

Session 1 patient partner scenario- Diabetes new practice patient

Name: own name

Preferred way of being addressed: own preference (Mr, Mrs, Ms, first name)

DOB: to fit age 50-70

Setting: GP Practice

Reason for attending

You have recently moved to Aberdeen from Birmingham and just joined the GP practice a week ago. You are primarily looking to get your medications sorted onto the system as you will need more soon. Your old practice also did annual diabetic reviews, so you want to set this up too.

If you are asked a further open question, please give some of the following information. Otherwise answer the specific question that is asked.

- You used to live in Aberdeen years ago but moved down south for work about 20years ago and now that you have recently retired, you are returning to be closer to your elderly mother.
- It's really your diabetic medications that you are keen for, you are a type 1 Diabetic and when you once ran out of insulin before many years ago, you became really quite unwell with vomiting and abdominal pain and needed to go into hospital for a couple of days. You are keen to avoid this again! You have about a week's supply left so are trying to be organised.
- Your last diabetic review was about 10months ago and the nurse wasn't that pleased with your levels, you can't remember what the levels were, but they had gone up from last time. They gave you some advice about losing some of the additional weight you had gained over the last couple of years but although you have tried, this is a struggle due to the issues you get in your legs when walking.
- You weren't a member of the local diabetic groups when you were in Birmingham as you were busy with work but now, you're retired you would be interested to find out more about this locally.
- You are up to date with your eye and foot screening.
- You have put on probably 1-2stone in the past 3years.
- The issues with your legs walking are that you get pains in your calves when walking for more than 10minutes at a time, you have to stop and rest, and they quickly settle. This has been present for about 3 years and not been getting any worse. There is no pain at rest or at night. Your previous GP (who was lovely) sent you to a hospital specialist about this once and they did a fancy scan and advised the blood supply to your legs isn't great and they mentioned an operation but you aren't keen due to worry of the risks with this (the anaesthetic etc) so it was agreed just to keep an eye on it. You think they maybe put you on some tablets for it. This is why it's been a struggle to lose the weight you have put on.
- The only other current issue is you have been getting issues on and off with lumpiness around your injection sites if you forget to rotate them regularly. If you stick with the same site for a few days, the skin gets all lumpy.

If asked specifically what you think may be going on/concerns/expectations:

Ideas – You know that your diabetic control isn't great. You know that a lot of your health problems are linked to diabetes, the doctors have told you this before. You are also tired of people telling you to lose weight as it's really tricky.

Concerns – That the Diabetes will cause more and more problems for your health over time. And that if your own health does get worse then you might not be able to look after your mother yourself for as long as you had hoped. Another worry is that you might develop this eye-sight issue that a few of your diabetic friends have had, you like your TV and crafts so are keen to avoid this.

Expectations – To get your medication sorted and hopefully get a script today for them.

Past medical history – Unless an open question given, answer only what has been specifically asked.

- Type 1 Diabetes since the age of 14.
 - You have been in hospital a few times with your diabetes. When you were diagnosed you remember you had been seen by the doctor as you had been losing weight and passing urine a lot, you don't remember about any thirst. You had to go into hospital for a few days to get started on medicine before you were allowed home. You were also admitted a "few" times in your 20's and 30's, maybe around 4 or 5 times due to high sugar levels. You recall one time was just after you took on a new night shift job and changed your insulin pattern. The other times seemed to happen with no reason. The last time you were in hospital with your diabetes was about 10years ago when you ran out of your insulin.
 - Generally, your diabetes control has been steadily creeping up over time although you are a bit embarrassed to admit this as you've been told before that it's under "your own control".
 - You saw the diabetic nurse at the old practice about once a year.
 - You usually check your own blood sugars prior to taking your insulin. So, 4 times a day. They tend to sit about the 15 or 16 mark for you for you usually.
 - You haven't had any episodes of a low blood sugar for over 5 years now as you are very careful. You can tell when you get low episodes as you get shaky.
- You have been told your kidney function is "borderline" – this is kept an eye on by your GP, by the way of blood tests every year along with your diabetic review. You don't know what's happening with this just now, you think it's staying the same? You don't remember when this started as you yourself don't notice any issues with your kidneys.
- High blood pressure for the past 5years or so– which is under control and under review annually by your GP.
- Heartburn for a few years now. GP gives you tablets for this. The heartburn is still an ongoing issue, the tablets don't really help that much.
- Poor circulation to legs – seen in hospital outpatient clinic about 3years ago regarding this. Declined an operation for this so currently monitoring symptoms – leg pain when walking (more than 10mins) is not getting any worse.
- Angina – had this for about 5years now. It's actually less of a problem now than it was before, you used to get this when hurrying up long hills, but you

