



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. Check clinical challenge online for this month's completion date.

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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 – David Chee

David Chee, 19 years of age, presents complaining of a low mood and irritability for the past few weeks. On further questioning you find that he broke up with his girlfriend of 3 years about a month ago.

Question 1

After a break up, men in this age group tend to:

- A. take many years to move into a new relationship
- B. become suicidally depressed
- C. present with somatising symptoms
- D. need legal advice regarding custody issues
- E. move quite quickly into a new relationship.

Question 2

You decide to screen David using the 'HEADSS' schema. The 'A' in the 'HEADSS' schema stands for:

- A. alcohol and binge drinking
- B. anger management issues
- C. activities and peer relationships
- D. age appropriate relationships
- E. altered mood.

Question 3

David lives at home and is an apprentice mechanic. He has a close circle of friends, does not use illicit drugs or cigarettes and binge drinks about once a month. He is not same-sex attracted and has no issues regarding his sexuality. His mood is mildly lowered but he is easily distracted and has no biological symptoms of depression or suicidal ideation. Men in this age group are:

- A. only at risk of suicide if they use alcohol to excess
- B. not at risk of suicide
- C. more likely to complete suicide than the 35–49 years age group
- D. less likely to complete suicide than the 35–49 years age group
- E. equally as likely to complete suicide as the 35–49 years age group.

Question 4

Which is the MOST important STI to screen for in David:

- A. HIV
- B. syphilis
- C. gonorrhoea
- D. human papilloma virus
- E. chlamydia.

Case 2 – Martin McCormick

Martin McCormick, 49 years of age, presents asking for a 'Viagra' script. On further questioning you find that he has recently split up from his wife of 30 years and is 'going through' a divorce.

Question 5

Compared to married men, divorced middle aged men:

- A. tend to be healthier
- B. are less likely to smoke
- C. are at higher risk of depression
- D. are at lower risk of chronic disease
- E. tend to be financially better off.

Question 6

You ask Martin how he is coping with the divorce. In response to loss, men tend to:

- A. keep busy
- B. talk openly with friends and family
- C. realise immediately what they have lost
- D. wait many years before embarking on a new relationship
- E. rely on support networks.

Question 7

Martin says he has met someone, but last night he was unable to 'perform' with his new partner. He has morning erections but has difficulty maintaining an erection for masturbation. Martin is vaccinated against hepatitis B and A and denies IV drug use. Regarding Martin's sexual health, which of the following will be LEAST important to discuss:

- A. likelihood of a pathological cause for Martin's erectile difficulties
- B. condom use and STI risk
- C. 'normal' aging and changes in sexual function
- D. body image
- E. use of PDE5 inhibitors.

Question 8

Martin asks about the STI information you have given him. He admits that the 'someone' is a man. Which of the following combinations of screening tests for STIs would you suggest:

- A. syphilis, HIV, chlamydia, gonorrhoea and hepatitis C
- B. syphilis, HIV, chlamydia, gonorrhoea
- C. chlamydia only
- D. gonorrhoea, chlamydia and HIV
- E. none unless symptomatic.

Case 3 – Doug Scott

Doug Scott, 42 years of age, is a self employed carpenter who presents with a penetrating injury on his left hand from a nail gun accident. He has attended the practice three times in the past year with work related injuries. He says he had a 'big night' last night, and wasn't concentrating on the job that well today.

Question 9

You chat with Doug while attending to his wound. Doug tells you he had about 12 cans of full strength beer and 'a few bourbons' last night. Usually he has about this amount on Friday and Saturday nights and three cans of beer on other nights. You consider if Doug might be depressed. You are aware that men may express depression differently to women. Men:

- A. are more likely to seek help for depression than women
- B. tend to present with vague or nonspecific symptoms rather than volunteering difficulties with mood
- C. are more likely to express sadness than display irritability
- D. are more likely to have associated anxiety disorders
- E. are less likely to withdraw socially than women.

Question 10

Risk factors for depression in men include all the following EXCEPT:

- A. alcohol abuse
- B. substance abuse
- C. early onset anxiety disorders
- D. being married with family responsibilities
- E. medical illness.

Question 11

You note from Doug's file that he separated from his wife 12 months ago and has attended for treatment of STIs on two occasions since then. You are concerned that Doug's binge drinking and sexual risk taking behaviour may reflect a tendency to emotional repression. Other health problems associated with this type of emotional response to psychological distress are associated with:

- A. cardiac disease
- B. hypertension
- C. sudden cardiac death
- D. self harm
- E. all of the above.

Question 12

You consider what strategies you could employ in your practice to make it easier for men to seek help. Choose the correct statement:

- A. it is important to reassure Doug that it is okay to avoid discussing mental health issues with partners and friends
- B. encouraging stoicism and remaining strong is helpful
- C. strategies to support Doug's emotional needs are the most important
- D. men are often accepting of 'learning new tools to deal with stress' and problem solving strategies
- E. CBT tends to be less effective in men than in women.

Case 4 – Engaging men in health care

After your encounter with Doug, and other similar experiences, you talk to your practice manager, Kath, about strategies to engage men in health care and ways to make the practice more 'male friendly'.

