



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 4 CPD points per issue. Answers to this clinical challenge will be published next month, and are available immediately following successful completion online at: www.racgp.org.au/clinicalchallenge.

EDUCATION

Clinical challenge

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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.

Case 1 – Meredith Marks

Meredith, aged 35 years, is 15 weeks pregnant with her first pregnancy. She has a past history of depression at age 30 years. She had separated from her husband and was undergoing a stressful time at work. She was treated with cognitive therapy and took sertraline for 12 months. She has been well since.

Question 1

You consider the need to monitor Meredith for symptoms of depression. Choose the correct statement:

- A. depression is unlikely to occur during pregnancy
- B. monitoring is unnecessary as women will readily volunteer symptoms of depression
- C. psychosocial risk factors are far less important than genetic ones
- D. 15–20% of women have minor or major perinatal depression
- E. there is no point assessing Meredith for depression as she can't take medication in pregnancy.

Question 2

Current research suggests that the effects of maternal perinatal anxiety and depression on infant outcomes:

- A. are minimal
- B. are solely attributable to postpartum behavioural effects in the mother's parenting style
- C. are correlated with increased cortisol levels in the fetus antenatally
- D. are correlated with decreased cortisol levels in the infant antenatally
- E. cannot be modified by treatment of maternal depression.

Question 3

Meredith leaves her partner when she is 25 weeks pregnant after an episode of domestic violence. Over the next few weeks she develops significant symptoms of anxiety

and depression. Choose the correct statement regarding management:

- A. addressing psychosocial issues and ensuring adequate practical and emotional support is important in all women
- B. inpatient treatment is only required if psychotic symptoms develop
- C. psychoeducation about the effects of depression on mother and baby will only increase maternal guilt
- D. cognitive therapy has not been shown to be effective
- E. selective serotonin reuptake inhibitors are contraindicated because of recent evidence about adverse fetal effects.

Question 4

You consider whether to commence Meredith on antidepressant medication. The decision depends upon:

- A. the risks to the infant of maternal depression and anxiety
- B. the risks to the infant of antidepressant medication
- C. the risks to the mother of depression and anxiety
- D. the risks to the mother of antidepressant medication
- E. all of the above.

Case 2 – Maddison Peterson-James

Maddison is 8 weeks old. She was born by emergency caesarean section after her mother, Kate, was transferred from the birthing centre because of obstructed labour. Maddison was well after delivery but since the age of about 3 weeks has been crying every evening for 3–4 hours and has been unsettled overnight and fussy with breastfeeds.

Question 5

Kate is exhausted. She has been checking the internet and thinks Maddison may have cow's milk allergy. Clinical features that would fit with this diagnosis include all except:

- A. vomiting after most feeds
- B. bloody diarrhoea
- C. eczema
- D. weight gain over 30 g per day
- E. family history of cow's milk allergy.

Question 6

Kate is tearful and asks whether she will have to give up breastfeeding. You tell her:

- A. colicky babies are more settled when bottle fed
- B. if cow's milk allergy is confirmed she should stop breastfeeding and change to soy based formula
- C. she should continue breastfeeding no matter what, as this is best for the baby
- D. breastfeeding can be continued even if the baby has cow's milk allergy
- E. she should continue breastfeeding but exclude dairy products, wheat, eggs and nuts from her diet.

Question 7

Maddison has had normal weight gain and has no other symptoms. Physical examination is normal. Choose the correct statement:

- A. cow's milk allergy is still a high probability
- B. 'silent' gastroesophageal reflux is a likely cause of Maddison's crying
- C. lactose intolerance causes infant distress even when bowel actions are normal
- D. medical causes are unlikely so no further assessment or management is required
- E. immature neuromaturation is postulated as a nonmedical cause of persistent crying in babies such as Maddison.

Question 8

You discuss management of Maddison's crying with Kate. You tell Kate:

- A. that crying is normal for babies and she will just need to cope until it stops
- B. a baby behaviour diary is a helpful strategy
- C. frowning, fist clenching and jerking limbs are obvious signs of hunger

- D. anticholinergic medications are effective and safe for babies
- E. simethicone is highly effective.

Case 3 – Mia Nguyen

Mia, aged 27 years, delivered a healthy baby girl, Anna, 2 weeks ago. You undertook shared antenatal care and her antenatal course was uneventful. Mia's discharge summary states that she had a rotation forceps delivery.

Question 9

Anna is breastfed and progressing well. Mia tells you her main problem is persisting perineal pain. Her bleeding is settling with light pink loss only. On examination her episiotomy wound has no evidence of infection. Anna has perineal bruising and a small haematoma.

- A. oral analgesia is not appropriate as postnatal pain is normal
- B. regular bathing does not provide pain relief unless salt is added
- C. paracetamol 1 g 6 hourly and diclofenac 50 mg 8 hourly are appropriate analgesics
- D. codeine is contraindicated because of the risk of constipation
- E. haematomas do not need draining as they resolve spontaneously.

Question 10

Other useful examinations or investigations for Anna at this visit include all except:

- A. breast and nipple examination
- B. bimanual examination to assess for uterine involution
- C. vaginal swabs
- D. signs of anaemia
- E. B and C.

Question 11

Mia says that she didn't realise having a small baby would be so tiring. Specific factors that may be causing fatigue in the postpartum period include:

- A. sleep deprivation, lack of support and the day-to-day care requirements of the infant
- B. anaemia
- C. thyroid disorders
- D. mood disorders
- E. all of the above.

