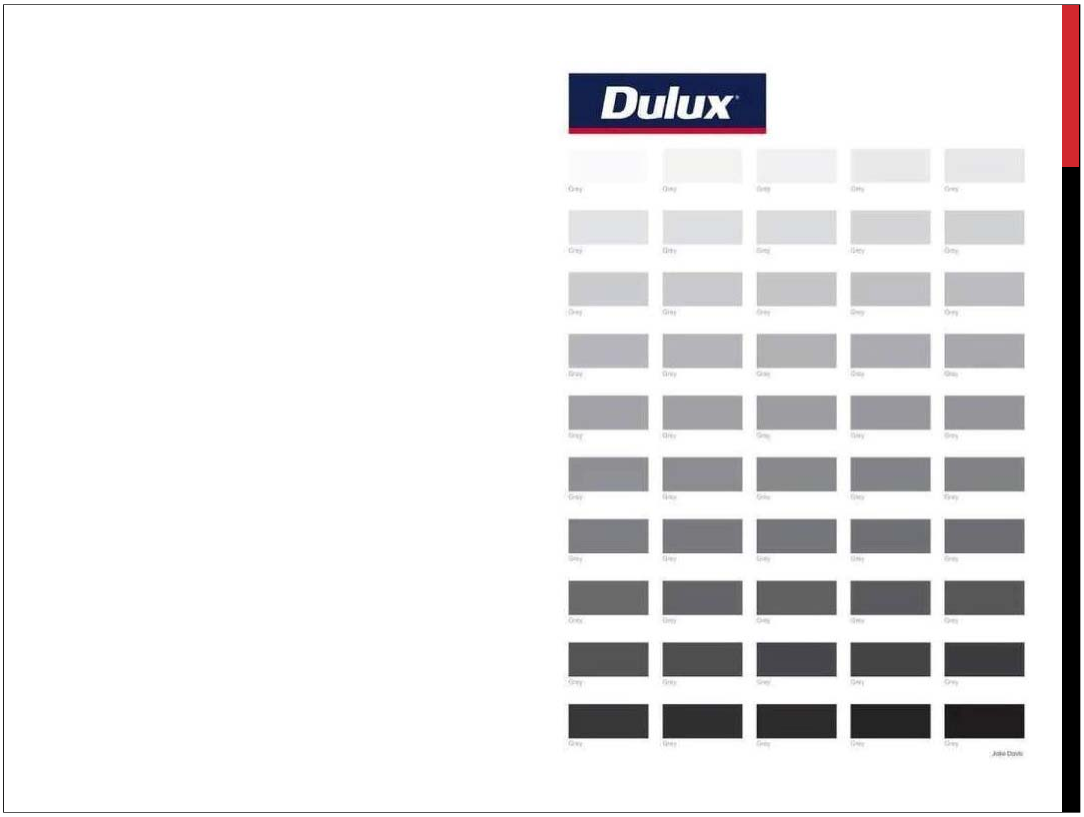
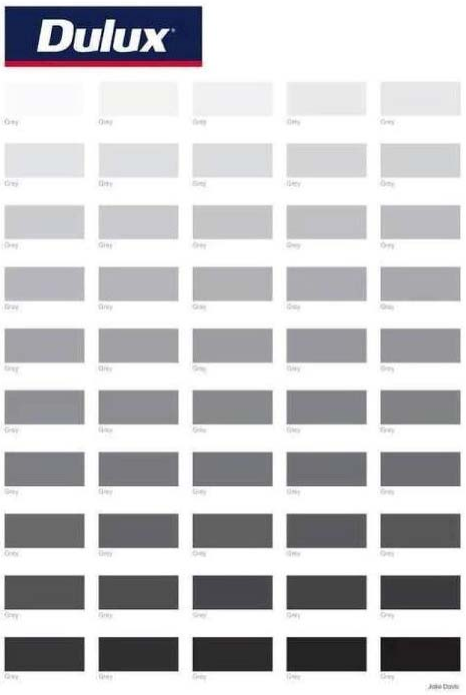

Dulux

Fifty Shades of grey for Blokes



TRICKY PROBLEMS

DAVID RAPLEY 11.10.12

THEME FOR TERM

Tricky

Quicky

(Sicky)

Sticky

THEME FOR TERM

Tricky

Quicky

(Sicky)

Sticky

Vicki

DEFINE TRICKY PATIENTS

Chronic
Visits
Complex
Psych
Social
Palliative
Ethical
Drunk
Drug
Work shy
Deprived
The difficult patient and family
Etc……..

