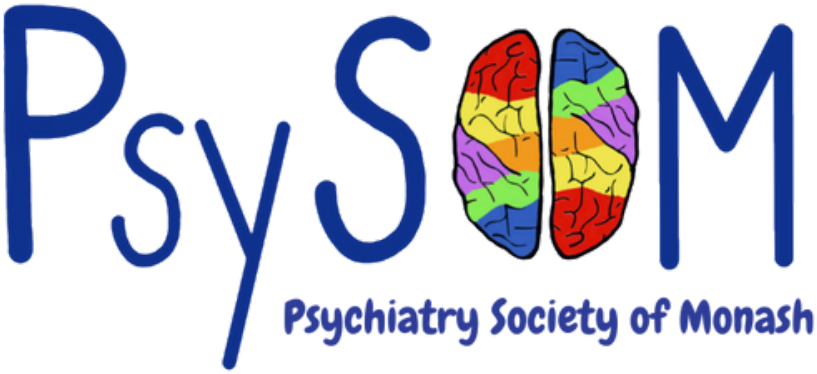
APRIL 2021



OSCE #6

CONTRIBUTOR:
KATHERINE TWITE

REVIEWER:
MARYAM HOSSEINZADEH

CANDIDATE INSTRUCTIONS

You are a GP registrar at a metropolitan clinic.

Your next patient is Jesse (she/her) a 29-year-old solicitor. The appointment note states that Jesse has booked the appointment to discuss some mental health concerns with you.

Jesse presents with significant anxiety and distress due to upsetting thoughts she is experiencing. Her husband Roger has come to support her and is waiting in the waiting room.

TASKS:

1 Take a focussed psychiatric history from Jesse (5 mins)

2. Suggest and justify a provisional diagnosis for Jesse (1 min)

3. Using a biopsychosocial framework, outline your recommended next steps in management for Jesse (2 mins)

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ROLE PLAYER INSTRUCTIONS

BACKGROUND / HOW TO APPROACH THE ROLE

Jesse is displaying an anxious affect and is severely upset during her appointment with the GP. She is experiencing distressing obsessions and compulsions and is concerned about how these are impacting on her work and personal life. Jesse realises that the thoughts she is experiencing are irrational but this does not help her control them.Jesse is also a bit embarrassed about what she is experiencing and will at times require direct questions to divulge information.

Opening statement:

'Thank you for seeing me, I don't know what to do, I just can't get these thoughts out of my head'.

HISTORY OF PRESENTING COMPLAINT

General	• Jesse has been getting intrusive thoughts about hitting pedestrians with her car whilst driving. • She finds that she tries really hard to suppress these thoughts but they come into her head every time she gets in the car, even though she has never had an accident and has no desire to harm anyone. • She realises that her thoughts are irrational because she is a very careful driver and has never had an accident, but still cannot stop the thoughts from entering her head. • These thoughts have been occurring for the last 3 months, and have been getting more prominent during this time. • She finds that if she turns her left indicator on and off 10 times before driving anywhere, these thoughts decrease and she feels as though she can drive the car. • These thoughts are extremely upsetting and are making Jesse concerned that she is an 'evil person'. • If asked - Jesse has had other intrusive thoughts previously, for example last year she thought that if she didn't kiss her husband Roger goodnight he would die in his sleep.
Mood	• Feeling a bit low in her mood the last few months – thinks this is due to the intrusive thoughts. Still eating and sleeping regularly • Nil thoughts of self-harm or suicide • Nil sx of mania/hypomania
Anxiety	• Feeling worried about why she is getting these thoughts and how it is impacting on her job/social life • Feeling a bit more irritable and fatigued for the last month • No anxiety when not experiencing these intrusive thoughts • Nil panic attacks

ROLE PLAYER INSTRUCTIONS

Unless stated, Jesse does not know the answer to the question.

Psychotic	• Nil hallucinations • Nil delusions
Organic	• No recent illness • No weight change • No tremor
Past Psych Hx	• Nil
Past Medical Hx	• Mild asthma
Family Psych Hx	• Sister has trichotillomania
Drugs / ETOH	• Occasional drinker (max 3 standard drinks per week) • Nil recreational drugs
Social Hx	• Work is very busy with long hours • Husband is supportive • No children
Impact on life and ADLs	• Has been late for work on multiple occasions due to obsessions/compulsions • Avoiding driving means Jesse is seeing friends and family less • Husband is supportive but worried about her

MARKING GUIDE FOR EXAMINER

TASK 1: HISTORY

	Poor	Adequate	Excellent
Interaction with Patient • Introduces self, confirms patient details and gains consent • Actively listens, makes appropriate eye contact • Aims to build rapport • Avoids medical jargon			

History of Presenting Complaint
• Elicits relevant context and background
• Elicits main concerns of patient
• Timeline of symptoms/events
• Asks about a range of psychiatric sx:
  ○ Anxiety
  ○ Depression
  ○ Psychotic
  ○ Mania
  ○ Organic
• Ascertains impact of symptoms on life			

• Past psychiatric hx and medical hx ascertained			
• Family psych hx asked			
• Asks about drug/EtOH/social hx			

TASK 2: PROVISONAL DIAGNOSIS

	Poor	Adequate	Excellent
• Provisional Diagnosis: Obsessive Compulsive Disorder			

Justification of provisional diagnosis of OCD based on DSM V criteria:
• **Criteria A:**
  ○ Obsessions are present – intrusive and unwanted thoughts of hitting pedestrians with her car
  ○ Compulsions present – turning car key in ignition 10 times before driving off
  ○ *** Patient does not need to have both obsessions and compulsions to be diagnosed with OCD but many people will.
• **Criteria B:**
  ○ Jesse's obsessions and compulsions are causing her significant distress and impacting on her social and occupational functioning
• Criteria C:
  ○ Sx are not attributable to a substance or other medical condition
• Criteria D: not better explained by another mental disorder			

MARKING GUIDE FOR EXAMINER

TASK 3: BIOPSYCHOSOCIAL MANAGEMENT

		Poor	Adequate	Excellent

BIO	• **Non-pharm:**
	  ○ Maintaining good diet, sleep routine and exercise
	• **Pharm**:
	  ○ SSRI or SNRI is first line			

PSYCH	• **Psychotherapy:**
	  ○ Referral to psychologist +/- with mental health care plan
	  ○ CBT (specifically with exposure and response prevention) has the best evidence
	• Management of additional stressors such as long-work hours.			

SOCIAL	• Psychoeducation for patient and family (e.g. husband Roger). • Some patients may find support groups useful.			

OVERALL RATING:

- Not yet at expected level
- At expected level
- Above expected level

References used:

- DSM V: Obsessive-compulsive and related disorders
- ETG: Obsessive compulsive disorder https://tgldcdp.tg.org.au/viewTopic?topicfile=obsessive-compulsive-disorder&guidelineName=Psychotropic&topicNavigation=navigateTopic#toc_d1e445
- RACGP: Obsessive-compulsive disorder The role of the GP https://www.racgp.org.au/afp/2013/september/ocd

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