



Modified Essay Questions

SCORING KEY

AUGUST 2018

INSTRUCTIONS:

- Please use pencil ONLY, preferably 2B
- Do not fold or bend
- Erase mistakes fully
- Make no stray marks
- Completely fill in the oval

Please MARK LIKE THIS ONLY:



Modified Essay 1

Each question within this modified essay will be marked by a different examiner. The examiner marking this question will not have access to your answers to the other questions. Therefore, please ensure that you address each question separately and specifically. Answer this question fully, even if you believe that you have partly covered its content in your answers to other questions.

You are a junior consultant at a Community Mental Health Service and you see Madelaine, a 36-year-old single woman who was diagnosed with Schizophrenia at the age of 28 years. She has a history of good medication adherence but she continues to experience frequent distressing auditory hallucinations.

She is currently taking risperidone 6mg per day orally, but she has significant extrapyramidal side effects. Madelaine was previously prescribed olanzapine with good effect but it caused significant weight gain and she ceased it.

During your first meeting with Madelaine, she requests a change of medication.

Question 1.1

Outline (list and justify) the key information you require in order to address Madelaine's request.

Please note: a list with no justification will not receive any marks. (12 marks)

A.	RISK: What were the risks when she got really unwell before? (Risk associated with her auditory hallucinations e.g. command. Severity of relapse syndrome (not just hallucinations) previously).	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
	MADELAINES PERSPECTIVE AND CAPACITY: Madelaine's perspective on the options other than changing meds. Madelaine's capacity/mental health act status regarding shared vs supported decision making.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
B.	OTHER ASPECTS OF CLINICAL PRESENTATION. OTHER CLINICAL CONDITIONS: Other associated symptoms e.g. mood, self regulation, self concept, beliefs. Associated clinical syndromes. DRUG USE: Substance use/misuse e.g. amphetamines, cannabis – association with symptom fluctuations and treatment response. METABOLIC STATE: Diet, level of physical activity, cigarettes/day. BSL, lipids, blood pressure etc. EPSE: Side effect profile. Dose effect – specific nature of extrapyramidal side effects – other known effects of risperidone e.g. hyperprolactinaemia induced galactorrhoea - akathisia.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
C.	Additional concurrent therapeutic approaches. Psychological intervention e.g. CBT for voices (duration and components of treatment). Measures to optimise adherence. Optimising social functioning. Current therapeutic goals. Symptom/side effect management – functional and relational goals – opportunity for collaborative treatment approach. Current symptom management strategies e.g. distraction, socialising, activities, substance use.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
D.	Other perspectives. Obtain collateral history including file notes, case manager reports, family observations.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
E.	Social context/supports. Relevant to supporting adherence and monitoring of mental state if medication changes – potential socially-determined triggers – relevance to wellbeing.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
F.	Spare (only to be used after approval from Co-Chairs, Writtens Subcommittee)	<input type="radio"/> 1
G.	Did not attempt	<input type="radio"/>
H.	Did handwriting affect marking?	<input type="radio"/>

Note to Examiner: Please mark all bubbles even if the total adds up to more than 12.

Note to NDS: Please set the maximum mark to 12.

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Modified Essay 1

The information that is presented in italics in this question is a repetition of the earlier sections of the case vignette.

You are a junior consultant at a Community Mental Health Service and you see Madelaine, a 36-year-old single woman who was diagnosed with Schizophrenia at the age of 28 years. She has a history of good medication adherence but she continues to experience frequent distressing auditory hallucinations.

She is currently taking risperidone 6mg per day orally, but she has significant extrapyramidal side effects. Madelaine was previously prescribed olanzapine with good effect but it caused significant weight gain and she ceased it.

During your first meeting with Madelaine, she requests a change of medication.

Question 1.2

Outline (list and justify) the key examination and investigation findings you would require to reassess Madelaine at this point.

Please note: a list with no justification will not receive any marks. (6 marks)

A.	Physical examination including weight, BP, waist circumference, examination for EPS including AIMS.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
B.	Cognitive function including executive, frontal lobe impairment.	<input type="radio"/> 0 <input type="radio"/> 1
C.	Baseline investigations. Consider: metabolic screen (lipds, glucose), prolactin, FBC, serum biochemistry, ECG, pregnancy test. May consider; infection/inflammation markers; autoimmune markers (eg anti-NMDA)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
D.	Rating scales to measure baseline symptoms/functioning e.g. BPRS, HoNOS.	<input type="radio"/> 0 <input type="radio"/> 1
E.	Mental state examination to establish other signs e.g. anxiety and depression. Current risk assessment.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
F.	Spare (only to be used after approval from Co-Chairs, Writtens Subcommittee)	<input type="radio"/> 1
G.	Did not attempt	<input type="radio"/>
H.	Did handwriting affect marking?	<input type="radio"/>

Note to Examiner: Please mark all bubbles even if the total adds up to more than 6.
Note to NDS: Please set the maximum mark to 6.

