Case Presentations

Clinic Discussions

1

Who's the most interesting patient you've seen this week?

Why were they interesting?

Do you have questions left ?

2

Cases

3

Joana Virshilyas

Wants to ask about Breast Screening

☎

4

Joana Virshilyas

40y old

- Wants to have a mammogram
- Asymptomatic and otherwise well
- Moved from Lithuania where had an annual mammogram as part of work medical
- Grandmother died of breast cancer aged 72

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Breast Screening in Bolton

- 1 in 7 women will develop breast cancer at some time in their life.
- Breast cancer is the most common cancer in the UK
  - around 150 cases are diagnosed every day.
- There are around 11,400 breast cancer deaths in the UK every year.
- 78% of women however survive breast cancer for 10 or more years.
- 1,400 deaths a year are prevented by the National Breast Screening
- The National Breast Screening Programme covers women between 50 & 71 years of age.
  - Every 3 years GP Practices are selected and eligible women who are registered with that practice will be invited to make an appointment for breast screening via letter.
  - Women over the age of 71 can self-refer every 3 years

- **Women aged 50 – 71**
- Every woman registered with a GP will receive an invitation to attend for a mammogram at her local breast screening unit sometime between her 50th and 53rd birthday.
- She will then be invited every three years until her 71st birthday.
- **Women over 71**
- If it has been 3 or more years since your last mammogram women can self-refer

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What's Your Risk?

- **Are we good at working out risk?**
- EXAMPLE:
- 1% of the female population have breast cancer.
- Mammography is 90% accurate.
- The false positive rate is 9%
- So what's your risk of having the disease if you test positive?

Given that information, most people say there is a 90% chance of having breast cancer.

The actual chance is about 10%

- Take 1000 people, so 10 (1%) will have the disease.
- The test is 90% accurate, so will pick up 9 of them.
- But it has a false positive rate of 9% for the 990 women who don't have breast cancer. So it will pick 89 women with a false positive test.
- So there will be a total of 89+9 positive tests but only 9 of them are true positives.
- **9/98 ≈ 10%**

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Breast Screening

- Screening can identify **some** of the people who have or are at risk of developing a disease.
- **Screening may cause harm**, which needs to be balanced with the benefits.
- Some false positives and false negatives are the **unavoidable cost of screening** groups of people who have no symptoms of disease.
- **Screening rarely benefits all sections of the population** so it needs to be targeted at those most likely to benefit.
- Even when the benefits are clear at a population level, **there is still potential harm for an individual**.

https://pubmed.ncbi.nlm.nih.gov/28114661/

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Breast Cancer Screening in Denmark: A Cohort Study of Tumor Size and Overdiagnosis

- In an attempt to diagnose breast cancer early, a mammography screening very often detects small tumours that might not necessarily become malignant.
  - In other words, the tumour would more than likely not be a life-threatening illness or health problem for the woman being treated.
- A breast cancer diagnosis is a life-changing event with profound implications for the psychological well-being and quality of life for women diagnosed and their families.
  - They are subjected to invasive surgery, radiotherapy and sometimes chemotherapy, all of which are known to have serious, sometimes lethal, harms.
- The study also found that screening did not reduce the number of late stage tumours (those bigger than 2 cm), which means that breast screening is unlikely to reduce breast cancer mortality or lead to less invasive treatment.
- Additionally, breast screening leads to a 25 % to 50 % risk of being recalled due to a false positive test result if women attend a screening for the often recommended 20-year period.
  - A false positive recall often means more mammograms and often biopsies. The time until a breast cancer diagnosis is excluded can be very stressful, and can have negative implications for many women's quality of life even well beyond this period.

- **Ann Intern Med. 2017 Mar 7;166(5):313-323**
- **Background:** Effective breast cancer screening should detect early-stage cancer and prevent advanced disease.
- **Objective:** To assess the association between screening and the size of detected tumors and to estimate overdiagnosis (detection of tumors that would not become clinically relevant).
- **Setting:** Denmark from 1980 to 2010.
- **Participants:** Women aged 35 to 84 years.
- **Intervention:** Screening programs offering biennial mammography for women aged 50 to 69 years
- **Results:** Screening was not associated with lower incidence of advanced tumors.
- **Conclusion:** Breast cancer screening was not associated with a reduction in the incidence of advanced cancer. It is likely that 1 in every 3 invasive tumors and cases of DCIS diagnosed in women offered screening represent overdiagnosis (incidence increase of 48.3%).

https://pubmed.ncbi.nlm.nih.gov/28114661/

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https://www.cochrane.dk/screening-breast-cancer-mammography

If we assume that screening reduces breast cancer mortality by 15% and that overdiagnosis and overtreatment is at 30%, it means that for every 2000 women invited for screening throughout 10 years:

- one will avoid dying of breast cancer
- 10 healthy women, who would not have been diagnosed if there had not been screening, will be treated unnecessarily.
- More than 200 women will experience important psychological distress including anxiety and uncertainty for years because of false positive findings.

