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.

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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 – Shannon McCarthy

Shannon, 22 years of age, presented last week complaining of tiredness. History and examination did not suggest a physical cause. She presents today for results of blood and urine tests. Everything is normal. You explain the results and ask Shannon if anything else is going on. She bursts into tears and says she feels upset that she has not got a job yet since finishing university 3 months ago. Further questioning reveals she has been sleeping poorly, crying all the time, and feeling down for at least a month.

Question 1

You decide to prepare a mental health care plan as part of Shannon's management. You are not sure what you need to include in the plan and refer to the RACGP website. You discover that in order to attract Medicare benefits for the plan, you should:

A. refer to a psychiatrist
B. refer to a psychologist
C. provide psycho-education
D. provide a medical label for the Shannon's symptoms
E. plan for crisis intervention in all cases.

Question 2

While researching the Better Access to Mental Health Care (BAMHC) initiative and the superseded Better Outcomes in Mental Health Care (BOMHC) initiative, you come across reference to the 'three step mental health process'. You find that:

A. the GP should view encounters with patients with mental health care problems as different to encounters with other patients
B. the 'three steps' are: assessing the presenting problem, deciding on a plan of management with the patient, and organising referral/follow up
C. the GP should opportunistically screen patients for three aspects of mental distress: depression, suicide risk and substance abuse
D. it was first devised for the BAMHC initiative
E. research shows that the three step mental health process improves outcomes for mental health disorders.

Question 3

You start Shannon on an antidepressant and ask her to come in for regular review. After 3 weeks she only shows partial improvement. You do a literature search on research into mental health and find that:

A. the type of treatment chosen for depression is more important than the dose and duration of treatment
B. women are at higher risk of suicide than men
C. Shannon is at a higher risk of suicide if she lives alone
D. the impact of mental health care plans on the care of patients has been examined in detail in numerous studies
E. targeted screening of high risk individuals for depression and suicide risk is not as effective as generalised screening for mental distress in all patients.

Question 4

You decide to refer Shannon to a psychologist for cognitive behavioural therapy (CBT) and continue to see her for regular review. According to the BAMHC initiative:

A. only accredited practices are able to refer to psychologists for a Medicare rebatable service
B. both 'plan' and 'review' item numbers can be claimed twice per 12 month period
C. 'SIP' payments are triggered after each review
D. GPs must complete training in mental health before referring to a psychologist for a Medicare rebatable service
E. Medicare rebates are available for psychologists and allied medical health professionals if a mental health care plan is completed by the GP.

Case 2 – Martin Shields

Martin Shields, 21 years of age, is a medical student. He is about to sit his third year exams and presents to you complaining of poor sleep and lack of energy for the preceding month. He describes sitting and staring into space for long periods, unable to motivate himself to study. He has been waking every morning about 3 am. At this time in the morning he feels anxious and worried and feels like life is not worth living. He has no suicidal plans.

Question 5

Which of the following would NOT be useful in deciding whether Martin has unipolar depression or bipolar disorder:

A. a family history
B. asking whether he has ever experienced feeling 'wired' or 'energised'
C. giving him the Black Dog Institute 27 item bipolar self assessment test
D. identifying triggers to moods such as overseas travel or excess coffee
E. asking about gambling and excessive spending.

Question 6

Martin says that during year 12 he had a period of feeling invincible and full of energy despite needing very little sleep. He drove his classmates mad by talking loudly and quickly in class. After final exams, he suddenly felt down, sleeping all the time and feeling teary. This lasted until he started university early the following year when he felt spontaneously better. Since then he has been well. His mother was 'manic depressive' and suicided when he was 10 years of age. You are considering a diagnosis of bipolar I. Which of the following is true:

A. patients with bipolar II tend to have psychotic highs
B. patients with bipolar I tend to have longer episodes and longer periods of inter-episode relief
C. patients with bipolar II tend to have longer episodes and longer periods of inter-episode relief

D. patients with bipolar I have a higher risk of suicide than patients with bipolar II
E. bipolar III is a milder version of bipolar II.

Question 7

Which of the following would be an appropriate first line medication for Martin:

A. a mood stabiliser (eg. lithium, carbemazepine, lamotrigine or valproate)
B. fish oil
C. an SSRI
D. diazepam
E. a tricyclic antidepressant.

