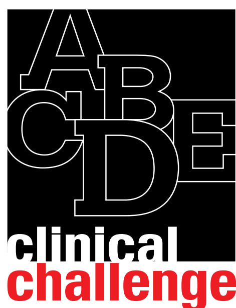


Questions for this month's clinical challenge are based on articles in this issue. The style and scope of questions is in keeping with the MCQ of the College Fellowship exam. The quiz is endorsed by the RACGP Quality Assurance and Continuing Professional Development Program and has been allocated 4 CPD points per issue. Answers to this clinical challenge will be published next month, and are available immediately following successful completion online at www.gplearning.com.au. Check clinical challenge online for this month's completion date.

Deepa Daniel

## 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
### Jeanette Holmes

Jeanette Holmes, 40 years of age, is a mother and heavy smoker. She presents with 2 months of worsening symmetrical joint swelling and morning stiffness of the metocarpophalangeal and metatarsophalangeal joints.

### Question 1

**You examine Jeanette's joints for signs of rheumatoid arthritis (RA). What is a specific indicator of more progressive rheumatological disease:**

A. isolated large joint involvement
B. the presence of rheumatoid nodules
C. a large number of swollen/tender joints at baseline
D. asymetrical joint involvement
E. none of the above.

### Question 2

**Jeanette's symptoms require investigation. Which is correct regarding anti-CCP antibody:**

A. it is a significantly more sensitive marker for RA compared to rheumatoid factor
B. it is a strong predictor of erosive disease
C. it is elevated in a larger number of chronic inflammatory diseases as well as in RA
D. it should only be ordered by rheumatologists, until its role in RA is better understood
E. its use should be restricted to those with late stage disease, to monitor disease progression.

### Question 3

**Jeanette has significant joint pain and stiffness, high anti-CCP level, high erythrocyte sedimentation rate (ESR), and evidence of early erosive rheumatoid changes on hand X-rays. Which is correct:**

A. permanent joint destruction can begin as early as 3 weeks post-symptom onset in RA
B. at this stage, advising Jeanette to quit smoking would have minimal effect on her arthritic symptoms
C. if Jeanette starts methotrexate, she will likely require fortnightly dosing and regular blood testing
D. concurrent folic acid supplementation increases methotrexate efficacy
E. paracetamol has no role in relieving Jeanette's pain.

### Question 4

**Jeanette's diagnosis of RA is confirmed by a rheumatologist, who decides to start methotrexate. She returns to see you 3 months later for a planned review of her arthritic control and methotrexate therapy. Which of the following elements of the consultation is specifically monitoring for methotrexate toxicity:**

A. medication adherence
B. joint effects (eg. number, swelling, tenderness)
C. smoking status
D. full blood count
E. sleep and mood review.

### Case 2
### Paul Lim

Kathryn Lim brings her 5 year old son, Paul, in to see you. Paul has been complaining of a sore right knee over the past 2 weeks, and most mornings has been noted to have a significant limp.

### Question 5

**You examine Paul, suspecting juvenile idiopathic arthritis (JIA). Which of the following examination findings would make a diagnosis of JIA less likely:**

A. pain on movement of the joint
B. joint warmth
C. erythema in the overlying skin of the joint
D. joint effusion
E. reduced range of joint movement.

### Question 6

**Paul requires investigation to further clarify the diagnosis. Which investigation confers an increased risk for developing asymptomatic uveitis:**

A. raised C-reactive protein
B. raised white cell count
C. positive HLA B27
D. raised ESR
E. positive antinuclear antibody.

### Question 7

**Paul's diagnosis of oligoarthritic JIA is confirmed by a rheumatologist, who discusses with Kathryn the need for opthalmological surveillance for uveitis. Which of the following is true of uveitis in JIA:**

A. uveitis is more common in children with polyarthritis than those with oligoarthritis
B. uveitis typically affects the anterior chamber of the eye
C. 90% of cases of uveitis will occur 4 years after a diagnosis of JIA

D. uveitis is more likely to be asymptomatic in children with HLA-B27 positive disease
E. topical steroids are contraindicated in patients at high risk of uveitis.

