UNIVERSITY OF CAMBRIDGE SCHOOL OF CLINICAL MEDICINE

Weakness in leg – hospital outpatients – simulated patient role 4

Name: Richard or Rachel Goodwood **Age**: Your own age

Setting
You are waiting in the out-patient clinic waiting room at Addenbrooke's to see a consultant neurologist. You've been waiting half an hour and hope that you are about to be called in. This is your first appointment with the specialist. It has taken several weeks to get this appointment since you first saw your doctor and it has seemed an age. It's really important as far as you are concerned and definitely your entire focus. Of course you feel tense waiting – it's like before an examination. You'll be OK when you get in there. 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.

You went to see your GP four weeks ago because you had noticed that you were dragging your right leg a little. He had examined you and although he said that he couldn't find anything wrong as such, he was concerned about the symptom and felt that you ought to see a neurologist. When you asked him what he thought it was, he was rather vague and said that he really wasn't sure but better to play safe. He asked lots of questions and seemed to concentrate on an episode four years ago when you had a visual problem in your left eye which resolved after several months. You had seen an ophthalmologist on that occasion and again no firm diagnosis was made. Your GP asked lots of questions about incontinence, loss of power, dizziness and double vision, none of which you have had. The weakness actually got considerably worse after you saw your GP, although perhaps it's a little easier just lately.

Clinical details
You are normally well. Six weeks ago, you first noticed a problem when you were playing tennis – at the end of a hard game, your right leg just felt heavy and you couldn't really get around at speed. It sort of went away and you thought it was just cramp or suchlike. But it seemed to get worse over the next two weeks until there was clearly a problem all the time, not just after exercise. By the time you saw your GP, you seemed to be dragging the leg a little as you walked. You thought it must be a trapped nerve. Over the next three weeks after seeing your doctor, it got definitely worse - it felt weak and on several occasions, you tripped up when hurrying and fell, once in front of clients which was embarrassing. It constantly feels as if it is about to give way. It is perhaps a little better now you think or maybe you've just got used to it. You've noticed lately that you have had some joint pains in the other knee too – perhaps you are walking awkwardly. You can feel your leg fine and you've noticed no other problems.

Last year, you had an episode of something which you thought then was just a touch of sciatica: you didn't have time to see your doctor and it disappeared over a few weeks. You first noticed a numbness in the left foot, which over a few days spread up the leg to the thigh. It didn't really get in the way and was quite mild – just a funny feeling. You asked your doctor friend who told you to stop being such a hypochondriac and that you were obviously getting stressed at work! And it did just go.

Four years ago, you had a worrying episode with your left eye: you developed a pain around the eye, quickly followed by blurred vision. The pain was worse as you moved the eye around. After a few weeks, it started to get better and it was fine again after several months. You panicked on this occasion – your eyesight is vital for your work. You were referred urgently to a consultant ophthalmologist and he saw you several times. He called it 'an inflammation of the nerve' and said it would settle down which it did.

Past medical history
Any previous illnesses: not really, generally pretty fit, the odd cough and cold, get tired a lot with your work

Medication
Any medication taken for this: no

Are you on any prescribed drugs such as the pill: you take a lot of Nurofen for headaches, always have done

Family history
Any family history of
heart disease: no, parents lived to a ripe old age
serious illness: no
Smoking: at university, not since
Alcohol: you enjoy red wine in the evenings with your meals

Social history
You are married: to another professional, in management
Children: probably not (happy for you to fill this in)
Occupation: solicitor, practices in Cambridge
Where do you live: in a Cambridge village
Type of housing: own house, large
Social class: well off
Travel: foreign holidays every year, not recently

Temperament: Pretty calm, professional, listens but would tend to ask cogent, well-thought-out questions towards the end.

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

what did you think might have caused your problem: at first you thought it was a trapped nerve, but now you really don't know; feels like a stroke but you're too young for that surely
what have they told you so far: nothing really, and that's what worries you – as a solicitor, you are used to more explanation – when people go vague on you, you think they are hiding something.

- **concerns**

what are you concerned about: everything really – what is going to happen – is it going to get worse, might it get better – what actually is it – is it something serious? You are beginning to wonder if the sciatica and the eye problem were all related but you don't quite see how.
have you any underlying fears: you haven't mentioned this to anyone yet, even your spouse but your terrified of getting motor neurone disease. When you were a teenager at home, there was a man up the street who seemed perfectly normal but over a couple of years became completely disabled, first on crutches, then in a wheelchair and then died. Your mother told you he couldn't swallow and drowned in his own saliva.
any practical problems: not really, you can work OK at present, just can't enjoy yourself, no sport or walks

- **expectations**

what are you hoping for: to be told that it is nothing to be concerned about and to be sent on your way. You hope for a doctor who will be thorough and clearly competent but be willing to explain carefully what is going on and answer your questions

- **feelings**

how are you feeling about it all: much more anxious than you thought sitting here – is this what clients feel like coming to see me?

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 leg up to the point of seeing the GP but not up to the present day. Then continue with the flow of the interview as directed by the student.

Behaviour: Pleasant and professional.

Clinical reasoning

Multiple sclerosis (MS)

Multiple sclerosis a chronic inflammatory autoimmune disorder of the central nervous system which causes areas of demyelination. It is the most common cause of neurological disability in young adults, and can give rise to almost any neurological symptom. Diagnosis can be made clinically if there have been two or more episodes of neurological disturbance affecting different parts of the nervous system, at different times.

Symptoms

4 week history of weakness right leg

- initially after exercise, now all time
- progressive
- without associated numbness or pins and needles (paraesthesia).

This sounds as if it is a predominantly motor disturbance in the right leg, which could be caused by demyelination.

Significant past history

- 1 year ago an episode of sensory disturbance in left leg – numbness in foot radiating to thigh.

This sounds as if it may be nerve root irritation, and further history could elicit if this was in a dermatome distribution. It could represent symptoms of lumbar disc prolapse but there is no history of back pain so this may represent another episode of demyelination.

- 4 years ago an episode of blurred vision associated with pain more on eye movements.

This sounds like optic neuritis, particularly as the patient was told that it was 'inflammation of the nerve' – presumably the optic nerve.

This patient has two, possibly three episodes of neurological disturbance separated in time and affecting different areas. The diagnosis of MS may now be made clinically.

Most patients present with a relapsing-remitting form of the illness, and prognosis is difficult to predict. Although there is as yet no cure, treatment aims to help patients to recover function after an episode, reduce the frequency and severity of relapses, and limit disability.

References

http://www.patient.co.uk/doctor/Multiple-Sclerosis-(MS).htm – a comprehensive overview.
GP Notebook give a useful diagnostic algorithm
http://www.gpnotebook.co.uk/simplepage.cfm?ID=2107244547.
Wikipedia gives an overview including current research directions
http://en.wikipedia.org/wiki/Multiple_sclerosis