

CME: Geriatric medicine (141062): self-assessment questionnaire

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SAQs and answers are ONLINE for RCP fellows and collegiate members

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 <https://cme.rcplondon.ac.uk>
- 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 98-year-old man with bilateral severe osteoarthritis of knees, attended the clinic for suboptimal control of chronic knee pain. He was taking oral paracetamol 500 mg twice daily. Physical examination revealed genu valgum without acute signs. He weighed 35 kg.

What is his estimated maximum total daily dose of oral paracetamol?

- (a) 2 g/day.
- (b) 3 g/day.
- (c) 4 g/day.
- (d) 6 g/day.
- (e) 8 g/day.

2. An 80-year-old woman attended the clinic for a regular follow-up. She had history of vascular dementia, mild cognitive impairment and post-stroke neuralgia. She was dependent on basic activities of daily living since her stroke. Her medications included clopidogrel 75 mg daily, paracetamol 500 mg four times a day and gabapentin 100 mg at night.

Which of the following is most the appropriate way to assess her pain?

- (a) Functional change.
- (b) History from caregiver.
- (c) Medication history.
- (d) Mood problems screening.
- (e) Numeric rating scale for pain.

3. A 75-year-old woman with advanced Alzheimer's dementia presented to the emergency department after being found on the floor by a nursing home staff member. She was unable to provide details of what happened but appeared to be in distress. The accompanying nursing home staff member confirmed that her dementia affects her ability to express her needs.

Which of the following pain assessment tools could be used?

- (a) Abbey Pain Scale.
- (b) Brief Pain Inventory.
- (c) Numeric rating scale for pain.
- (d) Oswestry Disability Index.
- (e) Visual analogue pain scale.

4. A 75-year-old woman sustained a neck of femur fracture. Her past medical history includes stage 3 chronic kidney disease and mild cognitive impairment. She was in severe pain and prescribed regular oral paracetamol and oral morphine. While waiting for surgery, she was diagnosed to have delirium.

Which of the following options could help manage her pain?

- (a) Addition of ibuprofen.
- (b) Addition of tramadol.
- (c) Consider a fascia iliaca block.
- (d) Change oral paracetamol to intravenous paracetamol.
- (e) Change oral morphine to topical fentanyl.

5. A 79-year-old man was admitted to the emergency department with a diagnosis of community-acquired pneumonia that subsequently led to him falling. He was prescribed oxycodone for the soft tissue injury sustained during the fall. His past medical history includes hypertension, seizures and depression.

Which drug can reduce the analgesic effect of oxycodone?

- (a) Amlodipine.
- (b) Carbamazepine.
- (c) Clarithromycin.
- (d) Fluoxetine.
- (e) Zopiclone.

6. A 78-year-old woman visited her general practitioner complaining of ongoing left lower leg pain. She described it as a burning sensation that is worse when anything touches the area. She has a past medical history of hypertension, right-sided ischaemic stroke 2 years previously, osteoporosis and atrial fibrillation. On examination, the limb was slightly swollen, there were no significant contractures but overall increase in tone power was reduced at 2/5, hypersensitivity to painful stimuli, and joint and spine examinations were largely normal. Bloods including glycated haemoglobin, B12, folate and thyroid stimulating hormone were within normal limits. X-ray of her lumbar spine and knee showed age-related degeneration.

What is the most likely cause of her pain?

- (a) Central post-stroke pain.
- (b) Pain secondary to spasticity.
- (c) Peripheral neuropathy.
- (d) Osteoarthritis.
- (e) Radicular pain from vertebral crush fractures.

7. A 77-year-old man attended the minor injury unit having sprained his left ankle while running for a bus. His past medical history was diet-controlled diabetes, hypertension and a gastric ulcer. His medications were ramipril 2.5 mg once daily (od) and lansoprazole 30 mg od. Examination was unremarkable as was an X-ray of his left ankle.

Which of the following would be the best initial analgesic option?

- (a) Codeine phosphate.
- (b) Gabapentin.
- (c) Ibuprofen.
- (d) Morphine sulphate liquid.
- (e) Paracetamol.

8. An 85-year-old woman presented to the emergency department having fallen out of bed on the same morning. An X-ray of her left hip showed a neck of femur fracture. She was commenced on paracetamol 1 g four times a day (qds) along with codeine phosphate 30 mg qds and docusate sodium 200 mg twice a day (bid). A left hemiarthroplasty was performed successfully. On the second postoperative day, she was having visual hallucinations. Her GCS was then 14/15. There was no history of head injury. The patient was afebrile and opened her bowels earlier in the day. Examination was unremarkable except some minimal pain around the left hip. Her 4AT score was 2. A urine culture was negative. Blood tests showed a normal full blood count, urea and electrolytes, liver function and bone profile, and C-reactive protein of 5 mg/L.

What would be your initial step?

- (a) Continue to observe.
- (b) Intravenous fluids.
- (c) Perform blood cultures.
- (d) Request a computed tomography of the head
- (e) Stop the codeine phosphate.

9. An 85-year-old woman was brought to hospital by ambulance after being found on the floor at home by her daughter.

What would be the best way to assess the patient for the presence of frailty while she is in the emergency department?

- (a) Assessment based on how she appears from the end of the bed.
- (b) Clinical Frailty Scale (CFS) assessment based on her health and functional abilities the previous day.
- (c) CFS assessment based on her health and functional abilities 2 weeks previously.
- (d) Measurement of grip strength.
- (e) Timed up and go test (TUGT).

10. A 78-year-old man presented to emergency department with acute confusion. His wife reported that this had developed over the course of the previous 2 days. His previous medical history included dementia, ischaemic heart disease and hypertension. He had not sustained a head injury, there had been no loss of consciousness and he did not take anticoagulants. There was no history of a fall. His CFS was 6 and his National Early Warning Score (NEWS) 2 was a total of 3 (for new confusion). His blood glucose was within normal range. He was alert and not distressed or agitated when reviewed. An examination of his cardiovascular and respiratory systems was unremarkable, and there were no focal neurological signs.

What should be the next step in his management?

- (a) Admit to a medical bed.
- (b) Complete a 4AT assessment and then assess for possible causes of delirium.
- (c) Obtain a detailed drug history from the primary care records.
- (d) Perform a urinalysis and immediately commence antibiotics if the urinalysis is positive for infection.
- (e) Request an urgent computed tomography of the brain.

CME Haematology SAQ

Answers to the CME SAQ published in *Clinical Medicine* in May 2022

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