Instructions for Candidates

Scenario
Jenny Peters is a 45-year-old married housewife. She has been referred by her GP because of anxieties about going out of her house. She has not left her house alone for a number of months, and has complained of panic attacks.

Instructions
Please take a history of her anxiety symptoms, so that you are able to offer a diagnosis.
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 Jenny Peters, a 45-year-old married housewife, with marked anxiety and panic attacks.

**Key Attributes**

You are anxious, and need a lot of reassurance from the candidate. Throughout the interview, you are quite restless, distractible, and fidgety – playing with your purse/hands/clothes.

**History of Presenting problem**

- 3 months ago, when you out in town, you found yourself becoming sweaty, and felt your heart racing fast. You became worried and eventually had to put down your shopping and leave the shopping centre. You eventually calmed down.
- Since then, you have been fearful of leaving the house. You can go out with your husband or family, but you become anxious in busy, crowded places such as supermarkets or town centres
- You are unable to use public transport, but you are okay in the family car. You become anxious if you know that you have to go somewhere and you try and avoid such situations if at all possible
- You have little or no anxiety whilst at home. You can go to the local corner shop, but only if it's quiet and you are unlikely to meet anyone that you might have to talk to.
- You have a friend’s wedding coming up, and you are very anxious about making a fool of yourself there.

**Panic**

- In the last month, you have had 5 or 6 episodes of severe anxiety, associated with shakiness, sweating, palpitations, and breathlessness. These have occurred in the supermarket
- You feel dizzy and worry that you are going to lose control, or make a fool of yourself. You become terrified of having a heart attack. You think that everyone is looking at you or talking about you.
**Mood symptoms**
- You feel a bit down at times, ruminating that “this is not me”, and although you become irritable if harassed, there is no tearfulness or diurnal variation.
- You sleep poorly 2-3 nights per week, lying awake worrying about your symptoms. Your appetite is a little bit lower, but there is no weight loss.
- Your concentration is fine if you are not anxious. Your memory is okay. You have normal energy and motivation
- You can enjoy activities with family, and are able to laugh and joke if friends come round.

**Personal and social history**
- You live with her husband and two children
- You worked part-time in a local shop until a few months ago
- You smoke 20 cigarettes per day (this has increased recently)
- You are also drinking a bit more alcohol, especially at night to help you to sleep. In the last week, you have had a couple of bottles of wine. There are no symptoms of dependence.
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:

a) Demonstrate their ability to set an anxious patient at ease

b) Be able to offer reassurance to the patient

c) Show good understanding of the range of anxiety symptoms

d) Show awareness of ICD-10 criteria for anxiety disorders, and ask appropriate questions in order to establish a diagnosis

e) Be able to recognise that anxiety and mood disorders are frequently comorbid, and appear confident in establishing the primary disorder
Examiner's Name:  
Station Number:  

History Taking: Agoraphobia

Marking Sheet

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

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Performed competently</th>
<th>Performed, but not fully competent</th>
<th>Not performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approach to the patient – Rapport, empathy, and style</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Elicitation of anxiety symptoms (up to a maximum of 4 points):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Psychological symptoms (worry, apprehension, tense, nervous)</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>• Physical symptoms (tremor, palpitations, sweating, etc.)</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Situations that cause anxiety – social phobia vs agoraphobia vs generalised anxiety</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>History of panic disorder, determined by presence of panic, and frequency</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Other symptoms (maximum of 2 points):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Avoidance</td>
<td>1</td>
<td>½</td>
<td>0</td>
</tr>
<tr>
<td>• Anticipatory Anxiety</td>
<td>1</td>
<td>½</td>
<td>0</td>
</tr>
<tr>
<td>Impact on life</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Presence of mood symptoms</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Overall Approach to Task</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

Score (Max 20)  

Overall Grading of station  

Clear Pass | Borderline | Clear Fail