



PSYCHIATRY

# OSCE

## **ANXIETY**

HISTORY X MANAGEMENT

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## TOPIC - HISTORY TAKING



MEDIC



PATIENT



MARKER

**PLEASE REFER TO YOUR SCRIPTS**

## **PROMPT**

A 35-year-old teacher, Mr. John, presents to the outpatient clinic with a 6-month history of excessive worrying, restlessness, and disturbed sleep

COUNSELLING X PHARMACY



# LET'S DISCUSS

# **INTRODUCTION AND RAPPORT BUILDING**

- Confirm patient's identity and consent
- Assess the onset, duration, and progression of symptoms
- Explore the patient's understanding of their condition

## OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Chief complaint: Persistent and excessive worry and fear about everyday situations.
  - Duration and frequency of anxiety episodes.
  - Triggering and alleviating factors.
  - Any panic attacks: sudden episodes of intense fear with palpitations, sweating, shaking, shortness of breath, feelings of impending doom.
  - Impact on daily activities and relationships.
- 
- Onset and course of anxiety symptoms.
  - Previous psychiatric treatments and responses.

## OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

"I understand that you've been experiencing persistent worry and fear about everyday situations. Can you tell me more about these feelings? How often do you experience these episodes and how long do they last? Can you identify anything that triggers these feelings or helps alleviate them? Have you ever had sudden episodes of intense fear that involved palpitations, sweating, or shaking? How are these experiences affecting your daily life and relationships?"

"I'd like to understand more about when your symptoms started and how they have changed over time. Have you previously sought help for these feelings? If so, what treatments were you given and how did you respond to them?"



## FURTHER EXPLORATION...

- Assess severity, duration, and frequency of anxiety symptoms: restlessness, fatigue, difficulty concentrating, irritability, muscle tension, sleep disturbances.
- Evaluate for other psychiatric symptoms: depressive symptoms, obsessions and compulsions, phobias, post-traumatic symptoms.

## OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

"Can we delve a bit deeper into your symptoms? When you feel anxious, do you experience any restlessness, fatigue, difficulty concentrating, irritability, muscle tension, or disturbances in your sleep? Have you noticed any other feelings or behaviors that might indicate other mental health issues, such as feelings of sadness, compulsive thoughts or behaviors, specific fears or phobias, or symptoms of trauma?"

## RED FLAGS/COMPLICATIONS

- **Red Flags**

- **Chest pain**, dizziness, SOB, LOC? (refer to medical team if present)
- Suicidal ideation or behavior.
- Panic attacks.
- Substance misuse.

- **Common Complications:**

- Depression.
- Substance misuse.
- Social isolation.
- Physical health issues due to chronic stress.

- **Risk factors**

- Personal or family history of anxiety or other mental health disorders.
- Chronic medical illness.
- Stressful or traumatic events.
- Certain personality traits (neuroticism).
- diet – caffeine

## OTHER KEY PHRASES

"It's important for me to know if you've been feeling thoughts of harming yourself or others. Do you experience panic attacks? Are you using any substances to help cope with your feelings?"

"If left untreated, anxiety can lead to other issues, such as depression, substance misuse, social isolation, and physical health issues due to chronic stress. Have you experienced any of these issues?"

## PAST MEDICAL HISTORY

- Any psychiatric diagnoses or treatments.
- Medical conditions that can present with anxiety symptoms (hyperthyroidism, cardiac conditions, respiratory conditions).

### DRUG HISTORY

- Use of prescribed medication, over-the-counter medicines, recreational drugs, and alcohol.
- Compliance with prescribed psychiatric medication.
- Allergies and the nature of the allergic reaction.

### FAMILY HISTORY

- Family history of anxiety disorders or other mental health disorders.

### SOCIAL HISTORY:

- Current stressors (work, school, relationships).
- Social support system.
- Living situation.

## PAST MEDICAL HISTORY

- "Have you ever been diagnosed with any other mental health disorders? Are there any other health conditions that you have been diagnosed with, such as hyperthyroidism, heart disease, or respiratory conditions?"
- "Do you have any family members who have been diagnosed with anxiety or other mental health disorders? Have you experienced any chronic medical illnesses or traumatic events? Would you say that you are a person who often worries?"
- "Are you currently taking any prescribed medications, over-the-counter medicines, recreational drugs, or alcohol? If so, how regularly and how much? Are you currently taking any psychiatric medications and how consistently do you take them? Do you have any allergies to medications?"
- "Let's talk about your current life situation. What kinds of stress are you dealing with right now, whether in work, school, or your personal relationships? Who are the people in your life who support you? Can you tell me about where you are living and who you live with?"

# IDEAS, CONCERNS AND EXPECTATIONS

- ICE
  - "I'd like to take a moment to understand your perspective on your illness. It's important for me to know your ideas, concerns, and expectations regarding your condition and this consultation. Please feel free to express any fears, worries, or questions you may have. We're here to address them together."

# EXAMINATION

- **Examination Findings:**

- Vital signs: Elevated heart rate, blood pressure due to anxiety.
- General examination: sweating, shaking due to anxiety.
- Thyroid examination
- Neurological findings: Generally normal unless there is a comorbid neurological condition.



## EXAMINATION

- "I'm now going to check your vital signs, which include your heart rate and blood pressure. I'll also observe if you are sweating or shaking."
- "Now I'm going to conduct a mental state examination. This includes observing your appearance, behavior, speech, mood, thoughts, perceptions, cognition, and insight. I'll also be administering the Mini-Mental State Examination (MMSE) to assess your cognitive function."
- "It's important for me to understand if you're at risk of hurting yourself or others, or neglecting your own care. Can we talk about that?"

## EXAMINATION

## **DIFFERENTIAL DIAGNOSIS**

- Other psychiatric disorders: depression, post-traumatic stress disorder, obsessive-compulsive disorder.
- Medical conditions: hyperthyroidism, pheochromocytoma, cardiac conditions.
- Substance misuse.

HISTORY

## DIFFERENTIAL DIAGNOSIS

- "Based on your symptoms, there are a few conditions we need to consider. These could include depression, post-traumatic stress disorder, obsessive-compulsive disorder, certain medical conditions, or substance misuse."

HISTORY

# INVESTIGATION

- Blood tests: Thyroid function tests, complete blood count, glucose, electrolytes. These can help rule out medical causes of anxiety.
- ECG: If palpitations are a prominent symptom.

# INVESTIGATION

"I would like to recommend some tests to rule out any other conditions that could be causing your symptoms. This could include blood tests, and if you're experiencing palpitations, an ECG."

## MANAGEMENT PLAN

- First line: Cognitive-behavioral therapy (CBT), selective serotonin reuptake inhibitors (SSRIs) or serotonin and norepinephrine reuptake inhibitors (SNRIs).
  - Second line: Other types of psychotherapy (e.g., mindfulness-based cognitive therapy), other medications (e.g., benzodiazepines for short-term relief of acute symptoms).
  - Third line: Referral to specialist mental health services.
- 
- **COMMUNITY MANAGEMENT**
    - Self-care strategies: relaxation techniques, regular exercise, healthy diet, reducing caffeine and alcohol.
    - Joining support groups.
    - Regular follow-up with primary care or mental health services.

## MANAGEMENT PLAN

- "We have several options to manage your anxiety, including cognitive-behavioral therapy and medications. If these don't sufficiently alleviate your symptoms, we can explore other therapies and specialist services."
- "There are several strategies you can employ at home to manage your anxiety, including relaxation techniques, regular exercise, a healthy diet, and reducing your intake of caffeine and alcohol. Joining a support group might also be beneficial. You will also need to have regular follow-ups with your healthcare provider."

## **ADVICE TO GUARDIANS/RELATIVES**

- Importance of understanding and supporting the person with anxiety.
- Resources for family education about anxiety.
- avoid stimulants



## ADVICE TO GUARDIANS/RELATIVES

- "For those supporting a loved one with anxiety, it's important to understand their condition, provide emotional support, and assist them in getting the professional help they need."
- "There are several resources you might find useful, such as Anxiety UK, Mind, and No Panic, which provide useful information and support for individuals and families."

