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.

Dr Linda Calabresi

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 1-3 are based on the article 'Implanon: the new alternative' by Susan Cherry

Question 1

Implanon:

A. has a lower risk of pregnancy than vasectomy
B. is a subdermal implant containing norethisterone
C. has a high affinity for androgen receptors
D. contains a second generation progestogen
E. has its highest serum hormone level 3-6 months after insertion.

Question 2

Which of the following does not affect serum levels of etonogestrel:

A. phenytoin
B. erythromycin
C. griseofulvin
D. carbamazapine
E. rifampicin.

Question 3

Side effects of Implanon do not include:

A. changes to the menstrual pattern
B. alleviation of dysmenorrhoea
C. weight loss
D. slight insulin resistance
E. improvement of acne in the majority of women.

Questions 4-7 are based on the article 'Take a fresh look at IUDs ... things have changed' by Danielle Mazza

Question 4

In Australia, IUDs:

A. are used as the main form of contraception in 15% of women
B. interfere with sperm migration and function
C. work mainly as an abortifacient
D. are associated with an increased risk of PID with prolonged use
E. are usually inserted by GPs.

Question 5

Absolute contraindications for insertion of an IUD do not include:

A. a history of bacterial endocarditis
B. pelvic infection
C. a history of DVT
D. a markedly distorted uterine cavity
E. a history of prosthetic valve replacement.

Question 6

The advantages of the Mirena IUS over the Copper T380A do not include:

A. cost
B. suitability for women with menorrhagia
C. lower risk of dysmenorrhoea
D. lower failure rate
E. suitability for patients with Wilson's disease.

Question 7

Which is not a prostagenic contraception:

A. Depo Provera
B. Implanon
C. the minipill
D. Mirena IUS
E. Multiload IUD.

Questions 8-11 are based on the article 'Emergency contraception' by Terri Foran

Question 8

The Yuzpe method of emergency contraception:

A. was originally based on findings from veterinary practices in the late 19th century
B. was developed by Albert Yuzpe in 1957
C. consists of ethinyloestrodiol 100 µg and levonorgestrol 500 µg taken within 72 hours of unprotected sex and repeated 12 hours later
D. causes nausea and vomiting in 75% of patients
E. traditionally used the oral contraceptive - Nordette.

Question 9

Which of the following is not a suitable method of emergency contraception:

A. Yuzpe method
B. insertion of a copper intrauterine device
C. insertion of a progestogen bearing IUD
D. antiprogestogin mifepristone
E. high dose progestogens.

Question 10

When comparing high dose progestogen emergency contraception with the established Yuzpe regimen which statement is true?

A. the Yuzpe method is slightly more effective at preventing pregnancy however, it is associated with significantly more side effects
B. both methods prevent approximately 60% of expected pregnancies
C. the incidence of vomiting with progestogen only emergency contraception is approximately 10%
D. routine anti-emetic use is recommended with both methods
E. the progestogen only regimen is more effective than the Yuzpe method.

Question 11

When prescribing emergency contraception which of the following is not a consideration:

A. with each 12 hour delay of treatment after unprotected sex there is a doubling of the risk of pregnancy
B. the Yuzpe regimen may retain some effectiveness up to 120 hours after unprotected sex
C. there is no evidence to suggest the progestogen only method is effective more than 72 hours after unprotected sex
D. progestogen levels remain relatively stable 24 hours after the initial dose
E. the second dose of the progestogen only contraception 12 hours after the initial dose is vital to ensure efficacy.

Questions 12-15 are based on the article 'Guidelines for the treatment of postmenopausal osteoporosis for general practitioners' by Sheilla O'Neill, Philip Sambrook, Peter Ebeling, et al

Question 12

Which is not true of osteoporosis:

A. osteoporosis is synonymous with low bone density
B. interventions are appropriate for women with T-score <2.5
C. is exacerbated by smoking
D. can largely be prevented with diet and exercise
E. dual energy X-ray absorptiometry (DXA) is considered the gold standard for osteoporosis diagnosis.

Question 13

Typical investigations for postmenopausal osteoporosis would not include:

A. serum calcium
B. thyroid stimulating hormone (TSH)
C. protein electrophoresis
D. parathyroid hormone
E. 24 hour urinary protein.

Question 14

Biphosphonates:

A. are approved in Australia for women with proven osteoporosis on bone densitometry
B. are associated with fracture risk reduction in the first 6-12 months
C. have all been proven to be effective in reducing the incidence of hip fractures
D. commonly have gastrointestinal side effects
E. are fat soluble drugs and when taken orally have a low bioavailability.

Question 15

Aside from biphosphonates, other medications are useful in the management of osteoporosis. Which of the following statements is not true?

A. raloxifene, a selective oestrogen receptor modulator, decreases bone resorption like HRT, but has no effect on lipid profiles or breast cancer risk
B. raloxifene improves bone density but also increases the risk of DVT
C. with HRT, losses in bone density commence soon after ceasing the drug
D. calcium should not be taken at the same time of day as the biphosphonates
E. vitamin D supplementation is recommended in patients with a poor diet or limited sunlight exposure.

AFP