## Question 8

**Paul is placed on a trial of nonsteroidal anti-inflammatory drugs (NSAIDs). Which of the following is NOT a possible side effect of NSAIDs in children:**

A. immunosuppression
B. pseudoporphyria rash
C. loss of appetite
D. headache
E. behaviour disturbance.

## Case 3

### Frank Haros

Frank Haros, 70 years of age, is a retired builder with a 3 year history of RA, originally polymyalgic onset, and longstanding bilateral knee osteoarthritis. He is currently managed with regular paracetamol plus methotrexate.

## Question 9

**Regarding 'polymyalgic' onset RA, which of the following is correct:**

A. the underlying disease process is the same as in polymyalgia rheumatica
B. it is characterised by episodic symptoms lasting hours to days affecting different joints each time
C. joint stiffness is not a prominent initial symptom
D. limb girdle pain is a prominent initial symptom
E. Frank's age makes him less likely to suffer from this pattern of RA.

## Question 10

**Frank presents with an acute flare of his knee osteoarthritis bilaterally. He has been unable to tolerate NSAIDs or COX-2 inhibitors in the past due to severe dyspepsia. Options for the initial management of this acute flare could include:**

A. application of heat topically to the area of concern
B. intra-articular steroid administration
C. intra-articular viscosupplementation
D. intensive physiotherapy
E. none of the above.

## Question 11

**One month later, Frank's daughter attends with Frank, asking about alternative therapies for his joint pains. In considering complementary and alternative therapies for Frank, which of the following is correct:**

A. the use of chondroitin in osteoarthritis is limited due to the rate of adverse effects
B. there is no quality control of complementary medicines sold in Australia
C. there is no need to cease taking omega-3 fish oils before elective surgery
D. there is no evidence for the use of avocado/soybean unsaponifiables in osteoarthritis
E. 12 g/day of omega-3 fish oils can improve symptoms in RA.

## Question 12

**You consider recommending glucosamine for Frank's knee osteoarthritis. Which of the following is true of glucosamine:**

A. it can be used safely if Frank has a shellfish allergy
B. it may work synergistically with chondroitin to improve pain and functioning in mild to moderate osteoarthritis
C. a response would be expected within 2 weeks from starting glucosamine supplementation
D. if Frank is on warfarin, glucosamine would be absolutely contraindicated
E. its use would be likely to improve Frank's rheumatoid arthritic AND osteoarthritic pain.

## Case 4

### Alicia Wooley

Alicia Wooley, 68 years of age, has type 2 diabetes and recently diagnosed disabling hip osteoarthritis.

## Question 13

**On history and examination, features suggestive of osteoarthritis include all of the following EXCEPT:**

A. significant joint crepitus
B. increasing age
C. asymmetrical joint pain
D. comorbid high body mass index
E. decreased joint mobility.

## Question 14

**Alicia is found on examination to have a body mass index of 29. According to the guidelines for the management of hip and knee osteoarthritis, all of the following methods for achieving optimal weight are supported by evidence EXCEPT:**

A. cognitive behavioural therapy
B. hypnotherapy
C. low energy diet
D. land based exercises
E. nutritional education.

## Question 15

**You decide to develop a management plan for Alicia, and consider her condition and possible management strategies. Which of the following statements regarding chronic osteoarthritis of the hips or knees is correct:**

A. over 50% of people over the age of 65 years suffer from symptomatic osteoarthritis
B. exercise is of little benefit in these patients unless weight loss is achieved or required
C. in patients with chronic osteoarthritis who are unable to tolerate NSAIDs or COX-2 inhibitors, repeated intra-articular corticosteroid injections are recommended
D. patients with osteoarthritis and lower education levels are generally more likely to perceive troublesome pain
E. intra-articular hyaluronic acid has been shown to be effective for the management of hip osteoarthritis.