# COMPLICATIONS OF TREATMENT

## MOA of Therapies

- SSRIs/SNRIs: Increase levels of serotonin (and norepinephrine for SNRIs) in the brain, improving mood and reducing anxiety.
- Benzodiazepines: Enhance the effect of the neurotransmitter GABA, reducing anxiety.

## Basic Overview of Surgical Therapies:

- Not typically relevant for anxiety.

## Complications of Medication and Surgical Therapy: Adverse reactions to medications.

- SSRIs/SNRIs: Nausea, insomnia, sexual dysfunction.
- Benzodiazepines: Sedation, risk of dependency.

## COMPLICATIONS OF TREATMENT

"The medications we use for anxiety work by increasing levels of certain chemicals in your brain that help regulate mood and stress."

"It's important to be aware that medications can have side effects. For example, medications for anxiety can sometimes cause nausea, insomnia, and sexual dysfunction."

"Like all medications, those used to treat ankylosing spondylitis can have side effects. It's important you let us know if you notice anything unusual once you start the treatment."

## **FOLLOW UP**

- Follow-up in 2-4 weeks to assess response to treatment and adjust treatment plan as necessary.
- Regular ongoing follow-up to monitor symptoms and any side effects of medication.

## FOLLOW UP

- "I would like to see you again in 2-4 weeks to see how you're doing and adjust your treatment plan if necessary. It will be important for us to have regular check-ins."

## SEVERITY SYSTEMS

- GAD-7 (Generalized Anxiety Disorder 7) is a common tool used to measure the severity of generalized anxiety disorder.

## NEVER MISS

- Anxiety is a common but serious condition that can significantly impair a person's quality of life.
- Assessment of risk to self and others is a crucial part of the evaluation of a person with anxiety.
- Comprehensive management includes both pharmacological and non-pharmacological treatments.
- Involvement of family and social support can greatly improve outcomes.
- Regular follow-up is important as treatment may need to be adjusted over time.

## TOP 1% QUESTIONS

1. "What are the key principles of cognitive-behavioral therapy for anxiety?"
2. "How do SSRIs and SNRIs work in the treatment of anxiety?"
3. "What are some self-care strategies that can help manage anxiety?"
4. "What are some medical conditions that can present with symptoms of anxiety?"
5. "How can you differentiate between anxiety and other psychiatric disorders like depression and PTSD?"



## SOFT SKILLS

- Demonstrating empathy and effective communication throughout the consultation.
- "Thank you for sharing all this information with me, it's been really helpful in understanding your situation. Do you have any questions or concerns about anything we've discussed today?"
- Closing the consultation: "Thank you for your time today. I know this can be a lot to take in, but it's important to remember that we're here to support you every step of the way. If you have any further questions or concerns, please don't hesitate to ask."

## KEY LEARNING POINTS

- TO BE DONE TOGETHER

DATA

# MANAGEMENT

- What went well?
- What went poorly?
- What will you do next time?





# LET'S DISCUSS

# WHY DON'T YOU TRY?

- Test your history taking skills?
- Try examination/investigation/dx formulation?
- Try a Mock exam?



# QUESTIONS?



MDT





PSYCHIATRY

# ALCOHOLISM

HISTORY X MANAGEMENT

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## TOPIC - HISTORY TAKING



MEDIC



PATIENT



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## PROMPT

Mr. Jones presents to the clinic complaining of persistent fatigue, disturbed sleep, and ongoing abdominal discomfort. On probing, he admits to drinking about six cans of beer daily, which has escalated over the last few years.

COUNSELLING X PHARMACY



# LET'S DISCUSS

# **INTRODUCTION AND RAPPORT BUILDING**

- Confirm patient's identity and consent
- Assess the onset, duration, and progression of symptoms
- Explore the patient's understanding of their condition

## OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Chief complaint: Excessive use of alcohol, inability to cut down or control alcohol use, cravings.
  - Duration and frequency of alcohol use, quantity of alcohol consumed.
  - Impact on daily activities and relationships
- 
- Previous attempts to reduce or quit alcohol.
  - Previous treatments for alcoholism and responses.
  - Collateral information from family members or friends about the patient's alcohol use and behavior.

## OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

"Good morning. I understand that you've been experiencing some issues with drinking. Could you please tell me about this?" "Can you help me understand the duration and pattern of your alcohol consumption? How often and how much do you usually drink?" "Have you ever experienced withdrawal symptoms when you haven't been able to drink, such as shaking, sweating, or feeling anxious or agitated? Have you ever experienced a severe form of withdrawal known as delirium tremens, which includes confusion and hallucinations?" "Have you ever tried to quit or reduce your drinking? Could you tell me about those experiences?"

"Could you tell me a bit about when you first started drinking and how your drinking habits have progressed over time?" "Have you ever sought treatment for your drinking before? If so, could you tell me about the treatments you tried and how they worked for you?" "If it's okay with you, I might find it helpful to talk with some of your family or friends to get their perspective on your situation. Would that be something you'd be comfortable with?"

## FURTHER EXPLORATION...

- Assess for symptoms of alcohol withdrawal: tremors, nausea, sweating, agitation, seizures.
- Evaluate for symptoms of alcohol-related physical health problems: liver disease (jaundice, abdominal pain, swollen ankles), pancreatitis (severe abdominal pain, vomiting), peripheral neuropathy (tingling, numbness, pain in the hands and feet).



## OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

"I'd like to understand more about your experience with drinking. Do you ever have times when you drink so much that you blackout, or can't remember what happened? Do you ever find yourself needing a drink first thing in the morning?" "Do you ever feel guilty or regretful about your drinking? How does your drinking affect your daily activities, relationships, or work?" "Do you ever experience any feelings of anxiety or depression? Have you ever had thoughts of suicide or self-harm?"

## RED FLAGS/COMPLICATIONS

- **Red Flags**

- Suicidal ideation or behavior.
- Delirium tremens: severe confusion, hallucinations, severe agitation, fever, rapid heartbeat.
- Signs of liver failure: jaundice, swelling in the legs, confusion.

- **Common Complications:**

- Liver disease: alcoholic hepatitis, cirrhosis.
- Pancreatitis.
- Alcohol-related brain damage: Wernicke's encephalopathy, Korsakoff's psychosis. •  
Peripheral neuropathy.
- Increased risk of accidents and injuries.
- Increased risk of mental health problems, including depression and anxiety.

- **Risk factors**

- Personal or family history of alcohol or other substance misuse.
- History of traumatic experiences or mental health disorders.
- Social factors: unemployment, homelessness.

## OTHER KEY PHRASES

"Sometimes people who are struggling with alcohol use might think about suicide or harm themselves. Have you ever had thoughts like this?" "Do you ever experience severe withdrawal symptoms, like seizures or hallucinations, when you stop drinking?" "Do you have any symptoms like yellowing of your skin or eyes, swelling in your abdomen, or confusion that could suggest a problem with your liver?"

"Excessive drinking can lead to a number of medical problems like liver disease, pancreatitis, high blood pressure, and malnutrition. Have you ever experienced any of these issues?" "Alcohol can also affect your mood and mental health, leading to depression or anxiety, or causing episodes of confusion or hallucinations. Have you ever experienced any of these symptoms?" "Alcohol can also have a big impact on your life, leading to problems with your job, relationships, or even homelessness. Has your drinking affected these aspects of your life?"

## PAST MEDICAL HISTORY

- Any psychiatric diagnoses or treatments.
- Medical conditions related to alcohol use.

### DRUG HISTORY

- Use of prescribed medication, over-the-counter medicines, recreational drugs, and alcohol.
- Allergies and the nature of the allergic reaction.

### FAMILY HISTORY

- Family history of alcoholism or other substance misuse.
- Family history of mental health disorders.

### SOCIAL HISTORY:

- Current employment status, living situation.
- Legal issues related to alcohol use.
- Social and family relationships.

