Case study: multimorbidity, trauma and complexity

Carolyn is 53 years old. She moved to West Yorkshire from the North East around 15 years ago. She had a very difficult childhood, growing up in a deprived part of Newcastle in a damp flat. Her father sexually abused her from the age of 8 years until she left home aged 14. She struggles to read and write. She presently lives in a privately rented terraced house with her carer John, who may also be her partner (she does not open up about the true nature of their relationship). John brings Carolyn to appointments, helps her with medication, arranges benefit payments and provides physical care for Carolyn when this is needed. Carolyn receives Job Seekers' Allowance and housing benefit payments. She was declared fit for work by the DWP 4 months ago. She finds it very difficult to do the voluntary work that the Job Centre arranges for her and has been "sanctioned" on a number of occasions, with her benefits being stopped temporarily. She cannot drive and needs to catch 2 buses to get to the surgery.

She suffers from chronic back pain and headaches. These have both been thoroughly investigated in the past with no major pathology having been found. She was referred to gastroenterology 3 months ago with abdominal pain and has just been seen in the outpatient clinic. You note that a letter from gastroenterology in 2005 records a diagnosis of Irritable Bowel Syndrome. Other medical problems include: Ischaemic Heart Disease (MI aged 48 years), Type 2 Diabetes Mellitus (with moderate to severe retinopathy), Hypertension, bilateral venous leg ulcers, Asthma and depression with anxiety. She regularly presents with chest pains and shortness breath. A number of Emergency Department attendances for these issues in the last month have not revealed any acute illness. Over the last year she has had 6 courses of Prednisolone for Asthma exacerebations.

Her medications include: Aspirin 75mg, Ramipril 5mg OD, Metformin 1g BD, Glimepiride 2mg OD, Atorvastatin 20mg OD, Salbutamol 2 puffs PRN, Relvar inhaler 2 puffs morning and evening, Butrans 20 microgram per hour patches (weekly) and Oramorph 10mg up to QDS for pain. She mentions that she also takes over the counter Ibuprofen 400mg TDS and Co-codamol 8/500 two tablets QDS regularly.

Information from last annual health check: BP 172/94, HR 102 irregular (?AF), BMI 37, Asthma regularly disturbs sleeping and limits exercise during the day.

Bloods results: HbA1c 72 mmol/mol, U&E normal except eGFR 42 with microalbuminuria present (ACR 12) – representing a fall in eGFR of 15mmol/mol in last 12 months, LBP shows ALT 60 and ALP 150 (both slightly elevated), FBC is normal. A colleague had also checked thyroid function, which showed at elevated TSH of 8.4 with a normal T4.

Carolyn is feeling tired and more short of breath recently. She is very short of money and struggling to leave the house due to her anxiety. John said she has got a lot worse since her benefits were stopped a week ago. She says she is getting pains in the left side of her chest today, which are not like her previous cardiac pains and similar to the pain she went to ED with last week (when she was diagnosed with musculoskeletal chest pain). She is also complaining that the morphine is not controlling her back pain and that she is constipated. She recently saw a gastroenterologist about her abdominal pain. Her consultant is planning a colonoscopy (due next week) but Carolyn does not know what this involves and, because of her previous history of sexual abuse, has not tolerated endoscopies in the past.

She has been asked to see you by the nurses regarding her diabetes, asthma, BP and, possibly, irregular heartbeat.

You have a 10 minute standard GP consultation.

Questions…

- What are the main issues (bio/psycho/social)?
- What is your management plan for this consultation? And any subsequent consultations?
- How can you ensure you and your practice meet Carolyn's needs and those of patients with similar problems?
- What part has trauma played in Carolyn's current problems?
- What would a trauma informed response to Carolyn's problems look like?
- How might the community better care for people like Carolyn?
- What is your role in this?

Relevant points from guidelines re chronic disease management:

- Diabetes – target HbA1c = 53 or less; options for escalating management… triple oral therapy, insulin
- CKD – significant fall in eGFR (>5 in one year or >10 in 3 years) is an indication for referral to secondary care; need to maximise dose of ACEi in view of raised ACR
- BP – target for BP with CKD / diabetes plus end organ damage is 130/80
- Management options for anxiety/depression: self-help, CBT, antidepressants (i.e. Sertraline)
- CHD – secondary prevention requires antiplatelet, Atorvastatin 80mg OD or equivalent, ACEi and B-blocker
- AF – diagnosis requires ECG, if confirmed then rate control and calculate CHADVASC plus assess risk of bleeding to determine whether would require anticoagulation
- Asthma – need to check inhaler technique and if appropriate step up therapy according to BTS-SIGN guidelines

Facilitators notes

Questions…

- What are the main issues (bio/psycho/social)?
    - BIOLOGICAL – acute cardiac issue? Chronic diseases out of control… Medically unexplained symptoms and chronic pain…
    - PSYCHOLOGICAL – past trauma, current mental illness?
    - SOCIAL – vulnerable, current in crisis, relationship status with John? A vulnerable adult?
- What is your management plan for this consultation? And any subsequent consultations?
    - Xref Maslow's hierarchy and think about clinical safety… what serious pathology needs ruling out today…
    - Be driven by Carolyn's agenda / needs… likely immediate need = money
    - Need to establish a relationship and build trust
- How can you ensure you and your practice meet Carolyn's needs and those of patients with similar problems?
    - Continuity
    - Access
    - Good chronic disease management
    - Caring approach, from reception onwards
- What part has trauma played in Carolyn's current problems?
    - Abuse as a child… poor educational attainment… poverty… relationships (what is going on with John?)… poor physical health…
- What would a trauma informed response to Carolyn's problems look like?
    - Social security – assist with benefits issues / housing
    - Relationships – John… find out more… seems to be holdings things together… is this the main relationship? Are there others?
    - Body – relaxation, sleep, movement, enjoyable activities… is there anything Carolyn can do?
    - Biology – lifestyle… consumption… alcohol, tobacco, drugs, food, sex…? Where is Carolyn with this? Can we help?
    - Mind – feelings, emotions, memories, thoughts… can we start helping Carolyn make links between past experiences and current symptoms / physical health…?
    - Crisis planning – how will be manage future crises, and ideally prevent them?
- How might the community help people like Carolyn?
    - Lifestyle – activities / groups / opportunities for exercise & a better diet?
    - Social connections / activities
    - Social determinants – transport an issue…? Housing?
- What is your role in this?
    - Social prescribing referral…?
    - Signposting
    - Helping develop community as a leader…?