## Question 16

**You consider which allied health services you would recommend to Alicia under a Team Care Arrangement. There is some evidence of benefit from which of the following allied health interventions in osteoarthritis:**

A. acupuncture
B. electromagnetic fields
C. therapeutic ultrasound
D. braces/orthoses
E. none of the above.

# Answers to August clinical challenge

## Case 1
## Sarah Weldon

### 1. Answer D

The focus of treatment should be harm reduction (which includes, but is not confined to, a goal of abstinence. An assessment of a patient's opioid addiction is often part of the initiation of patient-doctor engagement. General practitioners form an integral part of treating drug and alcohol disorders. Opioid dependence is associated with long term morbidity and mortality.

### 2. Answer A

Substitution medications have been used since the 1960s. The number enrolled in the program is around 41 000. Its use reduces illicit drug use but does not always result in abstinence. Increasing evidence supports this usage.

### 3. Answer B

Buprenorphine displaces opioid agonists from receptor sites and may precipitate a withdrawal. Treatment is commenced when patients start to experience withdrawal symptoms. All the other statements are correct.

### 4. Answer E

Withdrawal may have some value as the beginning of engagement in a long term treatment program. Withdrawal appears to be associated with poorer outcomes including risk of overdose. Oral naltrexone is approved as a non-PBS item. Implant naltrexone formulations are currently not licensed by the Australian Therapeutic Goods Administration.

## Case 2
## Tom Harrow

### 5. Answer C

Doctor shoppers seem to target new, overseas trained doctors and women. There is no accepted definition of prescription drug abuse. Consulting with a colleague is not a breach of patient confidentiality. Benzodiazepines and opioid drugs are the most commonly requested drugs. Australia still lacks the data systems to monitor this type of drug abuse.

### 6. Answer B

Doctors need to be registered with the service to obtain the information. A patient will be listed if in a 3 month period they have obtained prescriptions from six or more prescribers, obtained 50 or more PBS items, or obtained 25 or more pharmaceuticals targeted by Medicare. The number of calls is increasing.

### 7. Answer A

This involves claiming the health department does not allow you to prescribe that type of medication. Saying 'no' and discharging the patient is an accepted strategy. A doctor is entitled to elect not to treat a patient if they feel threatened. There is no test or sign pathognomonic of substance use disorder. Engaging the patient in a harm reduction program can be effective but is not compulsory.

### 8. Answer D

Pain and addictive disease exist as a continuum rather than as two distinctive separate entities.

## Case 3
## Maria Joves

### 9. Answer C

In 2009 ecstasy was rated as being 'easy' to 'very easy' to obtain. Ecstasy gives increased energy and an enhancement of sex. Just under 9% of Australians aged over 14 years have tried ecstasy. Intermittent party drug use is usually not associated with chronic substance dependence.

### 10. Answer E

As a GP you should provide balanced medical information about reducing harm, accept Natalie may not be ready to change, and use the opportunity to discuss other health issues. It is important to discuss the issue of confidentiality.

### 11. Answer D

There is an association between the use of ecstasy and mental illness. About 40% of ecstasy users report using cocaine. Effects include increased energy and sexual enhancement. It is an amphetamine type substance.

### 12. Answer E

All of the statements are true.

## Case 4
## Toby Bailey

### 13. Answer C

It is best to begin with general questions about use of legal substances. Likewise ask with general questions about mental health such as asking about worries or concerns. The HEADDS framework stands for Home, Education and Employment, Activities, Drugs, Sexuality, Suicide and depression. It is important to explain the limits of confidentiality.

### 14. Answer E

There is a complex relationship between cannabis and psychosis and he may have an underlying mental illness. All of the other statements are correct.

### 15. Answer A

The Cannabis Use Disorder Identification Test will help to determine consumption, abuse, dependence and psychological features. ASSIST may well be helpful as many cannabis users are polydrug users. The Severity of Dependence Scale is used when problematic use has been identified. K10 indicates the likelihood of anxiety and/or depression.

### 16. Answer B

Currently, there is no evidenced based pharmacological intervention for managing cannabis withdrawal. Computer delivered CBT for co-existing depression and cannabis has been shown to be effective. Integrated approaches that address both mental health and cannabis use are required. It is important to optimise pharmacological treatment of mental disorders. Relapse is very common among cannabis users.

correspondence **afp@racgp.org.au**