## PAST MEDICAL HISTORY

- "Have you ever been diagnosed with any other medical conditions, or have you received any psychiatric diagnoses or treatments in the past?" "Are there any medical conditions in your history that could be linked to your alcohol use, or that could complicate your management?"
- "Are you currently taking any prescribed medication, over-the-counter medicines, or recreational drugs? How regularly do you take these medications, and how compliant are you with your prescribed medications?" "Do you have any allergies to medications? If so, could you tell me about the reactions you've had?"
- "Do you have any personal or family history of alcohol or other substance misuse?" "Do you currently have any major stresses in your life, such as unemployment or problems in your relationships? Have you ever been through any traumatic events like a death in the family?" "Do you have any other psychiatric disorders that might be co-occurring with your alcohol misuse?"

# IDEAS, CONCERNS AND EXPECTATIONS

- ICE
  - "I'd like to take a moment to understand your perspective on your illness. It's important for me to know your ideas, concerns, and expectations regarding your condition and this consultation. Please feel free to express any fears, worries, or questions you may have. We're here to address them together."

# EXAMINATION

- **Examination Findings:**

- Vital signs: Elevated heart rate, blood pressure due to alcohol withdrawal.
- General examination: signs of liver disease (jaundice, hepatomegaly, spider naevi), pancreatitis (tenderness in the upper abdomen), peripheral neuropathy.
- Neurological examination, including an assessment of cranial nerves.

- **Psychiatric Findings and MMSE (5 points)**

- Mental state examination: Appearance, behavior, speech, mood, thoughts, perceptions, cognition, insight.
- Cognitive function using the Mini-Mental State Examination (MMSE).

- **Risk Assessment (5 points)**

- Assess risk to self (suicidality) and risk to others.
- Assess risk of self-neglect and neglect of dependents.

## EXAMINATION

- Upon examination, note any signs that may suggest heavy alcohol use: an elevated heart rate, high blood pressure, or fever could suggest withdrawal; smell of alcohol, signs of self-neglect, nicotine stains, or track marks could suggest substance misuse; hepatomegaly, spider naevi, ascites, palmar erythema, or jaundice could suggest liver disease; ataxia, peripheral neuropathy, nystagmus, ophthalmoplegia, or confusion could suggest Wernicke-Korsakoff syndrome.
- Upon mental state examination, assess the patient's mood, thought form/content, perception, cognition, and insight. A Mini-Mental State Examination can be used to assess cognitive function.
- "Based on our discussion, it's important to assess any risks to your safety. Do you ever feel a risk to yourself or others? Do you feel able to take care of yourself properly?"

## EXAMINATION



## DIFFERENTIAL DIAGNOSIS

- Other substance misuse: Illicit drugs can also cause changes in behavior, cognition, and physical health.
- Psychiatric conditions: Conditions like bipolar disorder and schizophrenia can also present with changes in behavior and cognition.
- Medical conditions: Conditions such as liver disease and pancreatitis can also present with similar physical symptoms.

HISTORY

## DIFFERENTIAL DIAGNOSIS

- "Based on what we've discussed, the main concern is alcohol dependence, but we should also consider other possibilities. Other substance misuse, depression, generalized anxiety disorder, and psychotic disorders can sometimes present similarly."

HISTORY

# INVESTIGATION

- Blood tests: Liver function tests, complete blood count, glucose, electrolytes. These can help identify complications of alcohol use.
- Imaging: Ultrasound of the liver, CT or MRI brain scans if there are neurological symptoms.
- Other: Alcohol breath test or blood alcohol level if the patient is currently intoxicated.

# INVESTIGATION

"If appropriate, we may run some tests, including blood tests or imaging studies, to check for any physical health issues related to your alcohol use."

## MANAGEMENT PLAN

- First line: Detoxification in a medically controlled environment, psychological interventions (e.g., cognitive-behavioral therapy), self-help groups (e.g., Alcoholics Anonymous).
- Second line: Medications such as naltrexone or acamprosate, residential rehabilitation programs.
- Third line: Referral to specialist addiction services.

### **Management in the Community & Key Principles Before Discharge (2 points)**

- Self-help groups (Alcoholics Anonymous).
- Importance of regular follow-up.
- When to seek immediate help (signs of severe withdrawal or liver disease).

## MANAGEMENT PLAN

- "Based on our discussion, the first step in managing your alcohol dependence would likely be to refer you to a community alcohol detox program and start you on some psychological treatments such as cognitive-behavioral therapy or motivational interviewing. Depending on how those interventions go, we might also consider pharmacotherapies such as acamprosate, naltrexone, or disulfiram. In some cases, we might need to refer you for more specialist addiction services or an inpatient detox program."
- "Outside of our formal treatment plan, there are some things you can do to help manage your alcohol dependence. Joining a self-help group like Alcoholics Anonymous can provide you with a supportive community. Regular follow-up with your healthcare provider will be important so we can monitor your progress and adjust your treatment as needed. Also, it's important that you seek immediate help if you notice signs of severe withdrawal or liver disease."

## ADVICE TO GUARDIANS/RELATIVES

- Education about nature of alcohol dependence, importance of support.
- Explanation of treatment plan and how they can assist.

### **Useful Resources (2 points)**

- Local alcohol support services, national resources (Alcohol Change UK, Drinkaware).
- Books, online resources for self-help.

## ADVICE TO GUARDIANS/RELATIVES

- "Family and friends can play an important role in recovery. It can be helpful for them to educate themselves about the nature of alcohol dependence and how they can best support you. We can provide resources and guidance for them as well."
- "There are many resources available to help manage alcohol dependence. Organizations like Alcohol Change UK and Drinkaware offer a variety of resources and support options."



## COMPLICATIONS OF TREATMENT

### MOA of Therapies

- Acamprosate: reduces cravings by normalizing the balance between excitatory and inhibitory neurotransmitters.
- Disulfiram: inhibits aldehyde dehydrogenase, causing unpleasant reactions when alcohol is consumed.

### Basic Overview of Surgical Therapies:

- Not generally applicable for alcohol dependence.

### Complications of Medication and Surgical Therapy: Adverse reactions to medications.

- Side effects of pharmacotherapy (diarrhea with acamprosate, hepatotoxicity with disulfiram).

## COMPLICATIONS OF TREATMENT

"Acamprosate works by normalizing the balance between excitatory and inhibitory neurotransmitters, which can help reduce cravings for alcohol. Disulfiram works by causing unpleasant reactions when you drink alcohol."

"It's important to know that all medications can have side effects. For instance, acamprosate can sometimes cause diarrhea, and disulfiram can sometimes harm the liver. We will need to monitor these potential side effects closely."

## **FOLLOW UP**

- Regular follow-ups to monitor progress, address relapses, and adjust treatment as necessary..

## FOLLOW UP

- "We'll want to schedule regular follow-up appointments to check on your progress, address any relapses, and adjust your treatment plan as necessary."

## **SEVERITY SYSTEMS**

- AUDIT (Alcohol Use Disorders Identification Test) or CAGE questionnaire.

## NEVER MISS

- Alcohol dependence is a chronic relapsing disorder but recovery is possible with appropriate treatment.
- Withdrawal can be life-threatening and requires careful medical management.
- Comorbid psychiatric disorders are common and need to be addressed as part of the treatment plan.
- The impact of alcohol misuse extends beyond the individual to their family and society.
- Involvement of social support and self-help groups can greatly improve outcomes.

## TOP 1% QUESTIONS

1. What are the key components of motivational interviewing in treating alcohol misuse?
2. What is the role of the family in the treatment of alcohol dependence?
3. How does acamprosate work to reduce alcohol cravings?
4. What are the different stages of alcohol withdrawal and how are they managed?
5. What are the considerations in treating someone with alcohol dependence and co-occurring mental health disorders?

## SOFT SKILLS

- Demonstrating empathy and effective communication throughout the consultation.
- "Thank you for sharing all this information with me, it's been really helpful in understanding your situation. Do you have any questions or concerns about anything we've discussed today?"
- Closing the consultation: "Thank you for your time today. I know this can be a lot to take in, but it's important to remember that we're here to support you every step of the way. If you have any further questions or concerns, please don't hesitate to ask."



