



# 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](http://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 – Kathy Lejeune

Kathy Lejeune is 32 years of age. She has spastic quadriplegic cerebral palsy and a mild intellectual disability. Although she can understand simple verbal communication, she relies on a book of pictures and symbols to express herself.

#### Question 1

**When asking about Kathy's health, you should direct your questions to:**

- A. the most senior care worker present
- B. Kathy's parent
- C. Kathy's legal guardian
- D. Kathy
- E. the nominated case manager.

#### Question 2

**Kathy smiles as you examine her abdomen. This can be reliably interpreted as:**

- A. her consent to the examination
- B. her comfort with the examination
- C. her enjoyment of human contact
- D. the absence of abdominal tenderness
- E. none of the above.

#### Question 3

**Kathy sometimes pauses for a long time to prepare her responses to your questions. When she does this, you should:**

- A. prompt her with suggested responses
- B. remain silent
- C. seek assistance from any accompanying person
- D. rephrase the question in simpler terms
- E. repeat your question using diagrams or gestures.

#### Question 4

**A gesture for 'good' that is reliably understood by people with intellectual disabilities is:**

- A. thumbs up
- B. nodding the head
- C. holding palm upwards
- D. touching side of nose
- E. touch index finger to palm of hand.

### Case 2 – Michael Dinh Thanh

Mary Dinh Thanh brings her 10 month old son Michael to see you. She is a first time mother and has attended the practice for a variety of minor concerns since he was born. On this occasion she is worried that he still cannot sit without support.

#### Question 1

**In responding to her concerns it is most appropriate to initially:**

- A. reassure her that babies all develop at different rates
- B. encourage her not to be so anxious about Michael
- C. carefully review Michael's development
- D. arrange a metabolic and chromosomal screen
- E. refer to a developmental paediatrician.

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#### Question 2

**If Michael is diagnosed with a disability, determining the aetiology should:**

- A. help Mary understand why it occurred
- B. indicate the chance of recurrence in subsequent pregnancies
- C. provide information that will guide medical care
- D. assist Mary to find a parent support group
- E. all of the above.

#### Question 3

**The grief experienced by parents when their child is diagnosed with a disability is:**

- A. usually lifelong
- B. usually resolved by the birth of a subsequent child
- C. usually reduced by the child's transition to school
- D. best dealt with by focussing attention on other children in the family
- E. an emotion that brings the couple closer together.

#### Question 4

**When children with disabilities become adults, their ongoing medical care is best coordinated by:**

- A. a developmental paediatrician
- B. a specialist in developmental disability medicine
- C. a psychiatrist
- D. a general practitioner
- E. all of the above.

**Case 3 – Reg Graves**

Reg Graves, 53 years of age, is a man with a moderate intellectual disability of unknown cause. He has become increasingly withdrawn and irritable over the past 3 months. He has lived in a variety of supported accommodation settings for 5 years since the closure of the large residential institution, Mayday Cottages.

**Question 1**

**Which of the following needs to be considered as causes for Reg's behaviour?**

- A. depression
- B. environmental changes
- C. undiagnosed pain
- D. constipation
- E. all of the above.

**Question 2**

**According to Beange and McElduff,<sup>1</sup> adults with intellectual disability on average have how many medical conditions?**

- A. 1
- B. 2
- C. 3
- D. 4
- E. 5 or more.

**Question 3**

**Which of the following disabling conditions is the most common?**

- A. cerebral palsy
- B. Down syndrome
- C. fragile X syndrome
- D. Prader Willi syndrome
- E. phenylketonuria.

**Question 4**

**If Reg has tuberous sclerosis, he has a greater than average risk of headaches secondary to:**

- A. migraine
- B. sinusitis
- C. astrocytoma
- D. meningioma
- E. cavernous sinus thrombosis.

**Case 4 – Helen Parmenter**

There is a community residential unit around the corner from your practice that is home to five women with challenging behaviours. One of the women, Helen Parmenter, has recently begun kicking and biting staff and her fellow residents. You are called there on a Friday evening.

**Question 1**

**Your most immediate concern is to ensure that:**

- A. Helen's behaviour has been documented in incident reports
- B. Helen continues to access her day placement
- C. staff are provided with sedative medication to administer on a p.r.n. basis
- D. the police are informed of a possible assault
- E. Helen and those around her are safe.

**Question 2**

**In assessing the possible causes for Helen's changed behaviour, it is important to consider:**

- A. epilepsy
- B. urinary tract infection
- C. oesophagitis
- D. abuse
- E. all of the above.

**Question 3**

**Depression in people with intellectual disabilities:**

- A. rarely occurs, due to diminished cognition
- B. may present with bizarre behaviour changes
- C. is less common than psychosis
- D. does not coexist with autism
- E. all of the above.

**Question 4**

**Despite careful assessment and a thorough behaviour management program, Helen's behaviour continues to threaten her own safety and those around her.**

**Sedative medication:**

- A. should be commenced at a high dose and titrated downward
- B. is the mainstay of behaviour management programs
- C. can only be considered in the presence of a firm psychiatric diagnosis
- D. requires the consent of Helen or her legal guardian
- E. should be continued indefinitely.

**Reference**

1. Beange H, McElduff A. Medical disorders of adults with mental retardation: a population study. *Am J Ment Retard* 1995;99:595-604.