OSCE - Instructions to the participant playing the physician

Sven, male consultant, 45 years. Reserved but friendly. Says directly that he does not know the patient, he has taken over from another doctor this morning.

Feedback on presented drug related problems (DRPs) and suggestions:

DRP 1. Tolerance of nitrates
- Perhaps…but it could just as well be worsening of angina

Suggestion: Change the dose interval of Imdur
- Yes OK, changes to 120mg 1x1.

DRP 2. Probable ulcer caused by NSAIDs (in combination with aspirin and SSRI)
- I was not aware of the diclofenac use – that of course has to stop!

Suggestion: Prescribe omeprazole 20mg 1x1 4-8 weeks. Gastroscopy?
- Yes, OK Omeprazole 20mg 1x1 in 6 weeks. Her GP can determine if gastroscopy is necessary.

DRP 3. Improper use of SSRI
- Didn't know about this, (a little uninterested)

Suggestion: Referral to the GP? SSRI should be discontinued if no depression, if depression present - need for thorough information to the patient
- Yes, that's definitely something for the GP, but you may well talk to her and see if she seems depressed (no referral is sent).

DRP 4. Microcytic anemia present?
- Yeah..?

Suggestion: take iron status, consider iron treatment, po or iv, if low.
- Not necessary to take iron status / treat with iron.

DRP 5. Statin dose too low.
- Yes, it might be a bit low ...

Suggestion: Secondary prophylaxis after infarction, should be at least 20mg – and more evidence of 40mg
- I think we leave it for now.

DRP 6. Pain - What can she replace diclofenac with?
- Is she in pain? I haven't heard anything about that

Suggestion: Yes, motion pain, probably due to osteoarthritis. Paracetamol as regular treatment 2x3 and possibly a weak opioid prn?
- Well, then we change paracetamol to 2x3 and add tramadol 50mg 1-2 prn

Feedback on any other suggestions:
Reject!

The doctor finally says: Can you prepare an up-dated medication list and go through it with the patient? She'll be discharged in two hours