**Feb 2015 MEQs “Recollections…”**

**Question 1: Child and Adolescent Psychiatry**

Did not specify if you were a registrar or consultant (unlike the rest of the MEQ’s where you were the consultant). I think this is a repeat question. I think I’ve seen this somewhere amongst the past papers available on the RANZCP website.

You work in a Child and Adolescent Outpatient Clinic and a paediatrician has sent you a referral. 10 year old boy attends with his mother. Lives at home with parents and siblings. Paediatrician has diagnosed him with ADHD and Tourette’s, prescribed him methylphenidate and clonidine with improvement of behaviours at home. However now poor school performance.

**Question 1a:**

**What are some of the possible reasons for his poor school performance?**

Mother reports she has read in a magazine article that stimulants cause growth retardation and “drug addicts”.

**Question 1b:**

**How do you respond to mother’s concern about medication?**

You continue to prescribe him his medication and his school performance improves. However his mother is concerned about ongoing tics.

**Question 1c:**

**Outline your management of his Tourette’s.**

**Question 2: Adult Psychiatry**

You are the consultant of an inpatient psychiatric ward. Your patient is a 51 year old man with psychotic depression. He appears to be improving with medication so his nursing observations are downgraded.

When you arrive to work early Monday morning, you are informed that your patient suicided over the weekend. He was found hanging in his bedroom on the ward.

**Question 2a:**

**What is your immediate response to this situation?**

Your patient’s ex-wife calls you. She has been informed by the police of the death. She asks for advice on what to tell their 10 year old son. He last saw his father 2 months ago. She is not sure whether to tell him about the suicide.

**Question 2b:**

**What is your response?**

During the week you notice that the nursing staff are reluctant to downgrade nursing observations or to let inpatients go on leave. They request more nursing staff as they report they are unable to provide adequate nursing care.

**Question 2c:**

**What are the possible reasons why the nursing staff are behaving like this?**

**Question 3: Indigenous and Adult Psychiatry**

You are the consultant of a community mental health clinic. Your patient is a 49 year old Indigenous woman who has been case managed and treated for symptoms of PTSD for the last 6 months following a sexual assault 2 months.

On her way to her appointment today, she saw her assailant, who is a distant relative, on the bus and became very distressed. Her case manager has just approached you with concerns about the level of her distress and risk of self-harm.

**Question 3a:**

**Before assessing your patient, what information do you need from the case manager?**

You see your patient with her case manager. She reports after speaking to you she feels much better. She denies any self harm ideation and does not want to be admitted to hospital. She would like to go home and would like something to “make me feel better and help me sleep tonight”.

**Question 3b:**

**What is your immediate management plan?**

A week later the case manager approaches you and informs you that your patient is feeling much better after speaking about her symptoms. Your patient would like to disclose the sexual assault to her adult daughter. However she is concerned that her adult son, and other members of the community will find out.

**Question 3c:**

**What is your response to the case manager?**

**Question 4: Consultation Liaison and Cultural Psychiatry**

You are the consultant of the consultation-liaison service. You ask your registrar to review a referral from ED of a Filipino mother of a 4 year old son. Her husband works off-shore frequently. She attended ED for what staff have diagnosed as a “pseudo-seizure”.

She does not have many friends. She reports her son sleeps poorly and she is struggling to look after him.

**Question 4a:**

**What salient features on history, examination and formulation, do you ask your registrar to focus on?**

The patient is very anxious about returning home. Your registrar believes she needs to be admitted. The social worker is unable to find alternative care arrangements for her son. Her husband has called and angrily said that “she is attention-seeking” and should return home to look after their son. ED are demanding that she be discharged as they need the bed. Your registrar anxiously asks for your advice.

**Question 4b:**

**What is your response to your registrar?**

**Question 5: Adult Psychiatry**

You are the consultant of a community mental health clinic. Your patient is a 39 year old woman with a 10 year history of chronic schizophrenia. Despite good adherence with medication, she continues to experience distressing auditory hallucinations. She is prescribed oral risperidone 6mg nocte. She complains of extra-pyramidal side effects. She requests a change of medication.

**Question 5a:**

**What features on history and examination do you need to inform your decision about medication?**

On examination she has tremor and stiffness.

**Question 5b:**

**How do you manage her extra-pyramidal symptoms? (3 marks)**

You change her to clozapine. After 3 weeks, she is on 200mg a day of clozapine and attends for her routine clozapine review. She reports experiencing a one off episode of hot and cold overnight. Her WCC is normal, her cardiac enzymes (CK and trop) are normal. Her ECG shows an increased QTc from 430 previously to 503. Her physical observations are normal.

**Question 5c:**

**What is your management plan? (10 marks)**

You decide not to admit her and see her at clinic in 3 days. On review she reports nausea, vomiting, fever, chills, dizziness since last night. On examination she has a fever and is tachycardic.

**Question 5d:**

**What are your differential diagnoses (explain your rationale, and how you would confirm/exclude these)? (6 marks)**