Question 12

Mia tells you her partner wants her to resume contraception but that she can't

imagine wanting to have sex again for a while. Choose the correct statement:

- A. Mia should resume normal sexual activity by 4 weeks postpartum
- B. Mia should not resume sexual activity until at least 6 weeks postpartum
- C. there is often a decline in sexual activity between couples both during pregnancy and in the postnatal period
- D. Mia should start the combined oral contraceptive pill at 3 weeks postpartum
- E. sexual dysfunction postpartum is uncommon.

Case 4 – Anna Ngyuen

Mia brings Anna to see you at 5 weeks of age. Mia is concerned that her milk supply may have decreased as her breasts don't feel as full as they did and Anna is still feeding 3 hourly. Anna is wakeful and grisly in the evenings and Anna's partner, Quan, is keen to give Anna a bottle feed to help her settle.

Question 13

Reliable signs of low breast milk supply include all the following except:

- A. weight gain less than 500 g/month or 150 g/week
- B. baby feeds more often and is unsettled
- C. decreased wet nappies with concentrated, yellow, strong smelling urine
- D. dry skin and mucous membranes
- E. lethargy.

Question 14

Anna regained her birth weight by 2 weeks of age and over the past 3 weeks has gained about 120 g per week. Mia's breast examination is normal. Choose the correct statement:

- A. this is adequate weight gain and Mia should be reassured
- B. Anna requires assessment for medical problems
- C. infant tongue-tie does not affect milk supply
- D. maternal smoking should be discouraged but does not affect milk supply
- E. maternal anaemia and thyroid dysfunction affects supply but retained products of conception do not.

Question 15

You talk to Mia about strategies to increase her milk supply. You tell Mia to:

- A. drink more fluids, especially more milk
- B. increase the number and/or duration of feeds
- C. offer one breast at each feed to ensure the breast is properly emptied
- D. express breast milk and feed the baby with expressed milk from a bottle for all feeds
- E. give Anna supplementary feeds with a bottle.

Question 16

Mia asks whether any medications can help increase her milk supply. You tell her:

- A. metoclopramide is the best drug to use as it has been used for many years
- B. the usual dose of domperidone is 100 mg tds
- C. domperidone has lower excretion in to breast milk than metoclopramide
- D. domperidone has a higher side effect profile than metoclopramide
- E. no medications are useful to increase supply.

ANSWERS TO AUGUST CLINICAL CHALLENGE

Case 1 – Peter Ponderal

1. Answer A

Peter's BMI [weight (kg)/height (m)²] of 30.2 places him in the obese weight range.

2. Answer E

The Prochaska Diclemente 'stage of change' model can be helpful in figuring out how ready the patient is to undertake a significant lifestyle change, and thus to tailor a plan that matches the patient's needs and commitment.

3. Answer B

Peter is contemplating changing his behaviour but he is certainly not committed to making any changes. He has taken the first step, however, and much of the GP's skill is going to be in building on his new awareness that he needs to do something. Coming up with a feasible action plan that overcomes his ambivalence to change is a shared activity.

4. Answer D

Finding out the reasons for Peter's overeating will be helpful. Ascribing 'good' and 'bad' characteristics to food only fuels guilt and negative behaviours. Limiting intake unrealistically to unsatisfying food is unsustainable. Sitting down and savouring his meals is more likely to lead to satiety.

Case 2 – Peter Ponderal: his dieting

5. Answer E

Okay, this was a little frivolous. But there are no diet books that have a guarantee of success simply because the success of any diet depends on the user's ability to adhere to it in the long term, and multiple factors impact upon that.

6. Answer A

There is some evidence that low fat diets are associated with lower rates of diabetes and reduced antihypertensive medication for up to 3 years. They are lower energy dense and have higher fibre content, but weight loss is usually an average 3.6 kg for up to 3 years.

7. Answer B

Protein has a relatively greater satiating effect than either fat or carbohydrate. The

CSIRO diet maintains fat at 30% and healthily composed. Care should be used in older women with impaired renal function.

8. Answer C

Meal replacements such as 'Optifast' or 'Kickstart' can replace one, two or three meals a day. Replacing one meal a day has been associated with 10% weight loss for up to 5 years, although adherence is difficult.

Case 3 – Peter Ponderal: pharmacotherapy options

9. Answer E

The results of pharmacotherapy for obesity are modest and, as with all medications for all conditions, should be seen as supplementary to lifestyle approaches.

10. Answer D

A centrally acting SNRI, sibutramine provides a mean weight loss of approximately 4.5 kg at 1 year when compared with placebo (CI: 3.6–5.3 kg). It is most effective when combined with lifestyle interventions. Safety and efficacy have not been established beyond 2 years.

11. Answer C

Only orlistat is available without a prescription on a pharmacist's recommendation (S3). Mean weight loss at 1 year is 2.9 kg compared with placebo.

12. Answer A

The two noradrenergic compounds available in Australia for weight loss by appetite suppression (phentermine and diethylpropion) can both cause an increase in blood pressure along with other side effects including insomnia, palpitations, agitation and increased risk of suicide. Weight loss is usually a modest 3.0–3.6 kg.

Case 4 – Peter Ponderal: surgical options

13. Answer B

Gastric bypass, biliopancreatic diversion and jejuno-ileal bypass are all major procedures with relatively high morbidity and mortality rates. While they result in severely obese people losing 70–75% of their excess weight,

they do result in longer term nutritional effects and weight regain.

14. Answer D

Laparoscopic adjustable gastric banding involves the laparoscopic placement of an inflatable silicone band at the very top of the stomach that creates a small gastric pouch that fills quickly and empties slowly, inducing an early sense of satiety.

15. Answer A

Although the effect of the pouch created by the LAGB is to induce early feelings of satiety, much of Peter's over eating is emotionally and socially driven and he continues to need support to deal with this.

16. Answer E

How about that!