

## **Multi-morbidity and Polypharmacy 2 – Notes for Candidate**

### **Multi-morbidity and Polypharmacy Station 10 minutes**

**Patient: Matt Jones (50M)**

**DOB: 10/01/1973**

**Setting: GP clinic review**

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

You are about to see Matt Jones, a 50-year-old who has recently been discharged from hospital after knee pain being diagnosed as gout.

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: Matt Jones DOB: 10/01/1973 Hospital number: E33629543		Admitted: 5/03/2024 Discharged: 8/03/2024 Ward: B10 Destination: Home		
Height: 162cm		Weight: 76kg		
<b>History of presenting complaint:</b> R knee pain				
<b>PMH:</b> Asthma, congestive cardiac failure, CKD 1, hypertension, diabetes				
<b>Clinical Treatment summary:</b> Matt a 50 year old presented to A&E with R knee swelling and pain of 5 days duration. No history of trauma. Joint examination revealed a painful red hot swelling which developed gradually. Joint aspirated and septic arthritis ruled out with lab analysis. Crystal microscopy identified negatively birefringent crystals consistent with gout. Commenced on colchicine and discharged with colchicine to take home.				
<b>Notes for GP:</b> Please note new diagnosis of gout				
<b>Medication changes:</b> colchicine commenced for gout				
<b>Follow-up arrangements:</b> nil				
<b>Medication:</b> Allergies: Nil known drug allergies				
Medication	Route	Dose	Frequency	Duration
Metformin	PO	500mg	BD	regular
Ramipril	PO	10mg	OD	regular
Bisoprolol	PO	5mg	OD	regular
Dapagliflozin	PO	10mg	OD	regular
Atorvastatin	PO	20mg	OD	Regular
Furosemide	PO	40mg	BD	Regular
Paracetamol	PO	1g	QDS	PRN
Colchicine	PO	500 microgram	BD	Regular for 6 days

## Multi-morbidity and Polypharmacy 2 – Notes for Actor

### **Patient demographics:**

Matt Jones, 50M being seen today in the GP practice post discharge for gout.

### **History of Presenting Complaint:**

- Admitted to hospital for treatment of R knee swelling and pain. Completed short course of IV antibiotics in case of septic arthritis. Antibiotics stopped, and commenced on colchicine for gout with presence of lab evidence.
- He has been invited for a clinical and medication review post discharge.

### **New symptom:**

- Diarrhoea: non-bloody, going 2-3 times a day for last 2 days. No vomiting.
- Feeling thirsty, dehydrated.
- No peripheral oedema, normally has mild ankle swelling.
- R knee swelling still present, gradually resolving. Day 3 of colchicine.

### **PMH + Surgical History**

- Asthma, CCF, CKD1, hypertension, diabetes
- 

### **Drug History**

- As per discharge summary. You understand your regular prescriptions and understand the colchicine was commenced because you do not tolerate NSAIDs.
- You have no concerns with bisoprolol despite being asthmatic. No SOB, no orthopnoea.

### **Family History**

- Nil

### **Social History**

- You live with alone
- Non-smoker, high alcohol intake 15-20 units/week
- Mobility is fine

### **Diagnosis**

Colchicine related diarrhoea, dehydration.

## Multi-morbidity and Polypharmacy 2 – Examiner marksheet

<b>MARKING RUBRIC</b>	✓
<b>Opening:</b> <ul style="list-style-type: none"> <li>• Introduces themselves.</li> <li>• Confirms Patient demographics.</li> <li>• Explains and gains consent from patient about consultation.</li> </ul>	
<b>Exploration of history</b> <ul style="list-style-type: none"> <li>• Clarifies <b>details of event requiring hospitalisation</b> and <b>subsequent problems</b></li> <li>• Brief and focussed history is sufficient and preferable (HPC to hospital, <b>symptoms now</b>, PMH, DHx, SHx)</li> <li>• <b>Confirms with discharge summary</b> to speed things up.</li> </ul>	
<b>Explores patients views / Communication</b> <ul style="list-style-type: none"> <li>• Discusses <b>each medication</b> and <b>actively involves the patient</b> in discussion</li> <li>• Establishes <b>patients views and willingness</b> to continue</li> <li>• Deals with discussion/<b>challenge sensitively</b> and respectfully</li> </ul>	
<b>Discussion of medication</b> <ul style="list-style-type: none"> <li>• Accurate discussion of relevant <b>interactions/side effects</b></li> <li>• Accurate assessment of <b>need for each medication</b></li> <li>• Rationale for continuing/stopping medication fully explained</li> </ul>	
<b>Medication change</b> <ul style="list-style-type: none"> <li>• Suggests <b>appropriate changes to medication</b></li> <li>• Successfully negotiates and agrees acceptable management plan with patient</li> </ul>	
<b>Ending consultation:</b> <ul style="list-style-type: none"> <li>• Summaries and clarifies any points</li> <li>• Thanks Patient</li> </ul>	

### **Global Impression:**

- Excellent
- Good
- Pass
- Borderline
- Fail

### **Patient Impression/comments:**

#### Station key notes:

- Identify diarrhoea related to colchicine use. Identify dehydration and risk of AKI.
- Identify potential exacerbators and risk to kidneys: Ramipril, furosemide, dapagliflozin +/- metformin
- Identify potential changes to medication
  - Hold: Ramipril, furosemide, dapagliflozin +/- metformin. Can consider stopping colchicine, but do not offer NSAIDs for flare of gout.
  - Start: Can offer steroid joint injection for gout. Loperamide for short-term relief of diarrhoea.
  - Suggest lifestyle changes: ice packs to gout
  - Suggested follow up: repeat blood test to monitor U&Es