



Clinical challenge

Questions for this month's clinical challenge are based on articles in this issue. The style and scope of questions is in keeping with the MCQ of the College Fellowship exam. The quiz is endorsed by the RACGP Quality Assurance and Continuing Professional Development Program and has been allocated 2 CPD points per issue. Answers to this clinical challenge will be published next month.

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SINGLE COMPLETION ITEMS

DIRECTIONS

Each of the questions or incomplete statements below is followed by five suggested answers or completions. Select the most appropriate statement as your answer.

Questions 1–4 are based on the article 'Eat less, walk more' by Melissa Carapetis and Patrick Phillips

Question 1

Ted, aged 55 years, has type 2 diabetes. He has a body mass index (BMI) of 33. He attends today to discuss management. You tell him:

- A. he needs to get his BMI down to 25 to improve glycaemic control
- B. to monitor his weight and blood sugar level on a daily basis
- C. monitoring his waist measurement is not useful
- D. to keep a diet diary
- E. alcohol intake should be minimised for general health reasons but has no impact on diabetic control.

Question 2

You discuss the specifics of dietary changes. Choose the correct response:

- A. fat in foods provides more calories than carbohydrate
- B. 'fat counting' is less useful than overall 'calorie counting'
- C. all added sugars should be eliminated from the diet
- D. recommended carbohydrate intake is 25% of energy input
- E. Ted should have three regular meals and regular midmeal snacks per day.

Question 3

Ted is treated with metformin and a sulphonylurea. He often has hyperglycaemia after meals and sometimes has hypoglycaemia between meals. Choose the correct response:

- A. Ted would benefit from eating more high glycaemic index foods
- B. Ted would benefit from eating more low glycaemic index foods
- C. porridge, wholegrain bread and pasta are high glycaemic index foods
- D. white rice is a low glycaemic index food
- E. statements A and C are correct.

Question 4

Ted has a sedentary job and has done no regular exercise for some years. Which response is correct?

- A. Ted needs to do 30 minutes of exercise three times a week to benefit his health
- B. incidental physical activity in day-to-day tasks does not count as 'exercise'
- C. exercising in a group or with a friend helps with motivation
- D. walking is the best form of physical exercise
- E. Ted should walk for 30 minutes before work.

Questions 5–8 are based on the article 'How to provide smoking cessation advice in less than a minute without offending the patient' by John Litt

Question 5

Judy, aged 35 years, smokes 25 cigarettes per day. Choose the incorrect response:

- A. the unsupported quit rate for smoking cessation is 3%
- B. GP intervention can increase the quit rate to 15%
- C. 22% of the population are smokers
- D. most patients make 5–8 attempts at quitting smoking before success
- E. less than half of all smokers ultimately succeed in quitting smoking.

Question 6

You ask Judy if she smokes and record her smoking status on her computer record. You discuss the benefits of quitting which include:

- A. the sense of taste and smell returning by two weeks
- B. exercise tolerance improves by 12 months
- C. the risk of heart disease is half of that of a smoker after two years
- D. the cilia begin to recover within three months
- E. at five years cardiovascular risks are equal to a nonsmokers.

Question 7

The 5As is an effective form of brief intervention for smoking cessation. This strategy does not include:

- A. asking about smoking status
- B. assessing motivation to quit
- C. advising patients that they must quit immediately to avoid serious consequences
- D. assisting by providing self help material
- E. arranging a follow up appointment.

Question 8

Susan asks about withdrawal symptoms. You tell her:

- A. withdrawal symptoms are trivial for anyone with reasonable will power
- B. sleep patterns are not altered
- C. hunger may be intense
- D. there are no bowel symptoms associated with quitting smoking
- E. dizziness lasts for several months.

Questions 9–12 are based on the article 'Alcohol misuse and dependence - assessment and management' by Noeline Latt and John B Saunders

Question 9

Alcohol consumption that places an individual at the risk of harm would include:

- A. more than 40 g alcohol (four standard drinks) daily for a woman
- B. more than 20 g alcohol (two standard drinks) daily for a woman
- C. drinking eight standard drinks on Saturday night only for a man
- D. more than 40 g alcohol daily for a man
- E. all of the above.

Question 10

Ken, aged 43, presents for a medical certificate as he is feeling off-color, with nausea and headache. He has had several similar consultations in recent months. His blood pressure is 160/95. Which feature would decrease your suspicion of harmful alcohol consumption?

- A. periorbital puffiness
- B. multiple nonspecific complaints in family members
- C. stated alcohol consumption of 3–4 standard drinks per day
- D. facial telangiectasia
- E. none of the above.

Question 11

You decide to request some laboratory investigations for Ken. Which of the following results raises suspicion of problem drinking:

- A. MCV 90 fL
- B. raised carbohydrate deficient transferrin (CDF)
- C. AST/ALT ratio of 1.2
- D. GGT of 45
- E. low CDF.

Question 12

Steve, aged 34, has alcohol dependence. He has been through detoxification and you are considering pharmacotherapy to reduce relapse risk. Choose the correct statement.

- A. naltrexone or acamprosate can be commenced after 24 hours of alcohol abstinence
- B. acamprosate is metabolised in the liver
- C. naltrexone can be prescribed to patients taking opioids for chronic pain
- D. liver function test monitoring is required during naltrexone treatment
- E. disulfiram is a first line treatment in this setting.

Questions 13–15 are based on the article 'Cannabis control – an approach to cannabis use and dependence' by Matthew Frei

Question 13

Scott, aged 15, is sent in by his mother to see you after she discovered cannabis in his room. Cannabis causes:

- A. 'cannabis psychosis'
- B. persisting cognitive impairment following discontinuation
- C. dependence
- D. well defined birth defects
- E. all of the above.

Question 14

After initial difficulty engaging Scott you develop good rapport. You use motivational interviewing to discuss his drug use. This includes all except:

- A. reflective listening
- B. information about the effects of drug use
- C. proscriptive instructions about what must be done
- D. emphasising the patients own responsibility for change
- E. empathy.

Question 15

Cannabis withdrawal is characterised by:

- A. excess sleep
- B. impaired coordination
- C. dysrhythmias
- D. cravings
- E. psychomotor impairment.

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