MMC Practice Exam OSCE

A 14 year old girl is referred to your tertiary ED by her GP with concerns for a new diagnosis of an eating disorder. (12 Marks)

**General Feedback**

* You need to have a **consultant level** understanding of Eating Disorder presentations, investigations and admission criteria
* Think about different “categories/classes” when there are multiple marks
* Height and weight are Examination findings not investigations
* Shot gun approach – examiners instructed to read the first (n) number of answers and then ignore the rest. List 1 answer per space.
* **ESSENTIAL** investigations for eating disorder presentations are BSL and ECG, then you can list almost anything (including serum rhubarb)
* Admission criteria vary but if you had a “ballpark” figure for HR, postural HR/BP that was accepted. The question did not specifically ask for criteria for medical v. mental health admission so accepted mental state in part 3.

1. List the important features on history (3 marks)
   1. Weight profile (1)
      1. Current weight
      2. Premorbid weight
      3. % loss and timing of weight loss
   2. Psychosocial assessment (1)
      1. Assess risk of suicide and self harm (HEADDS screen)
      2. Body image
   3. Dietary habits, eating behaviours, weight control measures, menstrual Hx, symptomatic (dizzy – standing, collapse) (1)

**1 mark for something about weight, 1 for psychosocial and 1 for diet/behaviours/symptoms**

1. List and justify 3 **essential** investigations (6 marks)
   1. **ECG** - arrhythmia, bradycardia, prolonged QT, hypoK
   2. Blood tests
      1. **BSL** – significant risk of hypoglycaemia
      2. U+E – hypoK
      3. FBE – anything reasonable
      4. LFT – hypoalb malnutrition
      5. PO4- refeeding
      6. Other with appropriate justification : TFT, ESR, Ca/Mg, Fe/B12/folate/VitD, Zinc/serum Rhubarb

**Need ECG and BSL to pass**

1. List the findings that would warrant admission to hospital (3marks)
   1. Resting HR <50, postural HR increase >30
   2. Postural SBP drop >20, resting SBP <80
   3. Hypothermia
   4. hypoglycaemia
   5. Electrolyte disturbance (K<3)
   6. Arrhythmia or prologed QT
   7. Ongoing weight loss despite maximal community management
   8. Psychiatric issues – not safe to be discharged

**Need something about HR, something about BP and 1 other**

Pass mark 8/12 – a) 2/3, b) 4/6, 2/3

Pass rate 25 / 42 = 60%