Case 9

Question 1 (written by Rehaan Khokar)

A previously lively 40-year old females experiences extreme guilt about her mother's suicide four months ago. She wrote down how she felt on a notepad below that she presented to her GP. She expresses she has felt this way for several months now:

> I don't want to get up. I feel so scared to leave the house. I can't sleep, I can't eat and I don't want to see any of my friends.
>
> I just always feel tired and I can't stop eating biscuits.
>
> I felt a bit suicidal yesterday. I thought I could hear mam calling yesterday.

a) What is the most likely diagnosis for this patient?

   Explain your answer using the DSM-5/ICD-11 criteria for reference.

   [2]

b) The GP notes a number of risk factors the patient has presented with.

   What is the most likely appropriate first-line therapy for this patient, based on their current risk factors? [1]

Question 2 (written by Rehaan Khokar)

Societal attitudes to mental health are changing. However, there is still a large degree of stigma prevalent.

a) What do you understand by the term "stigma"?

Describe how this relates to current societal attitudes to mental health.

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b) Medically Unexplained Symptoms (MUS), is an emerging concept in medicine.

State **two** characteristics of MUS.   [2]

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Question 3 (written by Rehaan Khokar)

A 27-year-old male and his husband presents to his family GP. He is a lively, confident person. **FIGURE 6** is a summary of his relevant medical history.

Past medical history	• Obsessive compulsive disorder (OCD)
	• Post-traumatic severe disorder (PTSD)
	• Hypertension
Drug history	• Sertraline 150mg OD
	• Ramipril 5mg OD
	• Paracetamol 1g PRN
Family history	• Mother had a diagnosis of Bipolar Type I
	• Complex history of cardiovascular disease
	• He suffered significant emotional neglect as a child
Social history	• Lives with husband and dog
	• Works as a manager at a restaurant
	• Occasionally drinks, never smokes.

FIGURE 6

He explains he has been sleeping very little and spends the night hours cleaning and rearranging the house. Collateral history from the husband reveals that he keeps starting several projects but then abandoning them, noting notable "phases" his husband goes in.

The doctor also notes that he appears to be restless and had difficulty sitting and maintaining attention. The doctor decides to order a few blood tests, one of these being a **thyroid function test.**

a) Give **two** reasons why the doctor ordered a thyroid function test for his patient.

[2]

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b) The doctor speculates the patient could be presenting with an episode of hypomania.

Give **two** signs of hypomania and explain how these signs and symptoms may overlap with thyroid disorders.

[3]

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The husband asks the GP to explain why his partner was presenting this way. The doctor provides the husband and patient with an image of the **Aetiology of Mood Disorders** modelled after Goldberg and Huxley.

c) Identify and explain **one** vulnerability factor that the patient may have faced that led to the development of their mood disorder, based after Goldberg and Huxley.

[2]

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d) Based on the information in this question, suggest **one** possible protective factor this patient may have.

[1]

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Question 4 (written by Joe Edwards)

A 65 year old woman presents to her GP with fatigue, low mood and general lack of interest in activities she used to enjoy. After asking the patient about her symptoms, the GP asks about the patient's home situation and performs routine blood tests, which all come back within the normal ranges. The GP assesses the patient for major depressive disorder. The patient meets the threshold for a major depressive episode and the GP discusses with the patient which treatment should be started.

    a) Suggest two routine blood tests the GP may have requested and justify their use. [2]

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The GP asked about the patient's home situation to investigate the potential for domestic abuse.

    b) Define domestic abuse. [2]

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    c) Using the information given, give two reasons why the GP may ask this patient about domestic abuse. [2]

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    d) State and describe one psychological intervention which may help this patient. [2]

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Question 5 (written by Joe Edwards)

A 45 year old patient presents to the GP for the fifth time in six weeks. In previous appointments, differentials such as stable angina, heart failure, anxiety, musculoskeletal chest pain have been deemed unlikely. The GP asks a medical student on placement to suggest their top differentials for this patient. One of the discussed differentials is 'medially unexplained symptoms'. The GP then asks the medical student to explain to the patient why MUS fits this patients presentation.

e) Explain why MUS fits this patient's presentation.

[2]

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f) Using the information provided, state the MUS condition the patient is most likely to have. [1]

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The doctor uses a model of causation of MUS to explain to the patient how his symptoms might be caused.

g) Using one named model of causation of MUS, describe the causation of MUS.

[3]

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The patient is shocked and becomes angry when the doctor tells him that his symptoms are likely to have no known organic cause. One of the ways in which the doctor could have increased the chance of the patient reacting more positively is a more empathic response to the patient.

    h) Describe how the doctor could have demonstrated more empathy in this consultation.

[2]