

Core Case 1  
(10 sections)

*Please consider this case as if you were a GP working during in current times.*

*In this scenario, NHS pressures and waiting times are the same as they are currently.*

**Learning Objectives:**

- Learning how to address polypharmacy in elderly care
- Managing medical complexity and multiple co-morbidities
- Understanding DNAR, Advanced Directives, Lasting Power of Attorney and Best Interest Decisions.
- Understanding palliative care in primary care.

**Part One - Mr. Gareth Bales (GB), 87 years old**

Lives with his wife, Mrs. Elizabeth Bales (EB) who is 86 years old.

They have recently moved from Essex to sheltered accommodation in Hackney.

They are mainly supported by their daughter Clare Bales (CB), who is a teaching assistant and their son Jonathon Bales (JB) who works as a librarian. Both CB and JB have lasting power of attorney.

**Emis Consultation Dr Vardy August 2023**

Appointment for GB booked by HCA after new patient check due to nose lesion.

Accompanied by daughter, CB

HPC: lesion on right side of nose, increasing in size over one month

PMH: Psoriasis and psoriatic arthritis/Rheumatoid Arthritis overlap as Rheumatoid factor positive  
CCP positive on methotrexate and leflunomide

Age-related macular degeneration on injections at Queens Romford

2016 Aortic aneurysm repair under 6 monthly follow up from Vascular Surgeons

IHD – one stent

*His current medications:*

Atorvastatin 80mg nocte  
Eplerenone 25mg one tablet once daily  
Co-codamol 30/500 2 tablets four times daily  
Bisoprolol 5mg once daily  
Omeprazole 20mg once daily  
Ramipril 10mg once daily  
Methotrexate 2.5mg tablets four tablets weekly  
Folic acid 5mg one tablet once daily  
Rivaroxaban 20mg one tablet to be taken once daily  
Leflunomide 10mg tablet one tablet once daily  
Viscotears to both eyes three times daily

On examination:



>\Lesions on right side of nose

#### Discussion Points

##### **Managing medical complexity and multiple co-morbidities**

1. Given this patient's history and examination findings, what is your immediate management of this patient?
  - What may be contributing to the development of such skin lesions?
  - What other management and referrals are required during this first consultation?
2. What chronic disease management is required in General Practice in the longer term?

## Learning how to address polypharmacy in elderly care

### 3. Can you see the rationale for all his repeat prescriptions?

- Applying STOPP / START criteria, outline amendments to his prescription that you would advise; Explain your rationale for each.

#### Year 4 Revision:

- How do you describe skin lesions? How does this help to differentiate them?
  - **Useful Resources**
- Skin Lesions - <https://www.nhs.uk/conditions/non-melanoma-skin-cancer/>
- Managing Multi-morbid - <https://www.bmj.com/content/350/bmj.h176>
- Polypharmacy – note key points in this document –
- [https://www.kingsfund.org.uk/sites/default/files/field/field\\_publication\\_file/polypharmacy-and-medicines-optimisation-kingsfund-nov13.pdf](https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/polypharmacy-and-medicines-optimisation-kingsfund-nov13.pdf)

## Methotrexate



### Discussion Points

## Learning how to address polypharmacy in elderly care

### 4. Methotrexate prescribing

- How would you write a methotrexate prescription to ensure it is safely prescribed?
  - How should methotrexate prescriptions be managed between primary and secondary care.
  - When may you decide not to prescribe?
5. How do you navigate patients who see private doctors as a one off and are initiated on medications which require specialist input?
- Does your practice have a policy around this?

### Useful Resources

Shared Care Prescribing/Contract

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-practice-in-prescribing-and-managing-medicines-and-devices/shared-care>

## **August 2023 Dr Vardy EMIS consultation**

Follow up appointment: Attending with daughter CB

Pt seen by dermatology

Diagnosis - basal cell carcinomas of the right side of the nose and right clavicle.

Plan from dermatology for radiotherapy

Pt also says feeling SOB and feels he cannot walk very far

Impacting on ability to care for wife

Does not feel he has Covid, not done lateral flow as has not got any

Daughter very concerned and wants immediate referral for a CT scan of patient's chest

No hx orthopnea or PND

No fever, no cough

O/E

Inspiratory creps mid and lower zones

T36.7

RR 18

Sats 93% OA

HR 92

### **Discussion Points**

#### **Managing medical complexity and multiple co-morbidities**

6. What is the differential diagnosis? What investigation is required to confirm the pulmonary diagnosis?
  - How do you discuss your plan with the patient and his daughter and manage their expectations?

### **Continuing Management**

Mr BG is seen by the respiratory team and given a diagnosis.

He was advised to stop methotrexate and leflunomide and has been off the medications for 6 months. He now has increased early morning stiffness, joint pains and back pain. Unfortunately he has not been reviewed by the Rheumatology team. His pain is stopping him from sleeping.

7. How would you manage his pain?
8. How could you manage his worsening Psoriatic/Rheumatoid Arthritis?

### **Understanding DNAR, Advance Directives, Lasting Power of Attorney and Best Interest Decisions**

9. There is no DNAR decision in place – How should you approach making a DNAR decision for this patient? Who else should be involved?
10. How do you complete a DNAR form and what information do you need?
11. How are the DNAR decisions recorded? How is it done in your practice?
12. How are primary and secondary care services informed?

13. What is your understanding of end-of-life decisions: best interest decisions; and  
Advance Directives

**Useful Resources**

DNAR

<https://www.healthwatch.co.uk/response/2021-03-18/dnacpr-review-need-personalised-honest-and-sensitive-conversations>

DNAR Video on tips on how to approach <https://www.youtube.com/watch?v=Y52YwLcVQQs>

# DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

Adults aged 16 years and over

DNACPRadull.1(2015)

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_

NHS number \_\_\_\_\_

Date of DNACPR decision:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**DO NOT PHOTOCOPY**

In the event of cardiac or respiratory arrest no attempts at cardiopulmonary resuscitation (CPR) are intended. All other appropriate treatment and care will be provided.

