they often get labelled confused, drunk or demented," explains Dr Tony Rudd, consultant stroke physician at Guy's and St Thomas' Hospital in London.

**DON'T PANIC:** "Migraine can occur around the menopause for the first time, and symptoms can be similar to a stroke," says Dr Rudd. "To be on the safe side, the first time it happens, get it checked out immediately."

**WATCH OUT FOR:** Three checks can help you recognise whether you or someone else may be experiencing a stroke. Remember them through the mnemonic: FAST.

**Facial weakness:** Can the person smile? Has their mouth or an eye dropped?

**Arm weakness:** Can they raise both arms?

**Speech problems:** Can the person speak properly and understand what you say?

Time to call 999.

**GET TESTED:** "Quick diagnosis is essential when it comes to stroke," says Dr Rudd. "If

someone has just one symptom from this list, dial 999. The average A&E service won't get upset if it's a false alarm. I'd rather be there and not have to treat someone than not be there to treat someone who could have been saved from permanent disability." Only one per cent of stroke patients get adequate care, but that's changing. Most primary care trusts are putting hospital facilities in place that can treat people who have a stroke by giving thrombolysis, the essential clot-busting treatment for stroke. "If this happens within three hours it gives a chance of saving brain function. Time is everything when it comes to stroke."

### Help yourself

Get your blood pressure checked.

The Stroke Association defines optimal as 120/80 mmHg, and high is defined as a reading above 140/90 mmHg. "Blood pressure is the single most important risk factor," asserts Dr Rudd. "Lowering blood pressure means reducing salt intake, losing weight and exercising regularly. But your doctor may also prescribe medication to keep it down," he advises.

## Menopausal symptoms can be similar to an underactive thyroid, which affects one in ten women, most commonly after 40

has failed," says Dr Mark Vanderpump, consultant endocrinologist at London's Royal Free Hospital. "By the same token, some women are told it's their thyroid, when, in fact, it's oestrogen deficiency associated with the menopause."

**WATCH OUT FOR:** A feeling of failing to cope, dryness of the skin, aching muscles, puffiness around the eyes and inability to concentrate are more common symptoms than weight gain, says John Monson, professor of endocrinology, The London Clinic for Endocrinology.

**GET TESTED:** Your GP can do a simple thyroid function blood test to measure your level of thyroid-stimulating hormone (TSH) and thyroxine (T4). In clear-cut hypothyroid cases, TSH levels are high and T4 levels low. Treatment is a synthetic version of the thyroxine hormone in the form of pills taken daily. However, if T4 is normal and

TSH only slightly elevated, you may be a borderline case. Your doctor will decide whether to offer treatment or monitor you by checking TSH levels regularly.

### Help yourself

"If you've tested negative for underactive thyroid but symptoms are worsening, ask to have your thyroid function tests again, as this is a progressive disease," says Professor Monson. "If you've been given medication, the dose will be built up over a few weeks. If you don't feel better after that time, there may be another cause such as underactive adrenal glands or dysfunction of the pituitary gland. Ask your GP for a referral to an endocrinologist."

## ANGINA OR HEART DISEASE

### YOUR SYMPTOMS:

Dull ache in the chest, feeling anxious or faint

**SPECIALIST SAYS:** "Doctors can interpret these symptoms as anything from anxiety to anaemia to lack of sleep," says Professor Peter Weissberg, cardiologist and medical director of the British Heart Foundation (BHF). "When it comes to heart disease, most women will experience some chest pain, but around 30 per cent can have more subtle symptoms, such as feeling faint, fatigue, breathlessness or nausea."

**DON'T PANIC:** "Ninety-nine per cent of women with these symptoms won't have angina or heart disease," says Professor Weissberg. "In one per cent of cases, they might." If you're under 65, the chance is low. "Before the menopause, oestrogen has a protective effect in the body," says Dr TW Koh, consultant cardiologist at the London Clinic, with a special interest in women and heart disease. "But after the menopause, women's risk is the same as men."

**WATCH OUT FOR:** "Women don't always experience the sharp chest pains that men do and may only feel a dull ache, not unlike indigestion," says Dr Koh. "If you're regularly getting breathlessness and a feeling of indigestion or anxiety after eating, it's likely to be related to digestion and not your heart. But if what you think is indigestion only happens when you exert yourself, you should be referred to a cardiologist."

**GET TESTED:** The BHF recommends anyone 40-plus is tested for cardiovascular risk. Ask your doctor about cholesterol and blood pressure checks, particularly if you smoke, lead a sedentary life or have a close relative who had heart disease. "If you think you have a symptom that might be heart disease, ask your GP if it could be that," says Professor Weissberg. "Referral to a cardiologist or chest pain clinic for an Exercise Stress Test will show how your heart is performing."

### Help yourself:

"What you do now sets your risk of heart disease in the future," says Professor Weissberg. "Exercise for 30 minutes daily, eat a healthy diet low in saturated fats, and don't smoke." w&h