CLINICALCHALLENGE

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. Check clinical challenge online for this month's completion date. Jennifer Presser

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 – Lachlan Fahey

Lachlan Fahey, aged 17 years, attends your practice with his mother Vicki. Lachlan is autistic and does not speak. Vicki explains Lachlan has had a seizure at home and banged his head. She would like you to 'check Lachlan out and make sure he is okay'.

Question 1

People with disabilities use a range of different communication styles. These communication systems can include all EXCEPT:

A. facial expression, body language and vocalisations
B. key word signing (eg. Makaton vocabulary)
C. electronic devices with recorded speech
D. a support person talking for them
E. communication boards.

Question 2

You consider ways in which you could improve communication with Lachlan during the consultation. Strategies could include all EXCEPT:

A. allowing sufficient time for patients to process their thoughts and respond
B. using visual clues such as pictures and appropriate body language
C. maintaining eye contact with the patient and always talking directly to the patient
D. assume competence: many people with disabilities can understand more than they can demonstrate
E. tailor language and communication style to individual needs.

Question 3

Actively involving patients with limited expressive communication skills in the consultation has which of the following advantages:

A. it conveys respect for the patient, and their support person
B. many people with disabilities have stronger receptive than expressive communication skills
C. it helps to build rapport and improves cooperation during physical examination
D. it promotes patient satisfaction and quality of health care provision
E. all of the above.

Question 4

Barriers to optimal communication with patients with intellectual disabilities in clinical practice include all EXCEPT:

A. the doctor's lack of experience and training
B. lack of access to the patient's usual aided augmentative/alternative (AAC) communication strategy
C. illness may impair the patient from using their usual AAC strategy
D. medical vocabulary may not be available on the communication aid being used
E. sufficient time is required for the patient to understand what is being said and formulate a message in reply.

Case 2 – Enzio Trobbiani

Enzio Trobbiani, aged 65 years, attends your practice for review of his management plan for type 2 diabetes. He has had diabetes for 20 years and is now managed with insulin. He has a history of ischaemic heart disease and his HbA1c today is 7.2%.

Question 5

Regarding the results of the ACCORD trial, which of the following is true regarding appropriate HbA1c targets in type 2 diabetes:

A. a lower rate of mortality was found in the intensive glycaemia control arm of the ACCORD study
B. study death rates were lower than those previously reported for individuals with type 2 diabetes at high risk of heart disease, in both the standard therapy and intensive therapy group
C. in patients with type 2 diabetes at high risk of heart disease very intensive glucose lowering treatments aimed at an HbA1c of <6% may lead to higher mortality
D. A and B
E. B and C.

Question 6

Regarding HbA1c targets and macrovascular complications in patients with type 2 diabetes, which of the following is true of the ADVANCE study:

A. intensive glycaemic control did not reduce the incidence of combined major macro- and micro-vascular events
B. the intensive glycaemic control group showed a reduction in new of worsening nephropathy
C. the intensive treatment group showed more frequent severe hypoglycaemia than the standard control group
D. no difference in blood pressure was seen between the two treatment groups
E. B and C.

Question 7

Enzio has heard that there is a 'new tablet' available for diabetes and wonders if he could have this instead of his insulin. But,

he has also hard that some diabetes tablets might cause heart attacks. You explain to Enzio that:

A. two recent independent meta-analyses of trials showed an increased risk of myocardial infarction associated with rosiglitazone
B. the RECORD trial did not show an increase in risk of myocardial infraction
C. the increased risk of myocardial infarction appears specific for glitazones
D. A and B
E. B and C.

Question 8

Regarding pioglitazone, which of the following is correct:

A. pioglitazone improves glycaemic control in patients with type 2 diabetes and little beta cell function
B. pioglitazone increases HDL cholesterol and reduced triglycerides
C. pioglitazone is recommended in patients with congestive cardiac failure (class II–IV)
D. pioglitazone can increase the risk of hip fracture in women
E. all of the above.

Case 3 – A registrar's question

You are having lunch in the tearoom at your practice and one of the registrars, Fleur Chin, asks you how you learned about breastfeeding. Fleur says that she sees women whom she wants to encourage to breastfeed, but doesn't feel that she has enough specific knowledge to trouble-shoot breastfeeding problems.

Question 9

Regarding breastfeeding, which of the following is correct? The NHMRC and the RACGP recommend breastfeeding for:

A. at least the first 6 weeks
B. at least 3 months
C. at least 6 months
D. at least 12 months
E. for 18 months.

Question 10

In a recent survey what percentage of registrars thought that they had sufficient breastfeeding knowledge for their present needs:

A. 80%
B. 60%
C. 40%
D. 25%
E. 10%.

Question 11

What is the mean number of visits by women in Australia to a GP in the first 6 months postpartum:

A. 2
B. 4
C. 6
D. 8
E. 12.

Question 12

Which of the following are important sources of breastfeeding information for registrars:

A. medical school
B. within a hospital postgraduation
C. personal experience
D. family and friends
E. all of the above.

Case 4 – Compounded medicines

You attend an education program on menopause and there is some discussion of compounded medicines being used as hormone therapy. There is some concern about the absence of regulated processes for evaluating these medicines for quality, safety and efficacy.