SIMPLE ISSUES CAN BE VERY DIFFICULT

ONE OFF VISIT

MISS VIOLET J.
DOB 9.2.1911

Visit request

5 falls in 2 months – Paramedics wanted to admit – pt refusing

Lives Purlieu Lane (difficult access)

John the postman in attendance

Dislikes carers

Walked on Zimmer from loo to kitchen

Safety?

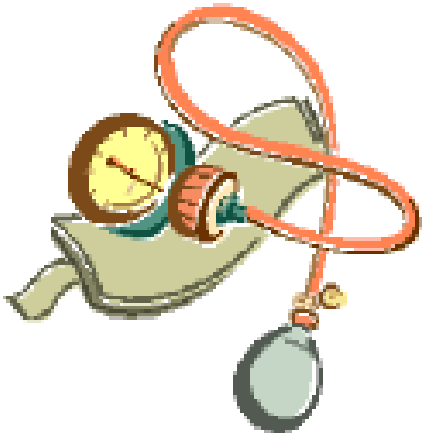
Issues

Afraid of hospital (Mid Staffs)

Mental capacity

LONG TERM RX

MRS JANET SMITH AND HER BLOOD PRESSURE



MRS SMITH ATTENDS YOUR MONDAY MORNING SURGERY

She has been seen in A&E previous day with sprained ankle

Bp taken by A&E nurse told it was “sky high” see GP for immediate Rx. 210/110 in A&E

54 yr infrequent attendee, Married 2 grown up children, works part-time in supermarket

PMH: Hysterectomy age 41

Rx: nil

Smokes 15 cigs / day

FH: Father died 70yr - heart attack

Learning Issues

- Communication between hospital and GP practice
- The phrases we use to patients
- White coat hypertension
- How much family history is available in notes
- Previous records of BP

FINDINGS

Her BP = 180/95. Pulse 80 reg

You decide to ask your practice nurse to see her and follow up.

Learning Issues

•How do you measure BP?

•Calibration of machines, types of machines

•Use of time

•How much more do you do now

•Extent of history and examination

•Delegation

•What do you expect the nurse to do

•How are you going to follow up

•Protocol for the investigation of hypertension

1. HOW DO YOU EXPLAIN ?

Hypertension to a patient

Trios. Doctor, patient, observer.

3 minutes

1 minute feedback from observer

6 WEEKS LATER - YOU SEE JANET FOR REASSESSMENT

Practice nurse has seen her 3 times and given her an electronic BP monitor to measure BP at home

BPS: 180/90, 170/90, 170/95 with practice nurse

155/87 - 166/93 @ home

wt 88kg

fbc, u+e, urinalysis NAD, CXR, ECG normal

fasting lipids - cholesterol = 6mmol

Practice nurse has give dietary advice suggested joining local gym

Learning Issues

•Definition of hypertension

•use of home BP monitors

•Who should have lipid screening-what levels

•Coronary risk assessment

•health promotion

•dietary advice…..does it work? Salt, fruit and veg. Alcohol

•Other factors - PPS

•How do you explain hypertension and its Rx to patients

•efficacy of exercise programs

6 WEEKS LATER - YOU SEE JANET FOR REASSESSMENT

Practice nurse has seen her 3 times and given her an electronic BP monitor to measure BP at home

BPS: 180/90, 170/90, 170/95 with practice nurse

155/87 - 166/93 @ home

wt 88kg Ht 1.68m BMI = 31.2

fbc, u+e, urinalysis NAD, CXR, ECG normal

fasting lipids - cholesterol = 6mmol HDL 1.1

Practice nurse has give dietary advice suggested joining local gym

Learning Issues

•Definition of hypertension

•use of home BP monitors

•Who should have lipid screening-what levels

•Coronary risk assessment

•health promotion

•dietary advice…..does it work? Salt, fruit and veg. Alcohol

•Other factors - PPS

•How do you explain hypertension and its Rx to patients

•efficacy of exercise programs

2. HOW DO YOU EXPLAIN ?

Cardiovascular risk

Trios. Doctor, patient, observer.

