

PCAM Training Case-History 1	
BMI	42.6
Blood glucose (mg/dl)	150
Blood pressure (mmHg)	152/93
Cholesterol (mg/dl)	332
Age	58
Gender	M

All clinical values are assumed to be collected at the time of the Consultation.

Jim last ate two hours ago. He has been experiencing knee pain for two years which is now limiting him climbing stairs, doing work around his house and lifting at work. He has not been to see his doctor but is likely suffering osteoarthritis. He has been experiencing stress in his driving job, fearful of being laid off and increasing demands. He admits to having a high fat diet, low in fruit and vegetables, but largely eats while driving. Since the ban on smoking he has reduced his smoking to around 10 cigarettes per day but probably replaced it with eating. His father died of a heart condition at 86.

Up to 10 yrs ago he played some local softball but felt he got "too fat" to play. More recently he would walk his dogs regularly, but his knee pain has been limiting him and he finds he is more tired. He misses getting "away from things" but doesn't really enjoy doing things anymore.

He is a homeowner. The mortgage is unlikely to be paid before he is 65, and he is increasingly worried about this. He often wakes up thinking about it and finds it difficult to get back to sleep. There are significant repairs that he has been unable to complete. His relationship with his wife has been declining and he has rejected help from his son who lives nearby. This has been a source of argument. Sometimes he thinks his family would be better-off without him.

He engaged in discussion, understanding that there were significant problems, but he didn't know where to start.

PCAM Training Case-History 2	
BMI	19.8
Blood glucose (mg/dl)	76
Blood pressure (mmHg)	120/90
Cholesterol (mg/dl)	166
Age	46
Gender	F

All clinical values are assumed to be collected at the time of the Consultation.

Elaine has recently been experiencing intense headaches, which have begun to affect her work. She smokes 30 to 40 cigarettes a day and drinks only 6 alcoholic beverages per week. She does not exercise but does walk to work and is active. She has a very low fat diet which is largely processed. She is a little worried because her father died suddenly of a stroke at 61.

She works as an administrator in a local school and is finding the job very stressful. She reports some bullying in the office. She lives in subsidised housing with her husband and two teenage children. A son died six years ago and she is likely still grieving.

Her husband has begun drinking and she thinks that he is worried about getting laid off his job, but he hasn't spoken about it. He has hit her in the past and his temper has recently got worse. He has stopped helping at home, and she is struggling to cope with the two children who are evidently themselves feeling some strain.

She did have a good circle of friends, who rallied when her son died, but she now has less contact. She feels that her husband has resented the time she spent with them and discouraged her from going out.

She engaged well in discussion and wanted to make changes but felt that she has other priorities at the moment. She didn't want to cause problems at home.

PCAM Training Case-History 3	
BMI	34
Blood glucose (mg/dl)	209
Blood pressure (mmHg)	150/92
Cholesterol (mg/dl)	278
Age	56
Gender	M

All clinical values are assumed to be collected at the time of the Consultation.

Alan has been unemployed for eight years; he was a physical laborer. He has a high fat diet with virtually no fruit and vegetables. He lives alone and does not cook. He lives in a very rural area with limited shops and transportation. He does not exercise, but he does have to walk to get around since he lost the car. He sleeps quite a lot during the day and is quite tired most of the time. He smokes up to 20 self-rolled cigarettes a day, uses marijuana a couple of times a week, and drinks daily averaging 40 bottles of beer a week.

He lives in supported housing and feels secure there. He is divorced, lives alone and has adult children with whom he has little contact. He feels lonely and does not have interests. He has no plans for the future. He lives in a small town of around 20 houses but "keeps himself to himself" and feels "difficult and judged" around people he doesn't know. He does not have debts but regularly runs out of money.

He realizes that he is not "as fit as he should be" but thinks that that is just old age. He does not understand that being obese is a health issue and is dismissive of health advice given. He does not seem to engage in discussion and appears to have been drinking before the consultation.

He is not receiving active care from his doctor and there are no other agencies involved.

PCAM Training Case-History 4	
BMI	19
Blood glucose (mg/dl)	76
Blood pressure (mmHg)	120/90
Cholesterol (mg/dl)	166
Age	47
Gender	F

All clinical values are assumed to be collected at the time of the Consultation.

Julie has been experiencing uncomfortable/painful bowel problems for about 6 months. She has lost her appetite, lost some weight and feels embarrassed when she is experiencing discomfort in public. Otherwise she has no other symptoms. Her mother died of bowel cancer, and she is starting to worry she has the same. She has always had an irregular diet including missing meals. However, she is trying to improve it by eating more fruit and vegetables but also feels this worsens the symptoms. She does not actively exercise, but her job as a care-worker is active and busy. She stopped smoking five years ago and only drinks a couple of small glasses of wine a week.

She lives in a rural area, is married with two teenage children. She has several close siblings and a good local network. She does not have any money worries and feels secure at home.

She understands that she should go to see her doctor and seems willing but has been busy. There are no other agencies involved.

PCAM Training Case-History 5	
BMI	26.3
Blood glucose (mg/dl)	131
Blood pressure (mmHg)	132/98
Cholesterol (mg/dl)	332
Age	62
Gender	M

All clinical values are assumed to be collected at the time of the Consultation.

