Chapter 1: Medical Red Flags

What are red flags? How do we notice them and how do we miss them in the clinical setting? What are the main differences in types of red flags? How significant does a sign or symptom need to be to compel us to refer for further screening?

Red flags are signs and symptoms that indicate the possible or probable presence of serious medical conditions that can cause irreversible disability or untimely death unless managed properly. The purpose of this book is to give acupuncturists the ability to spot red flags easily and consistently in the normal course of practice and to consult with other practitioners of their choosing so suspected “red flag conditions” can be ruled in or out and treated. Chapter 2 goes into detail concerning the consultation process. In this opening chapter we consider:

1. The dangers of missing red flags and benefits of picking them up and referring them.
2. The difference between highly diagnostic and less diagnostic red flags.
3. The distinction between “general red flags” versus “specific red flags.”
4. Cautions about “sleeper” presentations of red flags.

Possible dangers of missing and not referring red flag conditions

The short scenarios listed below illustrate some ways in which an acupuncturist might miss red flags and some possible consequences of doing so.

• Wrongly accepting the patient’s self-diagnosis as definitive: A patient presents with a chronic cough says it is “my allergies.” The acupuncturist identifies and treats a defensive qi vacuity pattern without recognizing that the persistent cough also indicates the possibility of lung cancer. The cancer metastasizes, leading to an untimely death.

• Wrongly assuming that a prior physician workup and referral for acupuncture ensures that the patient’s condition carries no risk of disability or death: A patient is referred for treatment of persistent wrist pain following a fall on an outstretched hand. The acupuncturist treats qi and blood stagnation for weeks without reporting back to the physician that the wrist pain has not improved. The physician assumes all is well because she has not heard from patient or acupuncturist. An occult fracture not identified on original x-ray becomes necrotic, leading to permanent disability.

• Mistakenly treating symptoms without understanding they reflect a serious underlying medical condition: A patient complaining of chronic fatigue and daytime sleepiness is treated by the acupuncturist for qi and yang vacuity without recognizing red flags for severe sleep apnea. The patient subsequently falls asleep at the wheel and suffers a fatal motor vehicle accident that kills several other people also.

• Mistaken assumptions about abnormal reactions to medical care and failure to understand the normal course of recovery: A patient referred for postsurgical acupuncture suffers from increasing pain, swelling, stiffness and sensory abnormalities in a limb is mistakenly assumed to have normal postsurgical pain while a permanently painful and disabling complex regional pain syndrome (CRPS) develops.

• Failure to note or understand a painless red flag sign: An elderly male patient tells his acupuncturist during routine history that he painlessly passed bright red blood in his urine the day before. Because there was no pain, the patient and acupuncturist minimize the event. The patient dies of avoidable metastatic bladder cancer one year later that could have been easily treated after the first bleed.

The bottom line is this: No medical practitioner can automatically assume that red flags have already been picked up by other health care providers. Even the most skilled practitioners miss them. Furthermore, stable conditions may become unstable, nonthreatening conditions may become threatening, and new conditions may arise. Acupuncturists are in a position to avert catastrophe by prompt and accurate red flag recognition and timely consultation. Patients, acupuncturists, and the public all benefit from this patient-centered approach.
Benefits of consultations and referrals
Western medicine (WM) assessments can help, rather than hinder, the acupuncturist in providing safe and effective Chinese medicine (CM) treatment in a number of ways.
• Acupuncturists can use WM assessments to refine their impressions about severity of conditions as well as the course the illness is likely to take.
• WM assessment can shed additional light on the pathological mechanisms at work in an illness, which can aid in the selection of CM modalities and techniques.
• Understanding WM pathological mechanisms can sometimes aid in identifying important cautions and contraindications to acupuncture, herbal medicine, tui na, gua sha, and other CM modalities.
• WM assessment can provide quantitative and qualitative baselines against which to measure outcomes of CM treatment.
• Evidence for many conditions in this book is accumulating that simultaneous multidisciplinary care works best in improving outcome.

Proper consultation and/or referral as outlined in this book rarely, if ever, results in the patient quitting acupuncture. On the contrary, proper referral typically results in increased respect for the acupuncturist for recognizing the serious illness. Referred patients typically continue acupuncture care with greater confidence that serious diagnoses have been ruled out by a multidisciplinary approach.

Highly diagnostic versus less diagnostic red flags
It will be evident as we proceed through this material that not all red flags have equal diagnostic power. Some are highly diagnostic (i.e., highly indicative) that a particular serious condition is present. Others are far less diagnostic, but still make it likely enough that a serious condition is present so we must assume it is present until proven otherwise.

An example of a highly diagnostic red flag is neck pain followed by numbness in one arm and hand. By far the most likely explanation for neck pain with arm numbness is a compression of one or more spinal nerves in the neck, a serious condition that can lead to lasting pain and disability. Other conditions that might cause neck pain with associated arm numbness are rare, making this red flag highly diagnostic.

