

PATIENT DETAILS

Name	Amira / Amar Al-Khalili
Presenting complaint	New presentation of atrial fibrillation

ORIGINAL SCRIPT PAGE 1

PATIENT NAME: AMIRA/ AMAR AL-KHALILI

FACILITATORS NOTES

This case explores a new presentation of AF. The aim is for the student to recognise from the history and physical examination that this is a likely diagnosis. However, it is important to encourage discussion of the potential underlying causes of AF which in itself has another list of differentials.

Encourage the student to think about the next steps in the investigation and how this case should be managed while awaiting those investigations. This may be an opportunity to talk about risk assessment (CHADSVASC/ ORBIT etc) and NNT

Resources <https://thennt.com/nnt/warfarin-for-atrial-fibrillation-stroke-prevention/>

<https://cks.nice.org.uk/topics/atrial-fibrillation/>

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Name: Amira/ Amar Al-Khalili Age: 50 – 70

OPENING STATEMENT: ' I HAD AN ISSUE AT WORK THE OTHER DAY WHERE MY HEART WAS POUNDING'

Information to be given away after further open question: Two weeks ago, you had to give a presentation to members of staff about the future of your company. It was likely you would have to make further redundancies . Whilst you were waiting to stand up to speak you were aware of a pounding feeling in your chest. It was not painful but felt like your heart was racing. It made you feel quite anxious . The feelings continued for some minutes. Then you stood up to give your presentation. After a few seconds you felt quite “dizzy” and found it difficult to concentrate on what you had to talk about. You felt more and more anxious, clammy, and felt that you needed to sit down. You felt quite embarrassed and had to leave the room quickly to sit down in your office. A short while later someone came to check on you by which time you were starting to feel much better. You decided to take the rest of the day off and went home. Whilst you felt a lot better, the whole episode had been quite disconcerting, and you decided to book an appointment with the GP. Unfortunately, there was a two -week waiting list. This was annoying but you knew the GP was busy and did not want to complain.

Information to only divulge on direct questioning

Over the past few weeks, you have felt more tired. You try and have a walk every day to get to your 10000 steps but have not been able to walk as far. You have felt slightly breathless when walking which is unusual for you. Your ankles have been a bit swollen by the end of the day.

You have not had any chest pain.

Work has been stressful but that is not anything new. Recently you had to close a store and make several employees redundant.

You think you might have lost some weight but do not weigh yourself, you have started to wear a belt.

Positive finding in systems review if explored:

No night sweats but generally sweatier but it has been hot hasn't it? Bowels changed more often, not diarrhoea but looser Have not been sleeping well, wake up often through the night Feeling generally anxious thinks worried about the future of business

Ideas: When you felt your heart racing doing the presentation you thought it might have been "nerves", but you have done this sort of thing many times before with no problems. Could it be stress related? Concerns: worried that you cannot take the stress any more work is getting too much for you and is it time to retire/sell the business at the same time, you were really concerned about your symptoms when you felt dizzy and wanted to get a heart check-up. Worried that your blood pressure is going to be up, and you might have a heart attack Expectations: check up from GP- examination including blood pressure and weight

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Feelings : Low self-esteem that successful business is not working out how you had hoped, feeling bad that you have made long standing employees redundant. Hoping that GP will legitimise your plan to retire/step back from your business.

Past medical history Hypertension- high blood pressure Hypercholesterolaemia- high cholesterol Osteoarthritis of knees

Medication Ramipril 5mg once daily (for blood pressure) Amlodipine 5mg once daily (for blood pressure) Atorvastatin 20mg once daily (for high cholesterol)

FAMILY HISTORY

Father – Died in 60s from heart attack Mother- died in 70s from breast cancer

SOCIAL HISTORY

Marital status Married Sexual orientation Heterosexual Children 3 Occupation : Business person Partner's occupation: Architect Smoking: ex-smoker. Gave up 10 years ago. Used to smoke 20 cigarettes per day. Alcohol: nil

IMPORTANT SOCIAL, CULTURAL, OR BEHAVIOURAL CHARACTERISTICS OF PATIENT

Mrs./ Mr Al-Khalili left Saddam Hussein's Iraq in the 1980s. You are now a successful business person owning a chain of hardware stores across the Midlands. Recent times have been harder

since losing customers to online retailers. You and your partner have three children. You attend the surgery once a year for a medication review.

Demeanour

Anxious Fine tremor if reaching out but no resting tremor

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PHYSICAL EXAMINATION

Generally, well but appears anxious

Fine symmetrical tremor Hands clammy

Pulse 93 bpm irregularly irregular

Blood pressure- could not get it to work on first two attempts (on digital monitor), third attempt using manual BP: 135/115

Heart Sounds normal no murmurs

Chest clear

Mild pitting oedema of ankles

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Patient Record (to be given to student)

Name: Amira/ Amar Al-Khalili

Age: 50-70 Ethnicity: Arab British

Setting

GP clinic New patient

Past medical history

2010 Hypertension 2011 Hypercholesterolaemia 2015 Osteoarthritis of knee

Last three consultations

6 months ago: Blood pressure check with HCA 135/82. BMI 27 encouraged to try exercising more.

9 months ago. Influenza vaccination left deltoid

13 months ago. Bronchitis. Deferred antibiotics (amoxicillin). Blood pressure 147/87

Medication

Ramipril 5mg OD Amlodipine 5mg OD Atorvastatin 20mg OD