

## Sample Applied Exam – Psychiatry

### Case 1

**In this station, you will play the role of an on-call psychiatrist who is contacted by a nurse practitioner in an outlying community medical clinic. The nurse practitioner is meeting with you to request advice regarding the care of a recently examined elderly male patient. The examiner will play the role of the nurse practitioner.**

Mr. Wilson is an 82-year-old widower who lives alone in an apartment. He is a retired accountant whose wife died three years ago. They did not have children. He is mostly alone except for meeting a group of friends for lunch on a weekly basis. He takes an antihypertensive medication for high blood pressure but is otherwise physically healthy. He does not drink alcohol or use illicit substances.

Mr. Wilson has always been described as a “worrier”, but experienced a period of more intense anxiety in the context of work approximately 25 years ago. At that time, he was started on alprazolam 0.25 mg 3 times daily by his family doctor. Since retirement, he has felt that the medication has not been working as well in treating his anxiety. He found he was worrying more and noticed frequent insomnia. In response, his doctor gradually increased the dose of alprazolam to 1 mg 3 times daily. Three years ago, his doctor also prescribed lorazepam 1 mg at bedtime when Mr. Wilson complained of worsened insomnia after his wife died. Over time, Mr. Wilson began to use more alprazolam than prescribed to cope with “having a bad day”. He also took an extra lorazepam if he woke up during the night and could not fall back asleep. On several occasions, he had called his doctor to ask for a refill because he had run out of medication earlier than expected.

Recently, his doctor tried to lower the dose of alprazolam, but after a short trial, Mr. Wilson said he could not tolerate the increase in anxiety symptoms. He was aware that it might not be safe to take such large doses, but refused to consider continuing on a lower dose.

Mr. Wilson acknowledges that he now spends much of his time between doses thinking about when he can take his next dose. He rarely leaves his apartment for longer than a few hours; he feels he needs to be home in time to take his next dose. Two days ago, Mr. Wilson ran out of alprazolam and lorazepam. He called his doctor’s office for an earlier refill, but his doctor was on vacation. He decided to come to the community medical clinic because he was not feeling well.

During the examination, he told the nurse practitioner that he has been feeling extremely anxious, with nausea but no vomiting. He has not been able to sleep for the past two nights, has been feeling restless, and has been pacing around his apartment. He is demanding to have refills for alprazolam and lorazepam to relieve his anxiety. He feels as though he “can’t go on like this”, but denies suicidal ideation and has had no prior suicidal ideation or attempts.



The nurse practitioner describes Mr. Wilson as a well-dressed elderly man who looks his stated age. He was not able to sit still for long in the waiting room or in the examining room. He was oriented to time and place, and did not appear confused. His vital signs were within normal limits, with a heart rate of 90 beats per minute, and a temperature of 37.5 degrees Celsius. The nurse practitioner is asking for guidance on how to help with the management of this patient's anxiety.

### **Question 1**

Thanks for meeting with me. I'm very concerned about Mr. Wilson - he appears to be so distressed. Why would he be presenting this way?

*Competency:* Diagnosis

### **Question 2**

When I examined him, he looked somewhat restless, but his vitals were normal and he didn't look physically unwell. I question whether he is actually going through benzodiazepine withdrawal. How would I determine if this is the case?

*Competency:* Diagnosis

### **Question 3**

I'm new in this community clinic and haven't managed benzodiazepine withdrawal before. Mr. Wilson is asking me to provide him with a refill and is insisting on going home. What should I do? Should I restart the benzodiazepines?

*Competency:* Clinical/Patient Management

### **Question 4**

When I suggested Mr. Wilson come off the benzodiazepines, he said he couldn't possibly consider it, given how anxious he feels right now. So what steps could I take now to help him through a successful withdrawal down the road?

*Competency:* Clinical/Patient Management

### **Question 5**

How should I approach stopping the alprazolam and lorazepam, assuming he eventually agrees to do so?

*Competency:* Clinical/Patient Management

### **Question 6**

Mr. Wilson told me that he "just can't go on like this" if he doesn't get some relief. He told me he isn't suicidal, but I want to make sure he's safe. Do you think he's safe to go home?

*Competency:* Clinical Reasoning/Judgment



### Question 7

Okay, I think Mr. Wilson is safe to go home right now, and I'm able to see him again in a few days. But I'm concerned that his doctor keeps prescribing benzodiazepines. Should he continue to see his doctor, or should I take over his ongoing care?

*Competency:* Collaborator

*Overall Competency:* Professional Communication