



## Case 13.3 Information for the doctor

In this case you are a doctor in surgery.	
<b>Name:</b>	Gareth Johnson
<b>Age:</b>	48
<b>Past medical history:</b>	Gout Hypercholesterolaemia
<b>Social history:</b>	smoker 15/day
<b>Current medication:</b>	Atorvastatin 10 mg on

### Notes

## Case 13.3 Information for the patient

*You are Gareth Johnson, a 48-year old man with ongoing symptoms of indigestion. Last night you couldn't sleep because of horrible retching and your wife asked you to finally see a doctor.*

### ICE

Your wife Jane asked you to come in because you are complaining of daily indigestion and constant retching. She feels 'you need sorting'. You are not worried, but would like to try some medication because Gaviscon is not working any more. Your friend Andrew recommended omeprazole – he's been on it for years and you would like to try it.

### Background

- You have worked as a lorry driver for over 20 years and love your job.
- You live with your wife and two children. Your wife is an excellent cook.
- Last year your cholesterol was high so you are taking some medication for it at night.

#### **Information divulged freely**

- You have had indigestion for many years and use Gaviscon for it. Usually it works but lately you've noticed it's not making any difference.
- Every morning you wake up with a horrible taste in your mouth. It makes you feel sick at times.
- You have a large appetite and you enjoy spicy meals.
- You know you should eat healthier but you just can't stand tasteless salads.

#### **Information only divulged if specifically asked**

- You smoke 15 cigarettes a day and have a few cans of beer every night.
- You have gained 6 kg over the past 8 months (well, you love your curry so it's not a big deal!)
- You have 2–3 cups of coffee every day.
- Your bowels are regular.
- You have occasional burning pain in your upper tummy, which usually lasts a few minutes and gets better if you eat something.
- You have no dysphagia.
- If the doctor offers medication to try (omeprazole or lansoprazole) you'd be delighted because that's what you were you hoping for anyway.
- If the doctor suggests your long-standing symptoms might be caused by bacteria (*Helicobacter pylori*) you'd want to know more about it.
- If the doctor comments on your lifestyle and smoking you'd ignore him, because you know best what's good for you. If the doctor remains understanding and calm and clearly explains in a non-judgmental manner why your current lifestyle might be responsible for the worsening of your symptoms, you'd listen and be more open to suggestions.
- If the doctor remains positive and supportive and offers the support of a dietician to improve your diet you'd be interested, but will have a chat about it with your wife first.

## Results for the doctor

### *Examination*

- BP 140/85
- HR 70
- Weight 99kg
- Abdomen – soft. Non-tender. No masses.

## Case 13.3 Marking scheme for the observer

Data gathering, technical and assessment skills		
+ve	-ve	descriptors
<input type="checkbox"/>	<input type="checkbox"/>	Explores ICE
<input type="checkbox"/>	<input type="checkbox"/>	Covers red flags (dysphagia, haematemesis / melaena, vomiting, weight loss)
<input type="checkbox"/>	<input type="checkbox"/>	Takes appropriate history
Clinical management skills		
+ve	-ve	descriptors
<input type="checkbox"/>	<input type="checkbox"/>	Is able to identify triggers for dyspepsia (weight gain, alcohol intake, smoking, coffee, spicy food)
<input type="checkbox"/>	<input type="checkbox"/>	Considers possible diagnosis of duodenal / peptic ulcer and considers testing for <i>Helicobacter pylori</i>
<input type="checkbox"/>	<input type="checkbox"/>	Follows current guidelines and considers 1 month trial of PPIs
<input type="checkbox"/>	<input type="checkbox"/>	Is able to address lifestyle and diet – offers smoking cessation advice, reducing alcohol, weight reduction and avoiding fatty foods – considers dietician review if appropriate
<input type="checkbox"/>	<input type="checkbox"/>	Safety-netting and offers follow-up
Interpersonal skills		
+ve	-ve	descriptors
<input type="checkbox"/>	<input type="checkbox"/>	Establishes good rapport and remains supportive and non-judgmental
<input type="checkbox"/>	<input type="checkbox"/>	Encourages patient's contribution in decision making and management plan
<input type="checkbox"/>	<input type="checkbox"/>	Ensures patient's understanding