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Family History Clinic

Referral Criteria

- you or one close relative has had breast cancer before the age of 40
- you or one close relative has had breast cancer in both breasts (bilateral breast cancer)
- you have had breast cancer known as triple negative (in particular if you were diagnosed under the age of 50)
- you and one close relative have had breast cancer
- two or more close relatives have had breast cancer
- you have close relatives who have had breast cancer and others who have had ovarian cancer
- a male relative has had breast cancer
- you are of Ashkenazi Jewish ancestry
- Your family has had a number of cancers linked to one of the other rare inherited altered genes
  - (BRCA1&2, Peutz-Jegher syndrome, Cowden's syndrome, hereditary diffuse gastric (stomach) cancer)

- **General population risk (average or near population risk)**
- If only one person in your family has been diagnosed with breast cancer over the age of 40, you're likely to be at general population risk. Most breast cancers are not inherited.
- **Moderate risk (familial or raised risk)**
- A person at moderate risk may have several relatives with breast cancer but no obvious pattern of the disease.
- Although breast cancer might have affected people in several generations of their family, they tend to be affected at older ages.
- A person may also be considered at moderate risk if one close relative developed breast cancer under the age of 40.
- If you're at moderate risk, you're likely to be offered regular screening. Your specialist may also discuss with you the possibility of risk-reducing drug treatment.
- **High risk (hereditary or increased risk)**
- A person at high risk will usually have several close relatives with breast cancer, ovarian cancer or both over several generations
- If you're at high risk, you will be given more information on the options available to you, including breast screening and risk-reducing treatments. You may be offered genetic counselling and the possibility of genetic testing will be discussed.

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GP
ST2
Mohammed Afzal
Wants ENT referral

13


Mohammed Afzal
63y old
Hearing loss to both ears
Wife talking louder to be heard and turned TV up
Would accept hearing aids if referred
Ears feel full and sounds are muffled. Occasional otalgia. No discharge.

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Ear Wax

Ask about symptoms of impacted earwax, including:

- Hearing loss (most common symptom).
- Blocked ears.
- Ear discomfort.
- Feeling of fullness in the ear.
- Earache.
- Tinnitus
- Itchiness.
- Vertigo
  - not all experts believe that wax is a cause of vertigo
- Cough
  - rare and due to stimulation of the auricular branch of the vagus nerve by pressure from impacted earwax
- Identify factors that may complicate/modify earwax removal, for example immunosuppressive illnesses (such as HIV, malignancy) and diabetes.
- Ask about previous removal of impacted earwax.

- **Examine both ear canals** with an otoscope to ensure the tympanic membrane is intact, without perforation or tympanostomy tubes, and to assess for any abnormalities.
- **Differential diagnoses of earwax include:**
  - Otitis externa
  - Foreign body in the ear canal
  - Polyp of the ear canal
  - Osteoma of the ear canal
  - Keratosis obturans
  - Cholesteatoma

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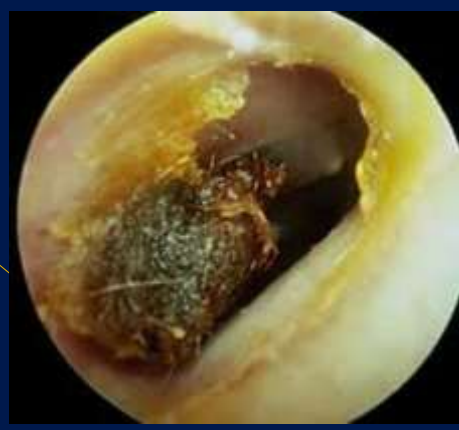
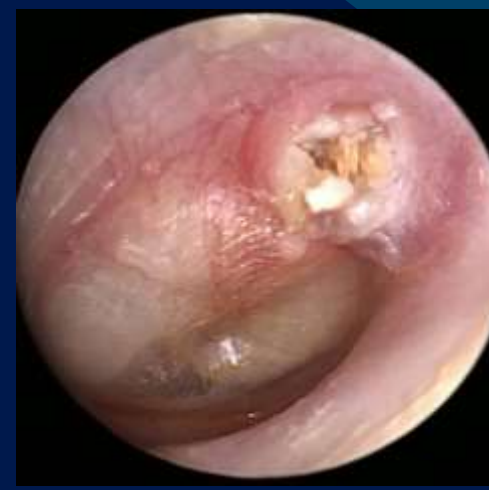
Spot the Ear Wax





