

COMLEX Level 2 PE Exam

A 72 years old man came to clinic accompanied by his wife, as he has a hard time falling asleep.

Patient Data Sheet

- **Patient Name** : Mr. William Morgan
- **Clinical Settings** : Medicine Office
- **CC** : A 72 years old man presents with a hard time falling asleep.

➤ **Vital Signs** :

- **Blood Pressure** : 122 / 80 mm Hg
- **Respirations** : 12 per minute
- **Temperature** : 99.0 °F
- **Pulse** : 80 bpm, regular
- **Height** : 67 inches
- **Weight** : 204.5 lbs.
- **BMI** : 32 kg/m²

Differential diagnoses

Medical Causes

- Cardiovascular diseases
- Sleep apnea
- COPD, Asthma
- Restless leg syndrome (RLS)
- Long term pain
- BPH in males
- GERD
- Joint pain

Contd...

Differential diagnoses (Contd...)

Psychiatric Causes

- Depression.
- Anxiety : Retirement, loss of self worth , death of family members, spouse, friends.
- Stress : financial problems, social problems.

Differential diagnoses (Contd...)

Environmental Causes

- Noise.
- Late night exercise, late night eating.
- Inactive lifestyle.
- Snoring bed partner.

Differential diagnoses (Contd...)

Medication and Drug Related Causes

- Stimulants e.g. coffee, tea, chocolates, etc.
- Alcohol
- Nicotine
- Stimulant medicines
- Medication schedule: Which involves waking up at night to urinate. e.g. diuretics.

Key Points to Remember

- Door information.
- Differential for insomnia is very vast in the elderly, often multiple factors may co-exist.
- Drug related and environment related causes must always be kept in mind.
- Psychiatric causes are also common. Screen for depression.

Contd...

Key Points to Remember (Contd...)

- BPH is common in elderly males.
- Despite treatment, some insomnia is physiological in the elderly.
- Use of hypnotics needs lot of care in the elderly. Pharmacological profile of each drug must be carefully considered before prescribing them.

Subjective

- **Good morning Mr. Morgan. My name is Dr. Boinay, I am a physician in this hospital, I will take care of you today. What brings you to my office today ?**
- *Hello doctor. I cant sleep.*
- **I see. Since when do you have this problem ?**
- *Its been over 2 months now doctor.*
- **I see. Could you tell me more about it ?**
- *Sure doc.*

Contd...

Subjective (Contd...)

- **So do you have trouble trying to fall asleep or is it staying asleep that is a problem ?**
- *I have trouble trying to fall asleep.*
- **Why do you think you have a trouble now ?**
- *I don't know doctor.*
- **Is your bed and surroundings comfortable ?**
- *Yes doc.*

Subjective (Contd...)

- **Is there any noise in the neighborhood ?**
- *No doc.*
- **Does your wife snore ?**
- *No.*
- **Do you eat very late ?**
- *No doc.*

Subjective (Contd...)

- **Do you exercise late in the evening ?**
- *No doc, I go for a walk in the evening. Its way before we go to bed.*
- **I see. Do you have pain anywhere in your body that keeps you awake ?**
- *No doc. But sometimes I just cant stop moving my feet. My wife hates it. I don't know if its anxiety.*
- **It could be anxiety, but it could also be restless leg syndrome, which is a cause of sleeplessness.**

Subjective (Contd...)

- **Do you wake up often during the night ?**
- *No doc.*
- **Do you feel sleepy in the day time ?**
- *Yes.*
- **Do you snore at night ?**
- *No doc. (here the wife says he snores sometimes).*
- **Do you tend to worry a lot ?**
- *Sometimes yes.*

Subjective (Contd...)

- **What is bothering you, if I may ask ?**
- *I just worry about a lot of things. My social security money, my family, my health, our house mortgage.*
- **Here the wife will tell symptoms of generalized anxiety in the husband that she has noted.**
- **I see. How do you feel about yourself in general ?**
- *Not too great.*
- **Do you take interest in activities around you ?**
- *Yes I guess.*

Subjective (Contd...)

- **To the wife : Does he take care of himself, like dressing himself, keeping his accounts or does he need help ?**
- *He can manage most things.*
- **Is he forgetful ?**
- *No doc, thank goodness, no!*
- **Okay**
- **Does he feel sad ?**
- *No doc.*

Subjective (Contd...)

- **How is your appetite, Mr. Morgan ?**
- *Its been the same.*
- **Do you drink a lot of coffee or tea ?**
- *No doc, I get a cup or two during the day, not in the evening.*
- **I see. Do you have any burning sensation behind your chest when you lie down or after you eat ?**
- *Not really doc, I have never had those GERD symptoms.*
- **Okay, Mr. Morgan, now I would like to review your medical history, medications , habits and family history. Is that ok ?**
- *Sure doc.*

PAM HUGS FOSS

- **What medical problems do you have ?**
- *I have blood pressure, I have some arthritis of my knees. My sugars are a little off but the doctor says its not diabetes. Other than that I don't know of any.*
- **Okay, what medications do you currently take ?**
- *I take a water pill and motrin for my knees. I also take vitamins and neurontin.*
- **Okay. Do you have to wake up at night to take any of your medications ?**
- *No doc.*

PAM HUGS FOSS (Contd...)

- **Are you allergic to any medication or other substance ?**
- *No doc.*
- **Have you been hospitalized in the past ?**
- *Yes doc, I had a pneumonia 2 yrs ago. After that I havent been.*
- **Okay . Did you have any surgeries in the past ?**
- *No doc.*

PAM HUGS FOSS (Contd...)

