

Unit 6: Drugs, sexual health and pregnancy

Case study part A - Julie

Julie is a 30 year old woman. Julie was in the navy and deployed overseas a couple of times during her early career. She was discharged from the navy at the time of her diagnosis of bipolar disorder. Her psychiatrist has prescribed different regimes of medication over that time and she is currently on sodium valproate.

Julie presents to her GP because she is finding urinating painful. She thinks she might have some sort of infection and is worried it may have something to do with several occasions of unprotected sex she has had recently. On further discussion it becomes apparent that Julie loves to go out and drink, take party drugs and dance the night away. She does not have a regular partner and says she would find that 'boring'. She likes her independence. She goes to local clubs whenever she has time, saying it's a distraction from her current job with a local insurance company.

Points for discussion

- The GPs ability to engage with Julie is a vital first step. How might you go about this?
- What are the important issues here?
- What are the risks and what assessments might you use?
- What is the diagnosis or problem which carries the most risk?
- What impact from overseas deployments and military service
- What interventions would be useful at this consultation?
- What support could local health services offer at this point?

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Case study part B - Julie

"I don't know if I can be a good mother – is it fair to the baby to go on with this".

Julie returns to her GP ten weeks later. She has not taken much notice of the advice given to her on the previous occasion and is still into clubbing and continues on and off to have unprotected sex with different partners.

On this visit she is feeling nauseated several times a day, has missed a period and is finding it harder and harder to get to work on time and concentrate on the job. She is not sleeping well. She doesn't think her medication is working as well as it has in the past.

Her GP confirms she is pregnant. Julie is distressed by this, thinks she would like to keep the baby but is very concerned about the way her bipolar disorder may affect this decision and says "I don't know if I can be a good mother" and asks "Is it fair to the baby to go on with this?"

Points for discussion

- What particular challenges might there be with managing Julie's health care?
- What additional information would you be seeking?
- How might this change your management?
- How could Julie be effectively managed using the services and resources in your local area?
- Can VVCS play a role in Julie's care?

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Facilitator's notes

Part A

- Emphasise the importance of establishing rapport with Julie as a vital first step.
- Discuss the co occurrence of risky drug taking and risk taking sexual behaviour.
- Explore what drugs (including alcohol) Julie is taking when she is out partying, how much, how often and in what combinations. How could the local pharmacist help with this?
- Discuss mood disorders and Julie's current patterns of behaviour.
- Don't forget to treat the urinary tract symptoms! Discuss how treatment of this physical health problem may allow for discussion of her mental health, drug use and lifestyle.
- Explore the signs that Julie is exhibiting – going out all night and working all day, keeping up by using drugs. What do these say about her mental health.
- Identify the best information to be given to Julie about her sexual practices and her sexual health.
- Discuss the need to identify what support people may be involved and whether they have access to information and support themselves.

Part B

- Discuss pregnancy and the options that are available to Julie at this time. How would you respond to her questions?
- Discuss drug related harm to foetal development – what are the risks of amphetamine use, alcohol and other drugs?
- Discuss Julie's current medication and the safest options for treating bipolar disorder during pregnancy.
- Outline pathways of care (including VVCS involvement) for Julie now and for the longer term.