(e) The infarct location is a significant aetiological factor in this patient's affective disorder

8 A 50 year old man with Parkinson's disease presents to accident and emergency where the nursing staff report that he is behaving strangely. His wife says his behaviour has become increasingly odd over the last week and that he persistently complains that he is running out of medication, despite collecting repeat prescriptions from his general practitioner. He is taking levodopa. He has persecutory delusions and reports visual hallucinations.

(a) The diagnosis is likely to be homeostatic hedonistic dysregulation

(b) The differential diagnosis includes dementia

(c) Treatment with low-dose clozapine, monitoring for agranulocytosis, is a therapeutic option

(d) An increase in antiparkinsonian medication will attenuate his psychotic symptoms

(e) A clear history of alcohol and substance misuse should be elicited

9 A 55 year old man is admitted for investigation following an episode of haematemesis. Thirty-six hours after his admission, the nurses on the night shift ask for help because he has become increasingly frightened and disoriented. The admitting doctor has recorded in the notes that the patient is a 'social drinker', but blood tests taken on admission show a markedly elevated gamma-glutamyltransferase. He is tremulous, sweating profusely, and appears terrified of something in the corner of the room, though there is nothing there but an unused drip stand. He says a camera is trained on him and that he is afraid some of the nurses intend to poison him.

(a) The patient should be nursed in a quiet, well-lit area

(b) The patient is hallucinating, so an antipsychotic drug such as haloperidol will be needed

(c) Treatment with a benzodiazepine should be given as soon as possible

(d) Once the patient has been made comfortable, he should be given parenteral thiamine

(e) As he has paranoid ideas as well as hallucinations, his presentation cannot be caused by alcohol withdrawal alone

10 A 29 year old man is admitted for treatment of a deep vein thrombosis in his leg. He gives a history of intravenous heroin use in the past but says he is a patient in a local methadone clinic where he gets 80 mg methadone daily. He says that when he has his methadone, he does not use any heroin or inject any drugs. However, he has just come out of prison where he spent three weeks on remand in relation to a burglary for which he has been acquitted. He says he was given no methadone in prison but was able to obtain heroin from inmates on some days. Since this was in short supply, he injected it to get the maximum effect to try to relieve withdrawal, but still says he had 'bad withdrawal' while in prison. His leg became painful during his last few days in prison and he has not yet been back to the methadone clinic. He begs you to give him his 80 mg methadone because he cannot bear to experience more withdrawal, and says he will leave the hospital if he has to.

(a) It is safe to give him 80 mg methadone provided that this dose is checked with the methadone clinic

(b) His tolerance to opioid drugs has probably altered during his period in prison

(c) If he leaves the hospital and obtains illicit heroin, he is at risk of accidental overdose

(d) Once he is established on methadone, he will not need any analgesia

(e) The methadone clinic should be contacted as early as possible to prepare him for discharge

CME Gastroenterology SAQs

Answers to the CME SAQs published in *Clinical Medicine* September/October 2002

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