CSA PRACTICE CASES FOR THE MRCGP

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CASE 3 Alcoholic

INFORMATION FOR THE DOCTOR

Name	Adam James
Age	29
Social and family history	Separated, one child aged 3 who lives with mum
Past medical history	• Alcohol problem drinking • Low mood • Was on risk register 2 years ago and was known to social services and health visitor

The medical record of his **last consultation** in surgery 2 weeks ago reads:

"Described AA as a waste of time and finds it difficult to commit to sessions – has to work shifts. Says he did not drink for 10 days, then went out with mates and drank heavily. Was late next day collecting his son; delayed on 3 hour road trip. Wife was angry and they had a row. Drove back without spending time with son. Sertraline helped low mood but ran out of tablets 5 days ago before he could get to surgery today. Sleep is still a problem. Plan: try zopiclone 7.5mg over next 2 weeks, then review."

Current medication	Zopiclone 7.5mg once nightly, as needed
Blood tests	*Blood tests done 2 months ago*
Full blood count	normal
Liver function tests	normal
BP	134/84

INFORMATION FOR THE PATIENT

You are Adam James, a 29-year-old chef, who has come to discuss the problems you experience with sleep. The doctor you saw 2 weeks ago thought sleeping tablets might help. The tablets she prescribed help you to fall asleep but you still wake up after 3 hours and you have difficulty getting off to sleep again. You toss and turn in the night. You are tired in the mornings and your concentration during the day is reduced. You don't have the energy to follow things through and you forget about things. For example, you forgot to arrange a GP appointment to get more anti-depressant medication, so you ran out of medication completely. The last doctor was cross. She said these drugs can't just be stopped and started on a whim, so she said it would best not to prescribe them. Another example of not seeing things through was when you forgot to book your car in for a MOT, and you couldn't tax it in time. You had to call your wife to ask if she'd drive your son to you. That led to further arguments.

You have had sleep problems for many years. You started to drink more alcohol to get off to sleep and to stop you from thinking about your bad luck. A typical example of bad luck occurred at a recent night out with a work colleague. You asked a drunken man to stop hitting on a woman, he swung, a fight broke out and all of you were thrown out. In the process you lost your keys. You had to have the locks replaced at a time when you could not afford the additional expense. Everyone tells you that you drink too much. If you could sleep better, without alcohol, and not feel as if you had the world's worst luck, then you'd cut down on your drinking.

You present to the doctor expecting to be fobbed off with more advice about cutting down the alcohol but you would really like some help, specifically medication, for the sleep difficulties. Your opening statement is "*I think I might need some stronger sleeping tablets doc*".

Information to reveal if asked

General information about yourself:

- You are a chef at a local hotel. You believe that you are good at your job. A few years ago, you won a regional competition, but your career has slowed a bit with your separation and financial problems.
- You can be asked to work the breakfast and lunch service, or the evening service. You prefer the evening service but the choice is not always up to you.
- During an argument with your wife, you threw a beer can. It hit the wall and ricocheted, hitting her on the face. Your young son witnessed this. She reported it as domestic violence and social services were involved. She moved out and is living near her family. You want to maintain contact with your son.

Further details about your condition:

- If specifically asked about your drinking, you discuss how for the last 2 months, you have cut down your drinking from 4–6 cans of beer every day after work to 2 beers per night and none on the weekends when you see your son.
- You have never taken recreational drugs.
- Your father had problems with alcohol which contributed to your parents' divorce. Your mum told you that he died of pneumonia because he wouldn't seek help, preferring to stay at home and ignore his symptoms.
- If asked, you feel anxious about coming to the doctor. You feel on edge a lot of the time and find it hard to relax. You worry about what people think. Right now, you are worried the doctor thinks you are a time-waster, but you are also worried about your bad sleep. At the same time as being worried, you are also angry with everybody – with the doctors for not helping you, with your wife's behaviour, with work who change your shifts at short notice. Little things like someone whistling in the kitchen annoy you massively. You get irritated so easily and you worry about embarrassing yourself or being laughed at to the extent that you avoid a lot of social situations. You prefer to go back to an empty flat even though you know you just lie there waiting for sleep that won't come.

Your ideas:

- You think that you can control your drinking but you need help with the sleep. You think you worry too much and can't relax.

Your concerns:

- You are worried that you are turning into your father and, if things continue, you will become increasingly isolated. You worry that if you can't sort out the sleeping, you will self-medicate with alcohol.

Your expectations:

- You expect to be fobbed off but you are prepared to stand your ground and get some help with the sleep problem.

Medical history

Physically, you are in good general health, and do not have any tremors, shakes or sweating.

Social history

You are separated. You are not in a relationship. You prefer to talk to one or two people. You get uncomfortable in groups. You feel self-conscious and think people are judging you.

Information to reveal if examined

An examination is not required.

