

# Crying patients in General/Family Practice: incidence, reasons for encounter and health problems

Pacientes que lloran en Medicina General/de Familia:  
incidencia, razones de consulta y problemas de salud

*Pacientes que choram em Medicina Geral/de Família:  
incidência, razões de consulta e problemas de saúde*

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Keywords:  
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## Abstract

**Context:** Despite evidence demonstrating the benefits of understanding patients, there is a paucity of information about how physicians address psychological and social concerns of patients. No one study has been published about the incidence of crying in General/Family Practice. **Objective:** To know the incidence of crying in primary care/general practice, and the patients' characteristics, their reasons for encounter and their health problems. **Design:** A descriptive, prospective study, of one year, of three general practitioners/family physicians in Madrid, Spain. **Setting:** primary care (doctors' office and patients' home). **Subjects:** Face to face encounters with crying patients. **Main outcome measure:** At least one rolling tear. **Results:** Patients cried in 157 encounters out of a total of 18,627 giving an incidence rate of 8.4 per thousand. More frequent reasons for encounters were: feeling depressed (12.7%), social handicap (mainly social isolation/living alone) (6.4%), relationship problem with partner (5.1%) and feeling anxious (3.2%). More frequent health problems were: depressive disorder (23.6%), anxiety disorder (8.3%), cerebrovascular disease (5.1%) and loss/death of partner (3.8%). **Conclusions:** Crying in primary care is not uncommon. Reasons for crying cover the whole range of human problems, mainly social and psychological problems.

Palabras clave:  
Llorar  
Atención Primaria  
Medicina General  
Medicina de Familia  
Relación Médico-paciente

## Resumen

**Contexto:** A pesar de los estudios que demuestran los beneficios de comprender al paciente, hay escasa información sobre cómo los médicos responden a los problemas psicológicos y sociales. No hemos encontrado ningún trabajo publicado sobre la incidencia de pacientes que lloran. **Objetivo:** Conocer la incidencia del llanto en Medicina General/de Familia y las características de los pacientes, las razones de sus consultas y sus problemas de salud. **Diseño:** Estudio descriptivo, prospectivo, de un año de duración, realizado por tres especialistas de Medicina General/de Familia, en Madrid, España. **Lugar:** Atención Primaria (consultas médicas realizadas en consultorios y consultas domiciliarias). **Pacientes:** Encuentros "cara a cara" con pacientes que lloran. **Parámetro principal:** Al menos una lágrima derramada. **Resultado:** Lloraron pacientes en 157 encuentros de un total de 18.627, lo que resulta en una incidencia de 8,4 por mil. Las razones de consulta más frecuentes fueron: sentimiento depresivo (12,7%), limitaciones sociales (fundamentalmente, aislamiento/vivir solo) (6,4%), problemas de pareja (5,1%) y sentimiento de ansiedad (3,2%). Los problemas de salud más frecuentes fueron: depresión (23,6%), ansiedad (8,3%), enfermedad cerebrovascular (5,1%) y pérdida/muerte de la pareja (3,8%). **Conclusiones:** Llorar no es raro en la atención primaria. Las razones para llorar cubren el amplio campo de los problemas humanos, principalmente problemas sociales y psicológicos.

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## Resumo

**Contexto:** Apesar de estudos que demonstram os benefícios de se compreender o paciente, há escassa informação sobre como os médicos respondem aos problemas psicológicos e sociais. Não encontramos nenhum trabalho publicado sobre a incidência de pacientes que choram. **Objetivo:** Conhecer a incidência do choro em Medicina Geral/de Família e as características dos pacientes, suas razões de consulta e seus problemas de saúde. **Desenho:** Estudo descritivo, prospectivo, com um ano de duração, por três clínicos gerais/médicos de família em Madri, Espanha. **Local:** Atenção Primária (consultórios médicos e casas dos pacientes). **Pacientes:** Encontros face a face com pacientes que choram. **Parâmetro principal:** Pelo menos uma lágrima derramada. **Resultados:** Pacientes choraram em 157 encontros de um total de 18.627, uma incidência de 8,4 por mil. Os motivos mais frequentes de consulta foram: sentir-se deprimido (12,7%), limitações sociais (principalmente, o isolamento/estar sozinho) (6,4%), problemas de relacionamento (5,1%) e sensação de ansiedade (3,2%). Os problemas de saúde mais comuns: depressão (23,6%), ansiedade (8,3%), doença cerebrovascular (5,1%) e perda/morte de um parceiro (3,8%). **Conclusões:** Chorar não é incomum na Atenção Primária. As razões para chorar cobrem um amplo espectro de problemas humanos, principalmente problemas sociais e psicológicos.

