



GPRA ONLINE EXAM RESOURCES CLINICAL CASES

CASE TYPE:

Short Case – 8 minutes

NAME:

Barbara Stewart

AUTHOR:

In Vivo Communications Pty Ltd



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SECTION A: This information is given to the candidate

INSTRUCTIONS TO CANDIDATES

STANDARD INSTRUCTIONS:

- This is an 8-minute station.
- Read the following scenario.
- If investigations are requested, this consultation may be conducted as if it were more than one session.

ADDITIONAL / OPTIONAL INSTRUCTIONS

- There should be no need to take further history, but you could clarify any issues with the observing examiner.
- When you are ready, request the details of an appropriate physical examination from the observing examiner.
- Ask for the results of investigations.
- Manage the significant elements of this case.

SECTION A: This information is given to the candidate

SCENARIO :

Barbara Stewart is a 61-year-old retired nurse with an 8-year history of type 2 diabetes. Her past medical history includes hypertension and chronic airways disease. She is visiting you today for a general check-up and repeat prescriptions for her medications. You see Barbara every 3 months for this reason.

A copy of the patient record summary sheet is attached.

FULL SUMMARY

Patient Details

Name: Barbara Stewart

D.O.B./Age: 61yo

Allergies: Nil known

Social History

Occupation- Retired nurse, married with 2 sons. Her husband does not smoke.

Family History

There is a family history of type 2 diabetes and cardiovascular disease. Barbara's father died at age 61 years from an acute myocardial infarction. Her mother is alive and well.

Current Medications

metformin 1g bd

gliclazide MR 60mg mane

aspirin 100mg

irbesartan 300mg

amlodipine 5mg

Past Medical History

8-year history of type 2 diabetes. Barbara's past medical history includes hypertension, and cholecystectomy.

Barbara is an ex-smoker. She stopped smoking 6 years ago following a 1 pack year habit.

SECTION B: This information is given to the patient role player/examiner

THE STORY IN DETAIL

Information to be freely given:

For the past two years Barbara has been using 'Proactive' margarine (containing plant sterols), and has also changed her food intake following recommendation from by a dietician – the result being some improvement in her LDL levels (initially 3.1 mmol/L). Previously, Barbara's serum lipid levels have not been at target.

Information only to be given with appropriate enquiry from the candidate:

An endocrinologist has recommended that Barbara commence statin therapy but at the time she did not qualify for a subsidy under PBS guidelines and was unable to fund the treatment herself.

Barbara realises she needs to exercise more but "never gets around to it".

NOTES TO EXAMINERS

Suggested Cues/prompts if candidate requires assistance:

Ask about statin therapy.

Mention lack of exercise.

Additional HISTORY

As above

SECTION B: This information is given to the patient role player/examiner

PHYSICAL EXAMINATION

These clinical findings are available on a separate sheet that is to be handed to candidates when they ask for any physical examination findings.

General Appearance	Overweight; otherwise healthy		
Weight 73kg	Height 158cm	BMI 29.2	Temp normal
BP 130/80 mmHg	Pulse normal	RespRate normal	Waist circumference 81 cm
Cardiovascular	No evidence of peripheral vascular disease, or cardiovascular disease		
Respiratory	Normal		
Feet	Normal		
Nervous system	No evidence of peripheral neuropathy		

SECTION B: This information is given to the patient role player/examiner

INVESTIGATIONS

1/These results are available on a separate sheet that is to be handed to candidates when they ask for any investigations.

2/All other investigations are normal.

Surgery Tests

ECG shows no ischaemic changes

Other Investigations

Electrolytes normal

Liver function tests normal

Creatinine normal

Urea normal

Glycosylated haemoglobin (HbA1c) 7.1% ($\leq 7\%$)

Urine microalbumin (6 months ago) normal

Lipids

Total cholesterol 5.1 mmol/L (<5.2 mmol/L)

Triglycerides 2 mmol/L (<1.5 mmol/L)

LDL-C 2.7 mmol/L (<2.5 mmol/L)

HDL-C 1.1 mmol/L (>1.0 mmol/L)

SECTION C: This information is given to the examiner/facilitator

Listed below are the key issues to be covered in this case. *(The facilitator/examiner can "tick" these as covered during the consult)*

