*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 is a second year uni student who presents to the GP practice with trouble sleeping and irritability, she attends with her mother.

**What further information on history would you want to ask/look for from a psychiatric perspective?**

On further questioning from Lizzo and her mum you get the following information. 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.

**What is your preliminary diagnosis and how did you come to this conclusion?**

**What are some complications of her diagnosis?**

**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.

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

Scenario 2

Jimmy Mcavoy 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 ‘barricade the house’. He also believes that ‘someone is watching him’. His sister thinks that he is having a psychotic episode.

 **She asks you ‘what are the main categories of symptoms that define psychosis and some examples of each?’**

|  |  |  |
| --- | --- | --- |
| **Positive symptoms** | **Negative symptoms** | **Disorganized** |
|  |  |  |

**Discuss the difference between an illusion vs delusion vs hallucination.**

**Jimmy is diagnosed with schizophrenia and is commenced on olanzapine. What class of drug does olanzapine belong to and what are its major side effects?**

**Jimmy’s sister had heard about another drug used to treat schizophrenia called haloperidol, compare its drug class to that of olanzapine drug class in terms of:**

|  |  |  |
| --- | --- | --- |
| *Classes* |  |  |
| *Drug examples*  |  |  |
| *MOA* |  |  |
| *Adverse effect profile* |  |  |
| *Indications* |  |  |
| *Contraindications* |  |

Two weeks after Jimmy’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?**

**Scenario 3**

**Sarah Tonin, a 20 year old medical student presents to her GP with the following a 5 week history,**

* **A depressed mood almost everyday**
* **Insomnia**

**List some other questions on history you could ask to make a provisional diagnosis of depression.**

**You discuss with Sarah some of the treatment options, she is curious as to which medication she will be put on. Fill out the following table and state which of the drugs she is most likely to be given.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Drug class**  | **Examples**  | **Mechanism of action**  | **Side effects (not exhaustive - have a general idea don't need to list all)**  |
| Selective Serotonin Reuptake Inhibitors (SSRI)  |  |  |  |
| Tricyclic Antidepressants  |  |  |  |
| Serotonin and noradrenaline reuptake inhibitors (SNRI) |  |  |  |
| Monoamine oxidase inhibitors (MAOI) |  |  |  |
| Atypical antidepressants  |  |  |  |

**Please provide feedback for this case at:** [**https://forms.gle/R64a83Cf7UgRYc168**](https://forms.gle/R64a83Cf7UgRYc168?fbclid=IwAR2IJMsL2N2nkuJ3T7Dh-1XAPZthHc-uun2qlesNUR0AaT4lPut1r5BKg6E)