## Introduction

General practitioners see patients as persons in the context of their ongoing life stories. All facet of life – physical, psychological, sexual, emotional, social, labour – influence the problems patients bring to their general practitioners<sup>1</sup>. Primary health care problems encompass all known human problems. Sometimes we try to avoid strong feelings – anger, fear, sadness, loss, being stuck in an unresolvable dilemma, grief – fearing that if we acknowledge them patients will pour out their hearts to us, overwhelming us and using up too much time. In interpersonal relationships, as patient-physician one, we become participant observers and some doctors are reluctant to enter into the feeling world of patients, because it is too threatening. Physicians report distress and lack of therapeutic tools to deal with an angry patient, a tearful patient, a frightened patient, or one who seems unable to make a pressing decision. But those strong feelings will keep coming up in the interview if we do not do something therapeutic about them. The result will be a patient who feels isolated and misunderstood and much more time lost. It is not easy to cope with difficult situations but general practitioners have frequent troublesome patient encounters. A route out of this difficulty is a specific interaction skill called an empathic action<sup>2</sup>. Understanding patients' feelings involves the qualities of pity, sympathy and empathy<sup>3</sup>.

People cry in hospitals and psychiatric offices<sup>4-11</sup> and primary care settings<sup>12,13</sup> but we do not know the frequency of encounters with tearful patients and the reasons why people cry in General/Family Practice. The aim of this study was to know the incidence of crying in general practice and the patients' characteristics, their reasons for encounter and their medical problems.

## Subjects and methods

The study took place in three different health centres, where the authors work, in Madrid, Spain. Spanish general

practitioners are public employees, paid by salary, have a patient list (of around 2,000 patients), and are gatekeepers to secondary care<sup>14,15</sup>. It has previously demonstrated that there are differences in between patient lists about medical and social morbidity burden according to the Madrid town district where people live<sup>16</sup>. RPS and MPF work in a deprived district and JG in a wealthy one. MPF is a female GP; RPS and JG are males. Years as principal in the recording post was 2 (MPF), 6 (RPS) and 15 (JG). During one year (1995, from 1<sup>st</sup> January to 31<sup>st</sup> December) we recorded all direct encounters (face to face) in which a patient cries. The definition of crying is not about the noise but about the emotion and its physiological main consequence, to tear (at least one rolling tear). The following items of information are obtained about the encounter and the patient who cries: age, sex, prior patient status (new/known -for how long, in years), education level, occupation, family structure, place of encounter (health centre/patient's home), consultation time, and reason/s for encounter and health problem/s-diagnosis (principal and the reason to cry). Reason/s for encounter is/are the agreed statement of the reason/s why a patient enters the health care system, representing the demand for care by that person<sup>9</sup>. Data on the registration form were coded by JG (member of the WONCA International Classification Committee) using the International Classification of Primary Care 2<sup>nd</sup> ed.<sup>17</sup>. The unit of analysis was the encounter.

## Results

Patients cried in 157 encounters out of a total of 18,627 direct encounters (face to face), giving an incidence rate of 8.4 per thousand. Table 1 presents the distribution by doctors. Most patients were known (a median of four years) and their median age was 56 years old. Table 2 summarises the most relevant features of the encounters. Male percentage was 9% in general, but 16% for the female GP (MPF).

**Table 1.** GPs' characteristics, and of their encounters with weeping patients.

GP	JG	MPF	RPS
Sex	Male	Female	Male
Years in the recording position	15	2	6
Working days	195	220	225
Total number of encounters	5472	6204	6951
Home visit	383	352	280
Encounters per week	140	141	154
Encounters with weeping patients	74	60	23
Incidence rate, per thousand	13.5	9.7	3.3
Incidence rate, per working week	1.9	1.4	0.5
Three more frequent reasons for encounter <sup>a</sup>	P03	Z28	Z12
	P01	P03	Z14
	Z22	Z12	Z28
Three more frequent health problems <sup>a</sup>	P76	K91	P76
	P74	P74	Z14
	Z15	P76	Z15

<sup>a</sup>International Classification of Primary Care - 2 codes<sup>9</sup>: K91 Cerebrovascular disease; P01 Feeling anxious/nervous/tense; P03 Feeling depressed; P74 Anxiety disorder/anxiety state; P76 Depressive disorder; Z12 Relationship problem, partners; Z14 Partner illness problem; Z15 Loss or death of partner; Z22 Illness problem, parent/family; Z28 Social handicap.

