

CRP Format

Russell M is a 55 year old architect who presents for a check-up. He has noticed that he becomes breathless easily, even after mild exercise. He also mentions that, while he has had a bit of a morning cough for the last few years, it seems to have been more severe and frequent in the last 3 or 4 months. He is also finding that he has to go to the toilet several times during the night.

Russell is a regular although infrequent patient of your practice. He does not smoke, and drinks moderately. He has always been a bit overweight, but has lost weight since you last saw him. He has a history of high blood pressure for which he takes captopril. During a period of unemployment 10 years ago, he developed insomnia which still bothers him occasionally. Other medical history includes successful repair of an inguinal hernia when he was 18 and a bout of whooping cough 2 years ago.

On examination, Russell's BP is 150/90; his respiratory rate is 20/min with widespread expiratory wheezing, his heart rate is 90 bpm with a mildly displaced apex beat. You note palmar erythema

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1. Based on the above information, what do you think is the most likely diagnosis in this patient?
 2. Using the list of clinical features and the key below, please select those (and only those) that you considered in reaching your diagnosis and the weighting option which best describes its influence on your decision.

Clinical Features

Shortness of breath

Worsening morning cough

Nocturia

Non-smoker

Alcohol intake

Weight loss

Blood pressure

Captopril

Insomnia

Hx whooping cough

Respiratory Rate

Expiratory Wheeze

Heart rate

Displaced apex beat

Palmar erythema

3. If this diagnosis proved incorrect, what would your next choice be?
4. Again, please select only those clinical features that you considered in reaching your diagnosis and the weighting option which best describes its influence on your decision.

Clinical Features

Shortness of breath

Worsening morning cough

Nocturia

Non-smoker

Alcohol intake

Weight loss

Blood pressure

Captopril

Insomnia

Hx whooping cough

Respiratory Rate

Expiratory Wheeze

Heart rate

Displaced apex beat

Palmar erythema

Key

+3 = strongly supportive;

+2 = moderately supportive;

+1 = slightly supportive;

0 = irrelevant;

-3 = strongly opposing;

-2 = moderately opposing;

-1 = slightly opposing.

SCT Format.

Clinical case: Russell M is a 55 year old architect who presents for a check-up. He has noticed that he becomes breathless easily, even after mild exercise. He also mentions that, while he has had a bit of a morning cough for the last few years, it seems to have been more severe and frequent in the last 3 or 4 months. He is also finding that he has to go to the toilet several times during the night.

The following hypotheses are considered:

	If you were thinking of	And then you find	This hypothesis becomes
1-1	Left heart failure	Respiratory rate is 20/min with widespread expiratory wheezing.	-2 -1 0 +1 +2
1-3	Left heart failure	He has a history of well controlled high blood pressure for which he takes captopril.	-2 -1 0 +1 +2
1-4	Asthma	On physical examination, his heart rate is 90 bpm with a mildly displaced apex beat	-2 -1 0 +1 +2
1-5	Left heart failure	palmar erythema	-2 -1 0 +1 +2
1-6	Asthma	His respiratory rate is 20/min with widespread expiratory wheezing.	-2 -1 0 +1 +2

Key

-2 = very unlikely; -1 = unlikely; 0 = neither less nor more likely; +1 = likely; +2 = very likely