



AFP in Practice questions are designed to get you started in a small group learning (SGL) activity in your practice or with colleagues. Requirements to earn 40 Category 1 CPD points for a SGL activity are: minimum of four and a maximum of 10 people, minimum of 8 hours of discussion in a year, and at least two GPs. Groups may include anyone else who has an interest (ie. practice nurses, community health workers, allied health professionals). A kit with all the instructions and forms you need is available at www.racgp.org.au/afpinpractice. You can also earn Category 2 points based on these questions at AFP practice challenge. Visit www.racgp.org.au/practicechallenge.

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Learning objectives

After completion of this activity participants will be able to:

- integrate knowledge of the links between insomnia and depression into an assessment of a patient presentation and negotiation of a management plan
- discuss critically the rationale for decisions about investigation for the secondary causes of restless legs syndrome
- recognise the difference between medications suggested to manage restless legs syndrome and their Pharmaceutical Benefits Scheme (PBS) subsidies and the costs to patients of prescribing decisions
- make a patient information handout on a common sleep related problem
- devise a method for recording data in the medical records system that is effective and practical in your practice environment.

Category 1 – SGL questions

Domain 1 – Communication skills and the patient-doctor relationship

ICPC codes: P06, P76

The article by Berk in this issue of *Australian Family Physician* discusses the link between insomnia and depression. This may not be a leap for health professionals, but the association may be less clear for patients who have never considered depression and present because they are tired and not sleeping.

- Suggested learning activity: role play in pairs a consultation where a patient presents with insomnia, including assessment for mood issues, followed by a discussion about what is the cause of the insomnia. Then as a larger group discuss what worked, and what did not work, in connecting these issues in the consultation. What was the perspective of the patients in the consultations?

Domain 2 – Applied professional knowledge and skills

ICPC code: N04

Restless legs syndrome is a common, under-recognised condition. It can be primary or secondary. Secondary causes include pregnancy, renal failure, iron deficiency, peripheral neuropathy, diabetes mellitus, thyroid disorders, fibromyalgia and rheumatoid arthritis.

- Suggested learning activity: debate the value of investigation for secondary causes of restless legs syndrome. Is it appropriate to investigate every patient for secondary causes? What causes can you treat? Could it be a marker to other conditions? Is that important?

Domain 3 – Population health and the context of general practice

ICPC code: N04

In Australia, the PBS and Repatriation Pharmaceutical Benefits Scheme (RPBS) provide subsidised medications for certain medications and some indications. Other medications are available on private, or unsubsidised prescriptions.

- Suggested learning activity: consider medications that are treatment options for restless legs syndrome. What are the PBS and RPBS categories of these medications? What are the costs to the patient for the subsidised and unsubsidised medications?

Domain 4 – Professional and ethical role

ICPC codes: P06, R99

Providing patient information can be a useful activity that reinforces the information provided in the consultation.

- Suggested learning activity: develop patient information on a common sleep related consultation topic. Possible topics could be normal sleep, obstructive sleep apnoea, insomnia or night terrors. The group could either: work in pairs to each develop a topic; or work as a group to outline a topic, and then each group member produces a paragraph to produce a patient information handout for use in the practice.

Domain 5 – Organisational and legal dimensions

ICPC code: R99

Patients with obstructive sleep apnoea may use continuous positive airway pressure (CPAP) as part of their management.

- Suggested learning activity: consider your practice and those patients on CPAP. How is it recorded in the medical records? Does everyone record it in the same manner? Is it always recorded? Should it be? Are the pressures/settings recorded? Are patients reviewed regarding their CPAP? If so, by whom? Is there a system? If not, should there be? Is it the responsibility of the doctor who starts the CPAP or the GP or the patient? What systems may be appropriate and feasible in your practice?