



Professor Leon Piterman

Professor of General Practice
Monash University

Friday, August 12, 2016

(Room 2)

14:00 - 14:55 WS #31: Case Studies in Mental Health

15:05 - 16:00 WS #41: Case Studies in Mental Health (Repeated)



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Office of the
Pro Vice-Chancellor
Berwick & Peninsula

GP CME CONFERENCE
Christchurch, New Zealand
11-14 August 2016

Case Studies for Workshops

2. SOMATISATION

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1. History

Andrew is a 47 year old accountant who has been recommended to you by a neighbour as being a thorough and caring GP.

He has made a double appointment to see you and to introduce himself to you and your clinic.

He is not happy about the treatment he is receiving at his current clinic:

“The doctors don’t believe me, they say it’s all in my head”.

He has obtained the file of his medical tests from his treating GP and presents you with this to “make it easier”.

2. Further History

He is divorced and has no children, he has worked in the same accounting firm for the past 25 years.

For much of this time he has suffered from bowel problems and headaches. Also he has had occasional episodes of chest pain. His bowel problems are troubling him at present, he has constant bloating and flatulence.

Occasionally he has an overwhelming urge to go to the toilet and all he passes are “rabbit like” stools.

There is no loss of appetite, weight loss or other GI symptoms.

Headaches seem to occur after work and on weekends they are mostly on the top of his head and go down to his neck, occasionally it is like a band around his head. There are no other neurological features.

Chest pains have occurred at any time, but more so if he is under pressure at work. They are sharp left sided, localised and only last a few minutes.

His parents are both deceased, his father died in a train accident age 45 and his mother died at the age of 67 from breast cancer.

He feels that she was a worrier but that doctors neglected her till it was too late. He has a sister in Queensland, but this is far away and he seldom sees her, he thinks she is well. He is a non-smoker and non-drinker.

His marriage only lasted 4 years, his wife was unfaithful. He enjoys classical music and plays piano. He has little social life and tells you that “work is very consuming”.

He denies feeling anxious or depressed and claims that “there must be something seriously wrong to have these bowel problems and headaches for so long”.

You examine his files and find that he has had numerous investigations including repeated blood tests, X-rays, ECG, CT, Brain Scans, 3 colonoscopies over the past 6 years including one 6 months ago.

These have not revealed any abnormalities.

3. Questions

- **3.1** What is your next step?
- **3.2** What is/are the probable diagnosis/diagnoses?
- **3.3** How will you confirm this?
What tests might you do?
- **3.4** How do you manage Andrew or patients like him?