

Core Case 2

*Please consider this case as if you were a GP working in current times.
In this scenario, NHS pressures and waiting times are the same as they are currently.
(8 sections)*

Learning Objectives

- Interpret patient confidentiality
 - Interpret consent and capacity
 - Recall causes of weight loss
 - Recall T1DM – investigations, diagnosis, management and complications.
 - Take a depression history and consider how treating depression in adolescents differs from adults.

Patient:

Sharara Begum – 14years old
PMH nil
DH nil
NKDA

You are in clinic on a Monday morning and there is a callback regarding Sharara Begum.

1. EMIS CONSULTATION – Dr. Jackson - 25.8.15

Telephone consultation:

Call from relative – worried about Sharara

She is losing weight.

Worried she is physically unwell.

Asking you to urgently do tests to find out what is wrong

Her father died from Lymphoma and she worried Shahara has this.

Sharara not there to speak to currently – does not know she is making the phone call.

Plan:

Asked relative, to encourage patient to attend for review.

Interpret patient confidentiality

Discussion Section 1:

- What are you able to discuss over the phone with the patient's relatives?
- How may culture play a role in expectations of relatives regarding what information can be disclosed?
- What further information would you like to know about the situation?
- Do you have any concerns?

Revision Points:

Causes of weight loss

Investigations for weight loss

Lymphoma – diagnosis, investigations, treatment

2. EMIS Consultation – Dr Jackson 31.8.15

Brought in by relative - concern about weight loss.

Systemic review – feels well, no cough, no change in bowel habit, no night sweats.

Does not feel she has lost weight. Is annoyed at being there – feels relative is making a big deal out of nothing.

Eats a big lunch at school and sometimes eats after school, then not hungry in the evenings.

School is going well, performing well in her exams, has lots of friends, prefers to go out as much as she can.

Feels tired but is busy with school work.

Plan:

Bloods

Discussed monitoring weight to ensure not losing any (no previous weight on system)

Recall causes of weight loss**Discussion Section 2:**

- Do you have anything else you would like to know?
- What kind of examination would you do?
- What do you think of the management plan?
- What bloods would you arrange and is there anything else you would add to the plan?
- How should this patient be followed up?
- What is your differential diagnosis?
- Do you feel it is appropriate to see the patient with her relative?

3. EMIS Consultation – Dr Jackson

Bloods normal except fasting plasma glucose (9 mmol/L).

Recall T1DM – investigations, diagnosis, management and complications.**Discussion Section 3:**

- What are your next steps in investigation and diagnosis?
- What is the diagnostic criteria and cut off values for DM, IGT and IFG?

4. EMIS Consultation – Dr Jackson

FPG – 9.4 mmol/L.

Diagnosis: Type 1 diabetes.

Patient starts crying as her grandmother lost her vision due to diabetes. Asking why she has got diabetes

Eats a healthy diet as does not want to put on weight, asking if she should limit her sugar intake.

Discussion Section 4:

- How can you differentiate between type 1 and 2 diabetes?

- What is the initial management plan?
- How can you explain the diagnosis of type 1 diabetes to Sharara?
- What important advice should be given regarding her condition and management?

5. EMIS Consult Dr Smith

Shahara seen with relative.

Vomiting since 7 am today (it is around 10 am now)

Very tired

Requiring support when walking in

O/E

Abdo tender in lower quadrants

Urine dip ketonuria and glycosuria

Pt refusing admission.

Says forgotten to take insulin due to exam stress and not been eating and drinking as well as usual.

Requesting medication to stop stomach pain and vomiting so she can study

Still refusing admission saying she will buy paracetamol and leave

Pt states I cannot force her against her will to attend A&E

Relative in agreement that she is unwell and needs admission.

Discussion Section 5:

- What is your impression and management plan?
- How would you approach this scenario?
- What does the GMC state regarding child consent to treatment?
- What would your next steps be?
- How could this affect the trust in doctor-patient relationship?

