

Joint pains – hospital outpatients – simulated patient role 5

Name: Peter or Petra Brown

Age: Your own age

Setting

You are waiting in the out-patient clinic waiting room at Addenbrooke's to see a consultant rheumatologist. You've been waiting fifteen minutes. This is your first appointment with the specialist. It has been a three month wait for this appointment since your doctor wrote off to the hospital for you but you weren't too concerned about this – it was sooner than it might have been. You are waiting patiently. You have already been asked by the clinic nurse if you would mind seeing a student doctor before seeing the specialist and you have agreed.

Clinical details

You dropped a tray of cat-food tins on to your right foot at work six months ago and it has been very painful ever since. You were sent from work to casualty for an X-ray which showed no fracture but three months later you went to your GP as it was no better. In fact, your feet had not been right for two years but you hadn't sought advice until then. Increasingly, both feet have given you jip and this year they have really become uncomfortable. You can't wear most shoes and you wear slippers at home all the time or else it is just too painful. You have had difficulty walking all day on the hard floors at work. The pain is under the front of the feet and feels like you are walking on pebbles. You can't walk on gravel paths now as it feels like you are walking on glass without shoes.

You have also noticed pain in both hands, over your knuckles and in your fingers, and your knuckles swell occasionally. You also have some shoulder pain which makes it difficult loading shelves at work. Just lately, since you saw your GP, you have been having some difficulty getting up in the mornings to get to work as you feel stiff in your joints for about an hour. You have started getting up earlier and have a hot bath before work. You feel tired but have no other symptoms.

Past medical history

Any previous operations: no

Any previous illnesses: four years ago, you had an endoscopy for indigestion which showed that you had a bug that was treated with a cocktail of antibiotics and you have been fine ever since without medication

Medication

Any medication taken for this: paracetamol sometimes – you were prescribed an anti-inflammatory by your GP called Voltarol to be taken twice a day – although it helped a little, you have stopped taking it as you don't know what you have got and it might just hide it up and cause more damage

Are you on any other prescribed drugs such as the pill: no

Family history

Any family history of

joint disease: mother has arthritis, not sure what sort, but attends the hospital –all mum's family have arthritis and one aunt is in a wheelchair. If asked, you don't know the difference between osteo or rheumatoid arthritis.

Smoking: 20 a day

Alcohol: social drinker

Social history

You are married: spouse works in human resources (personnel) in a local company

Children: either young children or grandchildren depending on your age

Occupation: shelf-packer at Tesco, doing well, might be promoted

Where do you live: in Royston

Type of housing: own semi-detached

Social class: working class background

Temperament

Easy going, open

Patient's framework

• ideas and thoughts

what did you think might have caused your problem: could this have been set off by the injury at work? or is it arthritis creeping up? you thought the tiredness might be due to the kids or looking after the grandchildren at weekends too much

what have they told you so far: your GP felt that it was something affecting all your joints and that it might be arthritis but it was a bit odd starting in your feet

• concerns

what are you concerned about: getting arthritis like your aunt and ending up with deformed hands or in a wheelchair; am I making it worse by going on working?

any practical problems: with work, see below

• expectations

what are you hoping for: what is it? can it be treated? can I continue working? will it get worse? You would really like something to get rid off it, not just to hide it up.

• feelings

how are you feeling about it all: pretty composed – you've had lot's of time to get used to it

• effect on life

what effect is this having on your life: work is the major problem – you are beginning to have difficulties coping and it's starting to show

Presenting symptom(s) or problem(s)

If the medical student asks you "can you tell me what problems you have been having?", tell the story of your feet in some detail but don't go onto the other joints or the general problems unless asked 'what else you have noticed' or suchlike.

Behaviour

Pleasant and chatty

Clinical Reasoning

Symptoms

- Two year history of increasing bilateral foot pain restricting walking
- Finger and knuckle pain and knuckle swelling bilaterally
- Shoulder pain
- Joint stiffness in the mornings
- Fatigue

Bilateral peripheral arthropathy

This patient actually gives a two year history of bilateral joint pain affecting not only the feet but also the hands and shoulders. The symptoms predate the incident with the cat food tins which is therefore likely to be a red herring. If a single joint is acutely inflamed it is important to exclude a septic arthritis, however this is very much a **Polyarthritis**.

Polyarthritis

There are a number of polyarthritides including;

- Rheumatoid arthritis
- Osteoarthritis
- SLE
- Spondyloarthropathies including ankylosing spondylitis, enteropathic arthropathies and psoriatic arthropathy

This patient presents with a persistent, symmetrical, peripheral arthropathy which makes the diagnosis of rheumatoid arthritis (RA) the most likely. Morning stiffness is also a classical symptom of RA. Involvement of the metacarpal phalangeal joints (MCP) or knuckles is characteristic of RA cf osteoarthritis where the distal inter-phalangeal (DIP) finger joints tend to be involved.

Rheumatoid arthritis is an autoimmune disease that causes chronic synovial inflammation. It is HLA DR4 linked and there may therefore be a family history of this condition.

Further reading

Look up rheumatoid arthritis and wikipedia

http://en.wikipedia.org/wiki/rheumatoid_arthritis

Also look at the arthritis research campaign website

<http://www.arc.org.uk>

and National Rheumatoid Arthritis Society website

<http://www.rheumatoid.org.uk>