Reasons for encounter and health problems of weeping patients belong mainly to chapters Z, Social Problems, and P, Psychological, especially when in relationship with the crying behaviour (Table 3). More frequent reasons for encounters were: feeling depressed (12.7%), social handicap (mainly social isolation/living alone) (6.4%), relationship problem with partners (5.1%), feeling anxious (3.2%), illness problem of parents/family (2.6%), and partner illness problem (1.9%). More frequent health problems were: depressive disorder (23.6%), anxiety disorder (8.3%), cerebrovascular disease (5.1%), and loss/death of partner (3.8%). Reasons for crying cover the whole range of problems meet in general practice (Table 4).

19 patients cried more than once a year. A patient cried in her seven encounters with MPF; she suffered a stroke and subsequently developed pathological crying, a neurobehavioral sequel. Three patients cried three times and 15 cried twice.

## Discussion

Crying in general practice is not uncommon. The incidence rate of crying in this study, 8.4 per thousand, is higher than the incidence rate of most acute episodes of illness in general practice in Spain, and elsewhere, as gastrointestinal infection, appendicitis, gastrointestinal haemorrhage, gonorrhoea, gout, streptococcal throat, goitre, pneumococcal pneumonia, sprains

**Table 2.** Characteristics of encounters with weeping patients (total 157).

Characteristics of encounters		n (%)
Patients	Known	135 (86)
	New	22 (14)
Place of the encounter	Health centre	145 (92)
	Patient's home	12 (8)
Age distribution (years)	<= 14	1 (1)
	15-24	7 (4)
	25-44	34 (22)
	45-64	51 (33)
	65-74	43 (27)
Sex	>=75	21 (13)
	Female	143 (91)
	Male	14 (9)
	Married	77 (49)
Marital status	Widower	41 (26)
	Single	26 (16)
	Divorced	12 (8)
	Common law	1 (1)
Labour situation	Housewife	77 (49)
	Employed	38 (24)
	Pensioner	19 (12)
	Unemployed	13 (8)
	Student	9 (6)
	Other	1 (1)
Level of education	Illiterate	19 (12)
	Basic	91 (58)
	College	19 (12)
	University	25 (16)
	Other	3 (2)
Family structure	Nuclear	83 (53)
	Monoparental	30 (19)
	Living alone	20 (13)
	Multigenerational	11 (7)
Consultation time (minutes)	Other	13 (8)
	<5	7 (4)
	5-9	49 (31)
	10-14	61 (39)
	>=15	40 (26)

and strains of ankle and foot, cardiac arrhythmia, etc<sup>18-22</sup>. But we do not found in primary care books a specific chapter or section about the topic and how to deal with a tearful patient in general practice (23-29). When GP trainees are asked about their behaviour in this case, it can be described in five steps: 1/ let the patient cry, 2/ verbalization of emotions and facilitation to express the problem, 3/ mutual understanding and solution finding, 4/ evaluation and maintaining contact and 5/ personal experience of great emotional effort<sup>13</sup>.

GPs are expected to counsel and support suffering patients but their training rarely gives them an understanding of

**Table 3.** Reasons for encounter and health problems of encounters with weeping patients (total 157) (chapters of the International Classification of Primary Care - 2)<sup>9</sup>.

Chapter of ICPC-2	In relationship with crying		Principal	
	Reason	Problem	Reason	Problem
	n (%)	n (%)	n (%)	n (%)
General	5 (3.2)	0	6 (3.8)	2 (1.3)
Blood, immunity	0	1 (0.6)	3 (1.9)	2 (1.3)
Digestive	5 (3.2)	0	13 (8.3)	7 (4.5)
Eye	1 (0.6)	0	3 (1.9)	2 (1.3)
Ear	0	0	1 (0.6)	0
Circulatory	5 (3.2)	8 (5.1)	20 (12.7)	20 (12.7)
Musculoskeletal	5 (3.2)	4 (2.5)	20 (12.7)	12 (7.6)
Neurological	1 (0.6)	0	8 (5.1)	1 (0.6)
Psychological	35 (22.3)	70 (44.6)	29 (18.5)	58 (36.9)
Respiratory	3 (1.9)	2 (1.3)	13 (8.3)	12 (7.6)
Skin	1 (0.6)	0	6 (3.8)	3 (1.9)
Endocrine, metabolic	1 (0.6)	2 (1.3)	12 (7.6)	13 (8.3)
Urological	1 (0.6)	0	5 (3.2)	6 (3.8)
Pregnancy, family planning	4 (2.5)	3 (1.9)	5 (3.2)	3 (1.9)
Female genital	4 (2.5)	5 (3.2)	5 (3.2)	6 (3.8)
Male genital	0	0	0	0
Social problems	86 (54.8)	62 (39.5)	8 (5.1)	10 (6.4)

the complex dynamics of strong feelings, how to pursuit therapeutic actions, as empathic action, and how to cope with their own feelings<sup>2-6</sup>. Dealing with patient's intense emotions is one of the GP's most difficult responsibilities in medical practice<sup>13,30</sup>.