5 minutes

1 minute feedback from observer

BUT

2. HOW DO YOU EXPLAIN ?

Cardiovascular risk

Trios. Doctor, patient, observer.

5 minutes

1 minute feedback from observer

BUT as if explaining to (split into thirds)

- A dustman
- A salesman
- An Orthopaedic surgeon

How would you tailor your explanation to the patient?

RISK ASSESSMENT

Coronary risk assessment packages

QOF

Primary prevention (no previous heart attack)

In seven primary prevention trials with 29,683 subjects, active treatment resulted in an average reduction of cholesterol of 13%, compared to an increase of 1% in the controls over an average duration of 4.9 years. This gave a NNT for death from heart attack or stroke of 69 (54 to 99). That is, 69 people have to have lipid lowering therapy for five years to prevent one of them dying from heart attack or stroke.

Secondary prevention

In 25 secondary or tertiary prevention trials with 18,452 subjects, active treatment resulted in an average reduction of cholesterol of 18%, compared to no change in the controls over an average duration of 4.9 years. This gave a NNT for death from heart attack or stroke of 16 (13 to 19). That is, 16 people have to have lipid lowering therapy for five years to prevent one of them dying from heart attack or stroke. These results were similar in the newer studies, those involving diet only, niacin, or coenzyme A reductase inhibitors.

The University of Edinburgh

Cardiovascular Risk Calculator

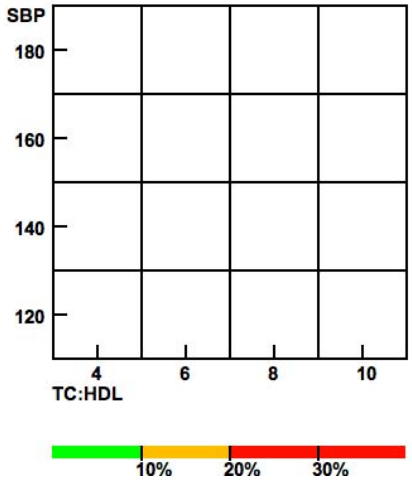
- Welcome
- Calculator
- Guidelines
- Research
- Patients
- Links
- Contacts

Options

- Old calculators
- Excel calculator
- Help
- Print friendly

Chart style

- BNF charts
- Smiley faces
- Comparison bars
- Thermometer



Calculate risk of CVD (BNF)

Time period 10 years

Age ____ years

☐ Male

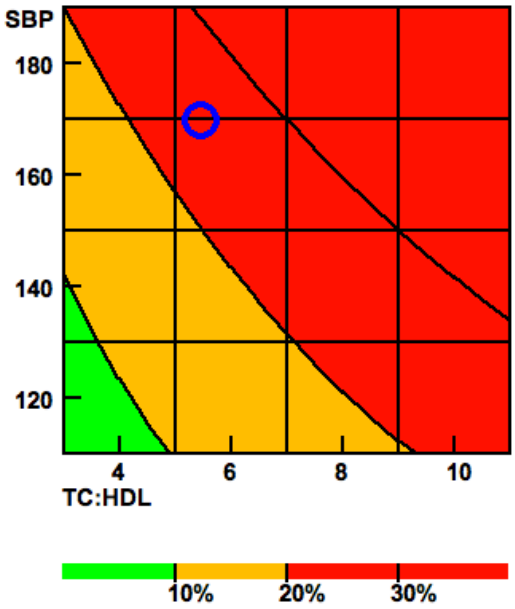
☐ Smoker

Systolic Blood Pressure ____ mmHg

Cholesterol

Total ____ : HDL ____ mmol/L

Use pre-treatment BP/cholesterol values



Calculate risk of CVD (BNF)