## KEY LEARNING POINTS

- TO BE DONE TOGETHER

DATA

# MANAGEMENT

- What went well?
- What went poorly?
- What will you do next time?





# LET'S DISCUSS

# WHY DON'T YOU TRY?

- Test your history taking skills?
- Try examination/investigation/dx formulation?
- Try a Mock exam?



# QUESTIONS?



MDT



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# **BIPOLAR AFFECTIVE DISORDER**

HISTORY X MANAGEMENT

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## TOPIC - HISTORY TAKING



MEDIC



PATIENT



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**PLEASE REFER TO YOUR SCRIPTS**

## PROMPT

A 36-year-old male patient presents with a 2-week history of elevated mood, decreased sleep, and increased energy. He also complains of polyuria and polydipsia.



# LET'S DISCUSS

# **INTRODUCTION AND RAPPORT BUILDING**

- Confirm patient's identity and consent
- Assess the onset, duration, and progression of symptoms
- Explore the patient's understanding of their condition

# INTRODUCTION AND RAPPORT BUILDING

- "Hello, I'm Dr. [Name], a specialist in psychiatry. Thank you for coming in today. May I have your permission to discuss your current concerns and go through a comprehensive assessment? Could you please tell me what's been going on lately?"

## OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Manic Episode Symptoms (4 points): Elevated mood, increased energy/activity, reduced need for sleep, pressured speech, flight of ideas, grandiosity, distractibility, excessive involvement in risky behaviors.
- Depressive Episode Symptoms (3 points): Depressed mood, loss of interest/pleasure, significant weight loss/gain, insomnia/hypersomnia, psychomotor agitation/retardation, fatigue, feelings of worthlessness, inability to concentrate, recurrent thoughts of death.

## OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- "Good morning, I'm Dr. [Name], and I'll be looking after you today. Could I take a moment to discuss your current condition with you? Please let me know if you're comfortable with that."
- "I've noticed that you're experiencing [symptom, e.g., pain]. Could you describe it to me? Is it a constant, deep pain? Have over-the-counter pain medications helped at all?"
- "Can we talk about how these symptoms started and how they have progressed? Are you aware of how they're affecting your daily life?"
- "Would it be okay to gather some information from family or friends if needed, to get a full understanding?"

## **FURTHER EXPLORATION...**

- Onset, duration, frequency, and progression of episodes.
- Insight into disorder, impact on functioning.

### **COLLATERAL**

- Information from family/friends if available.



## FURTHER EXPLORATION

- Manic Episode Symptoms (4 points)
  - "Have you noticed any significant changes in your mood lately, such as feeling unusually elevated or having increased energy? Do you find yourself speaking rapidly or engaging in risky behaviors?"
- Depressive Episode Symptoms (3 points)
  - "On the other hand, have you experienced feelings of sadness or loss of interest in activities? Have you noticed any changes in weight, sleep patterns, or thoughts about death?"

## RED FLAGS/COMPLICATIONS

- **Red Flags**

- Suicidal ideation or attempts.
- Psychotic symptoms.

- **Common Complications:**

- Psychosocial: Relationship breakdown, occupational impairment.
- Physical: Substance abuse, risky sexual behavior, legal issues.

- **Risk factors**

- Previous episodes, family history, substance abuse, stressors.

## RED FLAGS...

- "Have you had any thoughts of self-harm or attempting suicide?"
- "Have you experienced any unusual beliefs or hallucinations?"

### COMPLICATIONS

- "Are these symptoms causing any breakdown in relationships or issues at work?"
- "Have you engaged in substance abuse or any risky behaviors?"

### RISK FACTORS

- "Can we explore any previous episodes like this one, or other factors like family history, substance abuse, or major stressors that might have contributed to your current situation?"

## HISTORY

## PAST MEDICAL HISTORY

- Inquiry into past mental health issues, psychiatric treatment, physical health conditions.

### DRUG HISTORY

- Current medications, allergies, reactions, compliance with psychiatric medications.
- 

### FAMILY HISTORY

- Family history of mood disorders, other psychiatric conditions.

### SOCIAL HISTORY:

- Employment, living situation, relationships, support systems.
- ETOH, SUBSTANCE ABUSE

## PAST MEDICAL HISTORY

- "Can we talk about any previous mental or physical health conditions you've had? Have you been treated for any psychiatric issues before?"

DH

- "Could you please list the medications you're currently taking? Have you had any allergies to medications, and if so, what were the reactions? How have you been managing with your psychiatric medications?"

FH

- "Has anyone in your family had mood disorders or other psychiatric conditions?"

SH

- "Can you tell me about your work, living situation, relationships, and support systems? Understanding these can really help us tailor the care to your needs."

# IDEAS, CONCERNS AND EXPECTATIONS

- ICE
  - "I'd like to take a moment to understand your perspective on your illness. It's important for me to know your ideas, concerns, and expectations regarding your condition and this consultation. Please feel free to express any fears, worries, or questions you may have. We're here to address them together."

# EXAMINATION

- **Examination Findings:**

- Vital Signs including Weight (1 point)
  - Blood pressure, heart rate, weight, noting any significant changes.
- Airway, Breathing, Cardiovascular Findings (1 point)
  - Basic physical examination as relevant to mental state and medications.
- Respiratory, Abdominal Findings (1 point)
  - Basic examination focusing on the side effects of medications.
- Neurological Findings (Including Cranial Nerves) (1 point)
  - Assessment of neurological functions, any abnormal movements.
- Psychiatric Findings and MMSE (3 points)
  - Mood, thought content, perception, cognition, insight, judgment.
- **Risk Assessment (3 points)**
  - Assessment of risk to self/others, plan for management if risks identified.
- Specific Examinations Relevant to the Specialty (1 point)
  - Mental State Examination (MSE), collateral information from family/friends

## EXAMINATION

- Vital Signs including Weight (1 point)
  - "I'm going to check your blood pressure, heart rate, and weight now. Have you noticed any significant changes in these?"
- Neurological Findings (Including Cranial Nerves) (1 point)
  - "Can we do a neurological assessment to check your functions and movements?"
- Psychiatric Findings and MMSE (3 points)
  - "I'll assess your mood, thoughts, and cognition through some standardized questions."
- Risk Assessment (3 points)
  - "I'd like to evaluate any potential risks to yourself or others, and discuss a management plan if needed."
- Specific Examinations Relevant to the Specialty (1 point)
  - "We'll also perform a Mental State Examination, and possibly gather information from family or friends."

## EXAMINATION



## **DIFFERENTIAL DIAGNOSIS**

- Schizophrenia, Major Depressive Disorder, Substance-Induced Mood Disorder. Explanation why these are less likely based on symptoms, course, family history.

HISTORY

## DIFFERENTIAL DIAGNOSIS

- "Based on your symptoms and history, the main diagnosis we're considering is Bipolar Affective Disorder. We've also considered other conditions like Schizophrenia and Major Depressive Disorder, but they seem less likely because..."

HISTORY

# INVESTIGATION

- Blood Tests: Thyroid function, CBC, liver/renal function (2 points).
- Imaging: MRI/CT if organic cause suspected (1 point).

## **INVESTIGATION**

- "We may need some blood tests for things like thyroid function, liver, and kidney health. If necessary, imaging like an MRI or CT scan could be done."

## **MANAGEMENT PLAN**

- First Line: Medication (e.g., mood stabilizers), Psychoeducation (1 point).
- Second Line: Therapy (CBT), Lifestyle modifications (1 point).
- Third Line: ECT if refractory (1 point).

### COMMUNITY MANAGEMENT

- Ongoing outpatient follow-up, community support (1 point).

