PRIMARY CARE BLOCK

Simulated Patient Brief — GARCIA (Coeliac Disease) · Week 4

PCB

PATIENT DETAILS

Name	B Garcia
Presenting complaint	Tired all the time — coeliac disease

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FACILITATOR NOTES: B GARCIA

CONDITIONS

-TATT -Coeliac Disease 3 parts to this SIM: 1. Initial history 2. Explaining to patent the next steps – this should lead to a discussion with the group as to what Ix they would like and why 3. Second consult with patient explaining results and next steps. It is recognised that a patient who is presenting with 'TATT' can be a challenging prospect and they will need to explore a wider range of body systems to help direct their questioning, investigations and ultimately the diagnosis. An exploration with the wider group of some of the finer points in the history is recommendedeg the family history and personal history that point to a predilection for autoimmune

CONDITIONS.

The students have covered some dermatology in induction week- ask one of the students to describe in dermatological terms what they see on the image. (eg clustered excoriated vesicles on the elbows) https://cks.nice.org.uk/topics/tiredness-fatigue-in-adults/ https://cks.nice.org.uk/topics/coeliac-disease/ https://dermnetnz.org/topics/dermatitis-herpetiformis

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Actor Notes: Name: Beatriz/ Burty Garcia Age: 33

OPENING STATEMENT: "I'VE BEEN FEELING REALLY RUN-DOWN RECENTLY AND NOT MYSELF AT ALL, SO I

thought I'd better make an appointment to see what you thought"

Information to be given away after further open questioning: Over the last 6 months or so you have been feeling generally more tired and irritable, which is not like you at all. You are sleeping well, often going to bed far earlier than usual and sleeping for around 9 hours. Despite this, you sometimes feel unrefreshed. Most days you do wake up feeling good, but by 3pm your energy levels are lagging and sometimes you have to have a 10 minute nap in secret at work. The only other thing you have noticed is that you have lost about 3kg in weight over the last couple of months. This was not intentional and you don't think you've changed your diet or lifestyle significantly.

Information to only divulge on direct questioning: You do not feel depressed or anxious, and you do not consider yourself to have any sort of eating disorder. You eat a normal diet including meat and dairy; you consider yourself to have a normal appetite and don't skip meals. You have noticed that your Parkrun (5km) times have gone up since you started feeling bad. You used to be able to run it in around 24 minutes, but now you are struggling to get around in under 28 minutes. You find running a good stress reliever and a form of social activity and do not want to stop, but you are finding it all a bit disheartening. You have not had any nausea or vomiting. You do suffer with some indigestion (heartburn) after meals although not all of the time. You take some Gaviscon when it is bad. You've noticed it is particularly bad after eating pizza or macaroni cheese (2 of your favourite meals) and can cause you some crampy abdominal pains for several hours afterwards, and have tried using lactose free cheese to see if that helps (maybe slightly better but you are unsure). You haven't noticed any significant bloating. Your bowels used to be more constipated as a rule; since you've started running you do find that you suffer with "runners trots" (diarrhoea) quite often and on the odd occasion you've had to dive into a bush! There has been no blood or mucus. Your breathing and urination are normal. You get some migraines from time to time but they are infrequent. You have noticed an intensely itchy rash to your scalp and elbows in the last couple of months. You've tried some E45 and Sudacrem which soothed it a bit but hasn't really done much else. You have Googled it and think it might be psoriasis. You do not get mouth ulcers or ulcers elsewhere.

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Additional information if female actor: Your periods were regular before but in the last few months they've hardly come. You are unsure but perhaps had one about 6 weeks ago and before that it was probably 2 months. You have taken several home pregnancy tests which have all been negative. You check your breasts regularly and have not noticed any lumps.

Ideas: You thought the symptoms might all be stress-related as this would tie tiredness, irritability, weight loss and together and you read that psoriasis can be caused by stress. You wonder if you need to see a dietician about the digestive issues. Concerns: You worry that you will have to give up running which you enjoy, you worry that you seem to be going backwards in your fitness rather than forwards. Expectations: You hope that the GP will give you a different cream to try on your rash, and maybe some medications to help with your indigestion and occasional diarrhoea. Feelings: You are irritated more than anything. You just want to get on with life but are finding it hard with all of the various symptoms

Past medical history: Vitiligo – diagnosed 11 years ago (stable) IBS – Diagnosed 8 years ago Medication Gaviscon (as needed for indigestion)

FAMILY HISTORY

Sister – Type 1 Diabetes Mother- Graves disease

SOCIAL HISTORY

Working full time as Spanish teacher at Private school- pushed to go for head of department but this is a big step and not sure if ready to take it. Owns 1 bed flat No children but want them some day Smoking- never smoked Alcohol – occasional glass of wine

IMPORTANT SOCIAL, CULTURAL OR BEHAVIOURAL CHARACTERISTICS

You are Spanish teacher at a private secondary school. You have been living in the UK for the last 5 years and now considers it your home.

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The rest of your family still live in Spain but you have very regular contact with them and travel to see them regularly. Good support from partner and extensive network of friends here in UK.

Demeanour: Your responses are entirely normal, happy to answer questions, no irritation with the GP (unless says something insensitive or dismissive).

ACTOR INFORMATION- PART 2

You are keen to know what the results say. You listen intently to what the doctor has to say in relation to the results. If they are not clear with you that the diagnosis is Coeliac disease then question them and push them to give you a diagnosis. If they do not explain why this is the

DIAGNOSIS ASK THEM HOW THEY KNOW THIS IS THE DIAGNOSIS – A GOOD STUDENT WILL EXPLAIN THE BLOOD

RESULTS AND DISCUSS YOUR DIAGNOSIS IN LIGHT OF THE SYMPTOMS YOU HAVE BEEN HAVING.

If not already covered by the student, ask the following questions: - what this means for you going forward/ what are the next steps - Do you need to be referred to a specialist? If so who? - Will your symptoms go away with treatment? - Are there any long term complications/ issues associated with this condition? - Will the rash go away?

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PHYSICAL EXAMINATION

PATIENT NAME: B GARCIA

Conjunctiva slightly pale; nails spoon-shaped in profile. BP 131/77mmHg Pulse 72, regular Weight 55kg Height 165cm Chest/abdo/cardio exam normal

Elbow exam: see image

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Patient Record – Information to be given to student – PART 1 Name: B Gracia Age: 33 years old Past Medical History: Vitiligo – diagnosed 11 years ago (stable) IBS – Diagnosed 8 years ago Last 2 consultations: 6 months ago – Angular cheilitis. Try clotrimazole 1% and review if not improving. 5 years ago – New patient consultation. Height 165cm, weight 59kg. Urinalysis NAD. Medication Nil

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INFORMATION TO BE GIVEN TO STUDENT – PART 2

Beatriz/ Burty has a follow-up appointment with you a couple of weeks later to discuss their results. They would like to know what the tests mean and what happens now?

Investigations Patient result Reference Range Haemoglobin 102 115-155 WCC 7.4 4-11 Platelets 422 150-450 ESR 29 <30 IgA 2.5 0.8-3.0 TTG POSITIVE Positive/Negative Ferritin 6 12-150 TSH 3.74 0.45-4.50 eGFR >90 >90 Bilirubin 10 <21 ALP 62 44-147 AST 42 <45 ALT 42 <50 Corrected calcium 2.27 2.2-2.6

Stool culture: negative FIT test: negative Faecal calprotectin: negative

FIGURES AND INVESTIGATIONS FROM ORIGINAL SCRIPT

Investigation / figure from original script (page 5)