Case Study: A Proactive Conversation

Mrs KT is an 75 year old retired teacher with a history of type 2 diabetes (which was well-controlled), overactive bladder and COPD. She lives alone, smokes and has a daughter who lives a 20-minute drive away. She is usually independent but was admitted 4 months ago with pneumonia and stayed in hospital for one week. She is overweight and struggles to walk long distances.

She was invited into the surgery for an appointment with a nurse trained in primary care support planning. She had received a letter outlining the nature of the appointment.

During the initial conversation, Mrs KT’s priorities were discussed. She felt that although her COPD was not causing too many issues, she was at times confused about when she should use her rescue medications. Her main concern were urinary symptoms due to an overactive bladder which were making her anxious when she went out. For several months, she had been making excuses to avoid going out and she felt she was missing out on family events.

Initially, the use of Mrs KT’s rescue medication was discussed. She was given a clear, personalised self-management card about what to do if her symptoms got worse so that she could refer to this if she could not recall what to do. Information was given information about Breathe Easy Support Groups in the local area. She wanted to be able to get on the bus and walk to the local shops without being so short of breath so she could remain independent. Pulmonary rehabilitation was discussed and she was keen to be referred. In addition, the exercise handbook for COPD provided by The British Lung foundation was reviewed and she thought it would be useful.

With regards to urinary symptoms, Mrs KT’s goals were discussed. She wanted to be able to go out with her daughter and attend family events without worrying about being near a toilet. She was not on any medication that could contribute to her symptoms and she was not keen to make any additions. A toilet card from The Bladder and Bowel Foundation was discussed for when needing to use the toilet. She was also referred to the local incontinence clinic and signposted to Age UK.

A review appointment was arranged in 6 months time.