



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 MCO 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.gplearning.com.au](http://www.gplearning.com.au). Check clinical challenge online for this month's completion date.

**Kate Molinari**

## 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

#### Margaret and Ken Walsh

Margaret Walsh, 69 years of age, comes in for a routine Pap test. You notice on examination that her genital membranes are atrophic.

#### Question 1

Choose the correct statement:

- Margaret is likely to raise any sexual concerns she has herself
- Margaret is experiencing sexual dysfunction as part of aging
- the most common sexual dysfunction in women of Margaret's age is dyspareunia
- the atrophy is a local urogenital effect due to decreased sex hormone production
- other physical changes you may see in Margaret include increased muscle bulk and a loss of bone mass.

#### Question 2

You take a history from Margaret and ask some questions regarding sexuality. Margaret has been married to Ken for 44 years.

Margaret was treated for bowel cancer 10 years ago. Choose the correct statement:

- it is likely that Margaret noticed an impact on her sex life following her treatment
- you should routinely discuss how her medical conditions impact her sex life
- symptoms of low sex hormone levels include vaginal dryness, dyspareunia and urinary incontinence
- it is appropriate to offer local hormone therapy if she has vaginal symptoms and there are no contraindications
- all of the above are correct.

### Question 3

Ken is 73 years of age and has hypertension and mild COPD. He tells you that he has trouble with erections and decreased sex drive. Choose the INCORRECT statement:

- Ken's hormone profile might show decline in free testosterone, decreased DHEA, increased FSH/LH and increased SHBG
- if Ken has low testosterone he will benefit from replacement therapy
- Ken's erectile dysfunction may be due to underlying vascular disease
- it is important to ask about over-the-counter medications and medications bought over the internet
- it is important to ask Ken about other symptoms of androgen deficiency including mood changes and low energy.

### Question 4

You discuss changes in sexual function that come with age and techniques to help with these. Choose the correct statement:

- Margaret and Ken should focus on coitus as an important part of their sex lives
- Margaret could expect to have decreased vaginal lubrication but increased orgasm intensity
- Setting aside time in advance and planning their sexual activity may help
- Ken may have a delay in ejaculation and a decreased refractory period
- Ken is likely to notice a decreased intensity of ejaculation with an increased ejaculatory volume.

### Case 2

#### Mildred Pennington

Mildred Pennington, 95 years of age, is new to your practice. She brings a recent hospital discharge summary. Mildred was admitted, confused after a fall.

#### Question 5

Choose the correct statement:

- any medication changes made while Mildred was in hospital would have been clearly communicated to her
- Mildred is unlikely to be taking any complementary medicines
- Mildred's confusion and fall could have been adverse drug reactions
- Mildred is unlikely to take medications not listed on the discharge summary
- obtaining information from her previous GP is unlikely to be informative as you have the most recent medical summary.

#### Question 6

Mildred appears frail and is being treated for depression, type 2 diabetes, osteoporosis, chronic pain, hypertension and atrial fibrillation. Bloods show decreased GFR and low albumin. Choose the INCORRECT statement:

- recent hospitalisation, being depressed and being female all increase Mildred's risk of polypharmacy
- Mildred's INR may be affected by her lower albumin
- Mildred may have a higher steady state of morphine due to her GFR
- Mildred's may have a higher serum concentration of water soluble drugs
- as Mildred is taking eight medications she is definitely over prescribed.

#### Question 7

You arrange to get Mildred to come back when you have received information from her

previous GP. You discuss Mildred's medications with her. Choose the correct statement:

- A. you use the SAIL mnemonic: Simple, Adverse, Indication and Longevity
- B. explaining the indication for each medication may confuse Mildred
- C. it is safe to assume Mildred is compliant with all her medications
- D. classes of drugs associated with ADEs in elderly patients include benzodiazepines, anticoagulants and diuretics
- E. Mildred's life expectancy should not influence your choice of medications.

### Question 8

You explain the concept of a domiciliary medication management review to Mildred. Choose the correct statement:

- A. Mildred is unable to choose which pharmacist carries out the review
- B. Mildred is taking eight regular medications so is eligible for this service
- C. Mildred will need to take in all her medications to the local pharmacy
- D. this item can only be claimed once every 3 years through Medicare
- E. if Mildred was in a nursing home it would still be appropriate to refer her.