<p><b>1.1</b> Does the patient have capacity to make and communicate decisions about CPR? If "YES" go to box 2</p>		<p>YES/ NO</p>
<p>If "NO", are you aware of a valid advance decision refusing CPR which is relevant to the current condition?" If "YES" go to box 6</p>		<p>YES/ NO</p>
<p>If "NO", has the patient appointed a Welfare Attorney to make decisions on their behalf? If "YES" they must be consulted.</p>		<p>YES/NO</p>
<p>All other decisions must be made in the patient's best interests and comply with current law. Goto box2</p>		
<p>Summary of the main clinical problems and reasons why CPR would be inappropriate, unsuccessful or not in the patient's best interests:</p>		
<p>Summary of communication with patient (or Welfare Attorney). If this decision has not been discussed with the patient or Welfare Attorney state the reason why:</p>		
<p>Summary of communication with patient's relatives or friends:</p>		
<p>Names of members of multidisciplinary team contributing to this decision:</p>		
<p><b>1.2</b> Healthcare professional recording this DNACPR decision:</p>		
Name	Position	
Signature	Date	Time
<p><b>1.2.1</b> Review and endorsement by most senior health professional:</p>		
Signature	Name	Date
<p>Review date (if appropriate):</p>		
Signature	Name	Date
Signature	Name	Date

## Part Two – Mrs Elizabeth Bales, 86 years old

### *PMH*

New diagnosis - Alzheimer's Disease, seen by Memory Clinic in Romford, no documentation from clinic

2009 CABGs x 3

2008 Type 2 Diabetes Mellitus

*Her current medication is:*

Atenolol 25mg once daily

Aspirin 75mg once daily

Candesartan 4mg once daily

Atorvastatin 40mg nocte

GTN spray 400mcg/dose one dose prn

### Discussion Points:

14. What should be done as part of a carers assessment?
15. How would you access a social services package of care and what does this include?
16. What services/ organisations can the daughter be signposted to that will help her support her parents?

### Useful Resources

Carer Assessment: <https://www.carersuk.org/help-and-advice/practical-support/carers-assessment/>

At the end of May, you receive an email from their son, Mr. JB. He states that he has power of attorney with his sister. He reports that his sister thinks that his mother's dementia is making her too unstable to make financial decisions, which concerns him. He has requested that you telephone him so that these issues can be resolved.

#### Discussion Points

#### **Understanding DNAR, Advance Directives, Lasting Power of Attorney and Best Interest Decisions**

17. How would you respond to this email?
18. What is LPA and what are the different types?
19. Under what circumstances may LPA be overridden?
20. What steps can you take if you suspect abuse or neglect (physical/financial etc) of an elderly patient?

Later that week you are on duty and asked to visit Mrs EB as she has had a fall:

#### **EMIS Consultation Dr Vardy**

HOME VISIT

PC: Fall

Had a fall today

Husband says she tripped as she was trying to go to toilet

Legs swollen and has been impacting on mobility

Unable to mobilise now



Tender ++ over Right hip

New diagnosis - Alzheimer's Disease, seen by Memory Clinic in Romford, no documentation from clinic

Patient is not lucid, lacks capacity.

No DNAR on system

PMH

2009 CABGs x 3

2008 Type 2 Diabetes Mellitus

Her current medication is:

Atenolol 25mg once daily

Aspirin 75mg once daily

Candesartan 4mg once daily

Atorvastatin 40mg nocte

GTN spray 400mcg/dose one dose prn

#### Discussion Points

21. You are the GP who has visited this patient at home, what are the differentials for the cause of her fall?
22. How would you manage this patient in light of the acute issues?
23. How should you approach making a DNAR decision for this patient given her lack of capacity?

#### Year 4 Revision

##### Falls

- What history do you need to elicit about the falls?
- How would you investigate the falls?
- How would you assess if her medications might be contributing to her falls? What actions could you advise to minimize any contribution medicines might make to her falls risk
- How would you manage the falls?

##### Fractured Neck of Femur

- What is the morbidity that might follow a fractured neck of femur?
- What is the associated mortality?

#### Useful resources

Approach to assessing a fall- <http://www.oxfordmedicaleducation.com/geriatrics/falls-assessment-management/>

<http://www.patient.co.uk/doctor/Recurrent-Falls.htm>

<http://www.patient.co.uk/doctor/Prevention-of-Falls-in-the-Elderly.htm>

Advance Care Planning: <https://www.goldstandardsframework.org.uk/advance-care-planning>

Capacity: <http://thehearingaidpodcasts.org.uk/episode-1-6-capacity/>

Best interests: <https://www.bma.org.uk/media/1850/bma-best-interests-toolkit-2019.pdf>

Mrs EB was admitted to hospital as an inpatient. She was found to have a fractured NOF. On admission they found she was in acute heart failure and would not be a candidate for surgery. Sadly whilst in hospital she developed a hospital acquired pneumonia which did not respond to treatment and the medical team made a decision with the family that she would receive palliative care.

Discussion Points:

#### **Understanding palliative care in primary care**

24. When a patient is in hospital what are the different options for palliative care?
25. Who should be involved in looking after the patient?
26. What role does a GP have in palliative care?
27. How should practices monitor their palliative care patients?

<https://www.macmillan.org.uk/healthcare-professionals/cancer-pathways/palliative-and-end-of-life-care>

<https://elearning.rcgp.org.uk/mod/book/view.php?id=12529>