## **BMJ** Best Practice



## **Clinical Scenarios**

A 22-year-old man comes to see you with his mother. He spends most of his time in the house and refuses to go out alone.

The patient states he made an error on his income tax statement and is convinced that the tax authorities have hired detectives to gather information about his whereabouts. He states that, since his mistake, he uncovered an essential flaw in the taxation algorithm, which may expose the underpinning of the taxation system, and is convinced they have hired assassins disguised as bikers. After moving in with his mother, he did not see the bikers, but they are trying to trace his "mental

activity". Also, he hears them outside his house talking about how they will kill him. He appears suspicious, avoids eye contact, and his answers

to questions are delayed, during which he appears internally

preoccupied.

He has a history of type 1 diabetes and takes insulin. He won't answer any questions about his diabetes control. His mother says it has been "reasonable". His bedside blood sugar is 12 mmol/L.



What treatment would you give?



When would you start this treatment? What impact would his diabetes have on the management plan?

To find the answers to these and other important questions, have a look at this BMJ Best Practice treatment algorithm and add diabetes as a comorbidity.

Read more about this BMJ Best Practice topic



Other useful topics:

Type 1 diabetes ⋺



Inpatient glycaemic management



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