Instructions for clinical challenge online

**Clinical challenge is now ONLY available as an online activity.
Please follow the steps below to log on to and launch the activity.**

Clinical challenge online means:

- you will receive your 4 QA&CPD points immediately on successful completion of the quiz
- you can view question feedback after you have achieved a score of 12 or more correct answers, and
- you can re-enrol in the activity a number of times in order to achieve a sufficient score.

To complete clinical challenge online go to:

- www.racgp.org.au/clinicalchallenge
- if you are completing the quiz online for the first time, click on **'click here to register'**
- fill out the registration details – remember to choose your own username and password - and click on **'sign up'**
- if you have completed clinical challenge online previously, click on **'login here'**. Use the username and password you selected last time you completed clinical challenge online
- click on **'AFP clinical challenge'**
- click on **'enrol'**
- click on **'launch activity'**
- answer each case question by clicking on the correct answer box.

Clinical challenge online is simple and quick. You can view the articles to which each question relates, and you get immediate feedback on your answers. You can complete the quiz in one 'hit' or over a few days or weeks.

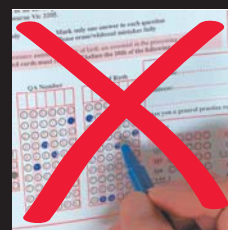Clinical challenge online must be submitted by the last day of each month of publication.

PLEASE NOTE:
**CLINICAL CHALLENGE CARDS
WILL NO LONGER BE ACCEPTED**

AFP clinical challenge online

USERNAME _____

PASSWORD _____

Please record your details here, cut out and keep in a safe place

Clinical challenge

Questions for this month's clinical challenge are based on theme 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.   Steve Trumble

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 – Gavin
Gavin, 61 years of age, has chronic obstructive pulmonary disease (COPD), peripheral arterial disease (PAD), hypercholesterolaemia and hypertension (see the article 'A smoking related triad' by Mark Harris). He comes to see you for the first time.

Question 1

Based on the clinical summary given at the beginning of the article, Gavin's problem list also includes:

A. asthma
B. impaired glucose tolerance
C. congestive cardiac failure
D. depression
E. diverticular disease.

Question 2

The risk factor causing the greatest burden of disease (loss of health and premature mortality) in Australia is:

A. obesity
B. alcohol
C. diabetes mellitus
D. tobacco smoking
E. hypertension.

Question 3

A drug that is likely to help Gavin with his hypertension, ischaemic heart disease, and congestive cardiac failure is:

A. low dose aspirin
B. warfarin
C. clopidrogel
D. a statin
E. an angiotensin converting enzyme (ACE) inhibitor.

Question 4

One of Gavin's most immediate needs is:

A. care planning
B. referral to an endocrinologist
C. hospitalisation for stabilisation
D. helical computed tomography (CT) scanning of his coronary arteries
E. psychiatric assessment.

Case 2 – Cecilia
Cecilia is 78 years of age. Her much valued independence is at risk following several falls recently (see the article 'Falls, osteoporosis and atrial fibrillation' by Joachim Sturmberg).

Question 1

Cecilia has developed atrial fibrillation (AF). Possible causes of AF include:

A. tricuspid valve disease
B. hypothyroidism
C. pericarditis
D. diabetes mellitus
E. diuretic therapy.

Question 2

Cecilia's reflux oesophagitis could be worsened by which medication:

A. irbesartan
B. alendronate
C. hydrochlorthiazide
D. omeprazole
E. paracetamol.

Question 3

Cecilia's Romberg test is positive and she turns in a wide circle. This indicates that she most likely has a problem with her:

A. cerebellum
B. peripheral nervous system
C. visual acuity
D. osteoarthritis
E. footwear.

Question 4

Cecilia questions her need to take warfarin while she is in AF. You could reply that it is:

A. essential
B. not indicated
C. significantly better than aspirin
D. significantly better than antiplatelet drugs
E. one option.

Case 3 – Clive

Clive, 58 years of age, is an obese man with hypertension, diabetes and dys-lipidaemia (see the article 'Managing metabolic syndrome and multiple risk factors' by Mark Nelson).

Question 1

The key to dietary management in patients such as Clive is:

A. a proprietary weight loss program

B. immediate caloric restriction

C. centrally acting appetite suppressants

D. laparoscopic gastric banding

E. structured and stepped intervention.

Question 2

In managing Clive's blood pressure, it is important:

A. to reduce systolic pressure to a greater degree than diastolic

B. to achieve even a small reduction in diastolic pressure

C. to trial nonpharmacological methods for at least 3 months before prescribing

D. to continue to aim for previously agreed goals

E. to prescribe only one antihypertensive agent at a time.

Question 3

Clive has a 5 year absolute risk (of having a fatal or nonfatal cardiovascular event) of 30%. This means that:

A. 30% of men in his age group have a lower chance of having a cardiovascular event than he does

B. 70% of men in his age group have a higher chance of having a cardiovascular event than he does

C. he has a three in 10 chance of having such an event in the next 5 years

D. his chance of 5 year survival is 30%

E. he is at 30% of his ideal cardiovascular health.

Question 4

The HOPE study (Heart Outcome Prevention study) showed the benefits of which drug in the lowering of atherosclerotic risk in patients with other known cardiovascular risks?

A. aspirin

B. insulin

C. omeprazole

D. ramipril

E. enalapril.

Case 4 – Marietta

Marietta, 32 years of age, is a woman with schizophrenia, depression, and substance abuse problems. She is also pregnant (see the article 'Psychiatric morbidity in general practice' by David Pierce and Ian Wilson).

Question 1

Which of the following statements is true:

A. patients on risperidone have schizophrenia

B. Marietta's pregnancy is not a high priority issue

C. schizophrenia with depression is the same as depression with psychotic features

D. Marietta requires urgent hospitalisation

E. chronic pain syndromes are a common psychiatric comorbidity.

Question 2

Children of mothers who are schizophrenic:

A. become wards of the state

B. have no increased risk of psychiatric illness

C. are best raised by their grandparents

D. have significantly poorer mental health outcomes

E. are usually heterozygous for the relevant allele.

Question 3

Which of the following statements is true:

A. paroxetine interferes with the metabolism of risperidone

B. it is important to deal opportunistically with all of Marietta's problems at the first meeting

C. paroxetine has been shown to be safe in pregnancy in animal studies

D. managing Marietta's chronic pain is necessary before anything else can be done

E. the mental health service system functions well for people with multiple diagnoses.

Question 4

Patients presenting to GPs with more than one medical morbidity:

A. are often the most challenging patients

B. often require extended or subsequent appointments

C. are a defining feature of the discipline

D. require all of the GP's skills

E. all of the above.