

Heartache and Bellyache: Limited English Proficiency Perpetuating Recurrent Thromboembolic Events



To the Editor:

Limited English proficiency is defined as a limited ability to read, speak, write, or understand English. More than 10% of the US population has limited English proficiency,¹ which is independently associated with adverse health outcomes.² We present a case of splenic infarction secondary to recurrent thromboembolism, with limited English proficiency limiting adherence to therapy. Our goal is to raise awareness about limited-English-proficiency patients and illustrate a method to uncover limited English proficiency.

A 50-year-old woman presented with 3 days of sudden-onset, progressively worsening left upper quadrant pain. The pain was dull and constant, radiated to her left flank, and was associated with nausea and vomiting. Her past medical history included 2 ST-elevation myocardial infarctions with nonobstructive coronary artery disease. Physical examination demonstrated tenderness to palpation in the left upper quadrant without rebound or guarding. The white blood cell count was 17,000 cells/ μ L, and international normalized ratio was 1.0. Computed tomography scan revealed a 4 \times 4-cm splenic infarct and a 1 \times 1-cm thrombosed splenic artery aneurysm superior to the infarct (Figure). Previous studies revealed a factor VIII activity level of 250% (reference range, 50%-150%). We initiated systemic anticoagulation with dalteparin. We explained that her previous heart attacks were related to her thrombophilia, not to “cholesterol,” as she suspected, and the need for lifelong anticoagulation. It became clear she did not speak enough English to comprehend the information needed to manage a lifelong disease and a medication with a narrow therapeutic window. The patient confirmed she preferred Spanish. After explaining her disease and treatment plan in Spanish, we

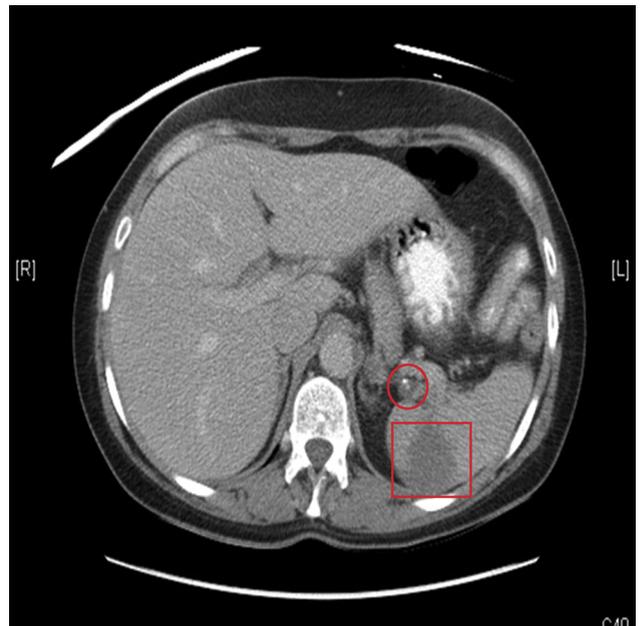


Figure Computed tomography scan of the abdomen without contrast showing splenic infarct (square) and thrombosed splenic artery aneurysm (circle).

employed the “teach-back method”³ in Spanish until she truly verbalized understanding of her medical condition.

This was a case of limited English proficiency increasing morbidity. Splenic infarction is a rare cause of a common complaint seen by internists, abdominal pain.⁴ Systemic anticoagulation is not standard of care for patients with isolated splenic infarcts; however, it was necessary in our patient with recurrent thromboembolic events in conjunction with factor VIII thrombophilia. Spanish-speaking Hispanics on continuous anticoagulation with warfarin spent less time in therapeutic range as compared with whites and English-speaking Hispanics.⁵

Limited-English-proficiency patients often have enough conversational English to *get by*, however, when facing complicated medical situations, cannot ask crucial questions needed to manage their chronic conditions effectively. Moreover, physicians do not adequately employ interpreter services when addressing limited-English-proficiency patients. They rely on *getting by* with their nonfluent language skills, creating additional gaps in patient care and comprehension.⁶

The teach-back method can potentially recognize limited-English-proficiency patients. It involves speaking to the patient in simple, everyday words, without medical jargon or multiple-syllable words.³ The provider then asks the

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patient to explain to him/her, or teach-back, the critical points from the encounter. Understanding is demonstrated, not assumed, and the patient is encouraged to ask questions.³ The teach-back method offers promise of enhancing communication in the health care environment.⁷

This case illustrates a common symptom of abdominal pain with an atypical diagnosis, and the importance of recognizing limited-English-proficiency patients.

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