## MANAGEMENT PLAN

- First Line (1 point)
  - "The initial treatment will likely involve medications like mood stabilizers and educating you and your family about this condition."
- Second Line (1 point)
  - "Additional therapy like Cognitive-Behavioral Therapy and lifestyle changes may be beneficial."
- Third Line (1 point)
  - "If the condition doesn't respond to these treatments, ECT might be considered."
- Management in the Community (1 point)
  - "Ongoing outpatient follow-up and community support will be a crucial part of your care."

## **KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)**

- Explanation to patients/relatives, resources, warning signs, emergency contacts.

## KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (3 POINTS)

- "Before you leave, let's summarize the plan and make sure you know the warning signs and emergency contacts. Here are some resources that might be helpful."



## ADVICE TO GUARDIANS/RELATIVES

- **Explanation of the Condition to Patients and Their Relatives (1 points):**
  - Explanation of condition and treatment plan to patients and relatives (1 point)
- **Advice to Guardians (2 points):**
  - Advice to guardians, provision of useful resources and contacts (1 point)

## ADVICE TO GUARDIANS/RELATIVES

- "I'll explain everything to you and your family and provide some resources to help you understand your condition better."

# COMPLICATIONS OF TREATMENT

## MOA

- How mood stabilizers/antidepressants work.
- Explanation of ECT

## COMPLICATIONS

- Medication side effects, risks associated with ECT.

## COMPLICATIONS OF TREATMENT

### **Mx of Therapies**

- "Mood stabilizers and antidepressants work by balancing chemicals in the brain, helping to stabilize your mood."
- "ECT involves passing electrical currents through the brain and is used for severe cases. It's highly effective but needs careful consideration."

### **Cx of Therapies**

- "It's important to be aware that medications might have side effects, and ECT, though effective, has its risks such as memory loss."

## **FOLLOW UP**

- Specific follow-up plan with specialists, GP, physical therapy, according to UK guidelines (1 point)

## **FOLLOW UP**

- "We will follow the UK guidelines for psychiatric follow-up, including therapy and monitoring."

## NEVER MISS

1. Risk of suicide.
2. Compliance with medication.
3. Involvement of family in care.
4. Recognition of both manic and depressive symptoms.
5. Follow-up care coordination.

## TOP 1% QUESTIONS

1. Differentiate between Bipolar I and Bipolar II disorder.

- Answer: Bipolar I requires at least one manic episode; Bipolar II requires at least one hypomanic and one depressive episode.

2. Discuss the role of psychoeducation in management.

- Answer: Psychoeducation helps in understanding the disorder, improving compliance, involving family, reducing relapses.

3. What are the specific risks of lithium therapy?

- Answer: Renal dysfunction, thyroid issues, teratogenic effects, toxicity.

4. Discuss the effectiveness and risks of ECT.

- Answer: ECT is effective in severe cases; risks include memory loss, physical complications.

5. How can community services specifically aid in the management of BPAD?

- Answer: Ongoing support, therapy, monitoring of medication, crisis intervention, occupational therapy.



## SOFT SKILLS

- Demonstrating empathy and effective communication throughout the consultation.
- "Thank you for sharing all this information with me, it's been really helpful in understanding your situation. Do you have any questions or concerns about anything we've discussed today?"
- Closing the consultation: "Thank you for your time today. I know this can be a lot to take in, but it's important to remember that we're here to support you every step of the way. If you have any further questions or concerns, please don't hesitate to ask."

## KEY LEARNING POINTS

- TO BE DONE TOGETHER

DATA

# MANAGEMENT

- What went well?
- What went poorly?
- What will you do next time?





# LET'S DISCUSS

# WHY DON'T YOU TRY?

- Test your history taking skills?
- Try examination/investigation/dx formulation?
- Try a Mock exam?



# QUESTIONS?



MDT





PSYCHIATRY

# DELIRIUM

HISTORY X MANAGEMENT

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## TOPIC - HISTORY TAKING



MEDIC



PATIENT



MARKER

**PLEASE REFER TO YOUR SCRIPTS**

**PROMPT**

A 72-year-old female, Mrs. Thompson, is brought to the emergency department by her daughter with sudden onset confusion, agitation, and disorientation.

COUNSELLING X PHARMACY



# LET'S DISCUSS

# INTRODUCTION AND RAPPORT BUILDING

- Introduces Self and Purpose: Introduction of the medical professional, confirms patient identity, explains the purpose of the conversation, and ensures patient comfort. [1 point]
- Obtains Consent: Asks for consent to proceed with the questions and possibly a physical examination later on. [1 point]
- Chief complaint and duration.

# INTRODUCTION AND RAPPORT BUILDING

"Hello [patient's name], thank you for taking the time to meet with me today. I'd like to discuss your symptoms and health in detail to best understand how we can help. If you have any questions or concerns at any point, please feel free to stop me."

## OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- "Can you describe the changes in alertness, thinking, or perception you've noticed?"
- "When did you first notice these changes?"
- "Was the onset sudden or gradual?"
- "Any associated symptoms like fever, headache, or seizures?"
- "Have you had any recent surgeries, infections, or changes in medications?"

### **Exploration of Symptoms of Presenting Complaint (3 points)**

- Fluctuation in Symptoms: "Do these changes seem to come and go or get better or worse throughout the day?"
- Attention: "Have you noticed any difficulty concentrating or being easily distracted?"
- Disorganized Thinking: "Any trouble organizing your thoughts or feeling confused?"
- Altered Level of Consciousness: "Have there been periods where you felt extremely drowsy or overly alert?"
- Perceptual Disturbances: "Have you experienced any hallucinations, like seeing or hearing things others don't?"

## OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- "Can you describe the changes in alertness, thinking, or perception you've noticed?"
- "When did you first become aware of these changes?"
- "Would you say the onset of these changes was sudden or more gradual over time?"
- "Have you experienced any additional symptoms like fever, headaches, or seizures?"
- "Have there been any recent events such as surgeries, infections, or alterations in your medications?"

### COLLATERAL

- "Has someone close to you, perhaps a family member or friend, noticed these changes and could possibly provide more insights?"
- "Have there been instances when others felt you were acting differently or not being yourself?"



## FURTHER EXPLORATION...

- "Were there any triggers you noticed, such as a change in environment or missed medications?"
- "Has this happened before?"

### COLLATERAL

- "Has anyone around you noticed these changes and can they provide more information?"
- "Are there periods where you seemed 'not yourself'?"

## FURTHER EXPLORATION

- "Do these changes seem to fluctuate? For example, do they come and go or appear to get better or worse at different times of the day?"
- "Have you felt that you're easily distracted or find it challenging to concentrate on tasks?"
- "Have you faced any difficulties in organizing your thoughts or felt particularly confused?"
- "Have there been moments where you've felt exceptionally drowsy or, on the contrary, unusually alert?"
- "Have you experienced any disturbances in your perception, like seeing or hearing things that others around you haven't noticed?"
- "Thinking back, can you identify any potential triggers for these changes, perhaps a shift in your surroundings or times when you missed taking your medication?"
- "Has anything similar to this occurred in the past?"

## RED FLAGS/COMPLICATIONS

- **Red Flags**

- Severe agitation or aggression.
- Sudden severe confusion.
- Seizures or myoclonus.
- High fever combined with neurological signs.

- **Common Complications:**

- Increased fall risk.
- Prolonged hospital stay.
- Development of pressure sores.
- Reduced ability to carry out daily activities.
- Malnutrition and dehydration
- increased susceptibility to infections

- **Risk factors**

- Polypharmacy.
- Recent hospitalization or ICU stay.
- Infections.
- Metabolic imbalances.

## RED FLAGS...

- "I'd like to ensure we cover all bases. Can you tell me if you've experienced:
  - Intense agitation or aggressive behavior?
  - A sudden, severe bout of confusion?
  - Any unusual movements or seizures?
  - A high fever combined with other neurological symptoms?"

