OSCE

Candidate information

Your RMO has been seeing James, a 50 year old male who recently moved to Adelaide from Sydney. James was clearing the gutters in his rental home when he fell from the ladder. He has acute lower back pain, which he has suffered before, and is requesting a script for valium (diazepam) and a strong analgesic. These usually help his symptoms. He has a letter from his previous GP in Sydney describing his back pain management.

The nurse looking after James believes he is drug seeking, but the RMO is unsure if this is the case.

Please discuss with your RMO how to assess James for drug seeking behaviour.

Domain	**%**
Medical expertise	20
Prioritisation and decision making	
Communication	40
Teamwork and collaboration	
Leadership and management	
Health advocacy	
Scholarship and teaching	40
Professionalism	

Drug seeking

Actor (RMO) information

You have been seeing James, a 50 year old male who recently moved to Adelaide from Sydney. James was clearing the gutters in his rental home when he fell from the ladder. He now has acute lower back pain, which he has suffered before, and is requesting a script for diazepam and a strong "opiate based" analgesic. These usually help his symptoms. His examination is normal except for tenderness over the lumbar spine.

He has produced a letter from his previous GP in Sydney describing his back pain management (**props**).

The nurse looking after James believes he is drug seeking, but you are unsure if this is the case. Of note, you asked James his social history and he mentioned that he is a retired pharmacist.

You have asked your consultant how to tell if a patient is drug seeking.

Prompts:

- Should I just give him the diazepam, given his GP usually does?
- How do you identify drug seekers?
- Should I give him analgesia?

Marking:

- Discusses identification of possible drug seekers
- Acknowledges need to treat acute pain as if it were real if unsure
- Acknowledges that even drug seekers may have acute pain, and may need higher doses
- Recognises that GP letter may be fake
- Explores history with RMO, identifying factors concerning for drug seeking (knowledge of drug names, no previous records here, recent move, no organic cause found).
- Advises analgesia be given in ED until GP can be contacted to confirm letter/past history
- May also mention that chronic pain does not present as acute pain does, and may be undertreated

Questions to check drug seeking (from NPS):

Is the drug used for a legitimate medical purpose?
Does the drug improve the quality of the patient's life?
Is the physician helping the patient maintain control over use of the drug?
Is use of the drug legal and uncomplicated by illegal drug use?
Is the pattern of use one of appropriate medicinal doses or is it one of intoxicating doses.?

If all five are yes, unlikely DSB.

	Mark
Explains need to treat pain in ED as if real, unless good reason not to	2
Gives some indications that may suggest drug seeking	2
Explains that drug users may have higher opiate requirements	1
Recognises GP letter may be fake	1
Explores history with RMO, identifies factors concerning for drug seeking	1
May discuss difference in presentation between acute and chronic pain	1
Suggests resources to check for drug seeking history – pharmacist, GP, etc	1
Approach to teaching – clear, concise, answers questions	1

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To whom it may concern,

Mr James McKinnon (DOB 20/06/1958) been a patient of mine for some years. Before he retired as a pharmacist, I have treated him for several conditions including:

- Chronic lumbago
- Gout
- Tennis elbow

James responds well to diazepam prn and oxycodone or similar for his back pain. His last MRI was normal and I have therefore not referred him to a neurologist/neurosurgeon. His gout and tennis elbow are in remission at present.

Thank you for your ongoing care of James,

Yours sincerely,

Dr. Phil
MD