Clinical challenge

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 2 CPD points per issue. Answers to this clinical challenge will be published next month.

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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.

Questions 1-5 are based on the article 'Parasomnias - Things that go thump in the night' by Phillip King

Question 1

Ben, aged six, is brought to see you following three episodes of waking at night with a loud scream, and is sweaty, agitated and inconsolable. He paces around the house and appears afraid and anxious. He is difficult to rouse to full consciousness. Next morning he is unaware of what has occurred and has no dream recall. The most likely diagnosis is:

A. temporal lobe epilepsy
B. night terrors
C. REM sleep behaviour disorder
D. nightmare
E. confusional arousals.

Question 2

Management of Ben's problem would include:

A. EEG
B. CT scan of the brain
C. explanation of the disorder
D. referral to a child psychologist
E. all of the above.

Question 3

Ted, aged 73, usually a reserved man, has begun shouting and swearing in his sleep, as well as punching and kicking. When this happens his wife wakes him and he usually remembers a dream in which he was fighting. Which is the most likely diagnosis?

A. confusional arousal
B. REM sleep behaviour disorder
C. nightmare
D. night terror
E. epilepsy.

Question 4

The following may be associated with Ted's problem:

A. Alzheimer disease
B. Parkinson disease
C. alcohol withdrawal
D. tricyclic antidepressant withdrawal
E. all of the above.

Question 5

Treatment of REM sleep behaviour disorder is with:

A. explanation and relaxation techniques only
B. low dose tricyclic antidepressants
C. low dose clonazepam
D. low dose epilim
E. levadopa.

Questions 6-10 are based on the article 'Insomnia – Diagnosis and management' by Ron Grunstein

Question 6

Susan, aged 42, presents with long term difficulties with getting to sleep, which have worsened over the past few weeks. She lies awake worrying about work, stresses with her teenage sons and the fact that she is not sleeping. She doesn't get to sleep until 3 or 4 am in the morning. She gets up at 7 am most days to go to work. Choose the correct statement.

A. Susan's insomnia puts her at risk of developing depression
B. the vast majority of patients presenting with insomnia have an underlying mood disorder
C. patients like Susan are likely to perform well on psychomotor performance tasks
D. insomnia is always a behavioural or psychological health problem
E. Susan is more likely to fall asleep during the day than someone with normal sleep patterns.

Question 7

Susan has used temazepam on occasions in the past. You tell her that temazepam:
A. increases REM sleep
B. decreases REM sleep
C. remains effective for up to three months of continuous use
D. does not impair psychomotor performance the next day as it is short acting
E. does not cause rebound insomnia.

Question 8

You discuss other pharmacological treatments including Zopiclone. Choose the incorrect statement. Zopiclone:
A. is a benzodiazepine-like hypnotic
B. decreases the time taken to get to sleep
C. causes greater impairment of daytime performance than temazepam
D. maintains sleep architecture
E. causes some rebound insomnia on withdrawal.

Question 9

You discuss sleep hygiene with Susan. Which of the following are helpful strategies:
A. exercising before bed
B. a glass of alcohol as a nightcap
C. setting aside a 'worry time'
D. sleeping longer in the morning to ensure eight hours sleep
E. reading a book in bed until falling asleep.

Question 10

You discuss behavioral therapies for insomnia with Susan. Choose the technique likely to be most helpful to Susan initially:
A. relaxation techniques
B. sleep restriction therapy
C. stimulus control therapy
D. cognitive therapy
E. none of the above.

Questions 11-15 are based on the article 'Assessment and management of the patient presenting with snoring' by Matthew Naughton

Question 11

Kelvin, aged 51, attends at the behest of his partner, who is tired of listening to Kelvin snore every night. Factors suggestive of obstructive sleep apnoea (OSA) do not include:
A. loud snoring audible in adjacent room
B. snoring more than three nights per week
C. snoring occurring only in the supine position
D. daytime sleepiness
E. hypertension.

Question 12

You examine Kelvin. Which of the following signs is not associated with OSA:
A. BMI 31
B. neck circumference 42 cm
C. abdominal girth 130 cm
D. BP 160/100
E. nasal obstruction.

Question 13

You tell Kelvin that he may have obstructive sleep apnoea and discuss referring him to a sleep clinic. He asks about measures that may help his symptoms. You tell him:
A. weight loss is ineffective once OSA is established
B. to have a glass of alcohol before bed
C. nasal steroid sprays have no place in his treatment
D. avoid sleep deprivation
E. to take temazepam at night to improve the quality of his sleep.

Question 14

Kelvin's partner asks about complications of OSA. They include:
A. cardiovascular disease
B. increased risk of car or industrial accidents
C. neurocognitive impairment
D. all of the above
E. none of the above.

Question 15

Kelvin sees a sleep physician and is diagnosed with moderate OSA. He is treated with constant positive airway pressure (CPAP). He complains of a dry mouth and rhinitis. Which of the following strategies is least likely to be helpful:
A. changing the type of mask
B. humidification
C. using a chin strap
D. nasal steroids
E. nasal ipratropium bromide.

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