

CME Palliative medicine SAQs (86425): 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 65-year-old woman with ovarian cancer and early pelvic spread had been taking maximum daily dose of codeine and paracetamol. Her pain was improved, but not controlled on this regimen. The decision was made to change to strong opioid treatment. She had no significant comorbidities.

Which of the following is a reasonable starting dosage?

- (a) morphine sulphate immediate release 20 mg 4-hourly
- (b) morphine sulphate modified release 15 mg 12-hourly
- (c) fentanyl patch 12 µg/hour
- (d) buprenorphine patch 5 µg/hour
- (e) oxycodone modified release 15 mg 12-hourly

- 2 For the same patient, what should be initially prescribed for breakthrough pain?

- (a) morphine sulphate immediate release 5 mg
- (b) fentanyl sublingual tablet 100 µg
- (c) oxycodone immediate release 5 mg

- (d) morphine sulphate immediate release 20 mg
- (e) morphine sulphate modified release 5 mg

- 3 The patient began to feel nauseous after taking morphine for 24 hours. She had been taking a laxative and was not constipated. It was felt that the nausea was likely to be secondary to the opioid.

Which anti-emetic would you prescribe first line for this?

- (a) aprepitant
- (b) haloperidol
- (c) levomepromazine
- (d) methylndaltrexone
- (e) ondansetron

- 4 A 68-year-old woman with pleomorphic sarcoma complained of worsening burning pain in her tumour site. Prior to this, her pain was well-controlled on a fentanyl patch. She had a history of atrial fibrillation.

Which of the following would be the most appropriate medical therapy to add first to her regular medications?

- (a) pregabalin
- (b) dexamethasone
- (c) amitriptyline
- (d) tizanidine
- (e) tramadol

- 5 A 54-year-old man with prostate cancer and known spinal metastases described worsening lumbar back pain. An urgent magnetic resonance imaging (MRI) scan was performed to exclude any cord compression or nerve root impingement. He had been taking regular morphine sulphate modified release 10 mg and was reluctant to take further opioids. Past medical history included high blood pressure and chronic cardiac failure. He had normal renal function and no history of bleeding. The decision was made to commence a non-steroidal anti-inflammatory drug (NSAID).

Which of the following would be the best choice for him?

- (a) naproxen
- (b) ibuprofen
- (c) celecoxib
- (d) diclofenac
- (e) indomethacin

6 A 65-year-old man with end-stage renal failure had severe pain and was believed to be dying. His last blood results showed an estimated glomerular filtration rate (eGFR) of 9 ml/min. It was decided he would require a subcutaneous syringe driver.

Which of the following opioids would be best in this instance?

- (a) fentanyl
- (b) morphine
- (c) oxycodone
- (d) alfentanil
- (e) buprenorphine

7 How prevalent is breathlessness among patients with advanced neurological disease?

- (a) 45%
- (b) 55%
- (c) 65%
- (d) 75%
- (e) 85%

8 A 70-year-old man with advanced heart failure had had increasing breathlessness despite maximum cardiological therapy. He was clinically euvolaemic. He was breathless at rest, although his oxygen saturations remained stable at 96%. He had also developed new anxiety about this distressing symptom and basic approaches like positioning and use of a hand-held fan had not helped.

Which of these management plans would most likely be effective and should be tried first?

- (a) oxygen via nasal cannula continuous
- (b) morphine immediate release 1–2 mg twice daily, and as needed
- (c) lorazepam 1 mg sublingually twice daily, and as needed
- (d) bumetanide 2 mg twice daily
- (e) prednisolone 30 mg once daily

9 An 86-year-old man with Parkinson's disease was having ongoing problems with nausea after commencing morphine for severe hip pain.

Which of the following would be the best anti-emetic choice?

- (a) domperidone
- (b) cyclizine
- (c) metoclopramide
- (d) haloperidol
- (e) levomepromazine

10 An 84-year-old frail elderly man with advanced dementia had crampy abdominal pain, which was suspected to be related to his constipation. Abdominal X-ray showed no evidence of bowel obstruction.

Which of the following would be the best initial laxative choice?

- (a) senna
- (b) macrogol
- (c) sodium picosulfate
- (d) lactulose
- (e) sodium docusate ■

Acknowledgments

Thank you to Dr Joy Ross, consultant palliative care physician, for her help and advice.

CME Geriatric medicine SAQs

Answers to the CME SAQs published in *Clinical Medicine* April 2014

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
(c)	(b)	(c)	(b)	(c)	(e)	(b)	(d)	(a)	(e)