Specific Questions Candidate should ask

Ask how the patient is managing their diet

Ask if the patient is exercising at all

Diagnosis

Hyperlipidaemia and diabetes, overweight

Appropriate management and explanation:

- The presence of diabetes places the patient in a high-risk group for cardiovascular disease. Hypertension, familial history of cardiac disease and a history of smoking further increase risk. The National Heart Foundation (NHF) of Australia Position Statement on Lipid Management states that patients with diabetes and additional risk factors should be particularly considered for preventive treatment. Barbara should thus be placed on a lipid-lowering drug. Due to changes in PBS guidelines (effective October 2006) the patient is now eligible for subsidised lipid lowering therapy (age >60 years, type II diabetes). Statins are considered the agents of choice for reducing LDL-C levels and also have modest triglyceride-lowering and HDL-C raising effects.
- Explain that statin therapy may have side-effects but is generally well tolerated and safe. In particular Carol should be advised to be aware of any muscle symptoms (which may signal rhabdomyolysis).
- Explain to Carol what her target lipid levels are
- Reiterate the benefits of a moderate exercise regime both in terms of improved diabetes control and reduction of cardiovascular risk. Offer referral to exercise physiologist or physiotherapist
- Re-enforce the benefits of continued diet modification both in terms of improving lipids and diabetes. Offer dietitian and diabetes educator referrals
- Schedule a follow-up visit in 3 months to re-check lipid levels.

This checklist below is a guide to Key Features used by Examiners to assist in clinical case ratings. The lists are not intended to be prescriptive or exhaustive and do not form part of the marking.

On completion of the case, the candidate/examiner/group may wish to score themselves as part of a feedback process.

Place a cross (X) along each line according to the candidate’s performance on that item.

CLINICAL CASE RATINGS KEY FEATURES CHECKLIST

(*) key feature relevant to this case		Inadequately Covered Well 1	Covered 10
1	* • Communication and Rapport	_____	_____
2	• Inter-professional Communication Skills	_____	_____
3	• History taking	_____	_____
4	* • Physical examination	_____	_____
5	• History and Physical Examination	_____	_____
6	• Physical Examination Technique	_____	_____
7	• Physical Examination Findings	_____	_____
8	* • Investigations	_____	_____
9	• Diagnosis	_____	_____
10	• Problem Definition	_____	_____
11	* • Medical Knowledge	_____	_____
12	• Public Health Issues	_____	_____
13	* • Management	_____	_____

14	• Procedural Skills	-----
15	• Ethical and Medico Legal Issues	-----
16	• Critical Appraisal Skills	-----
17	•	-----
		Frequently Not at all
18	• Prompting Required	-----

Key Features Clinical Case Rating Descriptions

1. Communication and Rapport

Rate the candidate on their ability to establish rapport and to communicate effectively with the patient in a pleasant, clear and logical manner using appropriate communication skills and language.

4. Physical examination

Rate the candidate on their ability to perform an appropriate and systematic examination which is focussed and not overly inclusive. Specific findings relevant to the case should be elicited.

11. Medical Knowledge

Rate the candidate's medical knowledge of the physical, psychological and social issues involved in this question.

13. Management

Rate the candidate on their ability to manage the issues raised in this case, both now and in the future. Candidates should offer effective explanations, education and choices to patients, and involve the patient, family and relevant community resources in their immediate and on going management plans. Candidates should demonstrate responsibility for the immediate and ongoing management of the patient.

References and Study Notes:

National Heart Foundation of Australia. Guidelines for Lipid Management, 2005.

Royal Australian College of General Practitioners. Diabetes Management in General Practice. Available online at: <http://www.racgp.org.au/scriptcontent/diabetes/index.cfm>

References

1. Colhoun HM *et al.* Primary Prevention of Cardiovascular Disease with Atorvastatin in Type 2 Diabetes in the Collaborative Atorvastatin Diabetes Study (CARDS): multi-centre randomised placebo-controlled trial. *Lancet* 2004; 364 (9435): 685-96.

2. Shepherd J *et al.* Effect of Lowering LDL Cholesterol Substantially Below Currently Recommended Levels in Patients With Coronary Heart Disease and Diabetes. *Diabetes Care* 2006; 29: 1220-1226.