Ronnie has not experienced any apparent physical symptoms. He has a fairly high fat diet but does eat some fruit and vegetables daily (probably 2-3 portions). He smokes 10-20 cigarettes a day and drinks 6 alcoholic beverages each evening to help him relax.

He lives in private rented accommodations in a remote rural location but has had to move several times. He works doing manual labor and is worried about getting laid off at his age and losing his home again. He has been feeling more stressed recently and has been getting more angry with his family. He finds himself flaring over small things. He is worried that he may hit his wife.

He did have a good social circle but he now feels that he doesn't want to "sit there moaning and bringing everyone else down." His wife is supportive, but she seems to be getting tired of his temper. He owes money on furniture and the car which he can pay at the moment but it's a strain.

He did not have any apparent communication disabilities but seemed agitated which made it difficult to converse. He was not willing to engage with mental health but would look at lifestyle and debt issues. He did feel this was a mental health issue.

There were no other agencies involved.

PCAM Training Case-History 6	
BMI	27.8
Blood glucose (mg/dl)	77
Blood pressure (mmHg)	118/92
Cholesterol (mg/dl)	201
Age	58
Gender	F

All clinical values are assumed to be collected at the time of the Consultation.

Jo has not experienced any physical symptoms. She does not smoke and does not drink alcohol. She has a fairly balanced diet, admits to a few too many snacks, but only low exercise. Both her parents died before 65 with heart conditions.

She owns a home in a small town. She is married and her husband is retired. She did work as a retail assistant but is now on Disability which she is concerned about losing. She cares for her grandchildren after school and covers sick days and most holidays. Her children live locally but she only sees them when they are picking up the grandchildren. She is concerned for her grandchildren about potential violence from some teenage neighbors. She does not have any debt problems and the mortgage is paid.

She increasingly is not leaving the house, feeling too anxious about what might happen. Her husband is usually working on projects or golfing. She feels lonely. She has been previously diagnosed with severe depression and responded to medication. However, she feels that symptoms are starting to come back and things are becoming difficult.

She engages in the conversation and is willing to follow advice but doesn't want to let her children down on the babysitting or bother anyone. She has not told her mental health provider how she feels.

PCAM Training Case-History 7	
BMI	31.6
Blood glucose (mg/dl)	86
Blood pressure (mmHg)	153/106
Cholesterol (mg/dl)	305
Age	65
Gender	M

All clinical values are assumed to be collected at the time of the Consultation.

Bill has a previous diagnosis of angina and has recently been experiencing chest pains which limit his walking up the stairs. He has also been experiencing headaches which interfere with driving. He has not been going to his doctor as regularly as he should and "forgets" to take medication.

His current diet is good, he does not exercise, does not smoke, but he does have four drinks of alcohol daily. He has started to feel a little anxiety in the evening which is starting to interfere with his sleep and is probably why his drinking has increased. So far he is trying not to let anxiety affect him in the day.

He owns his own home in a small town with the mortgage paid. He is retired and divorced with no children. He has a liveable private pension and some savings. He cares for his father (who lives nearby) and who has Alzheimer's and progressed heart disease. Although help does come in, Bill finds the caring difficult but is happy to do it.

His social circle is good, but he is finding the heart condition and caring duties is beginning to limit this.

He is willing to engage and understands that there are problems. His priority is looking after his father. There are no other agencies involved.

PCAM Training Case-History 8	
BMI	31.6
Blood glucose (mg/dl)	86
Blood pressure (mmHg)	153/106
Cholesterol (mg/dl)	305
Age	46
Gender	M

All clinical values are assumed to be collected at the time of the Consultation.

Bob last ate 3 hours ago. He experienced a minor heart attack six years ago. He has not attended follow-up with his GP in the past year or taken his medication consistently. Despite this, he has been experiencing chest tightness over the past few months, which now slows walking upstairs and hills. This is now frustrating him and he has noticed becoming more easily tired. His father died of lung cancer at 43 and his mother of breast cancer at 78.

He is a retired retail manager, now working 10 hours a week, although he is starting to find that a struggle. His wife was diagnosed with Alzheimer's a year ago, she is currently functioning well but he is aware that this will change over the next few years. This is a source of significant stress for him and he has started to take on more duties at home. He is finding his change of roles difficult to adjust to.

He has put on weight over the past few years as home-life started to slow down and he cut back on work. He has been purchasing more processed food to reduce the burden on his wife and taking a drink in the evenings to help him to sleep (12 drinks a week). He stopped smoking when he had his heart attack and then managed to lose several pounds, but has since put the weight back on. Regaining the weight is getting him down, he feels that can't find the energy to lose it this time.

He is an owner occupier and the mortgage is paid. However, he does not have a private pension and has only limited savings. He is also worried about a disagreement with some increasingly aggressive neighbors and about the effect this could have upon his wife. He has one daughter who lives nearby and a son in Australia, the relationship with both is good. His daughter does visit twice a week. The couple has a good circle of friends, but they have started to withdraw a little from them because social events are becoming more stressful.

Bob engaged well with discussion and he appreciates that his health will impact upon his ability to care for his wife. He is willing to engage with help. Other than the GP, there are no other agencies involved.