Question 13

After doing some research, you and Kath give a presentation at the next practice meeting, discussing barriers to engagement of men in health care. Choose the correct statement:

- A. failure to develop positive ways of expressing masculinity in adolescence has a negative impact on men's health
- B. social barriers have less impact than barriers within the medical practice itself on men's engagement in health
- C. there has been a significant increase in men's health programs and community health workers in the past 5 years
- D. in general, men are not interested in their health
- E. while the education of boys is a problem in itself, it is not specifically related to problems in men's health.

Question 14

Kath suggests the possibility of running clinics onsite at a local manufacturing company. She discusses the possible benefits of such a clinic. Workplace health programs:

- A. mean that workers do not need to establish a relationship with a regular GP
- B. are of benefit to the employee but not the employer
- C. improve employee health but not job satisfaction
- D. reduce staff turnover and absenteeism
- E. result in more time off work because they challenge men's stoicism in putting work demands before health.

Question 15

As a group you discuss some of the barriers within your own clinic to engagement of men. Choose the correct statement:

- A. men are no less likely than women to understand the Medicare system and billing procedures
- B. long waiting times may pose specific difficulties for men
- C. men are less interested in health promotion and illness prevention than women
- D. a lack of services outside business hours affects men and women equally
- E. indigenous men often prefer a matter of fact style of communication and frequent eye-to-eye contact.

Question 16

The following strategies are all likely to be helpful to assist in catering better for men's health needs within your clinic EXCEPT:

- A. encourage men to telephone to check waiting times
- B. avoid advising men of out-of-pocket costs in case it deters them from attending
- C. use written material, website and reception staff to help men understand the appointment system
- D. use SMS alerts to give appointment reminders and advise men of delays
- E. provide men's health information on the practice website.

ANSWERS TO JANUARY/FEBRUARY CLINICAL CHALLENGE

Case 1 – Lachlan Fahey

1. Answer D

Although a support person may help to interpret a person's communication, they are not a substitute for communication with a patient. It is critical that patients are not excluded from the communication exchange.

2. Answer C

While it is vital to interact directly with the patient and include them in the consultation, it is important to tailor language and communication style to individual needs. Always maintaining eye contact and directly addressing the patient may not be a suitable communication style for some people with autism.

3. Answer E

In consulting with patients who have communication difficulties it is very important that patients are respectfully acknowledged and actively involved in consultations. This builds rapport and improved cooperation during the consultation. It promotes best possible health outcomes and patient (and doctor) satisfaction.

4. Answer A (Answer E could also be considered correct)

Recommended strategies to improve communication in consultations with patients with intellectual disabilities do not require any special training or experience. In every consultation it is important to tailor language and communication style to individual needs. Allowing sufficient time for the patient to formulate a response is vital.

Case 2 – Enzo Trobbiani

5. Answer E

The ACCORD trial hypothesis was that lower HbA1c levels would lead to a reduced rate of cardiovascular events. However, in their study population, higher mortality was seen in the intensive therapy arm. (However, both treatment groups showed lower mortality than those previously reported for individuals with type 2 diabetes at high risk of heart disease.)

6. Answer E

Lowering HbA1c to 6.5% in the intensive treatment group of the study did not reduce macrovascular complications but did reduce new or worsening nephropathy (and combined macro- and micro-vascular complications). The intensive control group also had lower blood pressure than the standard treatment group, but did have more frequent severe hypoglycaemia.

7. Answer A

Two recent meta-analyses found an increase in the risk of myocardial infarction associated with rosiglitazone. The risk appears to be specific for rosiglitazone. There is ongoing debate about the applicability of these figures to patients with type 2 diabetes in general. The RECORD trial is ongoing and may help to clarify this risk.

8. Answer B

Pioglitazone has a favourable effect on lipid profiles and can be used to improve glycaemic control in patients with type 2 diabetes and preserved beta cell function. It can worsen heart failure and is contraindicated in patients with class III and IV heart failure. It may increase peripheral fractures in women.

Case 3 – A registrar's question

9. Answer D

Breastfeeding is recommended for at least the first 12 months of an infant's life.

10. Answer D

Only 23.6% of 160 surveyed subsequent term Australian registrars believed that they required no further breastfeeding training.

11. Answer D

A Victorian study found that in the first 6 months postpartum, the mean number of visits by mothers to a GP was 7.7.

12. Answer E

The most common avenue for learning about breastfeeding was at medical school. Personal breastfeeding experience was the most useful source of breastfeeding information for registrars who were parents, and during hospital terms after graduation for registrars who were not parents. Notably, local education sessions and the Australian Breast Feeding Association were not common sources of information about breastfeeding.

Case 4 – Compounded medicines

13. Answer A

Use of compounding drugs that have been withdrawn or removed from the market for safety reasons is regarded by the USA FDA as being outside the legitimate practice of pharmacists.

14. Answer C

Topical formulations are generally considered a lower risk than enteral or parenteral preparations of compounded medicines.

15. Answer D

Commercial scale manufacturing is regarded as being outside the legitimate practice of pharmacists. Considerations of commercial applicability do not relate directly to considerations of patient safety. Circumstances in which evidence does support an acceptable benefit-risk balance in using a compounded medicine for a patient may not be commercially viable.

16. Answer C

Consumers would benefit from balanced information about compounded formulations, but currently CMI is not available for compounded medicines.