



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 multiple choice questions of the RACGP Fellowship exam. The quiz is endorsed by the RACGP Quality Improvement and Continuing Professional Development Program and has been allocated 4 Category 2 points per issue. Answers to this clinical challenge are available immediately following successful completion online at [www.gplearning.com.au](http://www.gplearning.com.au). Clinical challenge quizzes may be completed at any time throughout the 2011–2013 triennium, therefore the previous months answers will no longer be published.

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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

#### Jane McArthur

Jane McArthur, 19 years of age, is a university student who sees you for a repeat prescription of the oral contraceptive pill. You enquire about recreational alcohol and drug use, and find she consumes energy drinks daily.

#### Question 1

Choose the correct statement regarding the components of most energy drinks:

- taurine has been shown to increase blood pressure
- glucuronolactone is a herbal substance originating from South America
- many energy drinks contain more than 250 times the average person's suggested daily limit of taurine
- taurine has been shown to improve brain function and exercise performance
- guarana modulates cardiac and skeletal muscle contractility.

#### Question 2

Jane also consumes coffee on some days.

Choose the correct statement:

- guarana contains five times the caffeine found in coffee beans
- a standard 250 mL energy drink contains the equivalent of two average cups of coffee
- the legal caffeine content limit of energy drinks in Australia is 320 mg/L
- an average cup of coffee contains approximately 150 mg of caffeine
- caffeine sourced from coffee beans

is more slowly absorbed in the gastrointestinal tract compared with caffeine sourced from guarana.

#### Question 3

You give Jane some harm reduction information. Energy drinks have most often been associated with death when consumed:

- before driving a vehicle
- during or after sport
- for the first time
- on an empty stomach
- combined with alcohol.

#### Question 4

At parties, Jane sometimes drinks energy drinks in combination with alcohol so that the night can 'last longer'. According to recent research, the most frequently reported adverse effect associated with alcohol and energy drink consumption is:

- palpitations
- headaches
- fatigue
- nausea
- muscle cramps.

### Case 2

#### Paul Djinka

Paul Djinka, 13 years of age, attends the clinic for a long consultation. He is accompanied by his parents, who state other students at school are taunting him. This is starting to affect his school marks.

#### Question 5

Choose the correct statement:

- bullying at school significantly predicts

- subsequent antisocial and violent behaviour
- the HEADSS psychosocial assessment strategy is not a useful tool when assessing adolescents for bullying
- the victims of bullying are much more likely than the children who perpetuate bullying to report symptoms such as school avoidance, sleeping difficulties, and somatic symptoms
- bullying occurs most frequently in late high school
- bullying typically occurs at school rather than on the way to and from school.

#### Question 6

Which of the following is NOT a bullying act:

- playing a nasty joke on someone
- mimicking someone
- pushing someone's belongings
- deliberately excluding someone
- random acts of intimidation.

#### Question 7

You formulate a parental action plan with Paul and his parents. All of the following pieces of advice are appropriate for Paul's parents, EXCEPT:

- seek a face-to-face meeting with the appropriate teacher or coordinator at school
- contact the parents of the bully to discuss the matter further
- move up the 'chain of command' if they feel that their concerns are being ignored
- avoid telling Paul to 'just ignore the bullying'
- encourage Paul to not get angry or upset in front of the bullies.

#### Question 8

Specific techniques used by an adult mediator to demonstrate to the bully the impact of the bullying on the victim are referred to as:

- 'staying in the neutral zone'

- B. 'peer mediation'
- C. 'restorative justice'
- D. 'fogging'
- E. 'shared concern'.

### Case 3

#### Kathleen Gleeson

Kathleen Gleeson comes to see you as she has concerns about her 14 year old daughter, Charlotte, who she fears has become obsessive about dieting and exercise, with significant weight loss over the past year.

