



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.

EDUCATION

Clinical challenge

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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 – Jocelyn Jones

Jocelyn, 64 years of age, is a mother of three with adenocarcinoma of the lung that has metastasised to her spine. Initial radiotherapy helped her bone pain but she now has further malignant bone pain in her pelvis and hips.

Question 1

In selecting a nonsteroidal anti-inflammatory drug for Jocelyn, which of the following is true:

- A. COX-2 inhibitors are more effective than traditional NSAIDs
- B. NSAIDs with polymerised fatty acid chains are the fastest acting
- C. there is no strong evidence to favour one NSAID over another
- D. NSAIDs for malignant bone pain require proton pump inhibition
- E. NSAIDs have no place in the treatment of malignant bone pain.

Question 2

Bisphosphonates are subsidised through the Pharmaceutical Benefits Scheme as cancer pain treatments for:

- A. all patients with cancer in the terminal phases of their condition
- B. patients with breast or prostate cancer, or myeloma
- C. patients in whom opiate medication is producing unacceptable side effects
- D. patients receiving domiciliary palliative care
- E. patients who also meet the PBS requirements for osteoporosis treatment.

Question 3

As Jocelyn's pain is severe and rapidly escalating she needs an opioid within her regimen. For chronic opioid therapy, morphine is best administered:

- A. as a slow release, nonparenteral preparation
- B. only when codeine has reached its therapeutic ceiling

- C. only if there is no risk of addiction
- D. by self administered subcutaneous injections
- E. only when less expensive options are exhausted.

Question 4

An 'equianalgesic ratio' refers to:

- A. the dose of analgesia required to render the patient pain free
- B. the ratio between desired effects and side effects of an analgesic
- C. a comparison of the effect of a dose of any analgesic against a standard of 5 mg morphine IV
- D. the doses of two forms or types of analgesia that produce the same level of analgesia
- E. the dose that would be required to stun a horse.

Case 2 – Jocelyn Jones continued

Not all of Jocelyn's symptoms are related to pain, however. She complains at various times of breathlessness, nausea, constipation, and depression.

Question 5

Dyspnoea occurs in:

- A. 10–20% of palliative care patients
- B. 30–50% of palliative care patients
- C. 50–70% of palliative care patients
- D. 70–90% of palliative care patients
- E. all palliative care patients.

Question 6

When treating nausea in palliative care:

- A. antiemetics cannot be used in combination
- B. an antiemetic that has reached its maximal dose must be reduced before another is introduced
- C. nasogastric infusion of metoclopramide via a Grasby pump can control nausea quickly

- D. haloperidol may be useful
- E. two drugs from the same class can be used in combination.

Question 7

Constipation in palliative care patients:

- A. should not be treated with laxatives too early for fear of tolerance developing
- B. often requires combinations of laxatives in sufficient doses
- C. requires specially tailored regimens depending on the aetiology of the life shortening disease
- D. should not be treated with lactulose for fear of creating osmotic diarrhoea
- E. all of the above.

Question 8

When a palliative care patient has sleeplessness as a symptom of depression, the antidepressant that is most likely to assist with sleep is:

- A. mirtazapine
- B. sertraline
- C. fluoxetine
- D. gabapentine
- E. fluvoxamine.

Case 3 – Jocelyn Jones – her family

As Jocelyn's GP, you are conscious that there is a great deal of grief surrounding her as her disease progresses.

Question 9

She is unconscious now. Her husband, Peter, sits with you while you are visiting her and asks some questions. In order to lessen his distress, it is best to:

- A. tell him only the positive aspects of Jocelyn's condition
- B. give him the responsibility to decide what Jocelyn is told and when
- C. explain that Jocelyn is still entitled to her privacy
- D. tell him what is happening to Jocelyn and why
- E. arrange a psychiatric referral for him.

Question 10

Peter expresses concern that he is experiencing grief and a powerful sense of loss even before Jocelyn dies. In talking with him, it is important to:

- A. not mention religion in case he has no religious beliefs
- B. remind him that he still has Jocelyn for a little while longer
- C. explain to him that he will feel relieved once Jocelyn passes away
- D. reassure him that his feelings will return to their baseline after about 1 year
- E. acknowledge his feelings and normalise but not minimise them.

Question 11

After Jocelyn dies, you continue to see Peter and realise that he is experiencing 'complicated grief'. What is the best description of complicated grief after a death?

- A. integration of the death has not taken place
- B. the griever does not return to their emotional baseline
- C. the griever complicates their grieving by the misuse of alcohol or other drugs
- D. the griever's own physical health problems impact upon their grief
- E. denial of the death is absolute.

Question 12

You find that you are quite powerfully affected by Jocelyn's death, too. In order to care for themselves, GPs should:

- A. have unrealistic expectations of what they can achieve for the dying patient
- B. avoid opportunities for training and skills development
- C. not waste potential work time on hobbies and holidays
- D. smoke, drink excessively and avoid exercise
- E. none of the above.

Case 4 – Population grief

Jocelyn's nephew, Jamie, is also one of your patients. He has spastic quadriplegia due to cerebral palsy and, at 4 years of age, is no stranger to hospitals and doctors.