Time period 10 years

Age 54 years

Male

Smoker

Systolic Blood Pressure 170 mmHg

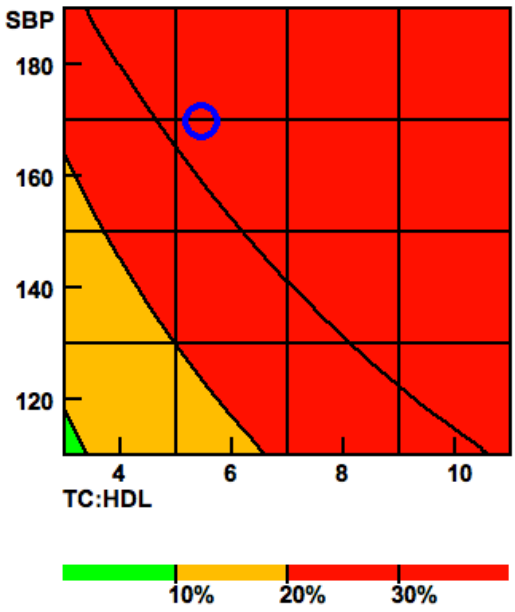
Cholesterol

Total 6 : HDL 1.1 mmol/L

Use pre-treatment BP/cholesterol values

Probability of developing cardiovascular disease in next 10 years is 24.9%

Calculated using Joint British Societies (BNF) equation



Calculate risk of CVD (BNF)

Time period 10 years

Age 54 years

Male

Smoker

Systolic Blood Pressure 170 mmHg

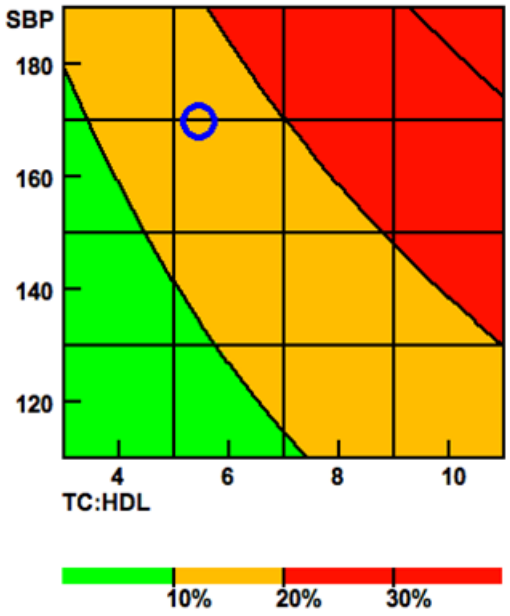
Cholesterol

Total 6 : HDL 1.1 mmol/L

Use pre-treatment BP/cholesterol values

Probability of developing cardiovascular disease in next 10 years is 33.5%

Calculated using Joint British Societies (BNF) equation



Calculate risk of CVD (BNF)

Time period 10 years

Age 54 years

Male

Smoker

Systolic Blood Pressure 170 mmHg

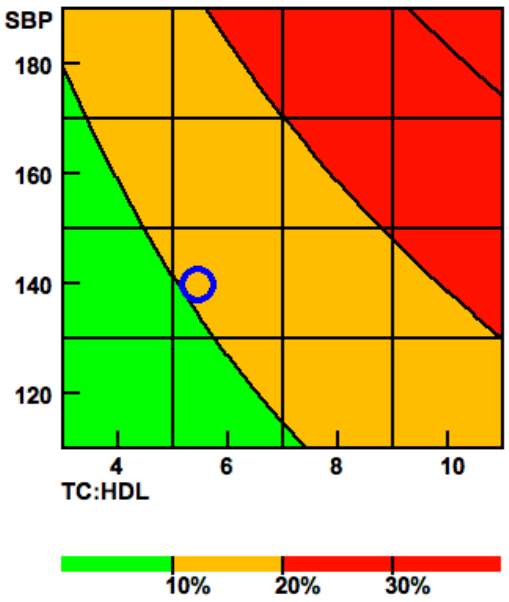
Cholesterol

Total 6 : HDL 1.1 mmol/L

Use pre-treatment BP/cholesterol values

Probability of developing cardiovascular disease in next 10 years is 15.8%

Calculated using Joint British Societies (BNF) equation



Calculate risk of CVD (BNF)

