

Case 14.1 Information for the doctor

In this case you are a doctor in surgery.	
Name:	Maryam Kharoushi
Age:	40
Past medical history:	None
Current medication:	Last consultation 1 week ago: TATT, sleep OK, no low mood, for bloods and review with results. Blood results: U&Es – normal LFTs – ALT, alk phos & bilirubin normal Hb – 12.9 MCV 105 (80–100) WCC & platelets normal B12, folate & ferritin normal TSH normal

Notes



3.14

Case 14.1 Information for the patient

You are Maryam Kharoushi, a 40-year old woman, who has come to see the doctor to discuss her blood results.

ICE

- You think you're probably hypothyroid as one of your friends had this and she was also tired a lot.
- You are not really concerned about anything more serious.

Background

- You are originally from Iran and have been unable to return there for political reasons, but you settled into the UK many years ago.
- You live alone after your husband left you about one year ago.
- You have no family in the area; both your children are grown up and live away from home.
- You don't smoke. You don't do much exercise.
- · You work at a nearby law firm as a receptionist.

Information divulged freely

- You have been feeling tired for about 3 months. You sleep well, around 8 hours a night.
- · You don't feel low or anxious.
- You have no specific symptoms such as weight gain, urinary or bowel symptoms. You
 have regular periods but they are not heavy.
- You have lots of friends in the area but they all have their own families so you don't see much of them outside of work.

Information only divulged if specifically asked

- You have been drinking more alcohol than normal since your husband left. You are alone in the evenings and find it a way to pass the time.
- You know there are guidelines for alcohol and don't want the GP to think you are an
 alcoholic so you will try to avoid answering the questions about your consumption,
 answering 'not much', 'a few glasses', etc.
- If the GP asks you direct questions about how much and what you drink you will rejuct to the every day with no other spirits or beers.
 - You don't drink in the mornings and have gone without alcohol for a few days in the
 past and did not experience any unpleasant physical symptoms.
 - If the GP advises this is too much alcohol to be drinking you will point out your liver
 was functioning fine so surely it is not too much. You know people at work who drink
 the same amount.

If the GP points out your alcohol intake may be contributing to your symptoms you
will accept this and will have a think about cutting down. You will ask if the GP has
any advice on how to do this but decline any input from the drug and alcohol team.

Examination

None necessary but if offered, there are no signs of chronic liver disease.

3.1

Case 14.1 Marking scheme for the observer

Data gathering, technical and assessment skills			
+ve	-ve	descriptors	
		Takes an appropriate 'Tired all the time' history including systemic enquiry	
		Identifies alcohol excess as a possible cause	
		Takes a social history	
		Assesses if the alcohol use is harmful use or dependence. Considers using an alcohol screening tool	
Clinical management skills			
+ve	-ve	descriptors	
		Discusses reducing alcohol intake and specific strategies to achieve this	
		Offers support in the practice or via drug and alcohol team	
		Arranges a follow-up appointment to assess progress	
Interpersonal skills			
+ve	-ve	descriptors	
		Discusses alcohol intake in a sensitive, non-judgmental manner	
		Is able to gently establish specific alcohol intake from a patient who does not wish to disclose this information	
		Discovers patient's social background to put the drinking into context	
		Communicates risk of alcohol misuse effectively to patient	