

Instructions to candidate – Aim for 8 minutes

You are a foundation doctor doing your psychiatry rotation.

John Smith is a 35 year old gentleman. He was recently admitted with a manic episode. He has a past history of depression. The consultant has diagnosed John with bipolar disorder.

You are asked to explain this condition to John and address his concerns, if any.

You have 8 minutes to complete this task.

Name: John Smith

Age: 30 years old

PC/HPC

You have been recently diagnosed with bipolar disorder. You have experienced two episodes of depression so far, having to use antidepressants and CBT to help you through these episodes. When you had these episodes (the last being 18 months ago), you felt really low in mood, low in energy, no appetite and poor sleep hygiene. When asked specifically, you didn't have suicidal ideation or thoughts of self-harm.

Last month however, you felt very different. You became very elated, high and happy. In fact, this is different to the way you normally feel! You were having this symptom for 7 days. You felt like you had superpowers and able to communicate with an external force, sharing your ideas of making the world a cleaner place. At one point, you heard voices telling you you could fly to spread your cleanliness to everyone, which you decided to try at the top of your building. But, your neighbour stopped you. You were admitted to hospital, treated and was told by your consultant that you had a condition called bipolar disorder.

PMH – depression previously

DH – sertraline 100mg oral OD for your depressive episodes (not taking at present); NKDA

FH – Nil

SH – you work at a grocery store full time. You live with your partner at home, no issues at home. You smoke 20 cigarettes a day, for 10 years. You drink about 2 bottles of wine every week. When asked specifically, you admit to smoking weed, at least once every week

ICE/Questions

- I – you have no idea why you have bipolar when you were previously diagnosed with depression
- C - You are concerned that you may have another mental health illness which you do not want
- C - You are concerned that you may need to inform your employer of your condition
- E – nil
- Questions (if not already explained by the candidate)
 - o What is bipolar disorder?
 - o Why did I have it?
 - o How to manage this condition?
 - o Do I have to always go into hospital when I have symptoms?
 - o You wonder whether you can take your antidepressants while experiencing these episodes of feeling high

Feedback

Did the candidate	Y/N
Establish patient's background history of depression and his recent manic episode	
Establish patient's social history	
Explain bipolar disorder and its causes	
Explain the management of bipolar disorder via the biological, psychological and sociology method	
Avoid medical jargons in explaining	
Explore patient's ICE and provide appropriate assurance, if any	
Provide appropriate explanation to patient's question on taking antidepressant when manic	

Bipolar disorder

- Our mood is regulated by both happiness and sadness
- It is a spectrum, with being very happy at one end and very sad the opposite end
- It is normal to have ups and downs in our daily life
- Bipolar disorder is a condition where you experience severe, sustained mood swings which alternate at opposite ends
- So at times, you will feel very high and at other times, very low (normally longer lasting)
(NB: What Mr Smith had was mania as his symptoms lasted for 7 days and they affected his day to day living)
- It is a mental health condition that affects a person's mood, which covers both depression and mania.
- (NB: depression causes a patient to feel low in mood. It can be "stand alone" but it could also be bipolar if they had encountered the opposite end of their mood in the past i.e. mania or hypomania)

- We don't know what's causing it but we think it's a combination of genetic and environmental factor
- Genetic being a higher chance of getting it if it runs in the family
- And perhaps, significant life event(s)/stressor(s) trigger the mood swing to happen

- Management comes in two forms i.e. what you (the patient) can do and what we (health professionals) can do for you
 - o What you can do
 - Have a mood diary and note the signs that you are experiencing prior to feeling severe changes in mood. Record your mood and look out for times when you start overspending, engage in activities you usually may not engage in such as overspending, multiple sexual partners, ect.
 - Healthy lifestyle – eat healthily, exercise and avoid taking recreational drugs if possible

 - o What we can do (use the BPS model)
 - Biological – medication that helps to control mood swings such as lithium (need to do some blood tests before taking lithium and it also requires frequent monitoring at the start); antidepressants are avoided during periods of mania

- Psychological – cognitive behavioural therapy which helps you to understand your condition better and identify ways to manage it in a non-medical way
 - Social – signpost to drug cessation service and educating patients to seek support from their friends and family
- Admission to mental health hospital is not always necessary each time a patient feels high in mood. They can be treated in the community too, especially when mania is at its early stage, which therefore reinforces the importance of having a mood diary! Hospital admission is only necessary when a patient poses a risk to harm themselves, other people and/or if there is an element of self-neglect.