Resources

<https://cks.nice.org.uk/topics/diabetes-type-1/>

<https://www.diabetes.org/diabetes/type-1>

<https://www.healthline.com/health/type-1-diabetes-causes-symptoms-treatments>

<https://www.youtube.com/watch?v=maQM8NH4MSc>

6. Notification of admission to Medical Ward 5b

King Arthurs Mental Health Hospital



NHS Foundation Trust

Notification of Admission

Consultant at Discharge: Tel: Not Recorded

Admitted: Diabetes and Endocrine

Ward:

Discharged:

GP: DR Lewis Upton Medical Centre London E11 6RD	Patient: Sharara Begum 12 Fotress Road London E11 5RA (address)
GP Tel: 08457823891	Home/Mobile Tel: X

Discharge Method:

Acute Problem(s)	Chronic Problems
Psychotic Episode	

Clinical Presentation:

Brought in by ambulance.
Found at home unconscious by brother and sister-in-law
Was rousable
Had been vomiting all day
Seen GP earlier that day who tried to admit patient, brother states he tried to take her to A&E but she became hysterical so they went home where she worsened.
Recently dx with T1DM
No recent infection
Under a lot of stress with exams - not been taking insulin
Lives with brother, 3 kids and wife also in household.

Obs done at triage
HR 120
RR 24
T 37.5
Sats 98% OA
BM 24
Urine dip - Glucose +++ Ketones ++ Nit - Blood - Prot - Leu -

Clinical Course:

Patient will be admitted under medics

GP to continue meds.

Prescribed Drugs

Drug	Verified	Supplied	Comment

7. EMIS Consultation – Dr Arthur 10/9/2015

Recent admission to hospital, treated for DKA.

Discharged 3/7 ago

No medical discharge summary on system yet

Seen with relative who feels pt is still unwell post admission and asking me to check urine again.

Pt seems flat.

Enquired about MH – says not sleeping much, house is noisy with multiple people at home.

Limited eye contact, short answers.

Says mood is ok. Appetite low – not hungry as worried about exams.

Asked if could talk to pt alone, relative left room.

Admits struggling at home, feels restricted by relatives who don't allow much independence.

Hates having to inject insulin everyday.

Struggling to cope with Diabetes diagnosis. Family don't understand.

Begs you not to disclose anything to her family.

O/E

Urine dip nad

BM 5.3

Discussion

Section 7

- What are the difficulties of not receiving discharge summaries?
- How would you follow up post admission – do you need to do anything regarding her diabetes control?
- What is your impression of this patient? What are the main issues and concerns here? Are you concerned about her?
- How do you risk assess a patient and what would your actions be?
- What plan would you put in place and how would this differ with treating an adult with depression?
- What support groups are available?
- How do you think an adolescent may feel when given this diagnosis? What implications does it have for their life?
- What kind of social factors are impacting on this patient's mental health? What can you do to help as a GP?

Revision points:

How do you carry out a Risk Assessment

Depression history

Useful Resources

Depression Diagnosis

<https://gpnotebook.com/simplepage.cfm?ID=x20091123152205182440>

Depression Summary of NICE Guidance on Management

<https://gpnotebook.com/simplepage.cfm?ID=x20041224060809159860&linkID=72627&cook=no>

RCGP – Suicide in Young people inc risk assessment

<https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/mental-health->

[toolkit.aspx](#)

<https://www.rcpsych.ac.uk/members/supporting-you/assessing-and-managing-risk-of-patients-causing-harm/assessing-risk>

8. EMIS CONSULTATION – Dr Jackson - 30.9.15

Ongoing issues – no better or worse

No DSH. No suicidal thoughts

Agree likely suffering from depression

Has been missing school as cannot get out of bed.

Has not told family as think they will be cross with her.

Discussed options ...

- Referral to CAMHS
- RV in 2w- sooner if worse or any concerns.

Discussion Section 8:

- [What do you think about the plan in place here?](#)
- [How do we manage mental health issues in newly diagnosed teenagers with type 1 diabetes](#)
- [If a patient declines referral – can you act without their consent?](#)