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Modified Essay 1

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During your first meeting with Madelaine, she requests a change of medication.

Madelaine's primary complaints are stiffness and tremor both of which she finds embarrassing, and which interfere with basic tasks.

Question 1.3

Outline (list and justify) the treatment options you would discuss with Madelaine.

Please note: a list with no justification will not receive any marks. (3 marks)

A.	Antipsychotic management. Consider dose reduction of risperidone, or change to other antipsychotics e.g. aripiprazole, including pros and cons for clozapine.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
B.	Side effect management. Consider medication for EPSE e.g. anticholinergic medication, monitor/ensure compliance.	<input type="radio"/> 0 <input type="radio"/> 1
C.	Non-pharmacological approaches. Psychosocial strategies to assist/augment/scaffold management of EPSEs and stigma e.g. ACT, CBT, stress reduction, maintaining routines. OT to increase function. Psychoeducation e.g. about stigma, side effects, illness. Include family/social network.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
D.	Spare (only to be used after approval from Co-Chairs, Writtens Subcommittee)	<input type="radio"/> 1
E.	Did not attempt	<input type="radio"/>
F.	Did handwriting affect marking?	<input type="radio"/>

Note to Examiner: Please mark all bubbles even if the total adds up to more than 3.

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During your first meeting with Madelaine, she requests a change of medication.

Madelaine's primary complaints are stiffness and tremor both of which she finds embarrassing, and which interfere with basic tasks.

Madelaine decides to start clozapine. Baseline blood tests (including tests of cardiac function) are all normal. Her body mass index is 22kg/m². You start her on the lowest recommended regimen.

After reaching a dose of 200mg a day in 3 weeks, she reports one incident of a hot and cold sensation the previous night. Physical examination is normal. Her white cell count (WCC) is 4.2 x 10⁹/L, creatine phosphokinase (CPK) is 200U/L and her troponin T is normal. An ECG showed that her QTc has increased from 428ms at baseline to 492ms.

Question 1.4

Outline (list and justify) the approaches to management that you would consider.

Please note: a list with no justification will not receive any marks. (6 marks)

A.	Consultation. Consider medical colleagues (e.g. cardiologist) and/or clozapine information service and/or specialist pharmacist. Justification: clarification of the risk/benefit analysis of prolonged QTc.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
B.	i) Cautious continuation. Continue clozapine at the same dose and review patient in a few days: advise her to contact the service immediately if she experiences fever, sore throat, chest pain, muscle aches, or flu like symptoms. Repeat ECG. No clear evidence of indication to discontinue: symptoms may settle spontaneously; blood tests are normal. Admission can be considered.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
	ii) Clozapine withdrawal. May be a safe option as there is an increase of the QTc but such a strategy would not provide clear information about the tolerance clozapine in this patient. Regular monitoring with ECG of QTc is indicated. Admission can be considered.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
	iii) Cautious dose reduction. Lower the dose temporarily and increase again with frequent ECG monitoring: reason. May allow time for physiological adjustment. Admission can be considered.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
C.	Involve Madelaine and her key family/social supports in decision making.	<input type="radio"/> 0 <input type="radio"/> 1
D.	Spare (only to be used after approval from Co-Chairs, Writtens Subcommittee)	<input type="radio"/> 1
E.	Did not attempt	<input type="radio"/>
F.	Did handwriting affect marking?	<input type="radio"/>

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After reviewing the options available with Madelaine, she decides to continue the clozapine at its current dose. However, the following afternoon, Madelaine is admitted to hospital with nausea, lethargy, fever and tachycardia. Her condition deteriorates and she is transferred to the intensive care unit.

The next morning, Madelaine's mother contacts you by telephone and accuses you of being negligent in Madelaine's care. She is nominated as Madelaine's next-of-kin.

Question 1.5

Describe (list and explain) how you would respond to the mother's telephone call.

Please note: a list without any explanation will not receive any marks. (5 marks)

A.	Offer to meet with the mother with a case manager and a more senior member of the medical staff. Meet in a comfortable environment. Offer to see her again.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
B.	Clarify Madelaine's current state before the meeting. Clarify what the mother has been told already by staff at the ICU.	<input type="radio"/> 0 <input type="radio"/> 1
C.	Inform and discuss with the Clinical Director for advice and guidance before the meeting.	<input type="radio"/> 0 <input type="radio"/> 1
D.	Obtain advice from your insurer.	<input type="radio"/> 0 <input type="radio"/> 1
E.	Consider a confidential case discussion with other senior medical staff as a peer review.	<input type="radio"/> 0 <input type="radio"/> 1
F.	Ensure personal support to reduce anxiety, manage any guilt or hostility and to assist in managing the matter appropriately.	<input type="radio"/> 0 <input type="radio"/> 1
G.	Spare (only to be used after approval from Co-Chairs, Writtens Subcommittee)	<input type="radio"/> 1
H.	Did not attempt	<input type="radio"/> 0
I.	Did handwriting affect marking?	<input type="radio"/> 0

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