Time period 10 years

Age 54 years

Male

Smoker

Systolic Blood Pressure 140 mmHg

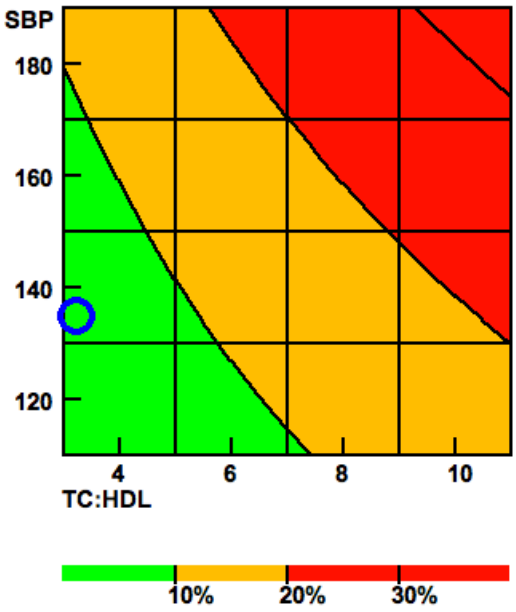
Cholesterol

Total 6 : HDL 1.1 mmol/L

Use pre-treatment BP/cholesterol values

Probability of developing cardiovascular disease in next 10 years is 10.8%

Calculated using Joint British Societies (BNF) equation



Calculate risk of CVD (BNF)

Time period 10 years

Age 54 years

Male

Smoker

Systolic Blood Pressure 135 mmHg

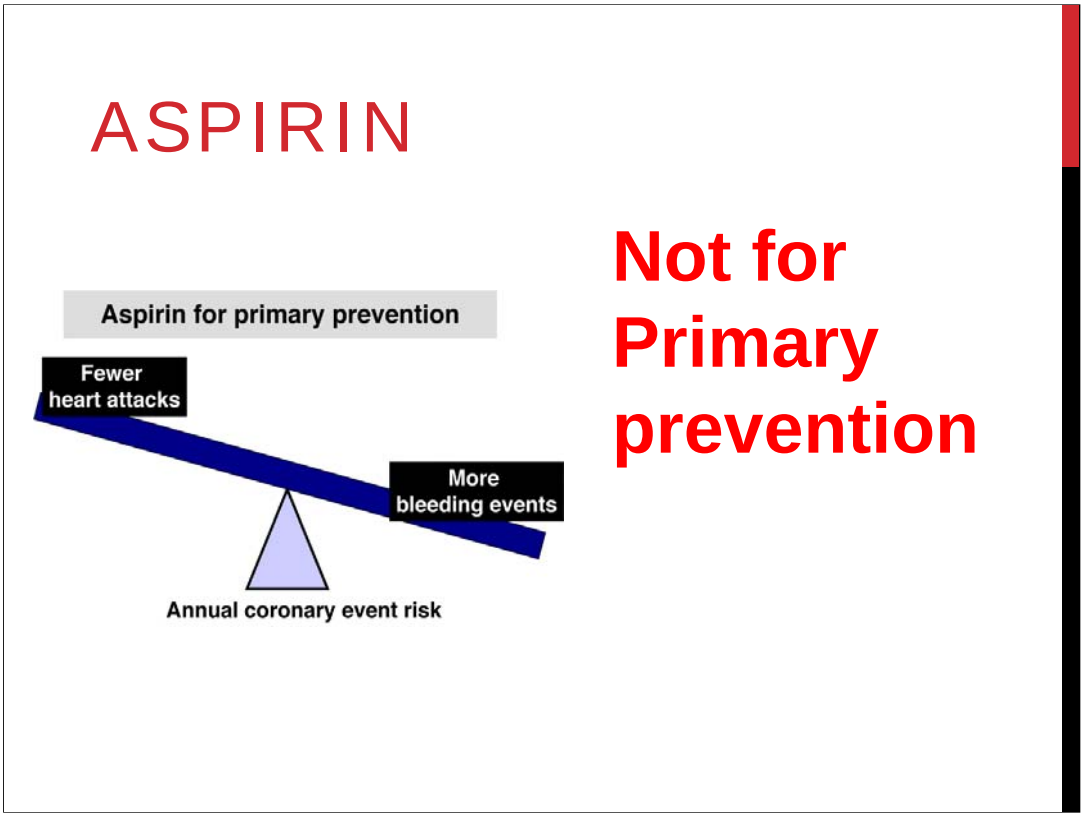
Cholesterol

Total 4.5 : HDL 1.4 mmol/L

Use pre-treatment BP/cholesterol values

Probability of developing cardiovascular disease in next 10 years is 5.3%

Calculated using Joint British Societies (BNF) equation



Lipids

Primary prevention (no previous heart attack)

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Secondary prevention

In 25 secondary or tertiary prevention trials with 18,452 subjects, active treatment resulted in an average reduction of cholesterol of 18%, compared to no change in the controls over an average duration of 4.9 years. This gave a NNT for death from heart attack or stroke of 16 (13 to 19). That is, 16 people have to have lipid lowering therapy for five years to prevent one of them dying from heart attack or stroke. These results were similar in the newer studies, those involving diet only, niacin, or coenzyme A reductase inhibitors.