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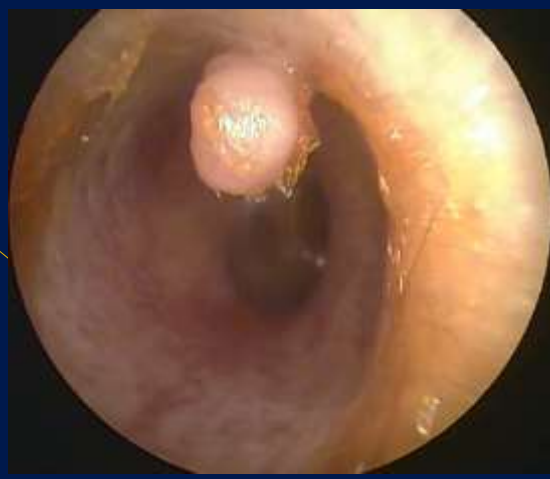
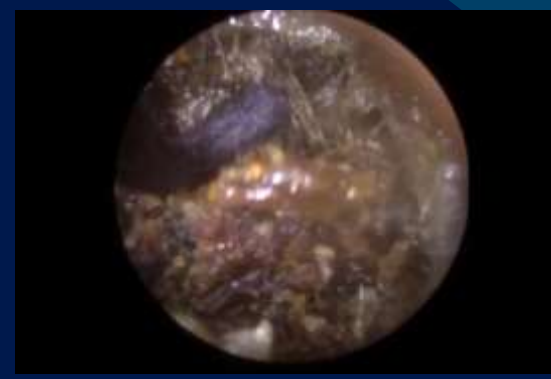
Spot the Ear Wax





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Should we treat ear wax?

18

Ear Wax

FR

- "We estimate that there are 2,746 ear wax removal procedures are paid for by the local NHS costing £403,259 a year."

NHS
Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

19

GP
ST2

Chenglei Xu

Not doing anything, needs help

20

Chenglei Xu

70y old, post stroke, seen with daughter

- Recent discharge from RBH Stroke Unit
- Left sided stroke, residual symptoms of some dysarthria and right sided weakness
- Quiet and withdrawn, just staying in bed

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Stroke Recovery Timeline

- Day 1: HASU MDT workup
- Week 1: Local Stroke Ward
- Weeks 1-3/Discharge Home
  - Cognitive symptoms
  - Trouble speaking
  - Weakness, paralysis
  - Difficulty swallowing
  - Emotional symptoms like depression and impulsivity
  - Heavy fatigue and trouble sleeping
- Initial Months
  - Rehabilitation is to either
    - restore function as close as possible to prestroke levels;
    - or develop compensation strategies to work around a functional impairment.
  - Spontaneous Recovery
  - Anticipate setbacks
    - Concurrent illness often precipitates (recall that childhood development being affected by illness)

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- Doctors
- Nurses, clinical nurse specialists and healthcare assistants
- Physiotherapists
- Speech & Language therapists
- Dietitians
- Occupational therapists
- Ophthalmologists
- Clinical psychologists
- Rehabilitation assistants
- Social workers
- Pharmacists

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Post Stroke Care

- Secondary Prevention
  - Blood Pressure
  - Atrial Fibrilliation
  - Type 2 Diabetes
  - Hypercholesterolaemia
- Health promotion
  - Smoking
  - Exercise
  - Flu vaccination
- Physical Therapy
  - Physiotherapy
  - SLT
  - Rehabilitation
  - Ophthalmology
- Mental Health
  - Psychology
  - Occupational Therapy
  - Support Groups
- Pain
  - Physiotherapy
  - Medication
- Social
  - Driving
  - Care needs
  - Carer needs

Stroke association

Bolton carers support
Supporting carers for 25 years
1994 ~ 2019

- **Be prepared for changed behaviour**
- **Try to remain patient and positive**
- **Make time for yourself**

