

MANAGING UNCERTAINTY WITH POTENTIAL BRAIN TUMOURS

Diagnosing a brain tumour in primary care is rarely a linear process. GPs are often working with incomplete information, early or evolving symptoms, and presentations that do not initially fit a clear diagnostic pattern.

In other words, trying to solve a complex puzzle without all the pieces!

We must be vigilant for 'headache plus' other neurological changes, which could include things like cognitive change, speech difficulty, visual disturbance or unilateral weakness.

However, we must also be aware that these subtle signs may seem vague, intermittent or difficult for patients to articulate, meaning that, without careful questioning and consideration, these early signals can easily be missed.

IF YOU ARE UNSURE

DIG DEEPER

Open, non-judgemental questions can reveal subtle changes that the patient might not volunteer spontaneously.

Ask: Do you feel like yourself lately? Have you made any unusual mistakes lately? Has anyone else noticed any changes?

TRUST YOUR INTUITION

Evidence shows that a GP's 'gut feeling' is a powerful predictor of serious disease, including brain tumours.

Look at the pattern over time and, if something still doesn't sit right, referral might be the safest option.

SAFETY-NET

High-quality safety-netting really does save lives.

Ensure the patient leaves the consultation knowing that uncertainty exists, understanding what to look for and when to seek help, and feeling comfortable to return should things change. Clinical and coding systems can help with tracking repeat presentations and progressing changes.

It is essential to be familiar with your local referral pathways. If your patient meets your local referral pathway criteria, or something just doesn't sit right, the pathway is there to support you.