

Bolton GP ST3 Explanation Case List



Simple Cases

1: At risk of Diabetes

Come back for blood results. Person fit and well
HBA1c= 46... BMI=32 55years

2: Diabetic

Come back for blood results. Person fit and well
HBA1c= 52... BMI=32 62 years

3: CKD3A

Come back for blood results. Person fit and well
73 years eGFR=54 (previous two results 50 and 59) and normal ACR

4: CKD3B

Come back for blood results. Person fit and well
50 years eGFR=45 (previous two results 38 and 42) and albuminuria

5: New diagnosis Angina

62 year old just presented with classical history of angina, worried it might be from heart. Smoker
20/day hypertension on lisinopril with good BP control (128/80)

6: Abnormal Smear test

42 year with letter abnormal smear test. HPV found (HPV positive) and abnormal cell changes (so
will be sent for colposcopy)

7: Low vit D

30 years old Asian lady. Tiredness, thought had anaemia as post-partum. Bloods normal except for
low vit D=12

8: Abnormal AAA screening

Patient just had AAA screen. Letter from them to come in. Letter aorta diameter 5.7cm
(3-4.4 scan yearly, 4.5-5.4 scan 3 monthly, >5.5 refer)
Can vary lifestyle

9: Grommets

5 year old son seen ENT with difficulty hearing. ENT surgeon diagnosed glue and arranging grommets
insertion in next year. Please explain

10: Acute chest pain

Present acute chest pain either acute cardiac pain for 2 hours or acute Pulmonary embolism
symptoms

11: BPV

57 years old with dizziness when rotating head on lying down, not when upright. Lasts few minutes.
Explain BPV

12: Floaters

Patient sees these shadows, for several years, particularly when looking at clear sky, move when he
looks at them, not changes recently. They come and go. Explain floaters
Variation- add in but got a new one that's quite large, maybe seen a few flashing lights



13: Head lice

Mother keeps ordering repeat prescriptions, for daughter (with long hair) for head lice solution. Lotion clears it but they keep coming back. Coming in for prescription review. Big push from ICB/GMMMG to manage head lice without prescribing

14: New diagnosis hypertension

55 year old fit and well. Average home BP 155/94, no smoker, minimal alcohol, BMI 29, little exercise.

15: New AF

Patient seen nurse who found irregular pulse – confirmed on ECG p=115. Cholesterol up, age 72, hypertension, reasonable control. With scoring likely to need anticoagulation (CHADSVasc 3) and acceptable bleed risk (ORBIT 2).

16: Difficulty swallowing

72 year old smoker, with 4 week difficult swallowing, initially struggles with meat now liquids stick a bit on the way down, having to regurgitate back up. Will need Suspected Cancer referral.

17: Gall stones.

Had some pains in RUQ, U/S arranged coming back for results - gall stones. Why are they causing pains doctor. Female 31 years BMI 32

18: Claudication

81 year old pain in left calf on walking, eases on rest. Hypertension, angina. On statin, b-blocker and ACE. Vascular have seen and discharged as ABPI shows intermittent claudication and would not be for surgery if had critical ischaemia.

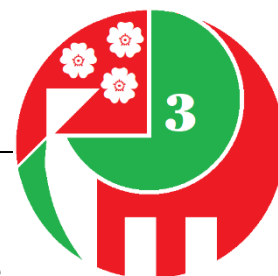
19: Depression

37 year old with clear symptoms of depression as a result of multiple life stressors (works as a nurse, child with autism and difficult noisy neighbours), doesn't want to kill self and has no self harm, alcohol/drug use - explain depression

20: Panic attack

22 year old – just provided details of clear panic attack. Explain what a panic attack is.

Complex Cases



21: Parkinson's disease

62 year old presented a few weeks ago with a tremor referred to neurologist who thinks its Parkinson's disease. It will need treatment but the consultant is awaiting the results of a brain scan before starting treatment. Explain Parkinson's

22: Optic atrophy ??MS

32 year old presented with an episode of blurred vision. Now settles, seen neurology and seen something in eye and diagnosed MS. Flare settled. What's MS?

23: Carpal tunnel syndrome

34 year old with intermittent unilateral hand numbness and nocturnal pins and needles for 2 months – likely to be carpal tunnel. Explain diagnosis and primary care management

24: OA Knee

82 year old middle class lady with recurrent left knee pain. No locking or giving way. Painful on long walks. Pain easier with NSAID gel. Past MI and current COPD. BMI 27. Wants referral/surgery – explain why wouldn't be first choice.