Question 8

You ask Martin to complete a daily mood diary and explain that this will assist in developing a 'stay well plan'. A stay well plan:

A. is a contract between doctor and patient and does not involve family and friends
B. must be prepared according to the proforma on the Black Dog Institute website in order to attract Medicare benefits
C. takes into consideration triggers of moods (eg. caffeine, recreational drugs)
D. if followed correctly will enable all patients with bipolar disorder to stay well
E. sleep disruption should not be treated pharmacologically as this may induce a depressive episode.

Case 3 – Ilana Goldblum

Ilana Goldblum is aged 45 years. Her parents were holocaust survivors who fled from Berlin during World War II. The last of her children left home last year. She lives with her husband. Ilana complains of increasing anxiety and feelings of hopelessness over the past couple of months. She denies suicidality.

Question 9

On detailed questioning over two sessions, it becomes clear that Ilana has moderate to severe symptoms of depression and anxiety. She is open to medication. You decide to:

A. prescribe a benzodiazepine
B. organise CBT sessions with a psychologist
C. prescribe an antidepressant in the knowledge that they all have a similar response rate of about 65%
D. prescribe any antidepressant as all have similar side effect profiles
E. prescribe mianserin as it does not cause sedation.

Question 10

You decide to start Ilana on fluvoxamine and a benzodiazepine to treat anxiety and agitation, which may worsen in the short term. Which of the following is true:

A. diazepam is useful to treat anxiety and agitation as it has a longer half life than other benzodiazepines such as temazepam
B. start with 200 mg of fluvoxamine and drop to 100 mg if Ilana experiences side effects
C. you should tell Ilana that she will feel better after 2 weeks
D. it is important not to emphasise the side effect profile as this may scare her away from treatment
E. if Ilana fails to respond after 2–4 weeks you should change to a different antidepressant.

Question 11

Ilana is feeling much better after 3 weeks of treatment. You should continue treatment for:

A. 6 months
B. 12 months if Ilana suffers from recurrent depression
C. 2 years if it is her first episode
D. 3 years if it is a recurrent episode
E. no longer than 6 months as after this the risk of serotonin syndrome increases.

Question 12

Ilana returns in 6 months requesting a script for diazepam. Initially she took 1–2 tablets at night but now needs up to six tablets to get to sleep. She admits seeing other doctors in the area for scripts. Which of the following is true:

A. diazepam should be ceased at once, as it has no place in the long term management of depression and anxiety
B. diazepam should be replaced with buspirone as it has less potential for abuse and dependence
C. tolerance to the anxiolytic effects of benzodiazepines occurs rapidly
D. abrupt withdrawal of the drug may result in sedation
E. a tapered withdrawal schedule may be required.

Case 4 – Santo Galati

Santo Galati, aged 59 years, has been diagnosed with inoperable colon cancer with liver metastases. He presents to you today to discuss the diagnosis.

Question 13

Santo understands that he has a terminal illness but is upset by the diagnosis and the impact it will have on his family. This is an example of:

A. a grief reaction
B. primary appraisal
C. secondary appraisal
D. coping behaviour
E. a reaction unrelated to past experiences.

Question 14

Santo expresses a wish to remain positive about the time he has left. He wants to know whether he can continue to work and for how long and what he should tell his family regarding management and prognosis. This is an example of:

A. cognitive reframing
B. distraction
C. emotion focused coping
D. problem focused coping
E. meaning based coping.

Question 15

You have a long discussion with Santo about his future and ask to see him in a week to see how he is coping. He says that the diagnosis has now really 'hit him'. He has lost all interest in life and feels like he wants to 'give up'. You:

A. take control of the decision making process in order to give him some relief from the burden of the disease
B. just listen. Santo is experiencing a normal reaction to diagnosis of a terminal illness
C. discuss strategies to help him stay engaged with life (eg. pleasant event scheduling)
D. tell him he must face the consequences of his illness
E. give him spiritual guidance.

Question 16

You see Santo regularly over a period of weeks and he slowly comes to accept his illness and find some enjoyment in life again. Even though he feels well, he has decided to give up work and wants to become involved in raising money to aid bowel cancer research. This is an example of:

A. finding meaning in daily life events
B. meaning focused coping
C. activating spiritual beliefs and practices
D. denial of the consequences of illness
E. cognitive reframing.

ANSWERS TO MARCH CLINICAL CHALLENGE

Case 1 – Sarah Ng

1. Answer C
The quadrivalent HPV vaccination is registered for use in females aged 9–26 years and males 9–15 years. Sexually active women still benefit from HPV vaccination even if they have been infected with HPV. In most cases they will have been infected with only one of the four types in the vaccine and will be protected from future infection by the other types.

