CME Geriatric medicine (113041): self-assessment questionnaire

Edited by Tahir Masud and Tahseen A Chowdhury

SAQs and answers are ONLINE for RCP fellows and collegiate members

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Format

Candidates are asked to choose the best answer from the five possible answers. This best of five format is used in many medical examinations, however the questions are not intended to be representative of those used in the MRCP(UK) Part 1 or Part 2 Written Examinations.

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 An 89-year-old lady with dementia and a clinical frailty score of 9 was admitted from her care home with sepsis and a Glasgow Coma Score of 12. Which of the following actions is most likely to determine her outcome at 30 days?

(a) early intravenous fluids and meropenem
(b) an early do not attempt resuscitation decision and switch to palliative care
(c) an early discussion about her future preferences, involving advocates
(d) an early medication review to seek out potential inappropriate prescribing
(e) testing for the presence of delirium.

2 When should family members be consulted about decisions regarding frail, older people?

(a) in all cases
(b) only when the older person requests it
(c) only if the family member holds a lasting power of attorney
(d) when the family member is the designated next of kin
(e) when the person lacks mental capacity to decide for themselves.

3 Towards the end of life, what should determine the medical treatment given?

(a) active medical treatment is inappropriate
(b) artificial nutrition and hydration should be maintained
(c) life-prolonging treatments must be given priority
(d) treatment with a defined goal that relieves suffering or maintains function
(e) treatment should be given if requested by the patient or family.

4 Which of the following statements about inpatient falls is correct?

(a) A fall in hospital is an unavoidable accident that cannot be prevented.
(b) All inpatient falls can be prevented using nursing interventions alone.
(c) An inpatient fall is an uncommon cause of harm.
(d) Orthostatic hypotension is unlikely to contribute to the occurrence of a fall in hospital.
(e) The occurrence of an inpatient fall is likely to increase length of hospital stay.

5 Which of the following have been shown to reduce falls in hospital?

(a) bed and chair sensor alarms
(b) high risk wristbands
(c) medication review alone
(d) multifactorial risk assessments with appropriate interventions
(e) prescription of vitamin D.

6 Regarding the treatment of sarcopenia, which of the following statements is true?

(a) Non-specific antioxidants have a role in reversing the loss of muscle mass and function in sarcopenia.
(b) Older people with proven sarcopenia should increase daily protein intake to at least 1.5 g/kg/day.
(c) Progressive resistance exercise training has been shown to be effective in improving both muscle strength and physical performance.
(d) Testosterone is a safe and effective drug therapy for sarcopenia.

(e) Vitamin D supplementation increases muscle mass, making this a potential alternative treatment for those who are unable to exercise.

7 Regarding the pathogenesis of sarcopenia:

(a) accumulation of reactive oxygen species and subsequent damage are factors implicated in the loss of muscle mass and strength
(b) hormonal changes associated with the development of sarcopenia are well understood
(c) myopathies associated with chronic lung disease and heart failure are indistinct from sarcopenia of age
(d) only type 2 (fast) myofibres are affected
(e) rodent models of skeletal ageing are applicable to humans as the ratio of slow to fast myofibres is similar.

8 Which of the following statements is true regarding comprehensive geriatric assessment (CGA) in preoperative care?

(a) A shared clinic comprising an anaesthetist and geriatrician can complete all domains of CGA preoperatively.
(b) CGA focuses exclusively on the optimisation of physical comorbidity preoperatively, then changes to optimising a discharge plan postoperatively.
(c) CGA has been associated with better outcomes in vascular surgery but an increased length of stay.
(d) Preoperative CGA has been show to demonstrate reductions in postoperative delirium in elective orthopaedic populations.
(e) There is conclusive evidence that CGA is effective in improving outcomes across all surgical specialties.

9 A 78-year-old woman presented for comprehensive geriatric assessment (CGA) prior to elective knee replacement for severe osteoarthritis. She had severe knee pain, which had been difficult to control with analgesia. She lived alone and pain limited her mobility. Her operation was planned to occur 4 weeks later. Her Montreal Cognitive Assessment (MOCA) was found to be 22/30.

What would be the most appropriate next step in management?

(a) advise that surgery under spinal anaesthesia will eliminate risk of delirium
(b) complete a memory clinic referral and defer the rest of the assessment until this has been completed
(c) continue analgesia and proceed to surgery in 3 months if cognition remains stable
(d) highlight increased risk of delirium to patient, ward staff and family and proceed with surgery if still desired
(e) proceed to surgery – no further action is required at this time.

10 An 82-year-old man presented for elective open aortic abdominal aneurysm repair. He described a history of mild chronic obstructive pulmonary disease (COPD). Cardiopulmonary exercise testing (CPET) was planned as part of his preoperative assessment.

Which of the following statement is true regarding CPET?

(a) A higher anaerobic threshold is predictive of adverse postoperative outcome.
(b) A history of COPD is a contraindication to undertaking CPET.
(c) An incremental shuttle walk test is likely to correlate with CPET results.
(d) CPET can only be undertaken on an appropriately selected exercise bike.
(e) Undertaking CPET reduces risk of postoperative infection rates.

CME Endocrinology SAQ

Answers to the CME SAQ published in *Clinical Medicine* in June 2017

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