

CME Geriatric medicine SAQs (86420): 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 76-year-old man presented with a history of three episodes of lower respiratory tract infection over the last 4 months. He complained of intermittent difficulty in swallowing and poor expectoration of sputum. He had a history of gastro-oesophageal reflux and hiatus hernia. He was an ex-smoker, but had stopped 4 years earlier. The probability of recurrent significant aspiration was raised.**

Which of the following is thought to best evaluate the severity of aspiration?

- (a) barium swallow
- (b) bedside assessment of swallowing
- (c) fibro-optic endoscopic evaluation of swallowing (FEES)
- (d) oesophageal manometry
- (e) videofluoroscopy

- 2 **A 71-year-old man presented with left-sided weakness and slurring of speech. He had a history of hypertension and diabetes mellitus. Physical examination revealed motor dysphasia, inability to swallow, homonymous hemianopia and left hemiplegia. A computed tomography (CT) scan of the head showed a middle cerebral artery (MCA) territory infarction. It was felt that he would be at risk of delirium.**

What is the most important risk factor for delirium in this patient?

- (a) diabetes mellitus
- (b) dysphasia
- (c) hemiplegia
- (d) homonymous hemianopia
- (e) hypertension

- 3 **A 76-year-old man was admitted with fever and urinary tract infection. On the ward, the nursing staff noted that he was confused, with agitation and angry outbursts. He physically threatened staff because he thought they were trying to harm him. His behaviour was worse at night. A mental state examination demonstrated difficulty answering questions and poor short-term memory.**

Which of the following best indicates his confusion is due to delirium?

- (a) accusing staff that they are trying to harm him
- (b) angry outbursts at nursing staff
- (c) inability to stay focused on questions
- (d) short-term memory loss
- (e) worsening confusion at night

- 4 **An 82-year-old woman presented with acute confusion and agitation following a urinary tract infection. She had a background history of fading memory but was managing satisfactorily on her own at home.**

In addition to antibiotics and fluid hydration, which of the following is most appropriate management of her delirium?

- (a) amitriptyline
- (b) haloperidol
- (c) move her into a dark room
- (d) temazepam
- (e) zopiclone

- 5** A 73-year-old woman presented with a history of general muscle weakness over the preceding 4 months. She was an obsessive person and weighed herself daily. She had lost 1 kg in weight but her appetite was unchanged. Physical examination was normal. Her practitioner wondered if her complaints were related to sarcopenia.

Which of the following is the best initial assessment of sarcopenia in clinical practice?

- (a) body mass index (BMI)
- (b) bone mineral density
- (c) gait speed
- (d) serum testosterone
- (e) skin fold thickness

- 6** A 72-year-old man felt that he had lost muscle tone and strength. He had been a keen athlete until his mid-thirties but had stopped doing any exercise for some time. He had put on 6 kg over the last 5 years. He realised that it may be related to ageing and was keen on getting some of his previous shape and form back.

Which of the following is a reliable intervention for treatment of sarcopenia?

- (a) cardio-aerobic exercise
- (b) growth hormone
- (c) pharmacological dose of vitamin D
- (d) protein intake of 0.8 g/kg
- (e) resistance exercise

- 7** An 81-year-old man presented with poor mobility and a history of recurrent falls. He complained of numbness in both feet and left-sided weakness. He had had a stroke 2 years ago and diabetes mellitus for 8 years. He lived in a residential home and was mobile with a stick.

In contrast to lower and middle level gait abnormality, which of the following would favour higher level gait abnormality?

- (a) association with nursing home placement
- (b) failure of gait ignition
- (c) good response to levodopa (L-dopa)
- (d) quick response to physiotherapy
- (e) problems with proprioception

- 8** A 74-year-old woman presented with a Colles' fracture following a fall on an outstretched arm. She was started on alendronate for 2 years following a fractured vertebra, a FRAX fracture risk assessment and dual-energy X-ray absorptiometry (DXA) scan.

What is the next most appropriate management?

- (a) change to different class of osteoprotective drugs
- (b) continue alendronate
- (c) give an extra bolus of vitamin D
- (e) repeat DXA scan
- (e) repeat FRAX

- 9** A 73-year-old woman presented with sudden onset of back pain. A spine X-ray showed a recent L3 fracture and two old wedged-shaped fractures at T11 and L1. She was taking alendronate, started 2 years ago after her first vertebral fractures. Her serum creatinine was 205 µmol/l and estimated glomerular filtration rate (eGFR) was 24 ml/min.

In addition to vitamin D and calcium supplementation, what is the most appropriate treatment?

- (a) denosumab
- (b) raloxifene
- (c) residronate
- (d) strontium ralenate
- (e) teriparatide

- 10** A 78-year-old woman presented with a fractured neck of femur following a fall. She had a history of ischaemic heart disease and gastro-oesophageal reflux. She lived in sheltered accommodation and was previously independent with her activities of daily living.

What is the most appropriate management for secondary osteoprotection in this woman?

- (a) calcium and vitamin D supplements only
- (b) daily oral raloxifene
- (c) daily oral strontium ralenate
- (d) weekly oral alendronate
- (e) yearly parenteral zolendronate ■

CME Respiratory medicine SAQs

Answers to the CME SAQs published in
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Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
(b)	(d)	(a)	(e)	(b)	(b)	(b)	(d)	(b)	(c)