UNIVERSITY OF CAMBRIDGE SCHOOL OF CLINICAL MEDICINE

Loss of consciousness - hospital bedside – simulated patient role 9

Name: Robin or Pam Toby **Age**: Your own age

Setting

You are sitting next to your bed in a general ward at Addenbrooke's, feeling frustrated. You run your own business and have had to come into hospital for a few days for tests at what is a pretty difficult time for you, three months from Xmas. You saw the consultant in out-patients last month who said that one or two days in hospital would be the easiest way to sort you out quickly. But you've been here now for four days and hardly anything seems to have happened. My God, if you ran your business like this, you'd go bankrupt!

You were clerked in by a junior doctor who didn't seem to know much about you or about what was going to happen to you: she said that the registrar would see you later and plan the investigations. The registrar never turned up and you waited a whole day until the following morning before he deigned to appear. Sure they look busy but you could have come in the next day if nothing was going to happen. They then said you needed X-rays and a CT scan plus some brain-wave test. But none had been booked before you came in so you would have to wait – all that has happened so far is a lot of blood tests, a 24 hour ECG, which the technician said you could have had at home, and an X-ray of your skull. And they are going to do a lumbar puncture test at some time which doesn't sound much fun.

And no-one has really bothered to explain what they are looking for – in your business, you would take care of the customer and keep them informed about how things were progressing. Here, they don't here tell you anything – it's your body and no-one has told you really what might be wrong with it.

Several medical students have taken your history and examined you which passed the time of day initially but these poor fellows know even less than you! No-one has come at all today. The nurses say that the doctors are very busy and that they will come when they can – no-one knows when the tests will be done! All very pleasant but they look at if you are asking unreasonable questions and then get back to their private jokes. And now some gangly youth is approaching you with a clipboard – do I really have to?

Clinical details

You are normally pretty well except you don't look after yourself very well. You get tired in the evenings and often have headaches due to work pressure. You have had four or five blackouts out of the blue over the last three months. You remember very little about them except feeling a bit dizzy just before – they tell you that you seem to just faint and collapse to the ground. They have occurred at work and once in the street. You go pale and then come round after a few seconds. Apparently you don't jerk or have a fit or bite your tongue but on one occasion most embarrassingly you wet yourself. Since this started to happen, you've noticed that at times in the day you feel slightly dizzy but you're not sure if you are imagining it. The doctors have told you it could be many things but want to make sure it is not epilepsy or a heart problem. The consultant told you with a big smile "don't worry, you won't drop dead". That really worried you. Either way they have told you not to drive at the moment.

Past medical history

Any previous illnesses: glandular fever when 15

Medication

Any medication taken for this: no
Are you on any prescribed drugs such as the pill: no

Family history

Any family history of

heart disease: mother died of a stroke suddenly at quite an early age

epilepsy: no
Smoking: nil
Alcohol: moderate

Social history
You are married
Children: two children (unless your age doesn't fit)
Occupation: you run a small business with ten employees making designs for greetings cards – all on computers
Where do you live: in a Cambridge village
Type of housing: own cottage
Social class: middle

Temperament
Tend to let things build up and look moody and then occasionally explode

Patient's framework
- **ideas and thoughts**

what did you think might have caused your problem: you guess it's nothing – just overwork – or so you hope
what have they told you so far: as above

- **concerns**

what are you concerned about: why on earth should I get epilepsy now?
have you any underlying fears: could there be some underlying problem that they have not told me about such as a brain tumour? And will I drop dead?
any practical problems: driving – I need a car for my business – life is very difficult without

- **expectations**

what are you hoping for: to get sorted and out of here
do you need anything from the medical staff: someone to explain what they really think and why this might have happened to you – why me, why now? - and put a boot up the system

- **feelings**

how are you feeling about it all: really irritated by all this but underlying quite a bit worried

- **effect on life**

what effect is this having on your life: as above

Behaviour
Offers some pretty big non-verbal cues that you do not want to be interviewed by the student but do not say so overtly. If the cues are not picked up, remain sulky and pretty unresponsive throughout but go along with it. Stick with clipped answers. If your cues that you are angry or might not want to talk are picked up at any time, overtly express anger but say that it is not about being interviewed by the student but about the lack of information from and contact with the doctors – you are angry about hanging about and with not knowing what is going on. If the doctor empathises or acknowledges, apologise to them, say it is not their fault and calm down and be helpful to them – say it is OK to go on.

Clinical Reasoning for Role 9 – Loss of Consciousness

Symptoms:
Tiredness
Frequent headaches
Blackouts with collapse over the last 3 months
Dizziness before episode
Dizziness in day sometimes
Passed urine during one of the episodes
Come around quickly after the episode (within seconds)

Causes of Loss of Consciousness:
Transient loss of consciousness, especially if there is little or no warning is both a dangerous and disabling condition. It is important to screen for the underlying cause, as there often is a treatable cause, and some causes are life-threatening. These episodes will have an impact on your patient's lifestyle.

Commonest causes in an adult are cardiovascular (such as arrhythmias) and neurological (such as epilepsy), although there can be metabolic and psychiatric causes. During the history taking it is important to get a detailed witness account of the event, along with a detailed history from the patient. Clues in the history may guide you more to one system than another.

Clinical Reasoning for Story available
The story could be syncope (sudden brief loss of consciousness caused by inadequate perfusion of the brain). Passing urine during the episode may make you think of an epileptic seizure, although this can be a feature of syncope as well.

If this was a new onset of epilepsy, it would be important to do the EEG as planned and brain imaging to exclude a structural cause of these, and the headaches could be linked, although headaches caused by raised intracranial pressure are often worse in the morning. Most epilepsy syndromes are diagnosed in childhood, although they can start at any age, therefore a new presentation in an adult will trigger more investigations for an underlying cause.

A detailed history is going to help you move more towards one system than the other and normal test results will be important negatives to help you get to the bottom of what may become a diagnosis of exclusion.

www.gpnotebook.co.uk has easy to follow links on loss of consciousness and syncope.
www.patient.co.uk has a good guide to epilepsy in adults and syncope.