

Q4 The compound most frequently associated with suicide in the UK is:

- (a) Aspirin
- (b) Co-proxamol
- (c) Heroin
- (d) Iron
- (e) Paracetamol.

Q5 Patients who self-harm with poisoning are likely to take more than one drug in approximately what percentage of cases:

- (a) 5%
- (b) 15%
- (c) 30%
- (d) 60%
- (e) 90%.

Q6 An adult female presents to hospital after taking 40 tablets of paracetamol 25 hours previously. She is asymptomatic. Her past medical history includes epilepsy for which she is being treated with carbamazepine. Investigations reveal undetectable levels of paracetamol (less than 10 mg/l), an INR of 2.2, a creatinine of 120 µmol/l and a plasma venous bicarbonate concentration of 26 mmol/l:

- (a) No treatment is required since she is still asymptomatic
- (b) Her past medical history will not increase her risk of toxicity
- (c) The need for treatment is determined by the blood paracetamol level
- (d) Oral methionine would be a potential treatment for this patient
- (e) The patient should be referred to a liver unit.

Q7 A 20-year-old man presents to the emergency department smelling of alcohol and with impaired consciousness. On examination he has a pulse rate of 80/min, a blood pressure of 110/75 mmHg mercury and a respiratory rate of 6 breaths/min. He has small unreactive pupils but no other

focal neurological deficit.

Which of the following actions is most appropriate:

- (a) He should be discharged to the care of his friends as he is drunk
- (b) He should receive flumazenil to reverse the effects of a presumed benzodiazepine overdose
- (c) He should receive intramuscular naloxone and then be discharged
- (d) He should be intubated immediately before any drugs are administered
- (e) He should receive intravenous naloxone and subsequently be carefully monitored for a recurrence of his symptoms.

Q8 A 30-year-old accountant is admitted with chest pain. He is a non-smoker. There is no family history of cardiovascular diseases. Cocaine abuse is suspected. On examination he is agitated. His pulse is 120/min and blood pressure 205/120 mmHg. An ECG shows ischaemic changes. Which of the following is the most appropriate treatment:

- (a) He should receive a phenothiazine to control his agitation
- (b) He should receive intravenous propranolol to reduce his blood pressure
- (c) He should receive intravenous nitrate infusion
- (d) He should receive intravenous diazepam
- (e) He should receive urgent thrombolysis.

Q9 A 60-year-old woman with a history of asthma, depression, osteoarthritis and atrial fibrillation was admitted to hospital after ingesting an overdose of tablets and alcohol. She was agitated but alert and had vomited and complained of epigastric pain. Examination showed a pulse of 120/min confirmed as sinus tachycardia on ECG. Investigations revealed serum sodium 134 mmol/l, serum potassium 2.8 mmol/l, serum urea 6.9 mmol/l, serum creatine 125 µmol/l. Arterial blood gases were normal. Which of the following is the most likely diagnosis:

- (a) Digoxin poisoning
- (b) Ethanol intoxication
- (c) Ibuprofen poisoning
- (d) Salicylate poisoning
- (e) Theophylline poisoning.

Q10 A 23-year-old woman was found collapsed outside a nightclub. She had a Glasgow Coma Score of 3/15 and her blood pressure was 90/60 mmHg. Which one of the following is the most appropriate first investigation?

- (a) Arterial blood gases
- (b) CT brain scan
- (c) ECG
- (d) Plasma paracetamol concentration
- (e) Plasma salicylate concentration.

CME Endocrinology SAQs

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