25: CAMHS Rejection

6 year-old referred to CAMHS for behaviour problems, referral rejected as no clinical info to suggest ADHD or autism in letter, or recorded in child. Background suggests behavioural problem stems from past exposure to domestic violence, now safe. Mum wants to know why referral rejected. Explain what support available

26: Borderline raised liver function

34 year old. Man. Two x ALT results raised, 47 and 52. NIRS bloods normal. USS shows some fatty deposits. Patient drinks 27 units of alcohol per week (250ml glass of wine each evening weeknights, and 2 glasses at weekend). Not alcohol dependant. But doesn't "everyone" drink like that doctor?

27: Statin Restart

65 year old with QRISK3 score of 17%. Previously declined statins due to side-effects of muscle pains from simvastatin. Subsequent diagnosis of OA and pain-free. Past QRISK2 score was 8% but didn't include HIV positive status (viral load is undetectable) and notes not shared (at patient request) from GUM. Why should he take a statin?

28: Bipolar disease wants to stop antipsychotics

33 year-old on Olanzapine 15mg daily. Has been stable for 6 months following first inpatient episode (under MHA, admitted for 3 months). What's the point of the drugs?

29: Fibromyalgia and excessive opioid use

49 year old patient with longstanding fibromyalgia, on morphine MR 50mg BD plus 50mg of oramorph per day (150mg total per day). Guidance to reduce all patients to 120mg/day or less for safety – higher doses show no analgesia efficacy (but do provide short-lived euphoric benefit which has decreases with extended use). Explain why dose should be reduced – patient will recognise many of the opioid side-effects described.

30: CVA – doesn't want to attend ED

72 year-old relative calls about their spouse. They have new onset slurred speech, can't use their left arm or leg and were fine 2 hours ago. Past MI but treated with successful angioplasty.. Don't want to attend A&E as they have heard it is too busy, can a GP not visit? Explain why ED is warranted.



31: Cardiomyopathy

22 year-old whose elder sibling has had hypertrophic cardiomyopathy discovered and says told to get referral to cardiologist, aware will be a long wait and worried. Explain what will happen next to patient.

32: Geriatric anaemia

88 year old with recurrent borderline low (128) but stable anaemia over past 5 years. In past 3 years has had normal FIT, CXR, urinalysis, PSA, CRP, calprotectin and remains symptomless. Anaemic is normocytic. Relative has seen lab comment "Follow Primary Care Anaemia pathway" on NHS app and demands to know why no-one has done anything for parent.

33: Emergency contraception

Wants morning-after pill. Attends 48 hours after last UPSI with known partner. Gets migraine with aura (so contraindicates COCP) and struggled with acne (relatively contraindicating POP/Depo). LMP was 2 weeks ago, usually has a 28 day cycle (so has likely already ovulated). Explain why MAP may not work and why may need IUCD/IUS.

34: Prostate cancer

69 year old man. Referred to Urology Suspected Cancer clinic as had LUTS and raised PSA. Given Gleason score of 6 (low, well-differentiated cells) and told will now be on a "watchful waiting program". Attends GP to ask why having no treatment, is it too late?

35: Cervical screening request

21 year old wants to have cervical smear as has heard about young women having cancer risk. Explain why program starts at age 25.

36: NHS Pre-Payment Certificate

25 year-old with eczema attends for re-flare of symptoms and reveals can't afford to buy the antibiotics, two emollients and 2 topical steroids recommended by specialist for infected eczema. Explain the NHS PPC.

37: Sleep Hygiene

27 year old with poor sleep, difficulty getting to sleep. Currently asleep by 4am and waking at 10am. Tired all the time. Normal primary care investigations and no illness suspected. Explain sleep hygiene.

38: Sinusitis

42 year-old wants antibiotics for chest infection. Clear chest, SaO₂ 100%. Facial pain, blocked nose, cough with mucus coughed up each morning, bright green. No bloodied mucus, symptoms less than 5 days and past atopic history. Sinusitis diagnosed. Explain use of steroid nasal spray and why antibiotics not required.

39: Contraception

24 year old patient AFAB (assigned female at birth) undergoing HRT (testosterone as identifies as male. Has uterus and ovaries, and having monthly menstrual cycle still. Current/potential sexual partners include those with a penis, and would like to have no periods if possible. Explain options for this (POP/IUD/Depo)

40: Dementia

88 year-old scores 10 on 6-CIT, warranting memory clinic referral. Patient didn't believe had any problem, and has been brought to appointment by relative. Worried that dementia will mean has to go into a care home, affecting ability to care for spouse. Explain dementia diagnosis, prognosis and what happens after referral, with reference to patient concern.