



HealthFusion Team Challenge

2011 NC HFTC Clinical Case

Maggie Hughes

Maggie is a 35 year old woman of aboriginal background who recently attended her local GP clinic as she has not been sleeping, and feels she is not coping at home or work. Her mood is flat and she seems overwhelmed by the events of her life. She has a 10 year history of Bipolar Disorder and 15 year history of Rheumatoid Arthritis (RA). She is unsure if her medications are helping and thinks they may be making things worse by making her mind so 'woolly'. She has not seen any mental health or RA specialists in the past six months. Given the complexity of her case her GP has asked your team to become involved. You are an Outreach Complex Support Healthcare Team with a range of health professionals on staff. Your role, as an interprofessional healthcare team is to provide support and care for Maggie and her family now and over the next six months. The following information is made available to you.

Health Profile:

Rheumatoid Arthritis (15 yrs)
Bipolar Disorder (10 yrs)
Asthma (moderate) (20 yrs)
Secondary Sjogren's syndrome (10 yrs)

Current Medications:

- MTX 15mg weekly (5 yrs) (Previously: Hydroxychloroquine + sulphasalazine)
- Folic Acid 5mg daily (5 yrs)
- Prednisone 25mg daily (1 week)
- Celecoxib 200mg daily (1 month) Started by GP, previously other NSAIDS e.g. diclofenac, naproxen
- Paracetamol 1g four times a day PRN (10 yrs)
- Oxycodone CR 10mg twice a day (1 month)

- Lithium 500mg twice a day (19 yrs)
- Olanzapine 20mg Daily (2 yrs)
- Valium 5mg PRN (10 yrs)
- St John's Wort daily PRN (has using frequently over the past month)
- Symbicort (budesonide 400mcg + eformoterol 12mcg) One puff Twice a day (3 yrs)
Previously Budesonide 400mcg One puff twice a day (10 yrs)
- Salbutamol 100mcg Two puffs PRN (20 yrs)
- Refresh Liquigel PRN (dry eyes)

Immediate Concerns

- Mood is flat and she is feeling lethargic and hopeless. Speech is slow. History of maternal depression.
- Weight
 - Struggles to maintain healthy weight (166cm tall weight- 40 kg).
- Respiratory function
 - Recurrent exacerbations of asthma.
- Medication management is disorganized.
- Insight
 - Sometimes feels that she can manage her mental health condition without medication.

Family/ Social

- Family situation.
 - Maggie is a single parent of two children. She was born and grew up in Dubbo area where she attended school and TAFE. She married at the age of 23 and has always worked in admin/secretary jobs. Maggie and her husband divorced five years ago and he now lives interstate with his new family and has no contact with Maggie and the children. During her marriage her husband was her main support person when her health conditions flared up. Since her divorce her ability to manage her life circumstances and health conditions has diminished. She does not have many friends.
 - She moved to this region after her divorce in order to be closer to her grandmother who was a significant person in her life. Her grandmother died 2 years ago and she is not in contact with any other extended family in this area. Most of her family of origin live in Dubbo area and are not physically or emotionally supportive, mainly because Maggie struggles to maintain any contact with them.
 - Maggie has two children aged 10 (Francine) and 7 (Michael) who live with her. The youngest child has been diagnosed with ADHD.

- Both children have asthma.
- Family support/education
 - The children are not connected with any agencies.
 - Maggie receives child support payments
- Work
 - Maggie works part-time during school hours as an office assistant in a plastic molding manufacturer. The workshop environment beside her office is very dusty and she often finds the air quality poor. She has not been at work for the past two weeks (sick leave) and is fearful that she cannot return to work and will lose her income. She has not disclosed to her employer that she has a mental health condition. Her workplace is aware of her RA and sympathetic to her need to work flexible hours when she has a flare-up. She is generally popular at work but does not see work colleagues as friends.
- Leisure interests
 - Maggie finds work and caring for her family so exhausting that she never has time for leisure activities. She has no organized exercise or sports interests. Incidental exercise occurs when she walks to and from the bus stop for work.
- Transport
 - She has a car but it is currently broken down and Maggie has not got around to organizing to get it to the mechanic. She is concerned that she will not be able to afford cost of repairs

Accommodation

- Type
 - Lives in rented home. Rents have recently increased in the area and will all the other increases in utilities bills Maggie is fearful she will be unable to continue meeting rent payments.
 - The home is an older style building and is high set on a sloping block (eight wood steps at the front and 14 at the rear). Laundry is under the house and washing line is in the middle of the back yard which slopes steeply down away from the house and is uneven. The house is carpeted but the carpet is old and needs replacing. Dust constantly falls from the tongue and groove ceilings. Many of the fixtures and fittings are old and are difficult for her to manage.
- Modifications
 - There are no modifications.
- Access
 - Not located close to shops.
 - When Maggie is relatively well, she can catch a bus. The bus stop is 200m from the house.

- When Maggie is not well she sends the oldest child to the shops and bank etc, or buys takeaway at the local corner store (quite expensive compared to supermarket prices).
 - Maggie sometimes forgets important items so she has to go back or send her daughter to shops most days.
- Gardening
 - The yard is large and overgrown. Maggie doesn't have a mower and has not been able to afford to pay someone to mow it for her in past few months.

Community Supports

- Agencies
 - Not well engaged with community agencies.
 - Sees GP for medical management on a sporadic basis. Maggie went to Rheumatologist about 6 months ago as she was worried about increased pain and fatigue.
 - Occasionally sees community mental health if a crisis arises.

Contact

Any queries that cannot be problem solved within your group should be directed to the appropriate HFTC mentor. There is a **maximum of three questions per mentor** during the HFTC preparation period. A full list mentors is downloadable from the HFTC website.

Any queries not directly related to the case should be directed in the first instance to:

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