- **How is your bladder control ?**
- *Its fine doc.*
- **Do you have to wake up at night to pee ?**
- *No doc.*
- **Do you feel you have emptied well when you go ?**
- *Yes doc.*
- **Does urine dribble ? Or do you have difficulty in starting urination ?**
- *No doc I don't have any of these.*

PAM HUGS FOSS (Contd...)

- **Okay. How about your bowel movements ?**
- *They are fine doc, I move them every day.*
- **Great. Now I would like to review your habits.**
- **Do you smoke, Mr. Morgan ?**
- *I used to smoke when I was younger. I quit 5 years ago as the doctors said I was burning out my lungs.*
- **Its good that you quit. I am happy you did that.**
- **Did they say you had COPD ?**
- *Something like that doctor. (wife agrees).*

PAM HUGS FOSS (Contd...)

- **Okay. Were you told about anything called sleep apnea ?**
- *No doc, what is that ?*
- **It's a condition where your airway is narrowed and you cannot get enough air in. That can also cause you to stay up at night**
- *I see. No I have never been told I had that.*
- **Okay. What kind of work did you do ?**
- *I worked in a bank, I retired at 60 years of age. I worked from home part time, till 4 yrs ago. Now I think I cant work anymore.*

- **Sure. I understand.**

Summarization

- **Thank you Mr. Morgan, for all that information. I would now wash my hands and examine you. Then we will go over the possibilities, what might be causing you to stay up.**
- **We might need some tests to confirm the diagnosis. Once I have all the results back, I will be in a better position to tell you what it is. Then we can form a plan for treatment.**
- *Sounds good doctor.*

Objective

- Wash your hands.
- Drape the patient.
- Do a good examination, of all systems.
- Do not forget to do HEENT, it may provide clues for sleep apnea.
- Explains, offers and performs OMM if indicated.

Closure: Assessment and Plan discussion

- **Thank you for your cooperation, Mr. Morgan. Let us now go over my impressions.**
- *Sure doc. What do you think ?*
- **Well I have some possibilities in my mind right now. It could be one of those 3-4 things. Like I said we would need some tests to find out what exactly is the cause. Then we can treat it.**
- *Sure doc. So what are the things you are thinking about ?*

Contd...

Closure: Assessment and Plan discussion (Contd...)

- **The first thing that comes to my mind is anxiety. You said and your wife here confirmed you worry a lot. That is a very common reason for being sleepless.**
- *Sure doc.*
- **Another reason could be your leg movements, the restless leg syndrome.**
- *I see. What do we do if that's the cause ?*
- **We have treatment for it. We had medicines that can help you a lot.**

Closure: Assessment and Plan discussion (Contd...)

- *I see. What else doc ?*
- **Well it could also be what we call sleep apnea. Like I mentioned before, your airway may be narrow and you might not be breathing well enough. That causes low oxygen levels in your lungs and brain too. That can also keep you awake.**
- *I see, that's interesting. Why do you think I would have that ?*
- **You are overweight and during your examination, I found you do have a small airway. Your wife also mentioned you snore sometimes. All these can be signs of sleep apnea.**

Closure: Assessment and Plan discussion (Contd...)

- *I see. So what do we do about it?*
- **Well firstly we will need special tests called sleep studies to confirm if its actually that. If it is then there are medicines and other treatment to take care of it. We can give you a mask to put on at night, so you get enough oxygen in and so you don't stay awake. In very extreme cases, surgery is the answer, to make your airway wider. But at this point, first we need to confirm what it is.**
- *Sure doc.*

Closure: Assessment and Plan discussion (Contd...)

- *What else do you think it could be ?*
- **Well it could be related to your medications. I will get a complete list of your medicines from your pharmacy and see if there is anything that could cause this. If we need to change or stop any meds, I will tell you about that.**
- *Sure doc.*

Closure: Assessment and Plan discussion (Contd...)

- **A last thing could be poor sleep hygiene. That is not going to bed the same time every day, not having comfortable conditions in the bedroom, eating late night. If you take care of small things, that could also help.**
- *Sure doc.*
- **Do you have any other questions at this point ?**
- *Well what are the tests you are going to order and how long will they take ?*

Closure: Assessment and Plan discussion (Contd...)

- **A couple of blood tests, which will be reported by tonight.**
- **I will also like you to get sleep study. I can call the sleep lab here they will schedule you.**
- *What about my sleep till then ?*
- **I will give you something to help with it till then. A short acting medicine, which will help you. But you also have to change your habits a little bit, go to bed the same time every day.**

Closure: Assessment and Plan discussion (Contd...)

- *Okay doctor. I will try.*
- **Sure. Do you have any other concerns ?**
- *No doc, I think I am all set.*
- **Great Mr. Morgan. Lets meet after we get the results of all the tests back. Then we will get a clear idea of what the problem is. Then I can tell you what the treatment options are. I would like to see you again in two weeks.**
- *Sounds good to me doctor.*
- **Thank you, it was nice to see you both. Take care. We will meet again.**

Assessment and Plan

➤ **Assessment:**

1. Generalized anxiety Disorder
2. Restless leg syndrome (RLS)
3. Sleep apnea
4. Poor sleep hygiene, environmental factors
5. Depression

➤ **Plan:**

1. Improve sleep hygiene, Cognitive Behavioral Therapy (CBT)
2. CPAP if sleep apnea diagnosed
3. CBC with differential, BMP, Serum Iron level, Sleep study
4. Patient education and counseling
5. Follow up in two weeks

**Happy Reading and
good sleep**