

CASE TYPE: Migrant Health

Short Case – 8 minutes

NAME: **Shatha Habibi**

AUTHOR: NBC

Case Name: Shatha Habibi
Shatha Habibi, 58 years old Review date:

SECTION A: This information is given to the candidate
INSTRUCTIONS TO CANDIDATES

STANDARD INSTRUCTIONS:

- This is an 8 minute station.
- Read the following scenario.

ADDITIONAL INSTRUCTIONS

- Take an appropriate history from the patient.
- When you are ready, request the details of an appropriate physical examination from the observing examiner.
- Request the results of any investigations from the observing examiner.
- Discuss the essential issues that arise with the patient and suggest appropriate management.

Case Name: Shatha Habibi , 58 years old

SECTION A: This information is given to the candidate

SCENARIO:

Shatha Habibi is a 52-year-old ESL teacher who was diagnosed with type 2 diabetes 2 years ago. She arrived from Iraq 3 yrs ago on the humanitarian settlement program with her 2 teenage children. Her ex-husband remains in Iraq.

Shatha also developed hypertension recently and has been prescribed ramipril 2.5mg. She has also been prescribed 100 mg aspirin daily.

She has also seen a dietician and has an exercise program to promote weight loss. Despite this Shatha's HbA1c has progressively increased over time to around 8.6% She was prescribed metformin 500 mg 18 months ago, increased to 1g a year ago. At that time she was comprehensively screened for microvascular and macrovascular complications associated with type -2 diabetes, with no abnormal results noted.

Six months ago gliclazide 80 mg bd was added as Shatha's glycaemic targets were not being met. Shatha presents today for a review of her diabetes and you find that her HbA1c has increased from 8.6% to 9.1% over the past 6 months.

FULL SUMMARY

Name Shatha Habibi

Age. 52

Social History ESL Teacher at TAFE

Came Iraq 3 yrs ago on Australia's humanitarian program

Ex-husband in Iraq

Was an English teacher in Iraq

Family History Divorced 8 years ago, two children aged 14, 15

Current Medications: Ramipril 2.5mg, aspirin 100 mg, metformin1g gliclazide 80 mg

Immunisations - Up to date

Past Medical History Diagnosed with type 2 diabetes 2 years ago, hypertension

Appendectomy age 16

Allergies : Nil

Case Name: Shatha Habibi
Shatha Habibi, 58 years old Review date:

SECTION B: This information is given to the patient role player/examiner

THE STORY IN DETAIL

You are a 52-year-old ESL teacher who was diagnosed with type 2 diabetes 2 years ago. You arrived from Iraq 3 yrs ago, with your 2 teenage children, through a humanitarian program. Your ex-husband, who you divorced 8 years ago, is still in Iraq. He was physically abusive at times. You witnessed a number of deaths in Iraq due to suicide bombs (but you are very reluctant to talk about this)

Being a devout Muslim, you pray 5 times daily and follow Qur'an and Sunnah. You do not drink alcohol or smoke. Your diet consists of fruit and vegetables, yoghurt, honey, chicken and dates.

In Iraq you attended a female doctor (like a GP) for women's health problems and you also visited a traditional healer and this included spiritual healing. You prefer to use herbs, honey and various oils to heal problems in the first instance. However you can also see the value in Western medicine.

You prefer a holistic approach to health care where spiritual, family, and physical issues are all considered. When a doctor just considers your physical problems you don't think such treatments will fix 'all of you'.

You are quite lonely in Tasmania. There are very few Iraqi's here. You miss your family in Iraq. You have low self esteem at the moment as people have been critical of you in the workplace and recently 'hoddies' on the bus have been calling you names. You are estranged from your ex-husband and this continues to form a major family rift.

You wonder if your diabetes has been caused by some moral problem. Perhaps it is due to your estrangement from your husband.

Since your diagnosis of diabetes made 2 yr ago , you have tried hard to stick to the advice of the doctors and diabetes nurse educators. You were given a diet and exercise program to follow to promote weight loss. They wanted you to swim but you have never learnt and don't want to take off your hijab. They recommended such dietary changes as: low fat yoghurt (which you don't like) and told you must avoid all honey as "that really will put your blood sugar up"

You developed hypertension (high blood pressure) a year ago and have been prescribed a drug ramipril. You have also been prescribed 100 mg aspirin daily. You were prescribed metformin 500 mg 18 months ago, and a year ago this was increased to 1g. Six months ago you were prescribed gliclazide in addition to metformin. You are finding it difficult to keep up with all the medications. You have been 'warned' by the doctors that you will need to take insulin needles if things don't improve.

