

Mr R is aged 21 years. He was diagnosed as having PWS in late childhood when he had already become very obese. After the diagnosis was made his parents restricted his access to food and he lost weight and was happier at home and at school. However, as he grew older and more independent he started to put on weight and it became apparent that he was stealing food. When his parents spoke to him about this he denied it and insisted that he was not putting on weight. These confrontations about food would inevitably lead to arguments and very prolonged temper outbursts. Now, as an adult, he spends increasing periods away from home and his physical health has deteriorated – he has diabetes mellitus and severe leg ulcers because of his obesity. His personal hygiene is poor and he is described as irritable.

- How might his transition from childhood to adulthood have been better managed?
- What are the likely explanations of his behaviour and general physical and mental state?
- What are the possible solutions to this situation?

Ms Y is 18 years of age. She has PWS and lives at home with her parents. Although she is obese her weight is well controlled by supervising her access to food. You receive a call one day from the police saying that they had been called to her parent's house by a neighbour because Y had become very disturbed and had been shouting and screaming throughout the night. The police had not known what to do but eventually Y had settled and her parents had said that they could manage. You are asked to see her and the history indicates that her behaviour has been an increasing problem for some months. On this recent occasion her parents say that she had picked up a knife and threatened them. Y herself refuses to see you – her parents describe that she can be tearful and cry and can be very angry shouting at them and sometimes also shouting when in her room alone.

- What are the possible explanations for her behaviour?
- What would you do next?
- If she won't see you and refuses to accept there is a problem what would you do?

Mr H is aged 40 years of age. He was diagnosed as having PWS in his early 20's. For many years his parents had struggled to support him not knowing what the problem was. As a child he easily became angry if his routine was disrupted and he was expelled from school because of his difficult behaviour. His parents are now elderly. For the last 10 years he has lived in a group home with three other people with intellectual disabilities. He is mildly over weight. The staff seek help because he continues to have temper outburst and when they occur it has a serious effect on the other residents who are vulnerable and have become frightened of him. In addition, his skin picking has become worse and he has a large raw area on his chest which he picks at and many other less serious scars resulting from skin picking. In the past he was prescribe a low dose of an antipsychotic – the reason for this is unclear but may have been for his 'behaviour'. He has few friends and spends his time rather aimlessly walking around. Staff control his money so he cannot readily buy extra food for himself. He has always been rather remote and rigid but he may have become more withdrawn and there is some evidence that his skills are not as good as they used to be.

- What are the possible explanations of his behaviour?
- What assessments would be helpful?
- What are possible interventions for his skin picking?

Ms T is aged 32 years of age. She has PWS and is very well known to you. In the past she has had depression and has been treated with an SSRI – when you last saw her, her mood was stable and she was only taking a small dose of citalopram. She lives semi-independently with some paid support. One day staff find her at home surrounded by empty food packets. She appears distressed and not herself – normally she is talkative but on this occasion she doesn't engage with staff. The staff think she may have become depressed again as it is apparent she stopped her anti-depressant medication some weeks ago and her grandmother, who she was very fond of, has recently died. The staff contact you urgently for advice – on questioning over the phone they comment that she hasn't been quite so well recently and has been rather sleepy during the day and not going out. She has put on weight. However, this present change is more sudden and marked and she may be in pain and there is some indication that she has vomited. She is refusing the staff's offer of help and won't leave her house.

- What are the possible factors that might account for her behaviour?
- How would you respond?
- How urgent is the problem?