

RANZCP Auckland Training Programme
Mock Objective Structured Clinical Examination

Bye for Station No. 1

Sept 2007

Reading Bye for Station No. 1 - Instructions to Candidate

You have twenty (20) minutes to complete this station.

You are working on call on a Saturday afternoon, and have been asked to see a patient Mrs Lakshmi Patel with her husband, Vinod Patel. Mr Patel called saying his wife was becoming unwell again, and made an urgent appointment via the local Crisis Team, with whom you are working today.

You have not been involved with Mrs Patel's care before and have never previously met either of the Patels.

Your task is to:

- **Read the triage note made by the Crisis Team nurse who took Mr Patel's call**
- **Read about the details of Mrs Patel's case from her clinical records before you attend this assessment meeting**

Please do not make marks or notes on the case history provided.
This information will be available again to you in station 1, as though you had taken
Mrs Patel's file with you into the assessment appointment.

You can make your own notes on the scrap paper provided, and can take that with
you into station 1, where you will continue with this scenario.

Triage note by Crisis Team Nurse:

Call from Vinod Patel about wife, Lakshmi d.o.b. 12/7/74 (NMJ4599)
Age 33, currently informal status, lives with him and their 2
small children.

Known to services, usual follow-up with East Team. Bipolar.
Usual case manager Julie Rattray has been on maternity leave,
various others they don't know very well have done home visits in
last 3 months.

He thought Lakshmi was on her meds (750mg LiCO3 nocte) but ? not
taken recently as he found an unused bottle hidden in bedroom.

Has noticed some signs of relapse across past week. Finds her more
irritable, she's sleeping poorly, up at night, won't go to bed
with him at usual time. Seems suspicious of him, making odd,
sarcastic comments.

Insists on an urgent assessment today, plans to bring her into
Emergency Dept. Will get his mother to look after the children.

Plan - assessment with on-call reg asap, records to be obtained.

Key points of summary from reading Mrs Lakshmi Patel's records:

Mrs Patel is a 33 year old married woman, originally from Madras, who has lived in this country for 25 years. She lives with her husband Vinod and their 2 children Krishna (6) and Sanjeeta (4).

CURRENT FOLLOW-UP ARRANGEMENTS

East team CMHC. Case manager Julie Rattray. Informal status last 18 months.

PSYCHIATRIC HISTORY

Bipolar disorder diagnosed since 2001.

- 1) Initial admission late November 2000 after death of her mother 2 months earlier. Admitted after several weeks of symptoms, including irritability, persecutory delusions about husband, overspending, grandiose delusions of having special powers and, pre-admission, increasing disorganisation, impulsivity, pressured speech and disinhibition. Marked irritability and persecutory symptoms delayed diagnosis of a mood disorder, but once commenced on lithium she responded rapidly, however then became seriously depressed and suicidal. In late January 2001 made a serious suicide attempt via wrist laceration, requiring tendon repair by plastic surgery unit. Responded to lithium carbonate and fluoxetine, antidepressant ceased after 6 months. East team follow-up for 6 mths then referred to Maternal Mental Health team.
- 2) Relapsed after birth of son in early 2002, as had ceased lithium and reluctant to take any other medication during pregnancy. Similar presentation to initial episode – admitted via MHAct after a MVA but no injuries (probably speeding). Manic psychosis again responded well to LiCO₃. Followed by moderate depression, eventually responded to fluoxetine and CBT course. Lithium also reinstated post-natally. Joint East team and MMH follow-up.
- 3) Persuaded to resume LiCO₃ in 3rd trimester of daughter's pregnancy and no relapse post-natally. However became unwell again when daughter 6 months old, in 2004. Cause of relapse probably poor compliance with lithium as complained of weight gain and tremor on 1000mgs. Further manic relapse, again requiring admission (MHAct) after tried to take children and drive off in car in an unwell state. Very irritable with persecutory ideas about husband. Discharged on 750mgs LiCO₃, further course fluoxetine for depression in late 2004-2005.

ALCOHOL AND DRUG HISTORY

No drug or alcohol use. Non smoker.

PAST MEDICAL HISTORY

G2P2, normal deliveries. Appendicectomy age 14, no other medical history. No allergies.

MEDICATIONS

Lithium Carbonate 750mgs nocte

FAMILY HISTORY

Maternal aunt had depression post-natally, paternal grandfather drank heavily. Nil else.

PERSONAL HISTORY

Lakshmi was the 5th child and youngest daughter in a family of seven, with a happy and uneventful childhood in Madras. Father was a structural engineer, family comfortably off. Close to her mother and older sisters especially. Family emigrated here when she was aged 8, settled into

school well, average student but plenty of friends, liked netball. Left school age 17 then to Teacher's College – trained in early childhood education. Worked as kindergarten teacher, met husband Vinod locally through friends of parents, married age 23. Husband is an IT manager.

Continued to work until initial manic episode developed after death of mother at age 25. Sudden death (MI), unexpected, Lakshmi extremely distressed. Became unwell 2 months later, as above. On recovery did not resume work as lacked confidence after depression - then became pregnant. Since then, 2 further relapses and has her own children to care for. Apparently v. good mother when well. Marriage under some strain at times of her manic relapses, but appears stable when she is euthymic. Husband supportive, relies heavily on his parents to help when she is unwell – Lakshmi's 2 older sisters also assist.

Lakshmi said to be a quiet person, somewhat lacking in confidence due to her severe episodes of illness and depressed phases. Has had some benefit from CBT as an out-patient, when depressed. No forensic history except police assistance when manic, to admit her. No history of violence to others. No other self-harm except for initial suicide attempt.

DIAGNOSIS (DSM IV) ON 2004 DISCHARGE SUMMARY

Axis I	Bipolar I Disorder (most recently manic episode with psychotic features)
Axis II	nil
Axis III	nil
Axis IV	Coping with 2 small children Post-natal stresses Death of mother in 2000
Axis V	GAF (current) = 50-60

MENTAL STATE WHEN LAST ASSESSED AS AN OUT-PATIENT (3 weeks ago)

Pleasant, slightly plump, softly-spoken Indian woman, casually dressed in jeans and a T-shirt. Accompanied by 4 y.o. daughter, son in school. Appropriate play with daughter, attentive, caring. Cooperative, not very spontaneous, makes occasional eye contact. Reasonable rapport (first time reviewed since run change).

Thought form normal, no abnormal ideation or perceptions. No suicidal ideas.

Mood appears euthymic, says she is 8/10 (10 = normal mood). Affect slightly reduced in range, congruent, reactive.

Cognitively intact, no deficits evident. Alert, good concentration.

Insight reasonable. Accepts diagnosis of Bipolar disorder. Says that she feels some shame about this, feels she has been a burden to her family when unwell. Accepts need for continuing medication, but says it does cause her to gain weight which she dislikes. No other side-effects elicited.

Judgement seems good at present.

RELEVANT ASPECTS OF EAST TEAM'S FOLLOW-UP NOTES

- East team follow-up after 3rd admission and has remained well on 750mgs Lithium daily.
- Case manager Julie Rattray went on maternity leave 3 months ago – team follow-up since. Reportedly well on monthly home visits, last seen 3 weeks ago.
- Change of doctor after registrar run-change, seen new registrar once, 3 weeks ago.
- Last lithium level 4 weeks ago, was 0.7 (levels have been stable at 0.7 for some time).
- Regular 6-monthly bloods last done 4 months ago, all normal (TFTs, FBC, U&E, renal fn)