TREATMENT AND FOLLOW UP

You start her on bendroflumethiazide 2.5mg od

Ask her to see nurse 4 weekly for follow up

You arrange to review her in 6 months

Learning Issues

•Choice of Rx – deliberately wrong

•Selling idea of Rx to patient - handing over. (neighbour)

•Where are BPs recorded

•Delegation

•Guidelines for practice nurse

•Target levels

•when should she report back?

•Running a hypertension program with the nurse

•effectiveness of Rx

•rule of halves, 1/2 diag, 1/4 Rxd, 1/8 BP @ target levels

3. HOW DO YOU EXPLAIN ?

That you want patient to start on life long medication

Trios. Doctor, patient, observer.

3 minutes

1 minute feedback from observer

3. HOW DO YOU EXPLAIN ?

That you want patient to start on life long medication

Feedback

What stories and metaphors do you use for explaining and selling ideas.

4 WEEKS LATER-MONDAY MORNING

Patient limps into surgery with husband

seen 2/7 ago by OOH doc.

Red foot, cellulitis, RX cefalexin 250mg bd.

Tel OOH - 1/7 - pain worse, advice give it a bit longer

No better, had asked for visit, paid £6.00 for taxi to come to surgery, both angry.

O/E she has classical gout

(BP 144/82, attending gym.)

Learning Issues

•Dealing with angry patient

•defusing

•telephone consultations

•record keeping

•treatment of gout – colchicine, nSAId, intra articular steroids

• reduce Urate <360 with allopurinol

•target BP

•Changing Rx

•Mentioning possible side effects - safety netting

•housekeeping

6 MONTHS LATER

Nurse follow up

BP 134/78 on

ramipril 2.5mg od.

Simvastatin 20mg od

Aspirin 75mg od

16 kg weight loss, very much fitter.

Learning Issues

- delegation
- audit
- when to stop drugs
- further cholesterol
- frequency of follow up
- Do patients change their behaviour

HUSBAND CONSULTS A FEW WEEKS LATER

His wife has left him and moved in with fitness club instructor

Blames you! For getting patient on 'healthy living' regime.

CASES IN GROUPS

4 cases

Each group do their case and present back

All do Reg Butler

See in ½ hour

GROUP 1. BACKACHE

Stuart age 38 years married 2 children

PMH Ankylosing spondylitis controlled with salazopyrin

Works @ Stonemarket, Baggington

Persistent cough - productive 4 weeks

Non smoker

2 courses of antibiotics unhelpful

Returns for CXR result

Lungs clear, prominent aortic arch

FBC Viscosity normal

Med3 ?

Concerns
PPS
Management of ankylosing spondylitis
Stonemarket - constructs concrete slabs - risk to back
Dusty - health and safety issues (might be poor or faulty)
Certification – patients don't want to take time off during a arecession
Management of cough
? Asthma – peak flow diaries

GROUP 2. TREATING STAFF

You are about to go home from practice at 6.30 pm

One of your receptionists “catches you”

Could you see her as a patient - she has a bit of a lump in her breast and is very worried

Treating staff
Should staff be registered with you?
Proper method for dealing with staff illness
Treatment of staff emergencies
Accident book
illness reporting and certification
Dealing with breast lumps
chaperones
Calman-hine recommendations - 2 week referrals
Referral
procedures for dealing with staff absence.

GROUP 3. ECZEMA

Flynn B. 15 months old (brought by mum)

- @ 3 months – dry scaling rash face and arms
  - FH eczema asthma
  - rx HC 0.5% oint
- @ 5 mths – isq – rx Fucidin H
- @ 6 months - lactose intolerance by Health Visitor
- @ 7 month worsening – Diagnosis - Infantile eczema
- @ 8 month Food intolerance – referred to dietician
- @ 8 mth Infected face – demanded referral to paediatrician
- @ 9 month – Paediatrician and dermatology nurse
- Now Rx Aveeno, Dermol, Hydromel, Nutramigen

Your plan of how to manage eczema – children
Continuing into adult hood

Heirarchy of rx

Refer to yourself regularly

Pressure of not referring to hospitals

How useful are Health visitors?