## COMPLICATIONS

- "It's important for me to understand any difficulties you might be facing due to these changes:
  - Have you had any recent falls or felt unstable on your feet?
  - Has this condition led to an extended hospital stay?
  - Have you noticed any pressure sores or bedsores?
  - Have you felt that these changes have made it harder for you to go about your daily routines

## RISK FACTORS

- "Are you currently on multiple medications?"
- "Have you had a recent hospital or intensive care stay?"
- "Have you been diagnosed with any infections recently?"
- "Are you aware of any imbalances in your body's chemicals or metabolism?"

## HISTORY

## PAST MEDICAL HISTORY

- Prior episodes of delirium or other psychiatric disorders.
- Chronic diseases, especially renal or liver diseases.
- Alcohol or substance abuse.

### DRUG HISTORY

- Recent changes in medications or dosages.
- Over-the-counter medications and supplements.
- Known drug allergies and reactions.

### FAMILY HISTORY & SOCIAL

- Family history of delirium or psychiatric disorders.
- Family history of dementia or other neurodegenerative diseases.
- **Social History:**
  - Living conditions (alone, with family).
  - Alcohol or drug use.
  - Recent stressors or changes in environment.

## PAST MEDICAL HISTORY

"Can you tell me about your other medical conditions or any surgeries you've had?"

DH

- "Have there been any recent adjustments in your medications or their dosages?"
- "Do you take any over-the-counter medications or supplements regularly?"
- "Do you have any known drug allergies, and if so, how do you typically react?"

FH & SH

- "Is there a history of delirium or other psychiatric conditions in your family?"
- "Are you aware of any family members with dementia or other neurodegenerative diseases?"
- "Can you tell me about your living arrangements? Do you live alone or with someone?"
- "Do you consume alcohol or any recreational drugs?"
- "Have there been any recent changes in your environment or any significant stressors?"

# IDEAS, CONCERNS AND EXPECTATIONS

- ICE
  - "I'd like to take a moment to understand your perspective on your illness. It's important for me to know your ideas, concerns, and expectations regarding your condition and this consultation. Please feel free to express any fears, worries, or questions you may have. We're here to address them together."

# EXAMINATION

- **Examination Findings: - CHAPERONE**

- Vital Signs:
  - Blood pressure.
  - Heart rate.
  - Respiratory rate.
  - Temperature.
  - Oxygen saturation.
- Neurological Findings:
  - Alertness and orientation (to person, place, time, and event).
  - Cranial nerves intact.
  - Motor and sensory examination.
  - Reflexes and coordination.
- Psychiatric Findings:
  - Mood and affect.
  - Thoughts - any delusions?
  - Perceptions - any hallucinations?
  - Cognition - MMSE score.
- Risk assessment - suicidal or homicidal ideations.



# EXAMINATION

- **Neurological Findings:**
  - **Alertness and orientation:** "Can you tell me your full name, today's date, where we are, and why you're here today?"
  - **Cranial nerves, motor, sensory, reflexes, and coordination:** "I'll be conducting a few neurological checks now."
- **Psychiatric Findings:**
  - **Mood and affect:** "How have you been feeling overall?"
  - **Thoughts and perceptions:** "Have you had any unusual beliefs or perceived things not apparent to others?"
  - **Cognition:** "We'll be doing a brief cognitive assessment."
- **Risk assessment:** "It's important for me to ask, have you had any thoughts of harming yourself or others?"

## **DIFFERENTIAL DIAGNOSIS**

1. Dementia: Chronic onset and progressive, not fluctuating.
2. Depression: Will not have altered consciousness, no perceptual disturbances.
3. Psychotic Disorders: Persistent symptoms without fluctuations.
4. Metabolic Encephalopathy: Similar to delirium but due to metabolic causes.

HISTORY

## DIFFERENTIAL DIAGNOSIS

- "Based on our conversation and the examination, there are a few conditions that come to mind. One is delirium, which is different from dementia. Dementia is a chronic, slow decline in mental function, while delirium is a sudden change often caused by various factors like medications or infections. There are also other conditions like depression or metabolic encephalopathy. We will conduct further tests to pinpoint the diagnosis."

HISTORY

# INVESTIGATION

- Laboratory Values:
  - CBC, UEs, BMP, LFTs, ammonia, thyroid function tests.
  - Urinalysis for infection.
  - Blood cultures if sepsis is suspected.
- Imaging:
  - CT head or MRI if stroke or bleeding is suspected.
  - Chest X-ray if pneumonia is a differential.
- Others:
  - ECG to rule out arrhythmias.
  - Lumbar puncture if CNS infection is suspected.

## INVESTIGATION

- "Based on our discussion and examination, I'm considering some tests to give us a clearer picture:
- Blood tests, including a complete blood count, liver and kidney function tests, and others to rule out infections or imbalances.
- A urinalysis to check for urinary infections.
- Imaging tests like a CT or MRI of the head if I suspect any structural issues or bleeding in the brain.
- And a few others based on our findings, like an ECG or even a lumbar puncture."

## MANAGEMENT PLAN

- Immediate Management: Ensure safety (prevent falls, provide a quiet and calm environment, hydration).
- First Line: Identify and treat the underlying cause (e.g., infections, medications).
- Second Line: Symptomatic treatment (e.g., low dose antipsychotics for severe agitation).
- Third Line: Supportive care (hydration, nutrition, physiotherapy).
- **Prevention and Lifestyle Changes:**
  - Regular sleep schedule.
  - Stay hydrated and avoid alcohol.
  - Regular medical check-ups and avoid polypharmacy.
- **Management in the Community:**
  - Educate caregivers on recognizing signs and ensuring safety.
  - Regular monitoring by a general practitioner.

## MANAGEMENT PLAN

- "We'll work together on a plan to manage this. It'll involve:
- Ensuring your immediate safety and comfort.
- Identifying and treating any underlying cause.
- Possibly, some medications to help with the symptoms.
- Regular reviews and follow-ups to track your progress."
- "I'll schedule a review in about a week, and then a month after, to ensure everything's going well."

## KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)

- Symptom resolution or significant improvement.
- Safety measures in place at home.
- Education provided to the patient and caregivers.
- Follow-up appointment scheduled.
- Medication reconciliation and clear medication instructions provided.
- **SAFETYNETTING (1 Point):**
  - Return if there's a sudden worsening of symptoms.
  - Watch for new medical symptoms like fever, chest pain, etc.
  - Monitor for side effects of medications.



## KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (3 POINTS)

- "Based on what we've discussed and the examinations, one possibility is a condition called delirium. Delirium is a sudden change in mental function leading to confusion. It can be due to various reasons like medications, infections, or other medical conditions."
- "It's distinct from dementia, which is a slow, progressive decline in mental capabilities."
- "With the right approach and care, most individuals recover completely from delirium."
- "It's essential to monitor your symptoms closely. If you notice any sudden worsening, develop new symptoms like a fever or chest pain, or experience side effects from medications, please seek medical attention immediately."
- "If you notice a sudden worsening of symptoms or new medical symptoms like fever or chest pain, please seek medical attention immediately."

## ADVICE TO GUARDIANS/RELATIVES

- "Delirium is a sudden change in mental function, causing confusion. It can be caused by various factors, including medications, infections, or other medical conditions."
- "It's different from dementia, which is a slow, progressive decline in mental function."
- "With the right care and management, most people recover fully from delirium."

- **Advice to Guardians, Useful Resources (2 points):**

- Provide a calm and familiar environment.
- Engage in calming activities.
- Ensure regular sleep and medication adherence.
- Alzheimer's Society or local mental health charities for support.
- Online resources like NHS Inform or Mind for understanding delirium.

## ADVICE TO GUARDIANS/RELATIVES

- "Based on what we've discussed and my examination, it seems like you might be experiencing delirium. This is a sudden change in mental function that can lead to confusion. It can be caused by various factors including medications, infections, or other medical conditions."
- "It's important to note that this is different from dementia, which is a slow, progressive decline in mental function."
- "The good news is, with the right care and management, most people recover fully from delirium."

## COMPLICATIONS OF TREATMENT

- **Complications of Medication and Surgical Therapy:**

- Antipsychotics can cause extrapyramidal symptoms, sedation, or orthostatic hypotension.
- Surgical interventions (if required for underlying cause) come with risks of anesthesia, infections, or bleeding.

