Multi-morbidity and Polypharmacy 3 – Notes for Candidate

Multi-morbidity and Polypharmacy Station 10 minutes

Patient: Brenda Smith (76F)
DOB: 14/03/1947
Setting: GP clinic review

You are working as a foundation doctor in a local GP surgery.

You are about to see Brenda Smith, a 76-year-old who has recently been discharged from hospital after being treated for urosepsis.

A copy of the discharge letter is provided.

You are expected to:
Take a brief focused history and discuss and rationalise the patient's medication.

You will be given the hospital discharge letter during the 2 minutes reading time and will have a copy to refer to throughout the station.

The BNF is available for your use.

Discharge Letter

Patient Name: Brenda Smith (76F) DOB: 14/03/1947 Hospital number: E5629543	Admitted: 5/03/2024 Discharged: 11/03/2024 Ward: A10 Destination: Home

Height: 152cm Weight: 56kg

History of presenting complaint: Dysuria

PMH: Diabetes, hypertension, Meniere's, overactive bladder, hay fever

Clinical Treatment summary:

Brenda, a 76 year old lady was brought in by ambulance to hospital with sepsis. Few day history of dysuria, strong smelling dark urine. Likely source urine, which isolated E. Coli. Treated with gentamicin and recovered rapidly.

Noted to have urge incontinence which patient tells us has been present for a few months now. Keen to try a tablet. Investigations and discharge bloods otherwise unremarkable.

Notes for GP: nil

Medication changes: tolterodine commenced for overactive bladder

Follow-up arrangements: nil

Medication:

Allergies: Nil known drug allergies

Medication	Route	Dose	Frequency	Duration
Metformin	PO	500mg	BD	regular
Amlodipine	PO	5mg	OD	regular
Promethazine	PO	20mg	OD	PRN
Cetirizine	PO	10mg	OD	Regular
Tolterodine	PO	2mg	BD	Regular
Paracetamol	PO	1g	QDS	PRN

Multi-morbidity and Polypharmacy 3 – Notes for Actor

Patient demographics:

Brenda Smith, 76F, being seen today in the GP practice post discharge for a UTI.

History of Presenting Complaint:

- Admitted to hospital for treatment of urosepsis. Completed IV antibiotic therapy and noted to have worsening of urge incontinence.
- She has been invited for a clinical and medication review post discharge.

New symptom:

- Confusion (feels this is lingering due to recent discharge from hospital, does not believe tolterodine could have caused it. Initially reluctant to give up tolterodine, but understands when explained risks in detail)
- Forgetting why she entered a room, needing to keep lists, difficulty recalling names of family members. Distracted mood, unable to focus on tasks.
- Currently having a flare of Meniere's so using promethazine more than usual
- No falls

PMH + Surgical History

- Meniere's
- Hay fever
- Urge incontinence (has had this prior to hospital admission for a few months but did not seek help from GP)

Drug History

- As per discharge summary. You understand your regular prescriptions and feel the addition of tolterodine has improved your quality of life.
- You take promethazine for Meniere's and are currently having a exacerbation so are taking this more regularly. This medication has not been reviewed for a few years now.

Family History

- Nil

Social History

- You live with your husband, children visit weekly
- Non-smoker, no alcohol
- **If asked: you love drinking tea and inviting friends over for a cuppa**
- Mobility is fine
- Mood: confused, sometimes irritable when husband points this out

Diagnosis

Confusion secondary to high anticholinergic burden (new introduction of tolterodine which itself has ACB score 3)

Multi-morbidity and Polypharmacy 3 – Examiner marksheet

MARKING RUBRIC	✓
Opening: • Introduces themselves. • Confirms Patient demographics. • Explains and gains consent from patient about consultation.	
Exploration of history • Clarifies **details of event requiring hospitalisation** and **subsequent problems** • Brief and focussed history is sufficient and preferable (HPC to hospital, **symptoms now**, PMH, DHx, SHx) • **Confirms with discharge summary** to speed things up.	
Explores patients views / Communication • Discusses **each medication** and **actively involves the patient** in discussion • Establishes **patients views and willingness** to continue • Deals with discussion/**challenge sensitively** and respectfully	
Discussion of medication • Accurate discussion of relevant **interactions/side effects** • Accurate assessment of **need for each medication** • Rationale for continuing/stopping medication fully explained	
Medication change • Suggests **appropriate changes to medication** • Successfully negotiates and agrees acceptable management plan with patient	
Ending consultation: • Summaries and clarifies any points • Thanks Patient	

Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments:

Station key notes:

- Identify confusion is related to high anticholinergic burden
- Identify potential exacerbators: tolterodine, promethazine, cetirizine
- Identify potential changes to medication
    - Stop: tolterodine (or reduce dose to 1mg), promethazine
    - Start: alternative medications for N&V: cyclizine, prochlorperazine. Allow ondansetron if offers a F/U review.
    - Suggest lifestyle changes: bladder diary, caffeine intake
    - Suggested follow up: appointment in a few weeks to review symptoms and rationalise medications