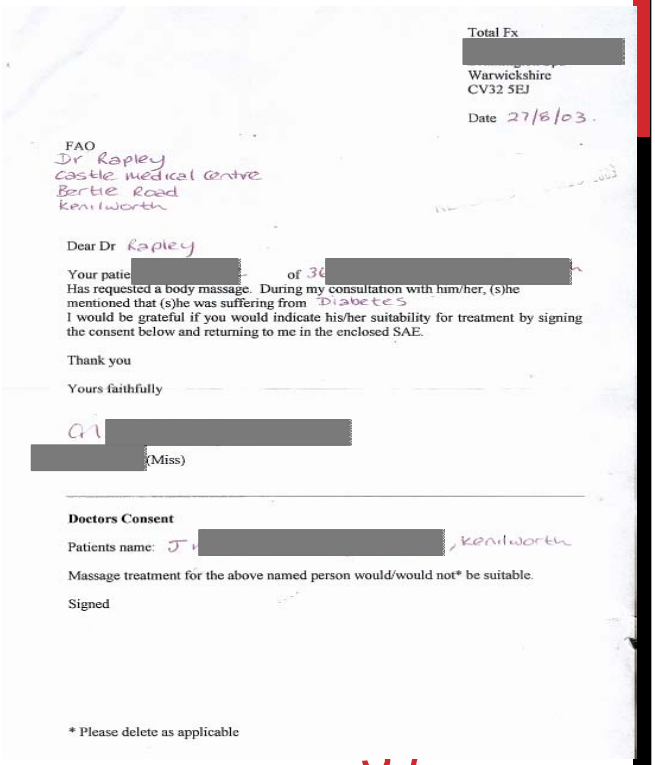
How easy to access HV?

How do parents feel

These kids are often cheerful and happy

GROUP 4.

Reply expected



Total Fx [redacted]
Warwickshire
CV32 5EJ

Date 27/8/03.

FAO
Dr Rapley
Castle Medical Centre
Bertie Road
Kenilworth

Dear Dr Rapley

Your patie[redacted] of 3[redacted]
Has requested a body massage. During my consultation with him/her, (s)he mentioned that (s)he was suffering from Diabetes
I would be grateful if you would indicate his/her suitability for treatment by signing the consent below and returning to me in the enclosed SAE.

Thank you

Yours faithfully

[redacted]
[redacted](Miss)

Doctors Consent

Patients name: J [redacted] Kenilworth

Massage treatment for the above named person would/would not* be suitable.

Signed

* Please delete as applicable

External requests

Medicalising

How much to charge

Risk averse society

What qualifications to be a masseur?

What liability do they have?

ALL GROUPS

REG BUTLER

Next session

REG BUTLER COMES TO THE SURGERY

He complains of abdominal discomfort for 2 months and constipation for 2 weeks.

He is an accountant in a very busy and successful practice.

You know him and his wife socially through the local golf club

Reg is 48 years old, married, with 2 children aged 12y and 15y.

•Differential diagnosis. This doesn't really point clearly to red flags

•Common symptoms ... their presentation and management.

•Lifestyle and social history ... ?how far do you go? How much is easily retrievable from notes?

•Family history.

•Local screening program

•Treating friends. Friends who are patients. Patients who are friends

•Social chit chat can cause you to miss stuff

•What do you know about golf clubs?

•Do you live where you work

SYMPTOMS

Complains of cramping, lower abdominal pains, worse after food. They last for minutes and then gradually disappear.

Feels tired, off his food and irritable.

He is having more difficulty opening his bowels attributes this to IBS diagnosed some years previously.

Under pressure at work recently.

He has not lost weight.

O/E his abdomen appears slightly distended. PR is negative.

You arrange FBC, LFTS, Rx Mebeverine 135mg tds

Extent of history and examination.

PR

Proctoscopy in surgery?

Watch or investigate?

When to investigate?

What investigations?

FBC, LFTs, FOB,

Open access?

Colonoscopy

Surgeon or physician

FOUR WEEKS LATER REG RETURNS FOR REVIEW

He is no better Hb 11.00

You refer him to the 2 week Colorectal clinic

5 weeks later a colonoscopy confirms a stenosing lesion in RIF.