- **Mechanism of Action of Medication Therapies:**

- Antipsychotics: Block dopamine receptors in the brain. Dopamine dysregulation plays a role in the symptoms of delirium.

- **Overview of Surgical Therapies:**

- Not typically required for delirium itself but might be needed to address the underlying cause (e.g., tumor, bleeding).

## **FOLLOW UP**

- Review in one week to check symptom resolution.
- Further review in a month to ensure no recurrence.

## **SEVERITY SYSTEM**

- Mild: Fluctuating attention, no aggressive behavior, MMSE > 24.
- Moderate: More consistent attention deficits, occasional aggression, MMSE 18-24.
- Severe: Constant attention deficit, regular aggressive behavior, MMSE < 18.

## FOLLOW UP

- "We'll need to review your condition regularly. The first review will be in a week, followed by another in a month."
- "Before discharging, we'll ensure your symptoms have significantly improved and that safety measures are in place at home. Additionally, we'll provide educational resources to both you and caregivers to manage the condition better."

## NEVER MISS

1. Rule out other medical causes.
2. Assess for drug or alcohol withdrawal.
3. Always consider the safety of the patient.
4. Communication with caregivers is vital.
5. A multidisciplinary approach to care is beneficial.



## TOP 1% QUESTIONS

1. How does delirium differ in presentation from anticholinergic toxicity?
2. How might delirium present differently in the elderly compared to younger individuals?
3. What role does inflammation play in delirium pathophysiology?
4. Why is delirium underdiagnosed in clinical settings?
5. How do the presentations of hyperactive and hypoactive delirium differ?

## SOFT SKILLS

- Demonstrating empathy and effective communication throughout the consultation.
- "Thank you for sharing all this information with me, it's been really helpful in understanding your situation. Do you have any questions or concerns about anything we've discussed today?"
- Closing the consultation: "Thank you for your time today. I know this can be a lot to take in, but it's important to remember that we're here to support you every step of the way. If you have any further questions or concerns, please don't hesitate to ask."

## KEY LEARNING POINTS

- TO BE DONE TOGETHER

DATA

# MANAGEMENT

- What went well?
- What went poorly?
- What will you do next time?





# LET'S DISCUSS

# WHY DON'T YOU TRY?

- Test your history taking skills?
- Try examination/investigation/dx formulation?
- Try a Mock exam?



# QUESTIONS?



MDT





PSYCHIATRY

# DEPRESSION

HISTORY X MANAGEMENT

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## TOPIC - HISTORY TAKING



MEDIC



PATIENT



MARKER

**PLEASE REFER TO YOUR SCRIPTS**

## PROMPT

Mr. Anderson presents with a chief complaint of persistent low mood, loss of interest in previously enjoyed activities, significant weight loss over the past six months, and poor sleep. He also reports feelings of hopelessness and worthlessness.



# LET'S DISCUSS

## **INTRODUCTION AND RAPPORT BUILDING**

- Introduces Self and Purpose: Introduction of the medical professional, confirms patient identity, explains the purpose of the conversation, and ensures patient comfort. [1 point]
- Obtains Consent: Asks for consent to proceed with the questions and possibly a physical examination later on. [1 point]
- Chief complaint and duration.

# INTRODUCTION AND RAPPORT BUILDING

"Hello [patient's name], thank you for taking the time to meet with me today. I'd like to discuss your symptoms and health in detail to best understand how we can help. If you have any questions or concerns at any point, please feel free to stop me."

## **OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS**

- Duration of low mood.
- Loss of interest or pleasure in activities.
- Change in appetite or weight.
- Sleep disturbances (insomnia or hypersomnia).
- Psychomotor agitation or retardation.
- Fatigue or loss of energy.
- Feelings of worthlessness or excessive guilt.
- Diminished ability to think, concentrate, or indecisiveness.
- Recurrent thoughts of death, suicidal ideation or suicide attempt.



## **OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS**

- "Let's delve into your low mood. Can you describe how long you've been feeling this way?"
- "You mentioned a loss of interest or pleasure in activities. Could you tell me more about that?"
- "Have you noticed any changes in your appetite or weight recently?"
- "Tell me about your sleep patterns. Do you have trouble falling asleep or staying asleep?"
- "You mentioned psychomotor agitation or retardation. Can you elaborate on that?"
- "Do you often feel fatigued or lacking in energy?"
- "You mentioned feelings of worthlessness or guilt. Can you share more about these feelings?"
- "Have you noticed any difficulties in thinking clearly, making decisions, or concentrating?"
- "I'm really sorry to hear that you've been having thoughts of death or suicide. Can you tell me more about these thoughts?"

## **FURTHER EXPLORATION...**

- Previous episodes and treatments received.
- Any precipitating factors (e.g., job loss, bereavement).
- COLLATERAL HISTORY:
  - Information from close family/friends if the patient consents.

## FURTHER EXPLORATION

- "Have you experienced episodes like this in the past? If so, did you seek any treatment, and did it help?"
- "Are there any specific events or stressors in your life that you believe might have triggered these symptoms?"

### COLLATERAL

- "With your permission, I'd like to gather some information from your family or friends who have noticed changes in your behavior. Is that okay with you?"

## RED FLAGS/COMPLICATIONS

- **Red Flags**

- Psychosis.
- Suicidal intent or plan.
- Significant self-neglect.
- Rapid cycling mood.

- **Common Complications:**

- Social isolation.
- Employment difficulties.
- Relationship breakdowns.

- **Risk factors**

- Family history of depression.
- Personal history of other mental health disorders.
- Physical or sexual abuse.
- Serious or chronic illness.
- Medications.
- Substance misuse.

## RED FLAGS...

- "I'm concerned about your mention of psychosis. Can you describe what you mean by that?"
- "You've shared thoughts of suicide. It's crucial that we address this. Can you tell me if you have any specific plans or intentions?"
- "You also mentioned self-neglect. How has this impacted your daily life?"
- "Can you describe what you mean by 'rapid cycling mood'?"

## COMPLICATIONS

- "Have you noticed any changes in your relationships or social interactions due to these symptoms?"
- "How has this been affecting your ability to perform at work or other daily activities?"

## RISK FACTORS

- "I see that you have a family history of depression. Can you tell me more about this?"
- "Have you ever been diagnosed with other mental health disorders?"
- "I'm really sorry to hear about the history of abuse. Can you share more details about this?"
- "Do you have any chronic medical conditions or are you taking any medications that could be influencing your mood?"
- "Can you tell me about any substance use, including alcohol or recreational drugs?"

## HISTORY

## PAST MEDICAL HISTORY

- Any known psychiatric illnesses or hospitalizations.
- Treatment for other conditions, including thyroid disorders, that might influence mood.

### DRUG HISTORY

- Current medications.
- Any past or current use of antidepressants.
- Known allergies and nature of reactions.

### FAMILY HISTORY

- Mental health disorders.
- Suicides or suicide attempts.

### Social History:

- Occupational status.
- Living conditions.
- Alcohol and recreational drug use.

## PAST MEDICAL HISTORY

- "Do you have any previous diagnoses of psychiatric illnesses or a history of hospitalizations for mental health reasons?"
- "Are you currently receiving treatment for any other medical conditions that might be related to your mood?"

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- "Let's discuss your current medications. Are you taking any prescription or over-the-counter medications?"
- "Have you ever been prescribed antidepressant medications in the past?"
- "Do you have any known allergies to medications, and if so, what kind of reactions do you experience?"

FAMILY AND SOCIAL HISTORY:

- "Could you please tell me if there is a family history of mental health disorders, including depression?"
- "Has anyone in your family ever experienced suicidal thoughts or attempted suicide?"
- "Tell me about your current occupation and how your symptoms may be affecting your work."
- "Could you describe your living situation, including who you live with and the environment at home?"
- "Let's discuss your alcohol and recreational drug use, if any. How often and how much do you consume?"