### Case 3

#### Beverly Wilson

Beverly Wilson, 73 years of age, is a long term patient at your practice. Her husband Brian says Beverly has not been herself for several months now and is often very repetitive. Beverly has no significant medical history.

### Question 9

Beverly scores 22 on her MMSE and 0 on the GDS. You refer Beverly for further investigations. Choose the INCORRECT statement:

- A. Beverly's score on the MMSE is suggestive of severe impairment
- B. Beverly's investigations could include a serum B12, an ESR and urine microscopy
- C. it is appropriate to refer Beverly for a noncontrast head CT
- D. it is important to ask Beverly about nonprescription medications
- E. delirium and drug use need to be excluded in Beverly.

### Question 10

Beverly and Brian come back to see you 2 weeks later. Her investigations are all within

normal limits. Beverly has mild Alzheimer disease. Choose the correct statement:

- A. vascular dementia is the most common type, accounting for 60% of cases
- B. vascular dementia always presents with sudden onset
- C. vascular dementia typically presents with visual hallucinations and parkinsonism
- D. dementia with Lewy bodies accounts for almost 10% of dementia cases
- E. Alzheimer disease shows stepwise progression.

### Question 11

Beverly is very upset about the diagnosis and asks what can be done. Choose the correct statement:

- A. it is better to use the term 'memory loss' rather than dementia
- B. the cornerstone of management is pharmacological treatment
- C. the diagnosis must be confirmed by a specialist for PBS medication eligibility
- D. Beverly can be reassured she is unlikely to develop depression
- E. medication will result in a cure in 5% of people.

### Question 12

Beverly and Brian ask what to expect in the future. Choose the correct statement:

- A. there are currently no evidence based clinical practice guidelines for dementia
- B. they can wait until the disease progresses before referring to support services
- C. cognitive stimulation does not help with dementia at this stage
- D. it is not okay to ask Beverly about her driver's license this early in the disease
- E. it is important to discuss forward planning with respect to end of life issues.

### Case 4

#### Phillip Hansen

Phillip Hansen, 78 years of age, has been treated for GORD in the past. He comes in today after a fall at home. You notice in Phillip's notes that there is no documentation about alcohol consumption.

### Question 13

Choose the correct statement:

- A. the ASSIST screening tool has been validated in people of Phillip's age
- B. you should ask Phillip to book a separate

appointment to discuss his alcohol consumption

- C. Phillip's reflux may be a side effect of alcohol consumption
- D. given his age, Phillip is more likely to be misusing illicit drugs than alcohol
- E. levels of alcohol recommended as safe for younger people are appropriate for Phillip.

### Question 14

Phillip admits to drinking six beers a day, but does not see that this is problematic. Choose the correct statement:

- A. psychosis is the most common reason for hospitalisation related to high risk drinking among people aged over 65 years
- B. Phillip's heavy alcohol consumption is a risk factor for osteoporosis
- C. Phillip's alcohol use does not increase his risk of developing adverse drug reactions
- D. people who develop alcohol problems earlier in life have a lower likelihood of medical comorbidity in old age
- E. alcohol related falls are paradoxically less common in older people.

### Question 15

You consider a brief intervention with Phillip regarding his alcohol consumption. Choose the INCORRECT statement:

- A. the FRAMES approach stands for Feedback, Responsibility, Advice, Menu, Empathic and Self efficacy
- B. merely screening Phillip can be enough of an impetus for him to make a change
- C. it may be appropriate to conduct a mental health assessment of Phillip
- D. if Phillip has significant alcohol and drug issues he may require referral to specialist treatment services
- E. a brief intervention will not be effective if Phillip has a severe alcohol problem.

### Question 16

In regard to the Alcohol-Related Problems Survey, choose the correct statement:

- A. it is one of many screening tools developed for use with older people
- B. it has been re-calibrated to take into account Australian standard drinks
- C. you can use it with Phillip to screen for misuse of illicit drugs
- D. Phillip can complete it while in the waiting room before an appointment
- E. it will not identify any interactions between alcohol, disease and medications in Phillip.

## Answers to September clinical challenge

### Case 1

Jeanette Holmes

#### 1. Answer C

The number of swollen/tender joints at baseline is an indicator of progressive disease and future radiographic progression.

