

Station Number

AFFIX CANDIDATE
LABEL HERE

CANDIDATE No:.....

Instructions for Candidates

Scenario

Jean Richards is a 72-year-old lady who has been admitted to the ward for further investigation. Her husband died 9 months ago, and over the last few months she has not been looking after herself, has been tearful, and her family report behavioural disturbance. They also say she has been confused and forgetful.

Instructions

Take an appropriate history, with the intention of differentiating depression from dementing illness.

You are not expected to complete formal testing of cognition.

**PLEASE REMEMBER TO HAND YOUR IDENTITY LABEL TO THE
EXAMINER**

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AFFIX CANDIDATE
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History Taking: Dementia vs Depression

CANDIDATE No:.....

Instructions for Patients

Answer questions based on the following scenario.

Do not volunteer information unless asked.

This station tests the candidate's ability to take a history from a patient.

You are Jean Richards, a woman in her early 70's.

Key Attributes

You are quite upset at being admitted, and you are anxious, a little tearful, and ashamed of how you have "gone to pieces".

You are worried that you might be developing dementia, and are very worried about your memory problems. You tend to emphasise all the things that you can't do, and feel guilty and worthless. If asked difficult questions (e.g. specific dates of events) you tend to answer, "I don't know" and become frustrated.

History of presenting problems

- You can date the onset of symptoms to about 5 months ago. Since then, you have just been feeling worse and worse
- You complain about how your memory is failing you. You say that you leave lights and appliances on, and forget where you have put things
- You find it difficult to concentrate, and admit to losing track of the days. You often forget when your family have visited, and understand how they must be concerned.
- Your symptoms are not any worse at night.

Mood symptoms

- You feel sad all of the time. You feel very anxious in the mornings. You miss your husband greatly
- You sleep poorly, with 2-3 hours of initial insomnia, and you occasionally wake up early in the mornings (around 4-5 a.m.). Some nights you can't get to sleep at all, and you sit up. In the past, you have phoned your son or daughter in the middle of the night. You then doze during the day.
- You can't be bothered eating, and food is tasteless to you. You think you might have lost some weight
- You have little interest in things, and have no energy
- You wish you were dead, and could be with your husband, but you deny overt suicidal thinking.

Past Psychiatric history

- You remember that around 15 years ago, you received Tryptasol from your GP, which you took for a few months before stopping because it gave you side effects (dizziness and blurred vision). You also remember that your GP wanted to refer you to a psychiatrist.
- You don't remember any other episodes of depression.

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History Taking: Dementia vs Depression

CANDIDATE No:.....

Instructions for Examiners

REMEMBER TO ASK THE STUDENT FOR THEIR IDENTITY LABEL AND AFFIX IT TO THE TOP OF THE MARK SHEET.

This is a clinical case where the candidate must demonstrate:

- a) Ability to ask relevant questions to differentiate dementia from depression
- b) Confidence in dropping aspects of the history in favour of a variety of pertinent questions
- c) Ability to cover a range of areas of the history and mental state

The candidate only has 7 minutes, and good candidates should be able to take a relevant history **and** examine basic cognition quickly and effectively. Candidates should not sacrifice history taking to complete the MMSE.

Station Number

Examiner's Name:

.....

AFFIX CANDIDATE
LABEL HERE

CANDIDATE No:.....

History Taking: Dementia vs Depression

Marking Sheet

Please circle the appropriate mark for each criterion. The standard expected is that of a psychiatric Senior House Officer.

Criterion	Performed competently	Performed, but not fully competent	Not performed		
Approach to the patient – Rapport, empathy, and style	2	1	0		
History of Symptoms (one point for each, up to a maximum of 5):					
• Can patient date onset of symptoms?	1	½	0		
• Progression of symptoms – rapid or gradual?	1	½	0		
• Presence of depressive symptoms, including biological symptoms?	1	½	0		
• Does patient recognise cognitive difficulties?	1	½	0		
• Did depressive symptoms precede cognitive problems?	1	½	0		
• Nocturnal accentuation?	1	½	0		
Past Psychiatric history – Previous history of psychiatric illness or depressive illness	2	1	0		
Rudimentary Assessment of cognition	3	1 ½	0		
Insight (one point for each, up to a maximum of 3):					
• Recognises presence of low mood?	1	½	0		
• Emphasises difficulties?	1	½	0		
• Concerned about deficits?	1	½	0		
Candidate mentions seeking a corroborative history from family	1	½	0		
Overall Approach to Task	4	3	2	1	0

Score (Max 20)

Overall Grading of station

Clear Pass

Borderline

Clear Fail