Additional HISTORY, to be given on enquiry from the student

Although you have been prescribed gliclazide, you have stopped taking it, because you have been putting on weight, and you think your weight gain is largely due to this new medication. In addition, you feel uncomfortable about taking so many tablets, and the expense is a concern for you. You are conscientious about taking metformin, ramipril and aspirin. You are trying hard to walk twice per week but find it a little unsafe. You find it hard to stick to the suggested diet. You snack on chocolate bars and bags of peanuts at times at times of stress.

You don't think anyone understands your situation and how hard it is for you. Managing your diabetes (especially the way the doctors and nurses suggest) is low on your priority list.

SECTION C: This information is handed to the student on request

These clinical findings are available on this separate sheet that is to be handed to the Candidates/student when they ask for any physical examination findings

PHYSICAL EXAMINATION

Weight 84.4 kg. Height 1.65 m BMI 31 (Recommended body mass index $\leq 25 \text{ kg/m}^2$)

BP 130/80

All other physical findings are normal

INVESTIGATIONS

Glycaemic control

HbA1C 8.1%

Random plasma glucose 12.4

Fasting plasma glucose 10.6

Recommended targets

HbA1C $<7\%$

Plasma glucose: fasting $<6 \text{ mmol/L}$, random, 4 to 8mmol/L

Lipid profile

Total cholesterol (TC), 5.1 mmol/L

Low-density lipoprotein cholesterol (LDL-C), 3.7 mmol/L

High-density lipoprotein cholesterol (HDL-C) 1.0 mmol/L

Triglycerides (TG) 0.8 mmol/L

Recommended targets

- Total cholesterol $<4 \text{ mmol/L}$
- LDL cholesterol $\leq 2.5 \text{ mmol/L}$
- HDL-cholesterol $\geq 1 \text{ mmol/L}$
- triglycerides $<2 \text{ mmol/L}$

Results of all other investigations within the normal range.

Case Name: Shatha Habibi

SECTION D: This information is given to the examiner/facilitator

Listed below are the key issues to be covered in this case. (*The facilitator/examiner can “tick” these as covered during the consult*)

Patient centred questions

1. What do you think caused your problem?
2. Why do you think it started when it did?
3. What does your sickness do to you? How does it work?
4. How severe is your sickness? How long do you expect it to last?
5. What problems has your sickness caused you?
6. What do you fear about your sickness?
7. What kind of treatment do you think you should receive?
8. What are the most important results you hope to receive from this treatment?

Respectful exploring of culture Students should explore some of these (relevant) issues using sensitive language :

- level of ethnic identity
- use of informal network and supportive institutions in the ethnic/cultural community values orientation
- language and communication process
- migration experience
- self concept and self esteem
- influence of religion/spirituality on the belief system and behaviour patterns
- views and concerns about discrimination and institutional racism
- views about the role that ethnicity plays
- educational level and employment experiences
- habits, customs, beliefs
- importance and impact associated with physical characteristics
- cultural health beliefs and practices
- current socioeconomic status

Specific questions candidate could also ask

- How does Shatha find taking her many medications? Does she know how they work and why they are important?
- Are there barriers to adherence to gliclazide?
- Is Shatha aware of possible adverse consequences of poor glycaemic control and of the significance of HbA1C as a marker of glycaemic control?

Issues and appropriate medical management

- Compliance/concordance affected by:
 - perceived side effects of new medication
 - reluctance to take multiple medications
 - cost
 - cultural issues
- Glycaemic control
 - In choosing therapy, students should consider recommended treatment targets for patients with diabetes with regard to glycaemic control and lipids. The effect of the available oralhypoglycaemic agents on lipid profile should be considered. To encourage compliance, the consequences of poor glycaemic control could be discussed, emphasising that the risk of adverse consequences is greatly reduced if glycaemic control is good. Students could check whether Shatha is aware of the significance of HbA1C as a marker for good glycaemic control.
- Ongoing diabetes care: screening for complications, adequate follow up by other relevant health professionals (diabetes educator, podiatrist, ophthalmologist/optometrist, dietician, etc...)
- Dyslipidaemia
- Diet
 - Regarding diet, substitutes for chocolate snacks (e.g. sugar-free chewing gum, fruit, carrots/celery etc could be suggested)

Other Management

Psychological

Linking culture, past life experiences and personality with ability to manage adjustment to living in Tasmania

Spiritual

Considering how her situation (including health) impacts on her religion and vice versa

Access to Imam and mosque in Tasmania