#### 2. Answer B

The presence of anti-CCP antibodies is a strong predictor of erosive disease. Anti-CCP has a similar sensitivity but higher specificity in rheumatoid arthritis compared to rheumatoid factor. Its use, in combination with rheumatoid factor levels, is now suggested in all patients presenting with early arthritis.

#### 3. Answer A

Joint destruction in rheumatoid arthritis can begin within weeks of symptom onset. Tobacco smoking exposure has a dose response relationship with rheumatoid arthritis, so Jeanette should be advised to quit smoking. Methotrexate is dosed weekly, and concurrent use of folic acid is required to reduce potential side effects. Regular paracetamol has a role in most patients, reducing the need for stronger analgesics.

#### 4. Answer D

All these are elements of ongoing monitoring for patients with rheumatoid arthritis, however only the full blood count is specifically looking for potential toxicity of methotrexate (bone marrow suppression). Liver and renal blood tests are also indicated looking for potential toxicity.

### Case 2

Paul Lim

#### 5. Answer C

In a typical juvenile idiopathic arthritis (JIA) joint, on examination you can find joint warmth, effusion, reduced and painful range of movement, but not erythema overlying the joint.

#### 6. Answer E

The presence of a positive anti-nuclear antibody confers an increased risk for developing asymptomatic uveitis.

#### 7. Answer B

Uveitis affects the anterior chamber of the eye. In JIA, uveitis is more common in children with oligoarthritis, such as Paul, compared with children with polyarthritis. It is more likely to be symptomatic (rather than asymptomatic) in children with HLA-B27 positive disease. Ninety percent of uveitis will occur before (rather than after) 4 years of diagnosis of JIA. Topical steroids are generally not contraindicated in uveitis but are often the treatment of choice.

#### 8. Answer A

Pseudoporphyria rash, loss of appetite, headache and behaviour disturbance are possible side effects of NSAID use in children, while immunosuppression is not.

### Case 3

Frank Haros

#### 9. Answer D

'Polymyalgic' onset of rheumatoid arthritis is characterised by patients presenting with limb girdle pain rather than peripheral arthritis, and prominent stiffness. It is seen in patients over 65 years of age. It is a pattern of rheumatoid arthritis, as opposed to polymyalgia rheumatica which is related to giant-cell arteritis and is a separate clinical entity.

#### 10. Answer B

Options for initial management of this acute flare could include intra-articular steroid administration. Ice administration and initial rest would be recommended. Intra-articular viscosupplementation is used for long term therapy rather than acutely.

#### 11. Answer E

Twelve g/day of omega-3 fish oils can improve symptoms in rheumatoid arthritis patients. Fish oils should be ceased 4–7 days before elective surgery in most patients. Chondroitin has been shown in studies to have few adverse effects in reasonable dosages. Avocado/soybean unsaponifiables may be useful in the management of osteoarthritis. In Australia, complementary medicines are quality and safety controlled by the Therapeutic Goods Administration (but they do not consider efficacy).

#### 12. Answer B

Glucosamine may work synergistically with chondroitin to improve pain and function in osteoarthritis. It is contraindicated in those with shellfish allergy and has a slow onset of action of 6–8 weeks. Warfarin use is not a contraindication to starting glucosamine, however monitoring the INR closely initially is imperative. There is insufficient evidence of improvement of rheumatoid arthritic pain with glucosamine use.

### Case 4

Alicia Wooley

#### 13. Answer C

Features suggestive of osteoarthritis include joint crepitus, increasing age, high body mass index, decreased joint mobility and symmetrical (rather than asymmetrical) joint pain.

#### 14. Answer B

In order to achieve weight optimal weight, evidence does not support the use of hypnotherapy. The other options are correct.

#### 15. Answer D

Patients with osteoarthritis and lower education levels are generally more likely to perceive troublesome pain. Over 50% of people over the age of 65 years have radiological evidence of osteoarthritis, but do not necessarily have symptomatic disease. Exercise in osteoarthritis provides benefit even if weight loss is not achieved or required. Repeated corticosteroid intra-articular injections are not generally recommended for chronic osteoarthritis. Intra-articular hyaluronic acid has not been shown to benefit hip osteoarthritis.

#### 16. Answer A

There is some evidence of benefit from acupuncture in osteoarthritis, but no evidence of benefit for the other alternatives provided.

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