

LATER LIFE TASK (GROUP 1)

- You are an CT3 and you are admitting a 77 year old lady who has a long history of bipolar, is currently depressed, not sleeping and suicidal. She has been “lost to follow up for sometime”: not seen her GP for months and not seen mental health services for 8 years. She has come via A&E who have examined her and nil is noted on physical examination (bp 122/86 HR=64). She is 1.54m tall and weighs 38kg. Her PMHx is lichen planus, Dyspepsia, hypertension and osteoarthritis. She comes with the following blood test results: Hb 87 MCV 94 Platelets 480 Na 134 K 4.2 Ur 5.6 Cr 98 CRP<5 Li 0.82 (at 12 hours post dose) Bili 30 ALT 40 ALP120 Alb 35
- She has a list of her regular medication from her GP and has some tablets with her. The list states she is allergic to penicillin.
- *Paracetamol 1g QDS*
- *Lithium Carbonate M/R 600mg ON*
- *Sertraline 100mg ON*
- *Naproxen 500mg BD*
- *Propranolol M/R 160mg OD*
- *Bendroflumethazide 2.5mg OD*
- *Aspirin 75mg OD*

ADJUST THE MEDICATION TO REDUCE THE CHANCES OF ADVERSE EFFECTS

ALCOHOL TASK (group 2)

- A man with a history of alcoholic liver disease is admitted as he is depressed and suicidal. His current medication is lactulose 40ml QDS, aspirin 75mg OD, and spironolactone 50mg OD. He is complaining of a painful wrist following a fall and is asking for night sedation. He has no physical complaints but c/o loose stool.
- On physical examination he is mildly jaundiced, has red asterix shaped lesions on his chest, he has a distended abdomen. He has no tremor and is not confused. He has pitting oedema to mid-shin. His bp is 100/49 is HR is 80. He weighs 87kg.
- His bloods are Hb 102 MCV 105 WCC 7.0 Platelets 80 Na 130 K 4.2 Ur 1.2 Cr 80 Bili 90 ALT 206 ALP 340 Albumin 29. Your task is to prescribe his medication in order to minimise risk of adverse events. Consider drugs you want to stop, start, increase or decrease. Start an antidepressant and any other appropriate medication he is requesting.
- Note down your discussion points.

ADVERSE REACTIONS MCQs (GROUP 3)

A) From the following scenario pick the most likely drug responsible for the following significant reaction.

54 year old woman with Bipolar disorder. Bp 190/89 sitting, 184/76 standing. QTc is 516ms. She reports dry skin on her elbow. Her medication is

- a) Lamotrigine 50mg BD
- b) Olanzapine 5mg ON
- c) Escitalopram 40mg OD
- d) Lithium carbonate 400mg OD
- e) Candesartan 8mg OD

B) A 27 year old woman presents to A&E with no psychiatric history. She admits to taking her sister's medication. Her sister has breast cancer. The A&E doctor tells you she is acutely psychotic possible due to the drugs. She is constantly moving and has her eyes rolled upwards. Choose the most likely drug out the ones in her possession:

- a) Tramadol 100mg
- b) Citalopram 20mg
- c) Gaviscon tablets
- d) Metoclopramide 10mg
- e) Tamoxifen 20mg

C) You are asked to see a man on a general adult ward that the nurses say he has been 'kicking off' for the last hour and when he sees he swears at you. He appears generally unwell. His reflexes are increased, he has obvious diaphoresis. He is pyrexial.

Which of the following drugs on his medication card is least likely to be the cause?

- a) Fluoxetine 60mg OD
- b) Tramadol 100mg QDS
- c) Amitriptyline 150mg ON
- d) Venlafaxine 225mg OD
- e) Haloperidol 2.5mg OD