Clinical Medicine 2013, Vol 13, No 1: 101–2

CME Neurology SAQs (79092)

Self-assessment questionnaire

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SAQs and answers are ONLINE for RCP fellows and collegiate members

The SAQs printed in the CME section can only be answered online to achieve external CPD credits.

Any comments should be sent in via email only: clinicalmedicine@rcplondon.ac.uk

Format

SAQs follow a best of five format in line with the MRCP(UK) Part 1 exam. Candidates are asked to choose the best answer from five possible answers.

The answering process

1 Go to **www.rcplondon.ac.uk/SAQ**
2 Log on using your usual RCP username and password
3 Select the relevant CME question paper
4 Answer all 10 questions by selecting the best answer from the options provided
5 Once you have answered all the questions, click on **Submit**

Registering your external CPD credits

Carrying out this activity allows you to claim two external CPD credits. These will be automatically transferred to your CPD diary, where you can review the activity and claim your points.

1 A 64-year-old woman presented with a two-year history of increasing bradykinesia and rigidity affecting the right arm and leg. A diagnosis of Parkinson's disease was made and levodopa was prescribed.

What is the simplest way of reducing the risk of levodopa-induced dyskinesias?

(a) adding a dopamine agonist
(b) adding amantadine
(c) adding benzhexol
(d) minimising the levodopa dose
(e) using controlled-release levodopa

2 A 63-year-old man with Parkinson's disease of four years' duration presented with levodopa-induced dyskinesias and end-of-dose deterioration. It was considered that a dopamine agonist might improve motor control.

What is the most common treatment-limiting complication of a dopamine agonist?

(a) biphasic dyskinesias
(b) impulse control disorder
(c) paranoid psychosis
(d) recurrent vomiting
(e) severe depression

3 A 46-year-old man presented with a six-month history of twitching of his leg muscles, particularly when weight training in the gym.

On examination, there were fasciculations in his calf, quadriceps and hip adductor muscles. There was no weakness and reflexes were normal.

Investigations:

serum creatine kinase	230 U/l (24–195)
magnetic resonance (MR) scan of lumbar spine	lumbar spondylosis with narrowing of spinal canal due to disc herniations

Which is the most likely disorder?

(a) benign fasciculation syndrome
(b) chronic inflammatory demyelinating neuropathy
(c) motor neurone disease
(d) spinal and bulbar muscular atrophy
(e) spondylotic lumbar radiculopathy

4 A 72-year-old woman presented with slurred speech of one year's duration. She was not taking prescribed medication.

On examination, there was slurring dysarthria and slowness of tongue movement. The jaw jerk was brisk. Blood pressure was 155/90 mmHg.

Investigations:

serum creatine kinase	95 U/l (24–170)

What is the most likely diagnosis?

(a) brainstem small vessel ischaemia
(b) cerebellar atrophy
(c) motor neurone disease
(d) myasthenia gravis
(e) progressive supranuclear palsy

5 A 72-year-old Indian man presented with symmetrical bilateral ptosis of several years' duration. He had no double vision or difficulties with speech, eating or swallowing.

On examination, there was bilateral ptosis partly obscuring vision and marked bilateral restriction of horizontal and upward gaze. Pupil responses and fundoscopy were normal. There was no facial or limb weakness.

What is the most likely mode of inheritance?

(a) autosomal dominant
(b) autosomal recessive
(c) maternal
(d) sporadic
(e) X-linked

6 A 32-year-old man presented with a nine-month history of numb feet and a four-month history of unsteady gait. Examination showed signs of a moderate distal sensory and motor neuropathy.

What additional clinical feature would suggest the possibility of a mitochondrial disorder?

(a) alopecia for ten years
(b) closed angle glaucoma
(c) family history of multiple meningiomas
(d) recurrent vomiting and cachexia
(e) susceptibility to malignant hyperthermia

7 A 48-year-old woman presented with weakness of her left arm and leg of one hour's duration. She was suspected of having had a stroke. Ten days previously she had been aware of mild weakness of the left limbs lasting for a few hours.

On examination, there was mild left facial weakness. On testing power at the left shoulder and elbow there was give-way weakness. There was no movement in the left hand and there was severe weakness in the left leg. Plantar responses were flexor. There was reduced sensation to pin in the left hand and absent vibration and joint position sense in the left arm and leg.

What additional clinical feature would be most suggestive of functional weakness?

(a) flexion of the right hip is associated with good power of left hip extension
(b) left elbow extension is weaker than flexion
(c) left knee flexion is weaker than knee extension
(d) left upper face shows normal power
(e) reflexes are symmetrical

8 A 24-year-old woman presented following an episode of acute collapse associated with limb shaking. Two further acute collapses occurred in the emergency department, each associated with rapid recovery. She was admitted for investigation of possible epilepsy

What feature is most suggestive of a non-epileptic seizure disorder?

(a) a seizure occurring during a normal EEG recording
(b) absence of tongue biting with subsequent seizures
(c) inability to recall onset of subsequent seizure
(d) sleep following a seizure
(e) urinary incontinence with subsequent seizures

9 A 52-year-old man presented following two convulsive epileptic seizures in the previous eight weeks. Neurological examination was normal. Investigations were pending.

What treatment is most appropriate at this stage?

(a) carbamazepine
(b) lamotrigine
(c) none
(d) phenytoin
(e) sodium valproate

10 A 19-year-old man was seen in the emergency department after an early morning seizure. He had attended three weeks previously after a similar episode and an EEG had been requested. His alcohol intake was 24 units per week.

Investigations:

EEG abnormal with bursts of generalised spike and wave

What is the most appropriate management?

(a) await appointment in neurology clinic
(b) carbamazepine
(c) clobazam
(d) lamotrigine
(e) sodium valproate