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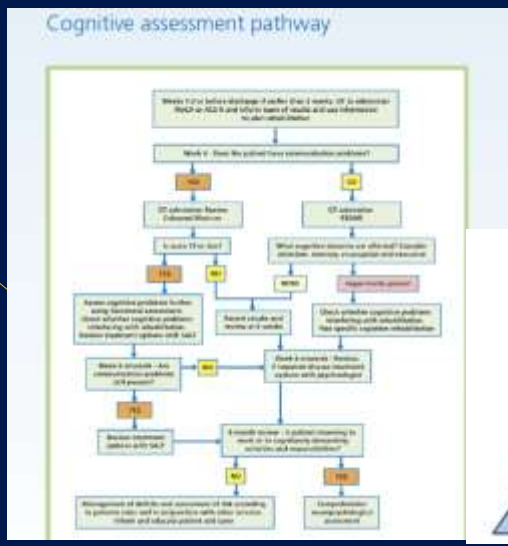
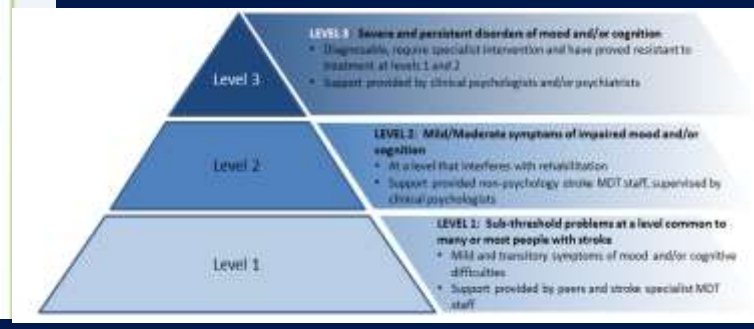
Cognitive Assessment



- Up to 75% of people post stroke show cognitive impairment
- 30% of patients post-stroke will have depression



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How do we treat Chenglei?

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GP
ST2
David Watson
Unwell child

27


David Watson
2years old, triage call with mother Grace
Well yesterday, but slept through night, unusual for him
Fever this morning (38.7C, 39.9C, 38.9C) and not gotten better with Calpol
Not had breakfast
Passed urine this morning (wet nappy overnight)
Developed rash to foot
No cough/old symptoms, no respiratory distress
No one else unwell

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David Watson

- Tympanic temperature 39.8C
- Resp Rate 38/min
- Oxygen Sats 98%
- Pulse 182
- Chest Clear, no recessions
- Heart sounds Normal (probably)
- Abdomen Grimaces over stomach
- ENT Normal ears/nose/throat
- Held curled up with mother, doesn't really move
- Eyes only flicker open when being examined (usually climbs all over room).
  - Doesn't resist ENT exam at all.
  - Seems clammy, hands cold

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What's most important?

1. IM Benzylpenicillin
2. Oxygen
3. Paediatric referral
4. 999 call for Ambulance
5. Explain to parent and child
6. IV access
7. Tell reception to apologise to waiting patients

Dosage:
>1 year of age — 300 mg.
1–9 years of age — 600 mg.
Adults & children >10 years of age or — 1200 mg.

30

What happens next?

31

Brenda Willis

Wants a fit note for work stating can't do current role

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Brenda Willis

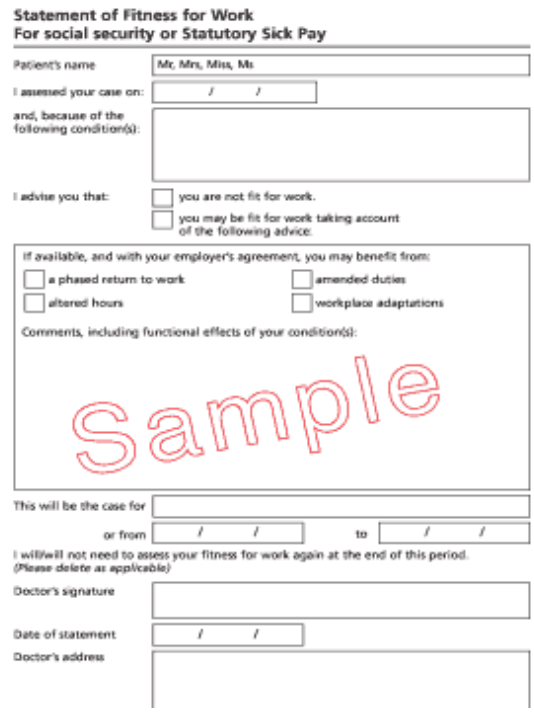
46y old

- Works at hospital in records department
- Congenital deafness – lipreads & wears hearing aids
- Used to work with records conciliation but since moved to telephone/reception role where often on own
- Can't hear calls or other staff
- Has referred self to Occupational Health
- Tearful at thought of return to work
- Wants MED3 to say "Stress at Work"

