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

# Case 1

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:**

|  |  |  |
| --- | --- | --- |
|  | **Typical antipsychotics (first generation)** | **Atypical antipsychotics (second generation)** |
| Drug examples |  |  |
| MOA |  |  |
| Adverse effect profile |  |  |
| Indications |  |  |
| Contraindications |  | |

**Jimmy’s GP is unfortunately a UQ graduate and decides to listen to Jimmy’s sister’s WebMD advice and swaps Jimmy to Haloperidol.**

**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.**

**What is going on here and what is the mechanism?**

**How might you resolve this issue for Jimmy?**

**What if Jimmy had been prescribed clozapine instead? What else would the doctor need to consider when prescribing him this?**

**In Schizophrenia psychotic symptoms such as hallucinations delusions, disorganised speech and grossly disorganised or catatonic behaviours are known as:**

|  |  |  |
| --- | --- | --- |
|  | a) | Negative symptoms |
|  | **b)** | **Positive symptoms** |
|  | c) | Mediating symptoms |
|  | d) | Catastrophic symptoms |

**In Schizophrenia when an individual believes they are in danger, this is referred to as:**

|  |  |  |
| --- | --- | --- |
|  | a) | Delusions of grandeur |
|  | **b)** | **Delusions of persecution** |
|  | c) | Delusions of control |
|  | d) | Nihilistic delusion |

**‘Poverty of content' in Schizophrenia is when:**

|  |  |  |
| --- | --- | --- |
|  | **a)** | **Speech appears to be detailed in terms of numbers of words, but is grammatically incorrect** |
|  | b) | A tendency to jump from one topic to another within a sentence |
|  | c) | Poor use of vocabulary |
|  | d) | Poor use of grammar |

**Catatonic Behaviour in Schizophrenia is characterised by which if the following:**

|  |  |  |
| --- | --- | --- |
|  | a) | Resisting attempts to be moved |
|  | b) | Maintaining rigid, immobile postures |
|  | c) | Decrease in reactivity to the environment |
|  | **d)** | **All of the above** |

# Case 2

Anne is aged 40 years, divorced with two children, works casually and cares for her mother who has chronic kidney disease. She presents to you feeling stressed and worried about ‘anything and everything’. Upon further questioning, she notes that she has always worried about things, but it has gotten much worse during the last two years with COVID. She states that she no longer feels like she can control these thoughts.

She has no significant past medical history, other than being moderately depressed for 2 months following her divorce 5 years ago. Since then, she has made frequent appointments with you for no specific reason other than to check she is “well”. When worried she notes her heart races and sometimes she finds it difficult to breathe. Her sleep is poor with difficulty getting off to sleep due to worrying and frequent wakening. She feels tired and irritable. She does not drink any alcohol, smoke or take drugs.

**Based on her history you suspect that she may have some form of anxiety. Complete the table below comparing the different anxiety disorders.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type** | **Generalized anxiety disorder** | **Panic Disorder** | **Social Anxiety Disorder** | **Specific Phobias** | **Substance/ Medication induced anxiety disorder** |
| **Definition** |  |  |  |  |  |
| **Duration of symptoms required for Dx** |  |  |  |  |  |
| **Clinical Features** |  |  |  |  |  |
| **Triggers** |  |  |  |  |  |
| **Treatment** |  |  |  |  |  |

**Which type of anxiety disorder do you think Anne has?**

**How best could you treat this condition?**

**Unfortunately, Anne did not take the medications you prescribed her, nor did she attend any appointments with a psychologist that you set up for her through a mental health care plan. Instead she decided to self-medicate with a bottle of wine per day at home, as it was easier to access.**

**12 months later Anne presents at the ED in a disoriented state. The intern conducts a full exam on her and states she has Wernicke encephalopathy.**

**What other signs/symptoms would the intern have observed to come to this**

**conclusion about Anne?**

**Explain why Anne would have developed this condition and how you would treat it.**

**How could this progress if this was untreated?**

# **Feedback – please provide feedback on this PeerBL case here 🡪** [**https://forms.office.com/r/9tYrrG0kKf**](https://forms.office.com/r/9tYrrG0kKf)

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