3 weeks later - laparotomy results in a Rt hemi-colectomy.

•What do you write in your letter
•How Urgent
•Calman-Hine recommendations lead to the 2 week referral system
•2 weeks to be seen - suspected cancer.
•How organized are your MDTs?
•Does this delay surprise you? What would you do?
•Patients wanting private referral

•Support aspects during diagnosis/ referral / recovery and remission
•Breast care nurses – seem to be a gold standard – is this the same for all cancers?
•Would you whistle blow? Because of delay

REG RETURNS HOME AFTER THE OPERATION.

You visit him and his wife (who is a solicitor).

They seem angry and upset !

They want to know the prognosis.

Histology result on pathlinks shows Duke's stage B Cancer

Patient doesn't know what stage he has got - he has has follow up appointment next week

Prognosis.

??family anger...

?? natural reaction ...

?? cross in delay getting to final diagnosis... ? how do you deal with this??

What do you know about latest therapy?

Internet

•Communication from hospital.

•Patient autonomy

•Breaking bad news.

•Duke's classification.

Dukes' A[4]: Invasion into but not through the bowel wall(90% 5-y survival) Dukes' B: Invasion through the bowel wall but not involving lymph nodes(70% 5-y survival) Dukes' C: Involvement of lymph nodes(30% 5-y survival) Dukes' D: Widespread metastases

An adaptation by the Americans Astler and Coller in 1954 further divided stages B and C[5]

Stage A: Limited to mucosa Stage B1: Extending into muscularis propria but not penetrating through it; nodes not involved Stage B2: Penetrating through muscularis propria; nodes not involved Stage C1: Extending into muscularis propria but not penetrating through it. Nodes involved Stage C2: Penetrating through muscularis propria. Nodes involved Stage D: Distant metastatic spread

Knowing about latest treatments - patients and professionals

HE HAS CHEMOTHERAPY AND REMAINS WELL FOR 2 YEARS.

You are asked to see him with increasing constipation before a weekend.

His bowel is loaded with faeces.

Use of chemotherapy.

Out of hours

History, Examination.
Diff'erential. diagnosis.

Constipation in General Practice What do you use? Any protocol?

Involvement of other agencies ... when and how? e.g. District Nurses. MacMillan nurses, Marie Curie nurses. Hospice.

REG WORSENS. YOU REFER HIM BACK TO THE SURGEON.

After some investigations an MRI is performed.

This shows multiple peritoneal and liver metastases.

He returns home in some distress.

Seen by oncologist. Offered chemotherapy.

What should he do?

'What can you do to help doctor?'

Laparotomy or scan, CT

Chemo? Likelihood of helping.

What things influence his decision ... should you be involved?

'What do you think doctor?'

Are you well enough informed?

How does he feel? How to answer his questions

What about his family?

What if they ask about Complimentary therapy

You can offer hope or go into undertaker mode

Pain free?

Honesty

Macmillan

OVER THE NEXT FEW WEEKS

Reg slowly deteriorates.

He feels tremendously tired.

You and your practice team are heavily involved with his care.

He and his wife are determined he should stay at home.

•'Support'

- •GP
- •Hospice
- •Other nursing agencies.

•Treatment of fatigue – good and bad fatigue

- •pacing self
- •Rest
- •Exercise
- •expectations
- •Cancer Bacup booklets
- •transfusion, erythropoetin

•Attendance allowance

•DS 1500 ... ?other monies.

•Golf club membership

- •Counselling. - "honesty"
- •Terminal care.
- •Spiritual.

DNAR

Wills

Do you give family your phone number

YOU ARRIVE AT WORK ON A MONDAY MORNING AFTER A WEEK-END AWAY.

Message on your desk from your local hospital:

'Mr. Butler was admitted by a paramedic on Saturday, afternoon in order to get better pain relief.'

He died peacefully on Sunday night.

Continuity of care.

Communication.

Follow up at weekends, with OOH, paramedics

Nursing support.

Easy option by OOH doctor

Access of Hospice beds

Death of a friend.

PLENARY SESSION

Groups 1-4

Comments re. Reg Butler

NEXT WEEK

Agree to bring some tricky problems

We don’t need solutions.

WHO IS THIS?

TRICKY DICKY