

**Instructions to Candidates** – Aim for 8 minutes

**You are a Foundation doctor in General Practise.**

**Nancy Neil has made an appointment to discuss problems with her stomach pains.**

**You will be given 6 minutes to talk to Nancy, the examiner will then ask you questions.**

**Patient Name:** Nancy Neil

**Age:** 57 years old

**PC & HPC**

“I’m having some stomach pains and it’s really bothering me, I need something to help get rid of the pain”

You have been experiencing the pain for the last 4/5 weeks.

The pain is in the epigastric area and feels like a slight sharp pain.

You do not feel as though there is a specific time of day when the pain comes, it comes multiple times a day.

You feel as though being hungry makes the pain slightly worse, eating helps the pain settle for an hour or two; when the pain starts it typically lasts until you eat something. You do not feel as though the pain spreads anywhere.

You do not have any problems with swallowing, no vomiting or changes in bowel movements (Currently grade 4 in the Bristol Stool Chart).

Pain severity = 7/10

You are currently using Gaviscon but it doesn’t help much with the pain.

(If asked: You have your periods every 28-35 days without having had any past or recent problems with your periods; no recent travel)

ICE: “I’m really worried about what this is, could it be due to being stressed and not sleeping much? Whatever it is, please can you find out

**PMH**

Asthma

Previous reflux – 1 year ago, treated with omeprazole

**DH**

Salbutamol inhaler (As needed), one brown inhaler used in the morning

No known allergies

**SH:** You work as a lawyer, you find your work very stressful. You sleep poorly and eat take out regularly. You live alone, smoke half-a-pack of cigarettes per day for the last 6 years (since getting last promoted), very little alcohol consumption, no recreational drug use.

**FH:** None.

### What are your differentials?

Duodenal ulcer, gastric ulcer, Zollinger-Ellison syndrome

### What do you suspect the diagnosis to be?

Duodenal ulcer

### What investigation(s) would you like to perform?

Upper GI endoscopy (making sure patient is not on any PPI 2 weeks prior), testing for *Helicobacter pylori*.

*H. pylori* breath test

Area	Clear Fail	Fail	Satisfactory	Good	Excellent
PC & HPC: Good range of open and closed questions asked.					
PMH & DH					
SH					
FH					
ICE					
Differential dx					
Investigations					
Rapport/communication skill					
<b>Overall</b>					

### Feedback

Epigastric pain being relieved after consuming food is a common feature of gastric ulcers.

Risk factors for gastric ulcers include: *H. pylori*, NSAIDs, smoking, duodenal reflux, delayed gastric emptying.

### Treatment

**Lifestyle:** reducing alcohol consumption and smoking

***H. pylori* eradication:** Triple therapy

**Medication to reduce gastric acid:** PPIs are effective (e.g. oral lansoprazole 30mg every 24 hours for 4-8 weeks. Stop medications that exacerbate gastric ulcers (e.g. NSAIDs).

Complications: bleeding, perforation, malignancy and reduced gastric outflow.