33

34

- *"Describe the condition or conditions that affect your patient's fitness for work. Give as accurate a diagnosis as possible, unless you think a precise diagnosis will damage your patient's wellbeing or position with their employer."*
- Is "Stress at Work" a diagnosis?
- Is "Deaf" a diagnosis?



Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, Mrs, Miss, Ms

I assessed your case on: / /

and, because of the following condition(s):

I advise you that:
- ☐ you are not fit for work.
- ☐ you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:
- ☐ a phased return to work
- ☐ amended duties
- ☐ altered hours
- ☐ workplace adaptations

Comments, including functional effects of your condition(s):

Sample

This will be the case for

or from / / to / /

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement / /

Doctor's address

35

What is disability discrimination?

- Disability discrimination is when you are treated less well or put at a disadvantage for a reason that relates to your disability in one of the
- The treatment could be a one-off action, the application of a rule or policy or the existence of physical or communication barriers which make accessing something difficult or impossible.
- The discrimination does not have to be intentional to be unlawful.

- **Failure to make reasonable adjustments**
- Under the Equality Act employers and organisations have a responsibility to make sure that disabled people can access jobs, education and services as easily as non-disabled people. This is known as the 'duty to make reasonable adjustments'.
- Disabled people can experience discrimination if the employer or organisation doesn't make a reasonable adjustment. This is known as a 'failure to make reasonable adjustments'.

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Reasonable Adjustments

- Making adjustments to premises
- Allocating some of your duties to another person
- Transferring you to fill an existing vacancy
- Altering your hours of working or training
- Assigning you to a different place of work or training
- Allowing you to be absent during working or training hours for rehabilitation, assessment or treatment
- Giving, or arranging for, training or mentoring (whether for you or for other people)
- Acquiring or modifying equipment
- Modifying instructions or reference manuals
- Modifying procedures for a test or assessment
- Providing a reader or interpreter
- Involving other staff

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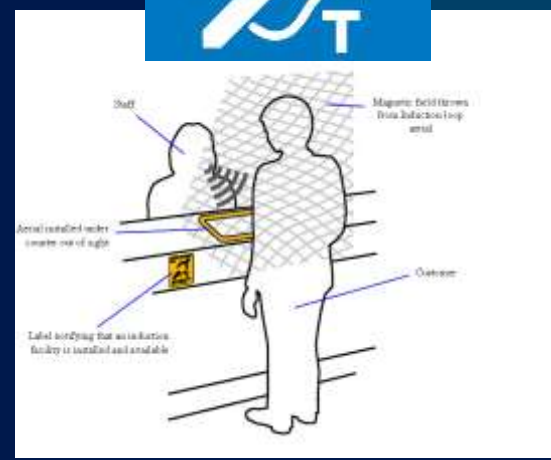
Hearing Loop

- Making adjustments to premises
- Allocating some of your duties to another person
- Transferring you to fill an existing vacancy
- Altering your hours of working or training
- Assigning you to a different place of work or training
- Allowing you to be absent during working or training hours for rehabilitation, assessment or treatment



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Brian Willis

66y old

- Another deaf patient Brian, walks into reception at 1220 and asks for an appointment
- It's between surgeries and you are asked if you can see him
- You're finishing morning surgery and have a visit to do
- He is deaf and can't use the telephone

- **What do you want to know?**
- **What do you want to do?**

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What is "ok"? Why?

