Task – Group 1

Case Vignette:
Aneesha, a 27 year old woman is referred to you for preconception advice. She gave birth to her first child, a boy, 18 months ago and returned home on the same day. On day 2 postnatal she developed the first signs of a severe manic episode. His and her family were against a joint admission of mother and baby because the next available unit was too far away and there were extended family members who could look after the baby.

She was hospitalized on her own and recovered with inpatient treatment and medication of lithium 800 mg and quetiapine 300 mg. When she returned from hospital, she had found it very distressing that her baby was closer to other family members than herself.

2 months after discharge the quetiapine was discontinued because she felt too sedated. She has remained very stable on lithium carbonate 800 mg with a plasma level usually between 0.72 and 0.75 mmol/l.

She has a history of having been treated for two episodes of major depression before her first pregnancy.

She now would like to have another child and asks you for advice how she can avoid becoming ill again this time.

Task for the group :
Discuss the management of this patient as a group, write a summary and nominate 1-2 colleagues to feed back to the full audience

Prompts for discussion:
What are the main management issues ?
What treatment options are there ?
What would guide your choice of management ?
What would your management plan be ?
What else would you consider ?

Task - Group 2:

You have been asked for a consultation on Carol, a 37 y.o. woman who was admitted to the obstetric ward for severe hyperemesis gravidarum, for assessment of depression and anxiety. She is 8 weeks pregnant with her first child. She presents stressed about the pregnancy but otherwise states "I am fine", denies current depression, reports good energy and day to day functioning, but on examination appears tense and guarded.

In her past psychiatric history, she has recurrent major depression, and her most recent episode was 5 months ago requiring inpatient admission because she was at risk of suicide.

She is currently treated with venlafaxine 225mg monotherapy by her PCP; she wishes to discontinue the medicine as she is pregnant.

She is single, this pregnancy was unplanned and the father of the baby is not involved. She reports a history of chaotic and abusive upbringing; she is distant from her family and her family lives in another town several hours away. She works full time and has some friends at work.

Task for the group:
Discuss the management of this patient as a group, write a summary and nominate 1-2 colleagues to feed back to the full audience

Prompts for discussion:
What are the main management issues ?
What treatment options are there ?
What would your management plan be ?
What else would you consider ?

Group 3

You are covering accident and emergency on call. You have been asked to have a discussion with Rebecca, a 32 year old lady who has attended the ED with her husband, Paul, and 3 week old child, Anthony.

The ED doctor informs you when Rebecca first presented to the department she had been requesting a review of Anthony by the paediatricians. She had told the doctor that for the past two weeks she was becoming increasingly worried about Anthony's chest and neck, feeling it was "bent out of shape" and "twisted". Rebecca had a difficult delivery requiring forceps and today asked the ED doctor a number of times if this was the cause. She also muttered something about "*they* did a corkscrew on him". Rebecca experienced a third degree tear at delivery which is not healing very well, causing her pain and requiring daily painkillers.

The paediatricians have taken Anthony for a thorough assessment in the children's department but the assessing ED doctor from his routine examination did not notice any major concern with Anthony's neck, thorax or spine.

The ED doctor also had a conversation with Rebecca's husband, Paul, who states she is "not herself", irritable and not sleeping but does seem to be very attentive towards Anthony, if somewhat over attentive. Paul has awoken at night to find Rebecca turning Anthony over and over in his cot and during the day she has been changing his clothes on an almost hourly basis to give him 'massages'.

Paul feels Rebecca is overtired and in pain from the delivery and will be her "usual self" soon. He doesn't see anything wrong with Anthony's spine but says Rebecca is allowed to be worried as a new mum with her first child. To Paul's knowledge the painkillers are the only medication Rebecca takes and apart from her pregnancy appointments she does not attend her GP for any routine issues.
The ED doctor tells you that Rebecca now wants to see her son and take him home.

Tasks for the group
Please discuss the management of this scenario as a group and nominate a group member to write a summary of the main points of your discussion on the flip chart paper.
Please also nominate 1-2 group members to feed back to the full audience.
Prompts for discussion
How do you approach this scenario when mum has brought the child as the patient?
What are the main issues?
What do you wish to exclude as potential causative reasons for this presentation?
What is your management plan and what are the reasons for this?
What else would you consider and are you allowing Rebecca's request?

Group 4

You have been asked for consultation on Claire, a 29 year old lady who is currently detained under Section 3 of the Mental Health Act on a general adult psychiatric ward with a diagnosis of treatment resistant paranoid schizophrenia.

Claire is 37 weeks pregnant but has remained on the general ward as she was deemed too risky for the MBU. When very unwell she becomes extremely agitated, verbally and physically aggressive and can be seen visibly responding to hallucinations. In these instances she has required seclusion and has, unfortunately, been secluded twice during this pregnancy, the most recent being 12 weeks ago. Prior to becoming pregnant Claire was on Clozapine. This was switched to Olanzapine when it was discovered she was pregnant however following a consistent deterioration in mental health on the ward, Clozapine was retitrated after the last seclusion. She is also on Mirtazapine and has a BMI of 42. She is on oral medication for Type 2 Diabetes.

Claire has engaged poorly with obstetric examinations on the ward and has refused on a number of occasions ultrasound scans and VEs. On limited evidence the obstetricians believe her child is developing normally on the 90th centile but are not certain in this high risk pregnancy.

Now at 37 weeks Claire's waters have broken and the obstetric consultant feels she needs to be on labour ward, potentially preparing for a caesarean section. Claire is refusing, stating now she is adherent to Clozapine she feels "much better" and wants to deliver on the psychiatric ward surrounded by her friends and the staff she trusts.

Tasks for the group

Please discuss the management of this scenario as a group and nominate a group member to write a summary of the main points of your discussion on the flip chart paper.
Please also nominate 1-2 group members to feed back to the full audience.

Prompts for discussion

What are the main issues and how should they be prioritised?
What management options are there?
What is your management plan and what are the reasons for this?
What else would you consider from a BioPsychoSocial approach?