# IDEAS, CONCERNS AND EXPECTATIONS

- ICE
  - "I'd like to take a moment to understand your perspective on your illness. It's important for me to know your ideas, concerns, and expectations regarding your condition and this consultation. Please feel free to express any fears, worries, or questions you may have. We're here to address them together."



# EXAMINATION

- **Examination Findings: - CHAPERONE**
  - **Vital Signs:** HR, BP, SaO<sub>2</sub>, RR, T, weight.
  - **Airway, Breathing:** No distress, breath sounds.
  - **Cardiovascular:** Pulse, BP.
  - **Respiratory:** Breath sounds.
  - **Abdominal:** Bowel sounds.
  - **NEUROLOGICAL FINDINGS:**
    - Reflexes, power, sensation.
    - Cranial nerves.
  - **PSYCHIATRIC FINDINGS AND MMSE:**
    - Appearance and behavior (e.g., psychomotor retardation).
    - Speech and language (rate, volume).
    - Mood and affect.
    - Thought processes and content.
    - Perceptual disturbances.
    - Cognition (MMSE).
    - Insight and judgment.
  - **RISK ASSESSMENT:**
    - Suicidal ideation or intent.
    - Risk to others.

# EXAMINATION

- **"I'd like to conduct a few physical examinations to get a clearer picture. Is that alright?"**
  - "I'd like to check your vital signs, including your weight. This is a routine part of our assessment to ensure your overall health."
- NEUROLOGICAL FINDINGS:
  - "I'll be performing some basic neurological checks. Please let me know if you experience any discomfort or pain during the examination."
  - "Let's begin by assessing your reflexes, strength, and sensation. This will help us gather more information about your overall health."
- PSYCHIATRIC FINDINGS AND MMSE:
  - "I'll be observing your appearance, behavior, and mood throughout our conversation. Please feel free to share anything that comes to mind."
  - "As part of our assessment, I'd like to ask you about your thought processes, emotions, and any perceptual disturbances you may be experiencing."
- RISK ASSESSMENT:
  - "I'm genuinely concerned about your mention of suicidal thoughts. It's essential that we assess this further to ensure your safety. Can you share more about when and how often you have these thoughts?"

## EXAMINATION

# DIFFERENTIAL DIAGNOSIS

1. Bipolar disorder.
2. Dysthymia.
3. Adjustment disorder with depressed mood.
4. Substance-induced mood disorder.

HISTORY

## DIFFERENTIAL DIAGNOSIS

- "While depression is a possibility, we also consider other conditions like bipolar disorder, dysthymia, and adjustment disorder with depressed mood."

HISTORY

# INVESTIGATION

1. Bloods: Thyroid function tests, CBC, Liver function tests, Vitamin D, B12.
2. Imaging: Not typically relevant unless there's a neurological concern.

# INVESTIGATION

- "Based on your symptoms, we may need to run some blood tests to rule out any underlying medical conditions that could be contributing to your mood."

# MANAGEMENT PLAN

- **Immediate Management:** Ensure safety if suicidal, consider hospitalization.
- **First Line:** Cognitive-behavioral therapy (CBT), SSRIs (e.g., Fluoxetine).
- **Second Line:** Switch to another SSRI or consider SNRIs.
- **Third Line:** Consider combination therapy or Electroconvulsive therapy (ECT) for resistant depression.

## PREVENTION:

- Early intervention in at-risk populations.

## LIFESTYLE CHANGES:

- Regular exercise.
- Balanced diet.
- Limiting alcohol and avoiding drugs.

## COMMUNITY MANAGEMENT:

- Social support groups.
- Counseling services.

## MANAGEMENT PLAN

- "If there's an immediate risk to your safety, we may need to discuss hospitalization to ensure you receive the care and support you need."
- "As a first-line approach, cognitive-behavioral therapy (CBT) and selective serotonin reuptake inhibitors (SSRIs) like Fluoxetine can be effective in managing depression."
- "In some cases, if one SSRI isn't effective, we may consider switching to another or even trying serotonin-norepinephrine reuptake inhibitors (SNRIs)."
- "For individuals with more severe or treatment-resistant depression, we may explore options like combination therapy or Electroconvulsive therapy (ECT)."
- PREVENTION:
  - "Preventing recurrence is essential. We'll discuss early intervention strategies and lifestyle changes to help manage your condition."
- LIFESTYLE CHANGES:
  - "In addition to treatment, incorporating regular exercise, maintaining a balanced diet, and avoiding alcohol and drug use can positively impact your mood."
- COMMUNITY MANAGEMENT:
  - "There are social support groups and counseling services available to provide ongoing support as you work through this."



## KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)

- **Explanation to Patients/Relatives:** Details about depression, its nature, prognosis, and management options.
- **SAFETY NETTING: Return if:**
  - Safety Netting: Instructions for what to do if symptoms worsen or if suicidal thoughts arise.

## KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (3 POINTS)

- "I'll provide you with a detailed explanation of depression, its nature, the prognosis, and the available management options."
- **Safety Netting:**
  - "It's crucial that you understand what to do if your symptoms worsen or if you experience any side effects from the medication. We'll go over a safety netting plan."

## ADVICE TO GUARDIANS/RELATIVES

- **Advice to Guardians:** Ensuring a safe environment, understanding the importance of treatment adherence.
- **Resources:** Local mental health services, helplines, websites

## ADVICE TO GUARDIANS/RELATIVES

- **Advice to Guardians:**

- "If you have family members or guardians involved in your care, we'll provide them with guidance on creating a supportive environment and understanding the importance of adherence to treatment."

- **Useful resources**

- "I'll also share resources with you, including local mental health services, helplines, and reputable websites."

## COMPLICATIONS OF TREATMENT

1. **Medication Complications:** Common side effects of SSRIs (e.g., GI upset, sexual dysfunction).

2. **Mechanism of Action:**

- SSRIs increase serotonin levels in the synaptic cleft by inhibiting its reuptake.

## COMPLICATIONS OF TREATMENT

- **Complications of Medication and Surgical Therapy:**

- "We'll discuss potential side effects of SSRIs, such as gastrointestinal upset and sexual dysfunction, to ensure you're informed."

- **Mechanism of Action of Medication Therapies:**

- "I'll explain how SSRIs work, primarily by increasing serotonin levels in the brain through the inhibition of reuptake."

## **FOLLOW UP**

- Regular monitoring for medication side effects, efficacy, and general well-being.

## FOLLOW UP

- "We'll set up a follow-up plan to monitor your progress, manage any medication side effects, and ensure your overall well-being."



## NEVER MISS

1. Always assess for suicide risk.
2. Obtain collateral history where feasible.
3. Always consider the side effects of medications.
4. Regularly monitor and follow up.
5. Ensure patient and family understand the nature of the disease.

## TOP 1% QUESTIONS

1. Differentiate between melancholic depression and atypical depression.
2. What's the relevance of checking thyroid function tests in depression?
3. How does the mechanism of action differ between SSRIs and MAOIs?
4. What are the criteria for diagnosing Major Depressive Disorder as per DSM-V?
5. Elaborate on the concept of neuroplasticity in depression and its relevance.

## SOFT SKILLS

- "Before we conclude, I want to make sure that all your concerns and questions have been addressed. Is there anything else you'd like to discuss?"
- Demonstrating empathy and effective communication throughout the consultation.
- "Thank you for sharing all this information with me, it's been really helpful in understanding your situation. Do you have any questions or concerns about anything we've discussed today?"
- Closing the consultation: "Thank you for your time today. I know this can be a lot to take in, but it's important to remember that we're here to support you every step of the way. If you have any further questions or concerns, please don't hesitate to ask."

## KEY LEARNING POINTS

- TO BE DONE TOGETHER

DATA

# MANAGEMENT

- What went well?
- What went poorly?
- What will you do next time?





# LET'S DISCUSS

# WHY DON'T YOU TRY?

- Test your history taking skills?
- Try examination/investigation/dx formulation?
- Try a Mock exam?



# QUESTIONS?





MDT