

Short communication

What advice do patients with infectious mononucleosis report being given by their general practitioner?

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Abstract

Objective: The aim of this study was to describe the advice that patients with acute infectious mononucleosis recall having been given by their general practitioner (GP; family or primary care doctor). **Methods:** Individuals with a recent diagnosis of infectious mononucleosis were recruited for a randomised controlled trial assessing the effectiveness of a brief educational intervention on recovery. All participants were asked at their initial assessment what advice that they had been given by their GP. They were not given any prompts and were free to give several responses. Responses were grouped into various themes. **Results:** Seventy-

one patients took part. Of these, 11 (15%) recalled being given no specific advice. Of the remaining 60 participants, 70% recalled being given advice to rest, or to “take it easy”, usually without any qualification; 10% recalled being given dietary advice, and 17% advice on simple symptom management. **Conclusion:** The majority of individuals with recent onset infectious mononucleosis recall being given advice to rest by their GPs. This finding is discussed in relation to evidence suggesting that rest may be unhelpful.

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Introduction

Majority of patients make rapid recoveries from infectious mononucleosis. However, approximately 9–22% of patients develop a chronic fatigue syndrome 6 months after onset [1]. Many people with infectious mononucleosis apparently expect to have a prolonged illness [2]. Likewise, the main advice given in medical textbooks and family health books on the treatment of acute infectious mononucleosis frequently includes the need for the patient to rest [3–5]. We are aware of no systematic evidence to support this. A very rare complication of infectious mononucleosis is splenic rupture, and therefore, it is advisable to avoid contact sports or very vigorous exercise. However, existing evidence suggests that some activity is better than complete

rest [6]. Thus, in the single quasi-randomised trial of the effect of inactivity on recovery rate in infectious mononucleosis [7], it was found that those who were allowed out of bed during the acute phase of their illness recovered quicker than did those who were allocated bed rest. Similarly in one cohort study, less activity at illness onset [8] was associated with delayed recovery. In another cohort study, being less fit at 1 and 2 months after onset was associated with delayed recovery [9]. Hence, there is no evidence to support a prescription of rest, and some suggests that this might be harmful. We aimed to describe what advice that patients recently diagnosed with infectious mononucleosis recalled being given by their general practitioners (GPs).

Method

The information was gathered as part of a randomised controlled trial that explored the effects of a simple educational intervention on recovery rate in infectious

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Table 1
Advice given

Type of advice	Number (% ^a) of participants given type of advice
No advice	11 (15)
General advice to rest	50 (70)
Bed rest	2 (3)
Take time-off from work or school	12 (17)
Avoid alcohol	6 (8)
Dietary ^b	7 (10)
Symptom relief ^c	12 (17)
No vigorous activities/sport	5 (7)
Already recovered at time of diagnosis	2 (3)
Not to stop usual lifestyle	3 (4)
Exercise	1 (1)

^a Percentage greater than 100, as some patients received several types of advice.

^b Advice covered avoiding certain foods and taking vitamins.

^c Nonprescription drugs and drinking fluids.

mononucleosis [10]. Patients aged over 16 were identified by the local laboratory, and those who agreed to participate were asked to give details about the advice that their GP gave them when they were diagnosed with infectious mononucleosis (“when glandular fever was diagnosed, what advice were you given?”). They were unprompted and allowed to give more than one response. Their response was transcribed verbatim. Two authors (BC, MH) identified categories of advice, and MH and AJC independently assigned each response to one or more category. We considered each category as independent from all the others, except bed rest, which we considered to be a subcategory of “general advice to rest”. This means that a participant who mentioned only that he had been told to rest in bed for 2 weeks would automatically also contribute to the total given “general advice to rest”, as well as bed rest. By contrast, if a participant was only told to take 2 weeks off work, this would not also be counted as general advice to rest.

Results

Of 139 patients referred to the study, 71 (51%) agreed to participate. Details of recruitment are described elsewhere [11]. The main reason for nonparticipation was inaccurate contact details ($n=53$), refusal ($n=9$), and not being eligible ($n=6$). Of those who could be contacted, and were eligible, the participation rate was therefore 89%. There were no age differences between those who participated and those who did not, but female patients were more likely to participate. The final sample featured the advice given by 26 inner city and 31 non-inner-city GPs; 39% were male, and the age range was from 16 to 46 years (median 19 years). The mean time between the research interview and first visiting their GP was 6 weeks. The time between advice given and the research interview was likely to be less in most cases, because only 21% reported being diagnosed with infectious mononucleosis by their GP at their first consultation.

Table 1 details the types of advice that patients reported being given. Fifteen percent of the participants recalled being given no advice. Seventy percent of patients reported that they were advised to rest, and 17% were advised to take time off work. Thirteen percent stated that they were given dietary advice, 9% advice about symptoms, and 7% not to undertake vigorous activities or sport. Most of the advice recalled by patients was internally consistent, apart from one patient, who was told by one GP to rest and by another to take plenty of exercise.

Discussion

In this study, the majority of patients reported receiving advice to rest or “take it easy”. We did not directly observe the consultation, and thus, our results may be subject to recall bias. The data presented here were collected for the purposes of a randomised trial, and therefore, the participants may not be truly representative of GP attenders with glandular fever. However, the overall participation rate, once the patients who could not be traced had been taken out of the denominator, was high, implying this is unlikely to be a significant problem.

Rest is often needed to alleviate symptoms during the acute febrile stage of a viral infection, and the advice that the patients received may have been aimed at dealing with that stage of the illness. Even so, most patients remembered being told to rest in an unqualified way, without the additional advice to resume normal activities as soon as possible. In convalescence, there is evidence that excessive inactivity can delay recovery [6–9]. Our randomised trial suggested that a brief educational package aimed at encouraging a return to normal activities was effective in preventing fatigue associated with infectious mononucleosis [10]. Giving unqualified advice to rest may, in some cases, encourage patients to prolong their convalescence and thereby increase their expectations and risk of a delayed recovery. This fits into a wider literature suggesting that rest may be harmful in other illnesses, including symptoms such as pain [12]. Indeed, an observational study showed that the outcome of acute back pain differed according to the advice that the patient’s physician routinely gives: Patients of doctors who routinely advise rest and prescribe analgesia have a poorer outcome to those who generally encourage normal activities [13]. It is possible that a similar pattern exists for infectious mononucleosis, although we were not able to test this directly because patients were taking part in an intervention that specifically aimed to challenge advice to rest.

Acknowledgments

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