

RANZCP Auckland Training Programme

Mock Objective Structured Clinical Examination

Bye for Station No. 1

Sept 2008

Reading Bye for Station No. 1 - Instructions to Candidate

You have twenty (20) minutes to complete this station.

You are working as an advanced trainee in a community mental health service, where you have a year's attachment. You have an appointment scheduled with Ranjeeni, a patient with Bipolar Disorder, who is known to you from prior contacts.

The community nurse Angie who is unfortunately off duty today has however left a note for you expressing some concern about Ranjeeni:

"Saw Ranjeeni on Monday. Seems quite talkative - ? going high again. Her mother is a little worried and says Ranjeeni's been out a lot and impulsively bought some new clothes for the children, which Sanjay was a bit cross about as they hadn't budgeted for it. Mother is pretty sure she is taking her lithium though. I arranged for a level tomorrow morning - hopefully you'll have it for Thursday."

Your task is to:

- **Refresh your memory about the details of Ranjeeni's case from her clinical records before this meeting**

<p>Please do not make marks or notes on the case history provided.</p> <p>This information <u>will</u> be available again to you in station 1, as though you had taken Ranjeeni's file with you into the appointment.</p>

<p>You can make your own notes on the scrap paper provided, and can take that with you into station 1, where you will continue with this scenario.</p>
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Summary of Ranjeeni's History:

Ranjeeni is a 36 year old married Indian woman with two children aged 4 and 2. She is originally from Mumbai but has lived in New Zealand for 10 years. Her husband Sanjay is supportive and their relationship has endured a number of strains during Ranjeeni's periods of mood elevation or depression. Ranjeeni's mother helps with the children's care as Ranjeeni and her husband both work. Ranjeeni works part-time as a salesperson in a sari shop owned by Sanjay's uncle.

Ranjeeni is in a consultation room waiting to see you. Fortunately, she has always regularly attended appointments with you, and is able to take time off from work as her uncle understands about her illness. Had her husband's uncle not owned the shop where she works, she might have lost that job due to her periods of sick leave and some inappropriate behaviour when relapsing.

Psychiatric History:

Ranjeeni has a Bipolar Type 1 Disorder. You have met 2-3 monthly with her in your outpatient clinic over the past ten months and your plans had been to look at discharge to GP care. Ranjeeni, like her paternal grandmother, has a diagnosis of a Bipolar disorder. She first presented at the age of 27 years with a manic episode without psychotic symptoms.

She has had 4 past admissions in manic states, and has had a further 5 major depressions treated in the community. The last manic episode was 18 months ago. She had a mild to moderate depressive episode subsequently and required cautious anti-depressant use that did not induce any switching to mania. She received citalopram 40mg mane in addition to lithium carbonate 1200 mg nocte. Her serum levels are usually in the range of 0.7-0.8 mmol/L.

Ranjeeni's past admissions have typically lasted 1-2 weeks and have responded to resumption of her usual medication (which she usually stops or reduces before relapses). When manic she is also treated with olanzapine 5-10 mg nocte and zopiclone (for sleep). She usually needs the zopiclone for 2 weeks after discharge and similarly the olanzapine has in the past been tapered and discontinued as she recovers (partly because of concern about weight gain). She has not been on any antidepressant medication for the past 6 months.

When she is manic she has characteristic symptoms of mood elevation including elevated mood, pressured thoughts and speech, erratic eating and weight loss, reduced need for sleep, excessive energy with multiple tasks on the go but not completed. She develops flight of ideas but no delusions or hallucinations. Risky behaviours have included unrealistic business ventures and excessive spending, impacting at times on the couple's savings. Sanjay thus controls their savings account. Ranjeeni was also charged by the police once in the past once for speeding and for driving under the influence of alcohol, when manic.

When depressed she develops melancholic features, with some suicidal ideas but she has never acted on these so as to self-harm. She developed a post-partum depression after both of her children were born. She has been treated with SSRIs for the depressions, and responds reasonably well to these.

Current Medication:

Lithium Carbonate 1200mgs nocte

Medical History:

Nothing of note, apart from both children needing to be delivered by Caesarean section.

Substance Use History:

Usually no alcohol or drug use, and a non-smoker. When manic she sometimes drinks wine or spirits to excess, but she has never been dependent.

Personal/Background History:

Ranjeeni grew up in Mumbai. Her father worked in an import/export company and they were reasonably well off. She was the 2nd of 3 children and the only girl, having 2 brothers.

She married Sanjay in an arranged marriage and came to New Zealand aged 26. Her parents and her younger brother later also emigrated. Her older brother is still in Mumbai, running his own business. Her younger brother is married and lives locally.

Sanjay's family are still in Mumbai, except for his aunt and uncle and several cousins, who live locally (his uncle owns the sari shop where Ranjeeni works). Sanjay works as an accountant. He and Ranjeeni have a good relationship, other than some stress about her overspending at times when she has been manic.

Ranjeeni's father died of a myocardial infarction 18 months ago, which precipitated her last manic episode. Since then her mother has lived with Ranjeeni and Sanjay. Ranjeeni is close to her mother and relies on her for help with the children. Ranjeeni and Sanjay have two boys aged 4 and 2 years old (Krishna and Perminder) .

Ranjeeni recalls a happy childhood in Mumbai, and being spoilt by her father as the only girl in the family. She misses him. She went to school in Mumbai and was an average scholar, tending to socialise with her friends more than to study. She worked in a family friend's business after leaving school, as a salesperson. She has worked off and on since, with breaks caused by her bipolar disorder and having her two children. At present she works half-time in the sari shop and enjoys this, as she likes chatting to customers and her co-workers.

Ranjeeni and Sanjay have their own house, in the same suburb where her younger brother and Sanjay's uncle also live. Ranjeeni drives and has her own small car, so can get herself to appointments. She has a number of friends, from her work and also other mothers she has met taking her son to pre-school.

Personality:

Ranjeeni describes herself as "friendly" and says she is a "family person". She says that she probably talks too much but she likes to find out about people. She says she likes nice things so enjoys her work, although she doesn't herself dress in saris and prefers modern clothing. Her family matter a lot to her, and she sees herself as an honest person who means well. She is not especially religious.

Mental State when last seen 2 months ago:

When you last reviewed Ranjeeni she was well and stable. She was well groomed in slacks and a blouse, and had her 2 year old son Permi with her, his older brother Krishna being at kindergarten. She was planning to take her son for an ice-cream after the appointment. She was relaxed and pleasant, and looked after her child well, interacting with him warmly.

Ranjeeni was chatty but not pressured in speech, and her thought form was logical and organised. There were no psychotic phenomena, and the content of thought revolved around her recent activities, the family, and her work. She expressed some concerns about the world financial situation and whether it would affect businesses in New Zealand such as her husband's work and his uncle's shop.

Her mood was euthymic and her affect reactive and appropriate.

She was alert and cognitively intact, and her insight and judgement were good. Some time was spent in the interview reviewing her Relapse Prevention plan, and discussing early warning signs. She said that it was all very well for depression but that when she was becoming hypomanic she enjoyed it so it tended to be Sanjay and her mother who noticed. She expressed some frustration that they tended to get worried if she was "too happy" about anything – even if she was not manic.