Question 13

Circumstances where compounded medicines may be indicated include all EXCEPT:

A. a drug has been withdrawn/removed from the market for safety reasons
B. evidence supports an acceptable benefit-risk balance
C. no product exists to deliver a registered medicine in the required form
D. a commercially manufactured product is not available for stability reasons
E. a manufactured product contains inactive ingredients a patient cannot tolerate (eg. dye allergy).

Question 14

Situations which may result in higher risk to patients from compounded medicines include all EXCEPT:

A. infants
B. the frail elderly
C. topical effect
D. small therapeutic window
E. variable bioavailability.

Question 15

Questions to consider in assessing the risk to patients from compounded medicines, include all EXCEPT:

A. do formulation factors affect the bioavailability or stability of the medicine
B. is the dose response relationship steep or shallow
C. is the formulation complexity rational for a compounded medicine and is dose uniformity guaranteed
D. is the formulation suitable for commercial scale manufacturing
E. is the medicine intended to have a local or systemic effect?

Question 16

Current consensus recommendations for off label prescribing include all of the following EXCEPT:

A. use is justified by high quality evidence
B. prescriptions should state the name of the pharmocopeial formula, including the edition of the pharmacopoeia or formulary
C. consumer medicines information should be given
D. use is within the context of research
E. exceptional use, justified by individual clinical circumstances.

ANSWERS TO DECEMBER CLINICAL CHALLENGE

Case 1 – Janice Benson

1. Answer E
From April to September, 21–60 minutes of sun exposure, with care, to hands, face and arms, is required for adequate vitamin D production.

2. Answer B
Vitamin D levels of 50–100 nmol/L are considered to represent vitamin D insufficiency. Certain cellular activities require minimum serum vitamin D levels, for example optimal neuromuscular function requires a minimum level of 60–87 nmol/L.

3. Answer B
Fatty fish and eggs are good food sources of vitamin D. Historically, cod liver oil was given to prevent rickets in children.

4. Answer E
All have associations with vitamin D deficiency. Nonmusculoskeletal actions of vitamin D have recently become increasingly apparent. These include endocrine effects on the kidney and intestine, local autocrine effects on cell differentiation and proliferation, immune modulation and cell membrane effects, including the promotion of insulin secretion.

Case 2 – Caring for country

5. Answer E
The majority of the gap in life expectancy for Aboriginal Australians is attributable to an increased level of chronic diseases. This increased level is related to changes in lifestyle and living circumstances leading to low levels of exercise, malnutrition, unemployment, poverty, poor educational outcomes and the erosion of customary governance structures.

6. Answer E
Traditional caring for country can include all of the above activities, which promote both ecological and human health.

7. Answer D
In a study of a community based outreach program of adult health checks in the NT, greater participation in caring for country activities was associated with significant reductions in body mass index, cardiovascular risk and diabetes risk, which are major causes of Aboriginal morbidity and mortality.

8. Answer A
Remote homeland communities were seen to have improved health outcomes and greater participation in caring for country activities. Recommendations are made to enable 'return to country' and expand primary health care services to remote homeland communities.

Case 3 – Rhyanna Todd

9. Answer E
Detecting and treating mental illness in indigenous communities can be challenging. Comorbid illness, social complexity, cultural miscommunication and limited access to specialised services can all be contributing factors.

10. Answer E
Brief interventions, including motivational interviewing, goal setting, and problem solving therapy, have been shown to improve self management skills. Although elements of cognitive behavioural therapy (CBT) may be included in a brief intervention, delivery of CBT is not usually considered to be a brief intervention.

11. Answer A
All improve self efficacy except a focus on mental health issues in isolation. Approaching comorbid disorders in a more holistic integrated manner more closely reflects goals identified by patients.

12. Answer E
All of the elements described were part of the brief intervention that was successfully trialled, apart from answer D – the focus on substance misuse. Although changing alcohol or cannabis use was a goal frequently chosen by patients, substance misuse was considered as part of a whole of life approach using self identified strengths and stressors.

Case 4 – Cultural education

13. Answer B
Cultural awareness is the initial step of understanding that there is a difference between groups in rituals and behaviours. Cultural safety is the experience of the recipient of care.

14. Answer D
Cultural sensitivity involves an acceptance of differences in lived realities (emotional, social, political, economic, historical) between groups. It encourages self exploration of the effect of the personal attitudes and experiences of the health care provider on their provision of care. Cultural safety is a concept first developed in nursing practice in New Zealand.

15. Answer C
Cultural competence, rather than cultural safety, is focused on the integration of culture in the development of health care systems.

16. Answer E
Cultural competence is widely applicable to effective patient care in all culturally and linguistically diverse (CALD) contexts, and in the professional advocacy role of the GP. It focuses on building the capacity of the health system at all levels, by integrating culture into health services delivery.

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