

Unit 2: Benzodiazepines and anxiety

Case study part A - Steve

"I thought I'd had a heart attack"

Steve worked late last Thursday, drove home and had a sudden attack of chest pain. He felt he couldn't breathe and thought he must be having a heart attack. He remembers something similar happened a few times when he was on a duty tour in East Timor a few years back but thought it was just to do with the stress of the job at the time. He saw lots of his mates go through the same thing. On this occasion, Steve was treated at home by paramedics who said he'd had a panic attack. They told to see his GP the next day or go up to the hospital if he had another attack.

Steve feels older than his 39 years. He was an army officer but now works for an insurance company that pays him good overtime for extra hours of work. Steve is married with two children (Tom 7 and Kylie 5). He travels a lot for work and is often away from home. His sleep patterns are poor. He has visited a number of doctors in various States during his work travel and been given a variety of different medications including Valium, Normison and Xanax. He's not sure which works best and in fact has been increasing doses and changing what he uses to get any effect. He finds he sleeps better if he has a few drinks as well.

The attack scared Steve and his family and he is worried it might happen again when he is away on work trips and that he may not get the help he needs.

Points for discussion

- The GPs ability to engage with Steve is a vital first step. How might you go about this?
- What are the important issues here?
- What are the risks and what assessment might you use?
- What is the diagnosis or problem which carries the most risk?
- What interventions would be useful at this consultation?
- What support could local health services offer at this point?
- Are there any services he could contact when he's travelling?
- What supports are there for the family?

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Case study part B - Steve

Steve's work load has increased and he has been travelling constantly for the past month. Steve and his wife go straight to his GP on return home.

He says he has been to four different emergency departments in three States with similar symptoms to those he described on his last visit to the GP. He has now increased his benzodiazepine use and is drinking more to try and get some sleep at night. A psychologist at one of the hospitals suggested that once he goes home he should have a full mental health assessment.

Steve and his family are now worried about the level of benzodiazepine use and Steve feels it's a catch 22 situation – he can't stop work because the family need the money, he can't sleep at all without increasing doses of pills and alcohol and the panic attacks are getting more frequent and more frightening. He is exhausted and feels really out of control with the situation.

Points for discussion

- What particular challenges might there be with this case?
- What additional information would you be seeking from Steve and his family?
- How might your management change?
- How can Steve be effectively managed using the services and resources in your local area?
- What impact has his military service had on him and his family
- What role could VVCS play at this point?
- Family support services – what considerations are there for Steve's wife and children during treatment?

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Facilitator's notes

Part A

- Emphasise the importance of establishing rapport with Steve as a vital first step.
- Discuss symptoms of anxiety and brief interventions for acute anxiety episodes.
- What is the history of anxiety – how long, severity, onset and other treatments?
- Does Steve's veteran history make a difference to his management?
- What is the impact of his military service?
- Discuss work schedules, sleep hygiene and diet
- Benzodiazepine use – how much, how often, how long etc?
- Are doctors in different States prescribing different medications and regimes? Or is Steve intentionally seeking medication through a number of sources? How might this be prevented?
- Discuss Prescription Shoppers Hotline 1800 631 181 and whether there is a need for registering Steve with the Health Insurance Commission (HIC) Prescription Shoppers database. Take care – is this a question of prescription shopping or a genuine attempt by Steve to find a solution to his panic attacks?
- Discuss the need to identify what support people may become involved and whether they have access to information and support themselves.

Part B

- Discuss continuity of care between service providers – what processes can be put into place to improve the handover of patients in situations where frequent interstate travel occurs?
- Discuss discharge planning from Emergency Departments and the role of the GP in patient management
- Identify the role and linkages between the GP and veteran services.
- Note warning of life threatening synergistic effects of benzodiazepines and alcohol, especially given Steve's long work trips.
- Map the services that can support the GP in the local area. How are these services accessed?
- Identify the best pathway of care for Steve and his family at the present time.