

Session 2 patient partner scenario – Hypothyroidism diagnosis

Name: own name

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

DOB: to fit age 40-60

Presenting complaint

You came to see the GP 2 weeks ago as for some time (6 months if asked to specify) you have been feeling increasingly worn out. You feel like you have no energy for doing anything and it has started to get you down. Today, you have returned to receive your test results from a GP that you have not met before.

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

You have put on weight (**If asked - 1 stone over the past 6 months**) because you have been sitting about doing as little as possible given any opportunity. You have also been feeling low, useless and have lost confidence (for example, anxious about mixing socially), because you have no energy and you 'look a mess'. **If asked more about this:** you can do nothing with your hair - it's like wire wool and no amount of conditioner seems to help. Your skin has also been dry and sometimes looks a bit inflamed.

If asked for more information about your mood or mental health

You have been feeling more down of late, but you think that is due to how lifeless you feel. In addition, you have been feeling increasingly irritable. The irritability was bad enough when directed at your husband/partner, children and 1 or 2 close friends, however you recently snapped at a couple of people at work or your neighbours, for no good reason. These latter outbursts and the 'encouragement' of your partner prompted your visit to the GP

If specifically asked

You have not had any thoughts of harming yourself and were enjoying life until you started to feel so tired. Your partner is supportive. You are sleeping well, too much in fact. You are also eating fine - you have tried to cut down a bit which is why you are a bit surprised by the weight gain. Your bowels are moving normally for you; you tend to be a bit constipated normally, moving about every 2 days. You have not noticed any other symptoms or problems.

If asked what the GP said to you 2 weeks ago or what your own thoughts are about this

The GP suggested that you were possibly describing symptoms of an under-active thyroid and sent away a sample of your blood for testing. You were advised to return in 2 weeks to receive your test results. You don't really know what they meant by an under active thyroid.

Background – You are aged 40–60, married with 2 children (ages appropriate to your scenario age) and you are/were employed in a job of your own choice.

History of Health Problem – You are not currently on any medication and have been previously well and active both physically and socially

If female describe feeling 'down' for several months after the birth of both of your children. The GP prescribed medication at the time which you took for about 6 months (**if asked** - an antidepressant tablet but you can't remember the name).

If male describe feeling down due to some problems at work with your colleagues a few years ago. The GP gave you a tablet for your mood (**if asked** - an antidepressant but you can't remember which one) which you took for about 6 months. You have not had any problems since then.

Family History – your mother needed B12 injections for a type of anaemia – the name of which you can't remember. She died aged 78 of a heart attack.

Your dad is still alive and has type 2 diabetes which requires tablets, high blood pressure and osteoarthritis. You have no siblings. Your children have no health issues.

Lifestyle/Social history

Smoker smoke 10/day since age 14 – you worry that with your current issues with your mood, this will get worse if you try and stop.

Alcohol have one standard glass of wine with dinner each night, 2 a night at the weekend

Diet give some high fat examples with takeaways, but you have cut those out recently due to the weight gain – this has not made any difference and you are worried how you can lose the extra weight of 1 stone you have gained

Exercise busy day-to-day but you don't go to the gym etc. – no time for this

The students are then going to practice providing information about a diagnosis and it's management for the first time in this session. Below we suggest 2 different reactions for how you respond to the information that the students are going to give you as we intend to run this scenario twice in the session. Please stick to one reaction at a time; this is to allow for the whole scenario to be repeated in the tutorial a second time to give all the students a chance to take part and to experience explaining things to patients who respond differently. Please use these to guide your responses though please also be guided by the student (e.g. show that you don't understand if you feel the student has not been clear in their explanation or used a medical word you don't understand). We intend to run it so that one student will explain the diagnosis, then a different one will explain the management and another one to answer any queries. So please save your pick of your 3 questions for that final student, so they have something to practice responding to.

Patient Reaction 1

The GP will advise you that the test results confirm that you have an under-active thyroid and he/she will need to discuss the need for long-term medication (Levothyroxine) and follow-up appointments.

When told about the diagnosis - you are delighted that something has come up on your bloods as you feel this explains why you have been feeling this way and proves it isn't all in your head. If you feel the student hasn't clearly explained what the thyroid gland/hypothyroidism is, please ask them to clarify.

When told about the treatment - You are thrilled that there is something that will make all your symptoms go away (if the previous student hasn't picked up on the symptoms already mention a few here). Also mention that you are pleased that you will be back to your "old" self in a few days once you start the tablets (if this student hasn't explained already that it can take a few weeks to work).

