NATUROPATHIC PRESCRIBING COURSE

ORAL ASSESSMENT PRACTICE CASES

Instructions:

1) Below are 2 cases (1 page each) for you to practice with.

2) You may use any of your books and materials when reviewing the cases and preparing your treatment plans (excluding any electronic based references). Be efficient with your time. During the live oral assessment session, you only have 25 min per case. So for these 2 cases, try to prepare for both of sessions in 60 min or less.

3) Note: you are allowed to bring in ONLY 1 (8x10) piece of paper/case to the online/oral session (not allowed to use any of your texts/refs during the face to face oral exam). So use your prep time to put useful pieces of info on the 1 pager to help you best prep for the oral exam. This piece of paper should contain your written prescription with drug name, dose and interval. It does not need to contain all the elements of a proper prescription, like name, address etc.). You will hand this paper in at the end of your session.

4) When you are reviewing the cases and preparing for the oral exam, please be prepared to:
   A. List 5 goals (or targets) of treatment.
   B. Design a PICO question for the case if asked on the case.
   C. List 5 reasonable/viable treatment options (1 of these can be a non-drug measure), and two potential advantages and disadvantages for each of these options.
   D. Describe roughly the magnitude of the benefit and the harms associated with a particular treatment option.
   E. Discuss any contraindications, precautions (general or patient specific) or drug interactions to any of your treatment options.
   F. Identify which of the 5 treatment options you would try first and why you picked this choice versus the other options.
   G. Describe the dose you would start with and how you would titrate it to effect. Please write the prescription out *(in the live session you would be handing this to the assessor).*
   H. Describe 3-5 efficacy and toxicity monitoring parameters. For each parameter, list when these parameters should be monitored, how often and by whom.
   I. Describe if and how any medications the patient is taking should be stopped.
   J. Outline if there is anything else you would do in this case.

Case 1: Peptic Ulcer

Peter is a 53-year old accountant with a 3 day history of stomach pains, which he experiences in the middle of the night and sometimes after meals. He has had intermittent indigestion over the last 6 months and has been using pepto-bismol chewable tablets as needed (about 14 tablets a week). He is not nauseated or been vomiting, but has detected a little black spots in this stool. He has heard that NPs can now prescribe and wanted your input on his health and stomach pain.

After conducting a history and a PharmaNet search you learn that he has mild heart failure, for which he has been taking enalapril 2.5 mg twice daily off and on for the last year. He is a smoker (and has been for the last 30 years). He currently smokes about ½ to 1 pack per day. For his osteoarthritis (mostly in his knees), he has been taking ibuprofen 400mg twice daily for about 2 years. This dose has been working well to keep his joint pain under control and improve his mobility. His labs are all within normal limits with the exception of his Hgb and platelets, which are low (see below for values).

Current drug therapy:

Medical Condition	Drug Therapy	Duration of Therapy	Response
Indigestion	**Pepto bismol 2 tablets q4h prn indigestion pain**	**6 months**	**Helps a bit**
Osteoarthritis	**Ibuprofen 400 mg bid**	**2 years**	**Helps the knee pain**
Heart Failure	**Enalapril 2.5 mg bid**	**1 year**	**N/A**

He does not take any other medications or natural health products.

Allergies and intolerances: **Sulpha drugs – cause a rash**
Diet: **Typically, balanced with fruits and vegetables. Fast food twice a week.**
Vaccinations: **The usual childhood vaccines, nothing recently**
Tobacco: **½ - 1 ppd for 30 years**
Caffeine: **1 - 2 x 8oz coffees daily plus occasional green tea**
Alcohol: **Beer about 6/week**
Exercise: **Once or twice a week has a brief walk**
Vital signs: **Temperature: 36.8°C**
Blood pressure: 140/85
Heart rate: 73 bpm
Respiratory rate: 20
General appearance: **Generally looks a little pale, lethargic and somewhat overweight (86kg)**
Lab values: **All normal except platelets 140,000 (N= 150,000 to 450,000 /μL); Hgb = 120 g/L (N(males) = 140-174 g/L) and ratio of TC:HDL = 6**

You suggest that Peter gets an endoscopy and you make the appropriate referral. In the mean time, you design a treatment plan for him to address his ulcer symptoms. Please design a reasonable clinical question (PICO) for this case and describe what Peter's global cardiovascular risk is in the next 5 years?

Case 2: Diabetes

Mary is a 57-year old self employed interior designer with recent diagnosis of type 2 diabetes and hypercholesterolemia. When interviewing her, you learn that she has been taking metformin 500 mg po BID for the last 6 months. Her HbA1c from 3 months ago was 9% (was 9.8% 6 months ago). She has been trying to loose weight for the last 6 months with little success. Her current weight is 90kg. Her cholesterol 6 months ago was somewhat high (TC:HDL ratio =6.6), so her MD had started her on Pravastatin. Her TC:HDL ratio 3 months ago was 5.0. She self monitors her blood glucose at home every day (usually twice daily) and they are usually on the high side (between 8-12 mmol/L; Normal is between 4-7 mmol/L).

She also mentions that she has been feeling 'blue' again over the last 5 months and states that she feels so tired most of the time and goes to bed early in the evening. She has not taken on much work lately. She has had a history of depression over the last 15 years where she gets intermittent episodes of major depression on and off again. She has tried several antidepressants in the past, including fluoxetine, bupropion, venlafaxine. She had stopped taking the venlafaxine about a year ago when her symptoms were improved, but now thinks she should start taking it again.

Current drug therapy:

Medical Condition	Drug Therapy	Duration of Therapy	Response
Diabetes	**Metformin 500 mg bid**	**6 months**	**Moderate**
Hypercholesterolemia	**Pravastatin 20 mg daily**	**6 months**	**20% relative reduction in cholesterol levels**
Depression	**B-Complex 100mg once daily**	**2 years**	**No change**
Diabetes	**Chromium picolinate, gymnema sylvestre and a "pancreas elixir"**	**3 months**	**No change**

Allergies and intolerances: **Nuts**

Diet: **Typically, balanced diet**
Vaccinations: **All up to date**
Tobacco: **Non smoker**
Caffeine: **4 - 5 12 oz coffees /day**
Alcohol: **Drinks wine daily and sometimes gin cocktails**
Exercise: **Used to be very active, walking everywhere but has not really exercised in the last 6 months**
Vital signs: **Temperature: 36.8°C**
Blood pressure: 140/85
Heart rate: 80 bpm
Respiratory rate: 20
General appearance: **Slow to speak, dressed in frumpy sweater and sweatpants, looks dejected and frustrated**

Design a treatment plan for Mary's diabetes. Please design a reasonable clinical question (PICO) for this case and describe what Mary's global cardiovascular risk is in the next 5 years?