Please note – this learning resource has been produced by the GUMS Academic Team. It is possible that there are some minor errors in the questions/answers, and other possible answers that are not included below. Make sure to check with other resources.

Scenario 1

Lizzo was a second year uni student when she first began having problems. She would go days without sleeping and had difficulty concentrating at uni. She started spending a lot of money on strange online shopping purchases (e.g. 18 miniature shrek figurines). When her parents discovered the problems, they brought her in for evaluation. Lizzo did not feel that anything was wrong. She felt that she had just made several poor decisions, like anyone her age. You are Lizzo’s GP and they have persuaded her to come in to see you.

1. **What will you look for on history and examination to support a diagnosis of a manic episode?**
2. **What are some complications of acute mania?**
3. **How is mania treated acutely and long term?**

Lizzo is prescribed lithium as a mood stabilizer. The GP explains that lithium has a ‘narrow therapeutic index’ and this means she will have to have regular monitoring of the drug.

1. **What does this mean and what kind of monitoring will need to be done?**

Scenario 2

Geoff Schwartz is a 23 year old man who is brought to the GP by his sister who is concerned about his increasingly bizarre behaviour. She says he talks about voices no one else can here and the voices tell him to ‘make more tables about the menstrual cycle’. He also believes that ‘the renin-angiotensin-aldosterone system is watching him’. His sister is very interested in the possibility that he is having a psychotic episode.

1. **She asks you ‘what are the main categories of symptoms that define psychosis and some examples of each?’**
2. **Discuss the difference between an illusion vs delusion vs hallucination.**

Geoff is diagnosed with schizophrenia and is commenced on olanzapine. What class of drug does olanzapine belong to?

1. **List 3 side effects of olanzapine you would monitor for in Jeff.**

Two weeks after Geoff’s acute psychosis, he comes to see the doctor because of difficulty with movements and a tremor. Neurological examination shows a shuffling gait, increased tone in the upper extremities and a tremor of the hands which improves with activity. The mental status examination is normal.

1. **What is going on here and what is the mechanism?**
2. **How are you going to manage these symptoms?**
3. **A patient presents to ED with some stuttering in their speech, numbness in their right leg and intermittent hemiballistic movements of their left arm. Apart from the above signs, their neurological examination is normal. The work up includes bloods, lumbar puncture, CT and MRI head, spine, an EEG and nerve conduction studies. No organic cause can be found to explain the symptoms. Which of the following is the most likely diagnosis?**
4. Somatic symptom disorder
5. Hypochondriasis
6. Multiple sclerosis
7. Malingering
8. Conversion disorder
9. **These are the three most common causes of dementia, fill out the table:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Alzheimer’s** | **Vascular dementia** | **Lewy body dementia** |
| Natural history |  |  |  |
| Major clinical features |  |  |  |
| Radiographic findings |  |  |  |
| Pathology |  |  |  |

1. **What are the three key differentials for an elderly patient presenting with cognitive impairment?**
2. **What if the patient had urinary incontinence and ataxia, as well as the cognitive impairment?**
3. **What if the patient was a chronic drinker, had ophthalmoplegia, was confused and ataxic? How could this progress if this was untreated?**

**NB: depression and anxiety are topics not covered here but are nonetheless high yield**

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