SUGGESTED APPROACH TO THE CONSULTATION

Targeted history taking:

- Take a detailed history of Adam's sleep: when does he go to bed; wake up; how long does it take him to fall asleep; how often does he wake up; how long does he stay awake for; how does he feel during the day; does he nap; how much alcohol/caffeine does he drink; what is the timing of his meal/exercise relative to his sleep; self-rate the quality of his sleep.
- Explore Adam's ideas about why his sleep may be poor. Ask him to describe his worries. What types of thoughts go around in his head preventing him from relaxing? Does he worry at other times? How would he describe his mood on most days? How does he feel at the moment? How does he feel at work? How does he feel when doing something he enjoys? How does he feel in groups?
- What are his concerns? Explore his family history and his fears.
- He stated his expectations at the outset. Having used 2 weeks of zopiclone at the higher dose, you are limited in your prescribing options. NICE advises the use of the lowest effective dose of hypnotic for the shortest period possible, usually for 2–4 weeks, with re-assessment after 2 weeks.
- Are there any other reasons for the disturbed sleep? Take a good alcohol history.
- Did he feel anxious, on edge, or irritable before he started drinking or did the feelings trigger or exacerbate the drinking?

Targeted examination:

- Perform a brief mental state examination for anxiety.

Clinical management:

- Summarise for him his feelings, thoughts and behaviours. "*So, to summarise, you describe how you feel anxious, irritable, and jittery in a lot of situations. You think that you will embarrass yourself and people will laugh at you. You avoid socialising, especially in groups, and drink to feel more relaxed.*"
- Discuss a possible diagnosis of social anxiety disorder.
- Reassure Adam that the sleep problem and alcohol are symptoms of the underlying anxiety, a condition that is treatable. Discuss the treatment options and consider signposting to suitable patient information leaflets.
- Address Adam's ideas: that 'stronger' tablets or alcohol are needed to attain good sleep. CBT is first-line treatment, but if declined, drug therapy may be offered. SSRIs (such as sertraline) for the treatment of anxiety are very likely to help with the sleep, but it may take several weeks before the quantity and quality of sleep improve. Tricyclics are not a good first or second choice.

- Address the patient's concerns about turning into an alcoholic recluse. "*If you didn't treat your anxiety and continued to drink, what could happen? If you treated your anxiety and did not rely on alcohol, what would happen? On a scale of 1–5, how motivated are you to get this treated and to stick to the treatment? What help do you need in committing to treatment?*"
- Address the patient's expectations for help with a difficult problem, but resist the temptation to prescribe inappropriately. Sedative drugs (such as sedating antidepressants, antihistamines, chloral hydrate, clomethiazole, and barbiturates) are not recommended for the management of insomnia; hypnotics may be used.
- Confirm his understanding of social anxiety disorder and provide sufficient information about the treatment options with CBT, CBT-based self-help and/or SSRIs, to enable him to decide on treatment.
- Arrange suitable follow-up and/or referral.

Interpersonal skills:

This case tests the doctor's ability to keep an open mind and explore a presenting problem more deeply, resulting in a new diagnosis. It also tests the doctor's ability to remain optimistic and supportive in the face of irritability, apathy (loss of motivation) and anger.

Good communication with the patient:

- encourages the patient to tell his story through the skilful use of open questions: "*Tell me more about your sleep/your feelings/your thoughts when you are lying in bed/about what the alcohol does for you?*"
- makes statements that help to build the patient's confidence: "*I am really impressed by the way you came back to the surgery, feeling the way you did, to tackle this problem head-on.*"
- builds trust through reflective listening: "*It sounds like…*"
- summarises well: "*Let me see if I understand so far…*"
- encourages change: "*On a scale of 0–5, how motivated are you to change?*"

Poor communication with the patient:

- makes assumptions about the patient's drinking, sleep, motivation for seeking help.
- prejudges and dismisses the patient.
- fails to develop a therapeutic alliance with the patient.
- is prescriptive in his or her management.

BACKGROUND KNOWLEDGE REQUIRED FOR THIS CASE

Identification questions for anxiety disorders

GAD-2 scale

The GAD-2 screening tool consists of the first 2 questions of the GAD-7 scale:

Over the last 2 weeks, how often have you been bothered by the following problems:

1. Feeling nervous, anxious or on edge
2. Not being able to stop or control worrying

Score 0 for "not at all", 1 for "several days", 2 for "more than half the days, 3 for "nearly every day".

If the person scores less than 3 on the GAD-2 scale, but you are still concerned they may have an anxiety disorder, ask the following: "*Do you find yourself avoiding places or activities and does this cause you problems?*"

For the full GAD-7, see:

Spitzer RL, Kroenke K, Williams JB, *et al*. (2006) A brief measure for assessing generalized anxiety disorder: the GAD-7. *Arch. Intern. Med*. **166**: 1092–7.

NICE guidelines (2013) CG159: Social anxiety disorder. www.nice.org.uk/guidance/CG159

Obtain a detailed description of the person's current social anxiety and associated problems and circumstances including:

- feared and avoided social situations
- what they are afraid might happen in social situations (for example, looking anxious, blushing, sweating, trembling or appearing boring)
- anxiety symptoms
- view of self
- content of self-image
- safety-seeking behaviours
- focus of attention in social situations
- anticipatory and post-event processing
- occupational, educational, financial and social circumstances
- medication, alcohol and recreational drug use.

Relevant literature

For an introduction to motivational interviewing techniques, see www.derby.ac.uk/files/motivational_interviewing.pdf

There are five methods that are useful throughout the process of motivational interviewing.

1. Open questions
2. Affirmations
3. Reflective listening
4. Summarising
5. Eliciting change talk

The first four are used to explore ambivalence (uncertainty) and clarify reasons for change. The fifth is more directive.