

Patient Instructions

Name of Patient: Colin Ross and his partner Gail
(or if you don't have enough actors: Gail is at home.)

age 28

Description of the patient & instructions to simulator:

You and your partner Gail spoke to the doctor on the phone yesterday to arrange to come in today. You have a long term problem with your mood and recurrent agitation. Anger management has been a problem and you get quite paranoid at times. Medication helps a lot with the paranoia and the anger. You couldn't cope without Gail, your doctors and your CPN.

"On Monday I smashed the iron, smashed some things in the bathroom, kicked things around downstairs in the house.

I've snapped and smashed things up and that before, but there's normally been bigger things leading up to that, but...

If specifically asked: "I'd rather lash out at objects than people, you know what I mean.

Well, I've smashed a few cars up, losing my temper. My own belongings.

I still drive, but when I feel like this, I don't like driving, so I tend not to drive anywhere - you know what I mean?

No, I can promise that I won't drive when I feel like this.

Gail - The psychiatrist recently upped his mood stabiliser as well.

Gail - Because he was on one-fifty - because he was originally on two hundred, and then they decided, I can't remember for what reason, but it got dropped to one-fifty.

Oh, it was because I had diarrhoea and they didn't know whether that was causing it or not.

Gail - So then we seen his psychiatrist and obviously he wanted medical - to review his medication and stuff and he said, 'I prefer people when they're on that medication, to be on 200mg'.

Two hundred's usually the lowest dose.

Gail - The lowest dose for them to obviously see an effect, so he said try going up to two hundred again. He said obviously if you're having diarrhoea again then take yourself back down but if you put yourself up, you've got that bit extra medication to...

mood is a lot better for it, like, I felt more stable for a longer period of time, this time.

And the diarrhoea hasn't come back.

If the doctor specifically asks if there was another issue that you had planned to raise (otherwise, save this issue until after the doctor thinks the consultation is finished.): My appetite's gone again, to be fair.....Gone down drastically.

Gail – The past few days, hasn't it?

I don't know what triggers that, it's just...

If the doctor asks about weight: I don't know. It's not that I'm not hungry, like, I feel hungry but when I'm eating I just...Aye, no enjoyment, can't finish a meal. So...

If asked what help you've had to improve your anger management: "I've done work with CPNs and that on it, I'm on doing CBT work now with my CPN."

If the doctor asks about your anxiety levels: " I don't feel bad with, as far as anxiety goes, I don't feel too bad with my anxiety at the minute. Like, it's something that comes and goes, and obviously I'm - I wouldn't say I'm at the point of crisis at the minute, but I'm recognising before I am getting into a crisis."

PSO

You have lived with Gail for 2 years. You don't smoke and you haven't drank much alcohol since starting on the medications (except for a couple of cans at the barbecue you went to at the weekend). You don't use substances. You sometimes work in your dad's garage but you find it difficult to hold down a job.

I think she is worried like if I do explode and all that, where do I stand in the future regarding other things, other matters.

If asked what you mean by other matters: "No, I don't have a criminal record. I've had a couple of cautions for a couple of things, but that's as far as it goes."

I want to keep my record clean.

First line and history

I see my CPN every two weeks usually. Instead of booking me an appointment for the following two weeks, she's booked me one in for next week (because she's worried about me).

I don't know what's going on. I feel like my heads got a lump of elastic in it and it's just snapped, to be fair, like.

Ideas – Regarding the trigger for this particular outburst: "Nothing, really, was there?"

If asked if there was some other issue: "I don't know what is making my appetite bad."

Gail – When his appetite went before, it was because he was on that topiramate, and that obviously had an effect on his appetite, and that was obviously dampening his mood because he wasn't eating and stuff.

No, I really don't think the lamotrigine is responsible.

Gail - Because, it had happened before, and I think it had a lot to do with his mood, and obviously...

Concerns – The risperidone helps the explosive side of my anger, and that, don't get me wrong, I just can't keep up with the physical effects of it. (I'm not happy to go back on risperidone because it makes my tits sore - please excuse my French.)

Aye, because I don't want to lose weight drastically.

Expectation – But since going back on aripiprazole I've been fine for quite a while, haven't I? I thought you might just increase my aripiprazole.

I don't know, I think it was more that Gail wanted me to come in.

Just to let you know what's going on, if I need you in the near future.

If offered: You are happy to take some self management material for anger management.