think your legs now stop you from doing this as much! You probably get an episode once every 3-4months now. You get central chest pain with shortness of breath for about 2 or 3 minutes until your red spray kicks in as that usually settles it.

- Surgery: Right Inguinal hernia repair done 10years ago. No issues now.

Medication, only provide what information the student has specifically asked

Prescribed:

- Ramipril tablet 10mg once a day for blood pressure
- Amlodipine 10mg once a day for blood pressure
- Bendroflumethiazide 2.5mg once a day for blood pressure
- Atorvastatin 80mg at night once a day for legs
- Aspirin 75mg once a day for legs
- Glyceryl trinitrate 400micrograms/metered dose, 1-2sprays under the tongue for chest pain, AKA “the red spray”
- Omeprazole tablet 20mg once a day for reflux
- Lantus (if specifically asked, 100 units/ml solution for injection in a cartridge, you have your own reusable cartridge pen to put this into), you take 18units at night
- NovoRapid (if specifically asked, FlexPen 100 units/ml solution for injection in pre-filled pen), you use this before meals i.e. 3 times a day, dose changes with what your levels are. You tend to tailor your dose depending on what you are going to have to eat, you’ll take more if it’s a big meal and less if it’s a lighter meal.

If pushed for figures, it’ll usually be in the region of 10-15units depending on what type of meal it is. You can’t get more specific than this without knowing the carb content of the meal and what your pre meal blood sugar is.

- Aviva Accu-Check testing strips, pack of 200
- ACCU-CHEK Fast Clix lancets 1.8mm 23 gauge lancets, pack of 200

If specifically asked, you quite often forget to take your atorvastatin, you probably take it 1-2 times a week, you keep forgetting about it as the rest of your tablets are in the morning. You also don’t tend to bother much with the Omeprazole, you feel it hasn’t really helped with the reflux, so only been taking it on and off for particularly bad days. Maybe use it 3 or 4 times a week.

If specifically asked, you are taking these over the counter:

- Gaviscon 5mls about 4times a day for your reflux
- Rennie’s chewable tablets – use one if your Gaviscon doesn’t help. Generally use about 1 every couple of days.

You are allergic to latex, with a all over body rash having developed when you were a child. Not allergic to any medicines.

Family History

You mother is 25yrs older than your chosen age, she had had a few mini strokes recently but recovered from them. She has had a heart attack about 15years ago, and also has angina. She also has high blood pressure.

Your dad died aged 52 from complications following a routine operation to remove his gallbladder. All you know is there was an injury to his bowel and developed “septicaemia” afterwards. He died a couple of days later.

You have a sister who is well other than hypothyroidism.

You have 2 brothers; one is older than you and has recently been diagnosed with type 2 diabetes. He is just on tablets for this.

The other brother is younger and has a very bad hip and is awaiting a replacement for this.

You have one child who you and your partner adopted. They are well.

If asked about diabetes specifically in the family – you recall your mum's mother had type 1 diabetes as does one of your maternal aunts.

Social History

You have recently moved house with your partner to a 3bed house in Aberdeenshire. Your mum is local, as is one of your brothers.

You live with your long-term partner. Your child has left home now.

You are now retired but used to be self-employed as an electrician (please stick to this profession whether you are male or female).

You have a dog and a cat. You used to be the appointed dog walker until your legs got bad, so now your partner does it.

You don't exercise much.

Your diet is usually convenient meals like supermarket ready meals which are handy to heat up quickly. You also tend to get a bit bored around the house so snack a lot during the day.

You have never smoked.

You drink a couple of beers/wines about 3nights a week and then share a couple of bottles of wine with the partner at the weekend.

No recreational drugs. No recent travel.

You like doing woodwork/Wood crafts in your spare time (you are very good at making bird boxes) and watching TV.