There are wide variations in the incidence rates, from 3.3 to 13.5 per thousand (Table 1), more than four times, as it is usual in any aspect of medical care<sup>31</sup>; for example, in Spain there are differences of up 40 times in the referral rates between different practices<sup>32</sup> and also about Ambulatory Care Sensitive Conditions<sup>33</sup>. It is not easy to explain the differences, but RPS (lowest rate) had shorter consultation times, and JG (highest rate) had 15 years of continuity in his position. MPF, being a female, might overcome her shorter period of continuity (only two years) as she had more male patients who cried and have an incidence rate of 9.7 per thousand. This rate might indicate a different female approach to patients' social and psychological problem and/or a "safer" female environment for strong feelings. Women patients were more likely to cry in general practice, a finding in accordance with other research on crying<sup>5,13</sup>, but according to our results men might cry more frequently when attended by a female GP.

Patients can cry in their first encounter (14% of patients who cried were new patients) and at home (8%) (Table 2). Encounters were longer than usual, as 65% lasted ten minutes or more [mean time in Spain is five minutes, and only 13%

**Table 4.** Reasons for crying, as recorded. A few examples.

1.	He has not enough money for his family.
2.	He is a terminal patient and is afraid of dying.
3.	He is unemployed.
4.	Her daughter has become divorced.
5.	Her daughter is starting with a mental disease.
6.	Her dog has died, and she has no relatives.
7.	Her husband has a "liason".
8.	Her husband has cancer with hepatic metastasis.
9.	Her husband has died.
10.	Her husband is an alcoholic.
11.	Her kitchen has burnt.
12.	Her mother has died.
13.	Her two daughter are coming back to live at home because economic problems.
14.	His brother has been in a psychiatric hospital.
15.	His wife has died.
16.	She cannot get pregnant.
17.	She cannot live with her husband.
18.	She does not like to go to live with her daughter.
19.	She is afraid of being pregnant.
20.	She is afraid of having cancer.
21.	She is an English female, student, has diarrhoea, and feels alone in Madrid.
22.	She is depressed.
23.	She is ill, Moroccan, and feels alone.
24.	She is in the process of being divorced.
25.	She is in the waiting list, for cataracts surgery.
26.	She is losing memory.
27.	She has a congenital deformity and cannot accept it.
28.	She has a headache.
29.	She has an administrative problem with her sickness leave.
30.	She has a tongue cancer.
31.	She has been battered by his husband.
32.	She has excessive menstruation.
33.	She has lost her work.
34.	She has three sons drug addict.
35.	She want not to explain the reason why.
36.	Today is the anniversary of her son' death.

of consultations last ten or more minutes<sup>34,35</sup>). Patients from deprived (MPF, RPS) districts have more social problems as reasons for encounters than patients from the wealthy one (JG) (Table 1). Reasons for encounters and health problems mainly belong to chapter Z and P (Table 3). In general practice, chapter Z, social problems, represents only a little percentage of the morbidity, from 1 to 4% as health problems, according to the country<sup>22,36</sup>; in Spain, 1.0%<sup>37</sup>; in this study, 6.4% as health problem, principal (Table 3). And chapter P, psychological problems, represents 6 to 10% as health problems, according to the country<sup>36</sup> and 7.2% in Spain<sup>37</sup>; in this study, 37% as health problem principal (Table 3). But it is not a surprise to find an over-representation of social and psychological

problems in weeping patients. Reasons for crying cover the whole range of human problems, from physical pain to “my dog is dead”, from poverty to social isolation, from fear of dying to fear of being pregnant, as expected in general practice (Table 4). In contrast, when asking GP in Croatia to comment about crying patients most have as principal problem malignant disease (38%), family problems (22%), death of someone close (18%), chronic disease (13%) and other reasons (being social problem, poverty, 3%)<sup>22</sup>. Perhaps culture and behaviour in Croatia are different, or the GPs remember the situations in a “biological way” which put the focus on biological diseases as cancer.

Our study has many limitations. Main concern is the generalizability of our findings (external validity). Only three GP and one year’ registration cannot give a general picture of the question. But our results fit with what we know about General/Family practice as a discipline and our objective was only “to open the box” and know something about the incidence, and reasons for crying in general practice. Another concern might be the “neutrality” of the recording GP (internal validity). We tried to work as usual, and not to refrain, not to reinforce the crying “behaviour” of our patients, and our impression is that the incidence and reasons were as in a normal year.

There are several remaining important questions that should be addressed in future research, like reasons for variability, influence of patient education and the different incidence rates according to patients’ and GP’ sex, international variations about the weeping patient and so on. But, no doubt, it is a critical topic in General/Family Practice.

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