40

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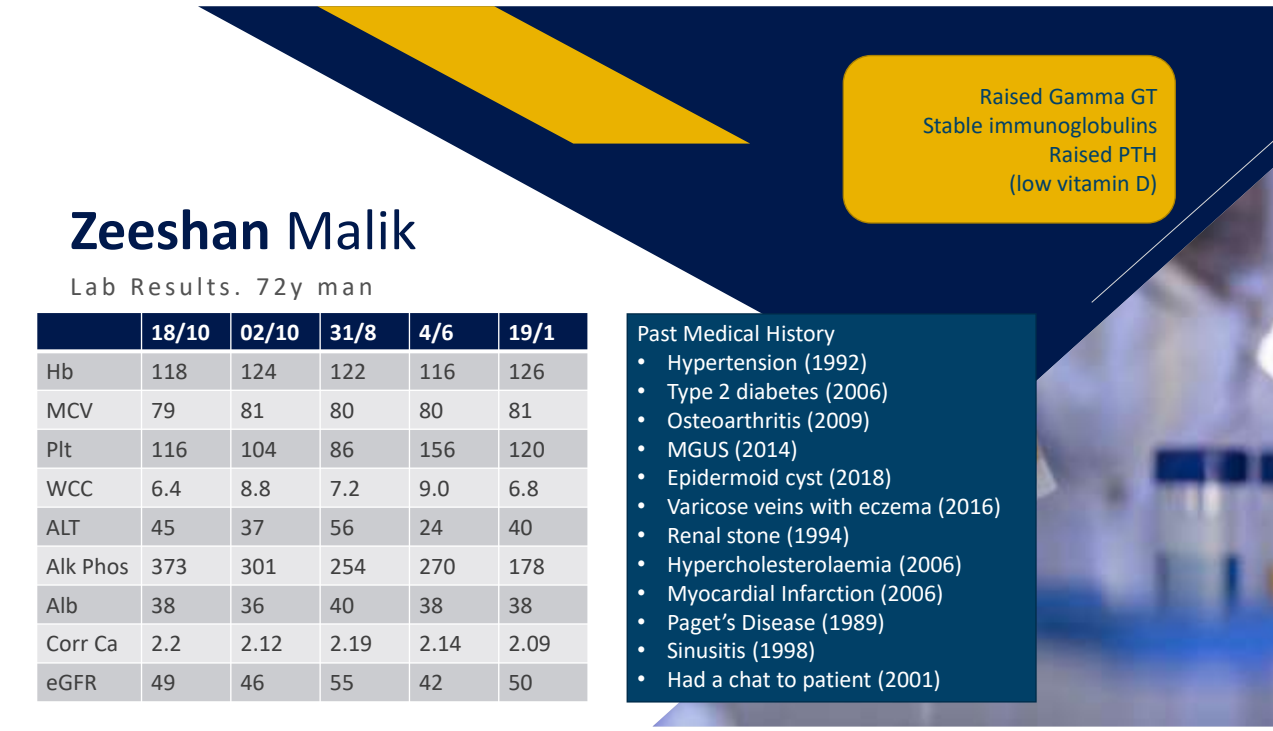

	18/10	02/10	31/8	4/6	19/1
Hb	118	124	122	116	126
MCV	79	81	80	80	81
Plt	116	104	86	156	120
WCC	6.4	8.8	7.2	9.0	6.8
ALT	45	37	56	24	40
Alk Phos	373	301	254	270	178
Alb	38	36	40	38	38
Corr Ca	2.2	2.12	2.19	2.14	2.09
eGFR	49	46	55	42	50

Past Medical History
- Hypertension (1992)
- Type 2 diabetes (2006)
- Osteoarthritis (2009)
- MGUS (2014)
- Epidermoid cyst (2018)
- Varicose veins with eczema (2016)
- Renal stone (1994)
- Hypercholesterolaemia (2006)
- Myocardial Infarction (2006)
- Paget's Disease (1989)
- Sinusitis (1998)
- Had a chat to patient (2001)

42


GP
ST2
Elaine Drury
Medication Request

43


Elaine Drury
88 years old
New resident to residential care
Pharmacist asks for GP review of apixaban
Started at stroke diagnosis April 2021
Discharge letter states for clinic review in “6-8 weeks” – should have been June 2021
Apixaban not mentioned in any letter
Weighs 72kg and eGFR 72

44

45

Urgent Form Request

- Reception state patient requesting urgent appointment to complete medical
- Due to run in Paris Marathon at weekend and needs medical certificate completed
- No past medial history
- Fit 29 year old personal trainer

What next?


MEDICAL CERTIFICATE

I, the undersigned Dr_____, Doctor of Medicine

Certify that the examination of Ms/Ms_____

Date of birth: _____ Age: _____

reveals no contraindications for participating in running competitions.

Medical certificate issued in (place): _____

Date: _____ Doctors sign: _____

Doctors Stamp

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