2. Answer B
HPV is recognised as a necessary agent for the development of cervical cancer. HPV is highly infective with transmission rates of over 50% following exposure and up to 80% of sexually active men and women will be exposed to at least one type of HPV. Most women who contract HPV will clear it within about 14 months but persistence of high risk HPV occurs in up to 3–10% of those exposed.

3. Answer D
The quadrivalent HPV vaccine contains purified VLPs of types 6, 11, 16 and 18 HPV. Types 16 and 18 are high risk types and responsible for 70% of cervical cancer. Types 6 and 11 are associated with over 90% of genital warts and 10% of low grade cervical abnormalities. VLPs are formed from capsid proteins. They mimic the shell of the virus and generate a potent antibody response but contain no infectious genetic material.

4. Answer A
From 2007 the commonwealth government will fund HPV vaccine for girls aged 12–13 years to be administered through schools. A 2 year catch up program will be provided for females aged 13–18 years via schools and women up to 26 years of age via GPs. Quadrivalent HPV vaccine is administered in 3 doses at 0, 2 and 6 months. The efficacy data for 5 years postvaccination shows a decrease of 96% in persistent HPV 6, 11, 16 and 18 infection or related disease.

Case 2 – Trudi Weiher and Tina Malpighi

5. Answer B
In women aged less than 30 years with LSIL, the national guidelines recommend repeat Pap smear in 12 months. If LSIL is persistent at that stage (or if HSIL changes are then detected) she should be referred for colposcopy.

6. Answer D
Following treatment for HSIL, patients should have a Pap test and colposcopy at 4–6 months. If normal, she then requires Pap test and HPV testing at 12 and 24 months. If both Pap tests are negative and both HPV tests are negative for high risk HPV types, then she can recommence routine 2 yearly Pap testing.

7. Answer C
The presence of abnormal contact bleeding or abnormal appearance of the cervix is an indication for colposcopy. Pap cytology results can be falsely reassuring in this situation. In women with invasive carcinoma, cytology can be more difficult to interpret and a significant number of patients the cytology report will suggest a lower grade of change.

8. Answer E
Standard surgical treatment for stage 1B or 11A disease would be radical hysterectomy and bilateral pelvic lymphadenectomy. Primary radiotherapy gives similar results but is complicated by ovarian failure, vaginal stenosis and dyspareunia. Fertility sparing surgery is an option for some women under 40 years of age who have early carcinomas less than 2 cm.

Case 3 – Margaret Atkinson

9. Answer E
Margaret has PMB and this needs to be assessed. Abnormal bleeding is indicative of a problem and the presence bleeding should not be an excuse on the part of either doctor or patient to avoid an examination.

10. Answer B
Late menopause (after age 52 years) is a risk factor for endometrial cancer as are nulliparity, obesity, diabetes, hypertension, unopposed oestrogen therapy, tamoxifen treatment and atypical endometrial hyperplasia.

11. Answer C
Even though you have identified a likely cause for Margaret's bleeding she has risk factors for endometrial cancer and requires assessment for this. Tissue biopsy is required and this can be undertaken initially by office endometrial biopsy.

12. Answer D
About 20% of women with atypical endometrial hyperplasia have concomitant carcinoma and 25–30% will develop endometrial carcinoma within 2 years if untreated.

Case 4 – Caroline and Stephanie Flockhart

13. Answer C
Symptoms of ovarian cancer are often vague and non specific and the question, 'Could this be ovarian cancer' should be raised particularly if symptoms like those experienced by Caroline persist for over a month. Pelvic examination may reveal a mass. CA-125 and ultrasound are also indicated, although CA-125 may be normal in early stage cancers.

14. Answer B
The definitive diagnosis of ovarian cancer is made surgically and the cancer is staged at the same time. Standard surgery is total abdominal hysterectomy, bilateral salpingo-oophorectomy, omentectomy, examination of pelvic and para-aortic nodes and removal of as much of any tumour deposits as possible.

15. Answer B
A fall in CA-125 indicates response to treatment and a rise of CA-125 of more than twice normal predicts tumour relapse. Patients who have an interval of over 12 months between treatment and relapse are the ones who are more likely to benefit from retreatment. However, quality of life issues need to be underpin any treatment decisions.

16. Answer A
CA-125 is normal in about half of patients with early (stage 1) ovarian cancer. A number of conditions are associated with false positive CA-125, including endometriosis, pelvic inflammatory disease, other cancers and inflammatory conditions. BRAC1, BRAC2 and HNPCC are associated with increased risk of ovarian cancer and women with first degree relative with ovarian cancer have a threefold increase in risk.

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