When asked for any final questions (from the different student to the diagnosis and treatment one), **pick 3** from the list below:

- Clarify by happily asking "so these tablets will cure the problem then?". Appear disappointed with the answer but if the student then reassures you in some way, accept the need for lifelong tablets.
- If the previous student hasn't said specifically that the tablets are for life, ask how long they need to be taken for? As above, appear disappointed with the answer but if the student then reassures you in some way, accept the need for lifelong tablets.
- If follow up blood tests have been mentioned but not for how long, ask when can the blood tests stop?
- If alcohol intake was clarified in the earlier history, and not already addressed, you want to double check if this is an ok amount?
- You want to make sure you understand the thyroid gland thing so that you can tell your spouse, can they just run run through that again, what it does?
- If it hasn't been already explained by the previous student in this scenario, ask what causes the thyroid to stop working in the first place? Can just being run down set it off? Have you done anything to set it off?
- You have a friend who had thyroid that also wasn't working properly and they needed to go to the hospital to get regular checks from a specialist about theirs, will you need that?
- If not already addressed in this scenario, whilst you are here, you would also like advice on a healthy diet because you know you skip breakfast, eat a lot of takeaways, and snack especially in the evenings with chocolate.
- Is this a condition that runs in families? Do you need to tell your children? Will they get it?

Patient Reaction 2

The GP will advise you that the test results confirm that you have an under-active thyroid and he/she will need to discuss the need for long-term medication (Levothyroxine) and follow-up appointments.

When told about the diagnosis – you accept the diagnosis readily enough. You thought that there was something going on to explain all these symptoms. You are pleased that it's been found. As in the first scenario, if you feel the student hasn't clearly explained what the thyroid gland/hypothyroidism is, please ask them to clarify.

When told about the treatment – Oh, you aren't keen on taking tablets in general. You feel taking prescribed things is the beginning of a slippery slope and your Dad is on so many tablets, you've seen how he gets stressed out with managing them all and he often talks about side effects from his tablets. You would much prefer to use a homeopathic treatment if available or try acupuncture or maybe reflexology. Ask this student if any of those be an alternative? If the student addresses this in a way that

you feel is reassuring and explains why these wouldn't help then disappointedly but readily accept that you will give the treatment a go and see what happens.

When asked for any final questions (from the different student to the diagnosis and treatment one), **pick a different 3 from those used in the first scenario** from the list below:

- Clarify by asking "so these tablets will cure the problem then?". Appear disappointed with the answer but if the student then reassures you in some way, accept the need for lifelong tablets.
- If the previous student hasn't said specifically that the tablets are for life, ask how long they need to be taken for? As above, appear disappointed with the answer but if the student then reassures you in some way, accept the need for lifelong tablets.
- If follow up blood tests have been mentioned but not for how long, ask when can the blood tests stop?
- If alcohol intake was clarified in the earlier history, and not already addressed, you want to double check if this is an ok amount?
- You want to make sure you understand the thyroid gland thing so that you can tell your spouse, can they just run run through that again, what it does?
- If it hasn't been already explained by the previous student in this scenario, ask what causes the thyroid to stop working in the first place? Can just being run down set it off? Have you done anything to set it off?
- You have a friend who had thyroid that also wasn't working properly and they needed to go to the hospital to get regular checks from a specialist about theirs, will you need that?
- If not already addressed in this scenario, whilst you are here, you would also like advice on a healthy diet because you know you skip breakfast, eat a lot of takeaways, and snack especially in the evenings with chocolate.
- Is this a condition that runs in families? Do you need to tell your children? Will they get it?

Additional info about hypothyroidism management (Just for info for PP's – you are not expected to know this).

From www.patient.co.uk

Hypothyroidism is common.

About 1 in 50 women and about 1 in 1,000 men develop hypothyroidism at some time in their life. It most commonly develops in adult women and becomes more common with increasing age. However, it can occur at any age and can affect anyone.

Hypothyroidism means a reduced level of thyroid hormone (thyroxine).

The most common cause in the UK is due to an autoimmune disease called autoimmune thyroiditis.

Symptoms develop gradually. They may be confused with other conditions. The most common symptoms are: tiredness, weight gain, constipation, aches, dry skin, lifeless hair and feeling cold.

A blood test can diagnose hypothyroidism. A normal blood test will also rule it out if symptoms suggest that it may be a possible diagnosis. One or both of the following may be measured:

- Thyroid-stimulating hormone (TSH). This hormone is made in the pituitary gland. It is released into the bloodstream. It stimulates the thyroid gland to make thyroxine. If the level of thyroxine in the blood is low, then the pituitary releases more TSH to try to stimulate the thyroid gland to make more thyroxine. Therefore, a raised level of TSH means the thyroid gland is underactive and is not making enough thyroxine.
- Thyroxine (T4). A low level of T4 confirms hypothyroidism.

Treatment is usually easy by taking a tablet each day to replace the missing thyroxine. The tablet is called levothyroxine, taken once a day and is usually easy and effective. Usual dose 50 – 150mcg.

Treatment is usually for life.

A blood test is checked initially every 2 months and the dose adjusted till the blood tests normalise and then they are checked once a year.