

## Tired – general practice – simulated patient role 6

**Name:** Tony or Barbara Stone

**Age:** Your own age

### Setting

You are waiting in the waiting room at your GP surgery to see Dr. Jones, your GP, who you have known for several years. You've been waiting about ten minutes. This is your first appointment about this current problem although you have seen Dr. Jones several times over the years and always got on well. You booked this appointment about a week ago – it wasn't something urgent and you picked a time when you could get away more easily. You have met an acquaintance from the village in the waiting room and are chatting away. You have already been asked by the receptionist if you would mind seeing a student doctor before seeing the doctor and you have agreed.

### Clinical details

You have been feeling increasingly tired over the last few months. You just don't have the energy that you did and everything is an effort. You fall asleep in front of the telly at night and can't be bothered to read the paper or do your hobbies. You are normally an energetic sort of person and this is unusual. OK life is hectic but that's not new; perhaps you are just getting old! It drags you down but you expect lots of people feel like this.

You have also noticed lots of other little things, none of which by themselves would have brought you to the doctor. You feel the cold more at night. Your skin is a bit dry and itchy. You have lost a little weight (about 3 pounds) but then you often do in the summer. You don't think you have been healing as well as usual – you are always cutting yourself in your work and they take longer to go – one or two have turned septic. You have a rash in your groin which you keep at bay with some cream from the chemist but it never quite clears – you guess that's a sweat rash from work which you've had before. You have gone off sex which has never happened before and you have definitely been more ratty with your partner.

If asked, you suppose you have been more thirsty and have been drinking more diet coke during the day. Because of that you have been peeing more. You have been a little constipated at times. Your appetite is fine.

### Past medical history

*Any previous operations:* no

*Any previous illnesses:* migraine

### Medication

*Any medication taken for this:* you have tried some vitamin tablets from the chemist to no avail

*Are you on any other prescribed drugs such as the pill:* Migraleve for migraine which you buy from the chemist

### Family history

*Any family history:* nothing of note

*Smoking:* nil

*Alcohol:* nil

## **Social history**

*You live with your partner, never got it together to get married*

*Children: you never wanted children*

*Occupation: together you run a rented small holding doing market gardening of lettuces etc., mainly under glass for the big supermarkets and growing some annuals for hanging baskets etc. It is hard work, needing a lot of bending and stooping for long hours*

*Where do you live: in Abington, a small local village, on the 'land settlement' which is a large area of small holdings.*

*Type of housing: rented house on the small holding*

## **Temperament**

Happy person usually, tends to not go out much, contented at home with partner, not keen on socialising a lot but always comes over as friendly to others, a bit over-awed by doctors in general

## **Patient's framework**

### **• ideas and thoughts**

*what did you think might have caused your problem: you are not depressed, although the tiredness is getting you down. Perhaps you are overdoing it. Might you be anaemic?*

### **• concerns**

*what are you concerned about: not a lot, except you have to keep going for your partner, you only make a living out of the business by both working and you can't afford to hire help.*

### **• expectations**

*what are you hoping for: perhaps a tonic to buck you up, you expect that's all you need*

### **• feelings**

*how are you feeling about it all: you expect the doctor has more important things to deal with and you are wasting his time – you don't want him to think you are depressed and to give you some sort of tablet*

### **• effect on life**

*what effect is this having on your life: coping still with work but the sex problem is getting to be a problem; your partner is understanding but you feel that he/she must be fed up with you*

## **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 tiredness up until the end of the first paragraph. Then fill in the rest if asked 'anything else' etc. Be a bit disorganised about it – remember a few bits only at a time and if asked for more again, refer to a list in your pocket to see what you have left out. The sex thing you would leave til near the end of your problems – it's a bit embarrassing unless the doctor seems kind and interested in you

## **Behaviour**

Quite bouncy and no sign of tiredness or depression outwardly. Slightly deferential and accepting of what doctor says. Doesn't want to be seen to be making a fuss.

## Clinical Reasoning

### Symptoms:

- Tiredness: increasing over past few months
- Lethargy and low energy
- Hectic life- but not new
- “*it drags me down*”
- Coldness at night
- Skin dry and itchy
- Lost small amount of weight
- Poor healing of wounds.
- Fungal sweat rash
- Poor libido
- Mood swings
- Polydypsia (more thirst)
- Polyuria (more urination)
- Constipation
- Appetite normal
- Runs own business

Patients presenting with tiredness are a common scenario seen within general practice. It is a key feature in many illnesses and as such a detailed history is vital. The broad systems one should consider in a patient presenting with tiredness are:

endocrine, respiratory, haematological, gynaecological (e.g heavy periods), gastrointestinal, psychological and rheumatological, to name but a few.

A detailed exploration of the patients’ symptoms will lead to clues as to the system involved in the pathological process. In our patient, they report that they are starting to feel ‘low’ as the tiredness is getting them down but the time line indicates the tiredness started first, they also have no concerns about their business/home life, are eating well and on examination appear bright and cheerful. For this reason the diagnosis of depression is unlikely.

With the symptoms listed 2 main diagnoses: both involving the endocrine system should be explored. The first is a thyroid disorder. The thyroid produces hormones that affect the metabolic rate of the body. When deranged the thyroid can either produce too much hormone, hence speeding up metabolism resulting in loss of weight, increased appetite, diarrhoea, feeling hot, palpitations and racing pulse, or too little hormone resulting in a slowing of metabolic rate. Patients with too little thyroid hormone often present with unexplained weight gain, intolerance to the cold, constipation and sluggish bowels and poor energy levels.

Another endocrine condition that should be considered here is diabetes mellitus. This is the body’s inability to correctly store and manage sugar

In diabetes mellitus high levels of sugars circulate in the blood which over time, if untreated can damage vital organs such as the heart, eyes and nerves.

Patients with the condition often present with lethargy due to the lack of stored sugar supplies in the tissues, and also increased thirst and urination as the body tries to get rid of and dilute the high circulating sugar concentration in the blood.