An example of a less diagnostic red flag is one-sided ankle swelling, which can be caused by several relatively common conditions, like skin infections. Even though other causes may be likely, one-sided ankle swelling can also be caused by a calf vein deep venous thrombosis (DVT), a serious condition that can turn rapidly fatal if a clot breaks loose and travels to the lung in the form of a pulmonary embolism (PE)—see red flag for PE below.

The above example brings us to a secondary guiding principle about red flags. The more dangerous the possible underlying condition is, the more we need to rule it out, even if the red flag could be explained by less serious causes. The seriousness of calf vein DVT requires that we assume its presence unless proven otherwise, even if we think it more likely that the patient is simply suffering from poor circulation, lymphatic swelling or a localized infection.

The additional presence of chest pain and shortness of breath following unilateral ankle swelling is a red flag for the dreaded consequence of PE mentioned above. We shouldn’t wait for this PE to develop, however, before referring the patient with the red flag for a DVT to an urgent care facility where a venous ultrasound can easily rule DVT in or out. Recognizing and acting on red flags signs and symptoms as soon as possible is far better than waiting until the condition has progressed to serious consequences.

General red flags versus specific red flags
This book lists and examines both general and specific red flags under various symptom categories.
1. General red flags are signs and/or symptoms that signal dangerous conditions with multiple possible explanations or that can manifest in many different anatomical areas. An example is headache with a neurological deficit, which is a general red flag for some type of intracranial lesion, tumor, or bleeding, for example.
2. Specific red flags signal specific illnesses or are present in specific anatomical regions. An example is persistent double vision after a blow to an eye, which is a specific red flag for a “blow-out fracture” of the orbital bones of the eye socket with entrapment of an extraocular muscle in the fracture.

General red flags are important, not for their specificity, but for their wide reach. No single text can cover all the red flags for every serious injury or illness. By knowing general red flags like unexplained weight loss, however, the astute clinician can recognize when serious illness is likely to be present even if the exact illness is unknown. The ability to recognize general red flags is at least as important as being
able to recognize specific red flags and that is why we also emphasize them in this book.

“Sleeper” presentations of red flags
Chest pain and shortness of breath following unilateral ankle swelling is a dramatic presentation of a PE. We must also be on the lookout for sleeper presentations, red flags that present with far less drama. Sleeper presentations generally include common symptoms and/or signs like constipation or low back pain that often have non-serious causes and may therefore lull the practitioner into a false sense of security. Even common and mild signs and symptoms can indicate serious illness, however, when combined with other specific signs and symptoms.

Constipation, for example, accounts for more than 2.5 million visits in primary care offices every year. It is not a red flag by itself, but when we combine constipation with unexplained weight loss, for example, the combination is a red flag for possible colon cancer. We could make the red flag even more diagnostic by adding clinical context like patient age > 50 years old, but we don’t need to do so because constipation with unexplained weight loss alone makes it likely enough that colon cancer is present that we are obliged to rule it out.

Another example of a sleeper presentation of a red flag is one episode of painless bloody urination in a man > 50 years old, a red flag for carcinoma of the urinary tract. A single instance of painless hematuria is easily ignored by patients and clinicians. Yet, its presence in a man over 50 years old makes it likely enough (and the consequences of missing it are dire enough) that we must assume the patient has cancer until proven otherwise. Carcinoma of the bladder can be easily removed through a scope at this early bleeding stage, but is often lethal if we wait.

Back pain can also present in certain contexts as a sleeper presentation. Back pain is ubiquitous. More than 80% of adults will have back pain at some time in their life. It is the most common complaint of patients under 45 of people who see primary care providers, and accounts for a great deal of the traffic in any primary care provider’s office. As with constipation, the presence of a few additional common symptoms and signs together with back pain can make us suspect a serious cause for it.

Such was the case with a seemingly healthy 23-year-old man who walked into my office complaining of low back pain. The only clues that this young man’s back pain was not a garden-variety, non-serious back pain was the steadily progressive nature of the pain (steadily progressive pain is discussed as a general red flag in the chapter dealing with “pain in general”) and a 10-pound weight loss over a month that was not attributable to dieting or increasing aerobic exercise.

In fact, this young man was trying to gain weight by increasing calories and drinking protein shakes along with weight-lifting. This young patient with unexplained weight loss and progressive back pain had cancer of the spine and underwent urgent surgery to excise the tumor just in time to save his life. Unexplained weight loss is, by itself, so indicative of the possibility of some type of serious illness that it can be considered a general red flag on its own and is treated as such later in this book.

Summary
All red flags, whether highly diagnostic or not, general or specific, presenting with drama or as sleepers, warn us of the possibility of disabling and life-threatening disorders. It’s important to remember that they only need to be sufficiently suggestive to compel us to rule out a serious condition to be a red flag, not absolutely diagnostic. Our goal is to help practitioners identify the red flags in this book and guide them with the referral process, the latter being the subject of the next chapter.