JISC update Dec 2017 - Jan 2018

Schizoaffective disorder and lupus

A young patient with schizoaffective disorder was diagnosed with lupus cerebritis – with high levels of agitation, suboptimal medication concordance (not taking oral medication) and treatment resistance. This patient was very psychotic and did not trust staff.

There had been incidents of harm to others despite best efforts with a range of standard treatments at maximal doses. So far olanzapine, loxapine, zuclopenthixol acetate (Acuphase) and decanoate im as well as significant amounts of lorazepam had been tried. Only the *first* dose of acuphase was effective.

Intramuscular haldol and midazolam were being used – but restraint was still required to keep the patient and people in the vicinity safe.

Response 1: This clinician suggested ECT.

Response 2: Given the difficulty with steroids are the rheumatologists considering plasmapheresis?

This clinician had a similar case with a patient with SLE who was extremely agitated and physically aggressive (even requiring police attendance with shields). After intubation and plasmapheresis + dialysis on ICU there was a dramatic improvement over a couple of days.

Response 3: Similarly this clinician wondered about further management within an ICU setting; especially to get adequate treatment of the immune condition including plasmapheresis.

Response 4: Suggests use of droperidol for violent agitation.

Work in Oxford and Devon

There will be new substantive consultant posts – in Oxford and Devon – and there was a heated debate about which was the most beautiful county in the UK. Bizarrely, Sussex wasn't even mentioned.

Psychological support for oncology staff

A south London Liaison colleague was approached by his hospital's oncology lead, who wanted to discuss the Liaison service providing some support sessions to the substantial oncology consultant body. His service has the capacity to offer what they think that they need (monthly sessions led by psychologist to talk about, acknowledge and discuss the emotions of the work they do). But what he wants to ensure that their input is helpful.

Are there any outcome measures that he could use? What experience does anyone else have of doing this?

From Canada – an old UK colleague: His service gives talks and workshops for groups in physical health care; and he regards these as 'educational interventions'. 'You may have colleagues with postgraduate diploma in Med Ed who can help develop evaluations for this.' A 'rough and ready approach' is to use a feedback form which can check in session learning and if the learners can apply something from the session to one or more patients in that week. There can be periodic feedbacks to review if there has been application to practice. He also recommends use of a survey link like survey monkey so that all the information gets collated instantly.

From UCL – this clinician ran a course on Resilience for Oncology trainees which was well received. The title of the course was Survival and the trainees said they had no time in their clinical week to talk about the impact of patients and how they dealt with this. She thinks that a Balint group would be helpful.

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