#### Question 9

Choose the correct statement regarding teenagers and eating disorders:

- A. dieting is not a significant risk factor for developing an eating disorder, as only a small proportion of those who diet develop a disorder
- B. eating disorders are the third most common chronic illness in females
- C. bulimia nervosa (BN) occurs in approximately 0.1% of young women
- D. a single GP consultation for an eating behaviour or weight and shape concerns has been identified as a significant predictor for the subsequent emergence of an eating disorder
- E. patients with 'eating disorders not otherwise specified' rarely suffer as severe physical and psychological consequences compared to those with anorexia nervosa (AN) and BN.

#### Question 10

Charlotte comes to the clinic for assessment. She is not forthcoming with her history, but allows you to perform a physical examination. Which physical findings would be more suggestive of BN compared to AN:

- A. pubertal delay
- B. ankle oedema
- C. hypothermia
- D. cool peripheries
- E. parotid gland enlargement.

#### Question 11

Charlotte has signs of chronic AN, including moderate pubertal delay. You consider treatment options. Choose the correct statement:

- A. growth failure in young adolescents is not considered one of the criterion for admission for eating disorders
- B. formal psychotherapy is unlikely to be

effective in patients with AN until normal weight is restored

- C. family based treatment has the strongest evidence base for the treatment of BN
- D. family based treatment requires less than 6 months of outpatient treatment
- E. there is only weak evidence for cognitive behavioural therapy in the treatment of BN.

#### Question 12

Charlotte is assessed by a specialist mental health unit and is deemed medically stable. You become involved in her long term monitoring. Choose the correct statement:

- A. a patient at risk of refeeding syndrome can be treated as an outpatient with close biochemical monitoring
- B. biochemical markers are an accurate indicator of illness severity in patients with eating disorders
- C. 6 monthly growth measurements are essential for adolescent patients with a history of an eating disorder
- D. regular biochemical monitoring is required in patients with eating disorders, even if baseline tests are normal
- E. bone mineral density is tested at baseline and annually thereafter for all patients with eating disorders.

### Case 4

#### Thomas Smith

Thomas Smith, 19 years of age, presents for a pre-employment medical assessment. Throughout the consultation you notice that he is withdrawn. On questioning of his mood and mental health, he becomes quite anxious.

#### Question 13

You are concerned that Thomas has a mental illness. Choose the correct statement:

- A. 20% of young Australians have a mental illness
- B. most adolescents seek help for their mental illness
- C. the 12 month prevalence of mental health in adolescents aged 18–24 is 19%
- D. mental ill-health causes both short and long term consequences
- E. less than half of mental illnesses commence in adolescence.

#### Question 14

You ask Thomas more about his symptoms and life circumstances. He says he deferred

from university this semester as he was unable to cope with the stress and he doesn't see his friends anymore. He admits to not sleeping well but hasn't spoken to anyone about this. Choose the correct statement:

- A. the onset of mental illness is usually easy to distinguish from normal emotional development
- B. symptoms of mental illness include withdrawal, apathy, anxiety, poor concentration and appetite disturbance
- C. subthreshold symptoms of mental illness do not usually impact on functioning, however these are established risk factors for future major depressive episodes
- D. risk assessment can be delayed until future visits
- E. most young people with mental illness had symptoms during prepubertal childhood.

#### Question 15

You review the literature on the treatment of mental illness in young people. In Thomas' situation, which of the following is NOT true:

- A. making a clinical diagnosis is less crucial than evaluating the need for clinical care based on severity of symptoms and impact on functioning
- B. symptoms of mental illness should be treated early with medication
- C. treatment should include key information, support, shared decision making and CBT
- D. with Thomas' permission, involving family and friends could be a useful part of his treatment and support
- E. meeting Thomas regularly and allowing time to discuss and address issues will help build trust.

#### Question 16

You continue to see Thomas on a regular basis. Choose the correct statement regarding mental health assessments and care:

- A. GPs are often the first point of contact with health services
- B. GPs can refer to community mental health professionals
- C. GPs can facilitate communication with families about what is 'normal' during adolescence and what are symptoms of mental illness
- D. GPs can monitor adolescents' functioning and symptoms over time
- E. all of the above.