Question 13

Jamie has severe lung damage due to repeated aspiration pneumonias and is not expected to live much longer. It is important to:

- A. avoid mention of his condition as he is not old enough to fully understand
- B. ensure that he is in hospital at the time of death to minimise family trauma
- C. use pictures and dolls as appropriate to help explain his condition
- D. gently disengage his parents from his care in preparation for his death
- E. not offer Jamie choices or preferences in his care.

Question 14

Jamie's teacher's father, Cyril, is 83 years of age. He has end stage pulmonary disease, dementia, and ischaemic heart disease. You visit him in his nursing home where he has signs of a urinary infection. Which of the following is true:

- A. Cyril's next of kin is automatically considered to have power of attorney over him
- B. an advanced care directive has no power if the person is demented
- C. Cyril's dementia will prevent him answering questions about his quality of life
- D. Cyril's infection should not be treated
- E. each state has mechanisms for establishing guardianship.

Question 15

Another patient of yours at Cyril's nursing home, Patrick, is an Aboriginal man. He is dying of motor neuron disease. Which of the following is true:

- A. there are profound cultural differences between the beliefs of Indigenous and non-Indigenous Australians relating to death and dying
- B. people from different indigenous communities tend to have similar health beliefs
- C. most Indigenous Australians prefer not to die in their home country
- D. Indigenous Australians prefer to die in a hospital setting
- E. palliation is well understood within indigenous communities.

Question 16

When communicating with indigenous patients and their families, which of the following is appropriate?

- A. eye contact
- B. asking quietly about cultural need
- C. touch
- D. direct questioning
- E. sharing perceptions.

ANSWERS TO SEPTEMBER CLINICAL CHALLENGE

Case 1 – Meredith Marks

1. Answer D

Depression and anxiety often begin in pregnancy, particularly in the third trimester. There are clear associations with psychosocial risk factors including relationship difficulties or lack of partner, stress, a background of abuse, and with personality and coping style factors.

2. Answer C

Maternal anxiety in pregnancy is associated with higher cortisol levels in the fetus and maternal mood disorders in pregnancy correlated more strongly with infant outcomes than postnatal mood disorder.

3. Answer A

Addressing psychosocial issues, ensuring support, psychoeducation and practical support are important management strategies for all women with perinatal depression. Cognitive therapy and interpersonal therapy have been shown to be effective.

4. Answer E

Depression and anxiety come at a cost to both mother and infant. There are also risks to both mother and infant of treatment. Medication needs to be approached cautiously and a balance found between the risk to mother and risk to infant.

Case 2 – Maddison Peterson-James

5. Answer D

In addition to persistent crying, a positive family history of cow's milk allergy, atopic disease, vomiting after most feeds, diarrhoea with blood or mucus cow's milk allergy and poor weight gain of <30 g/day on average raise the suspicion of cow's milk allergy.

6. Answer D

In breastfed babies with suspected cow's milk allergy, breastfeeding can be continued. The mother should exclude all dairy products from the diet and take a daily calcium supplement. The baby's response should be charted on a behaviour diary and if no improvement is seen in 2 weeks, the mother should resume normal diet.

7. Answer E

In babies who are otherwise thriving, nonmedical causes of crying include tiredness, hunger or inability to self soothe, thought to be related to immature neuromaturation. By 3–4 months they have usually developed the ability to self soothe.

8. Answer B

Families need support and regular review until the crying period resolves. A baby behaviour diary can be helpful to normalise behaviour, help identify causes and to monitor symptoms. Education about the normal sleeping hours, signs of tiredness and soothing techniques is required. Anticholinergic medications reduce crying, however, they may cause apnoea or seizures.

Case 3 – Mia Nguyen

9. Answer C

Local pain relief includes ice packs in first few days and regular bathing. The addition of salt does not add benefit. Perineal haematoma should be drained. Oral analgesia with paracetamol and/or diclofenac is appropriate and codeine can be added for more severe pain.

10. Answer E

The practice of bimanual vaginal examination to assess uterine involution is not supported by evidence and is not recommended as a routine. Vaginal/wound swabs may not be of benefit as causative organisms in perineal or endometrial infections are usually commensal.

11. Answer E

Anaemia is an obvious possible contributor to postpartum fatigue and thyroid disorders are also quite common. Mia should be assessed for stress, anxiety, postpartum depression and the degree of social, emotional and practical support she has.

12. Answer C

Sexual activity between couples often declines during pregnancy and in the postnatal period a number of physical and emotional issues can decrease libido and contribute to sexual dysfunction. The lack of resumption of sexual

activity may cause relationship difficulties, distress and feelings of guilt in both partners.

Case 4 – Anna Ngyuen

13. Answer B

Many infants are unsettled in the first few months and this does not necessarily relate to low supply. After the first few weeks the breasts feel less full as they adjust to the baby's needs. If weight gain is adequate, so is milk supply.

14. Answer B

Infant factors affecting supply include medical problems, tongue-tie and cleft palate. Maternal factors include anaemia, retained products, postpartum haemorrhage, thyroid disorders, breast abnormalities and moderate to heavy cigarette smoking.

15. Answer B

Practical suggestions to increase supply include ensuring adequate rest and protein intake, improving positioning and attachment, increasing number and or duration of feeds, offering both breasts at a feed and expressing after feeds. Using a feeding line instead of a bottle for supplementary feeds may also help.

16. Answer C

Domperidone is preferred over metoclopramide as it doesn't cross the blood brain barrier, is less excreted in breast milk and has a lower side effect profile. The usual dose is 20 mg three times per day.