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SELF-ASSESSMENT QUESTIONNAIRE

Elderly Medicine

- Ten self-assessment questions (SAQs) based on the published articles will appear at the end of each CME specialty featured in *Clinical Medicine*. The questions have been validated for the purpose of CME by independent experts. Two (2) CME credits will be awarded to those achieving 80% correct answers. This opportunity is open only to RCP Fellows and Collegiate Members in the UK who are registered for CME*.
- A loose leaf answer sheet is enclosed, which will be marked electronically at the Royal College of Physicians. **Answer sheets must be returned by 21 November 2003** to:
CME Department (SAQs), Royal College of Physicians,
11 St Andrews Place, London NW1 4LE.

Overseas members only can fax their answers to 020 7487 4156

Correct answers will be published in the next issue of *Clinical Medicine*.

*Further details on CME are available from the CME department at the Royal College of Physicians (address above or telephone 020 7935 1174 extension 306 or 309).

Guidelines on completing the answer sheet

Your completed answer sheet will be scanned to enable a quick and accurate analysis of results. To aid this process, please keep the following in mind:

- 1 Please print your GMC Number firmly and neatly
- 2 Only write in allocated areas on the form
- 3 Only use pens with black or dark blue ink
- 4 For optimum accuracy, ensure printed numbers avoid contact with box edges
- 5 Please shade circles like this: ● Not like this: ☑
- 6 Please mark any mistakes made like this: ✕
- 7 Please do not mark any of the black squares on the corners of each page
- 8 Please fill in your full name and address on the back of the answer sheet in the space provided; this will be used to mail the form back to you after marking.

- 1 A frail, but mentally alert, 86-year-old woman is admitted from a nursing home with weight loss, anaemia and vomiting. The ultrasound scan shows evidence of possible liver metastases, and you are planning to request an endoscopy. Her family tell you they all agree that she must never be told that she may have cancer.
- The endoscopy should be cancelled, to avoid any awkward consent discussions during which she may guess the diagnosis
 - The family should be told that they have no place in such discussions, and from now on you will speak only to the patient
 - You should ask the patient how she feels about you discussing her medical condition with her family
 - The family should be advised that you need to assess her mental capacity in order to seek informed consent for the endoscopy
 - The family should be asked if she has previously expressed any views about her end-of-life care
- 2 An active 78-year-old man is about to leave hospital after a second stroke. He now has homonymous hemianopia and slight weakness of the left leg. You have advised him not to drive, but he does not believe that he will have any difficulty and refuses to contact the Driving and Vehicle Licensing Authority (DVLA). He plans to resume driving after a couple of weeks at home.
- You should tell his wife that you have done your medical duty, and it is now her responsibility to contact the DVLA
 - Without warning him, you should phone the DVLA as soon as he leaves the ward
 - You should get the police to come in and talk to him about accidents
 - He should be advised that, if he ignores your advice, you will have to inform the DVLA
- (e) He should be given a full explanation of his visual defect and offered a second opinion (eg from an ophthalmologist)
- 3 An 80-year-old man is admitted to hospital having fallen and fractured his right femur. His 82-year-old wife says he has had a number of falls over the past year and does not seem to walk as well and seems generally a lot slower than in the past. For about eight months he has appeared to be a little confused at times and seems to lose concentration when she is talking to him, even over quite a short period of time. His memory has also been generally poorer for a couple of months. For the last four months, he has been seeing children playing in the garden even though there are no children in the area. On examination, he has evidence of mild cogwheel rigidity in both arms but no tremor.
- Alzheimer's disease (AD) is the most likely diagnosis
 - Dementia with Lewy bodies is the most likely diagnosis
 - A computed tomography (CT) or magnetic resonance imaging (MRI) scan showing medial temporal lobe atrophy would suggest that the patient has AD
 - If he becomes troubled by visual hallucinations during his hospital stay, haloperidol would be a suitable choice of treatment
 - If he becomes troubled by visual hallucinations during his hospital stay, risperidone would be a suitable choice of treatment
- 4 A 78-year-old lady is referred because of gradually increasing problems with her memory over two years. She has a 15-year history of hypertension treated with bendrofluzide and atenolol. Her husband is worried because she often leaves the front door unlocked at night and now needs help from him to cook the Sunday dinner. She does not seem able to learn how to use a new washing machine. She had an inferior myocardial infarction (MI) five years ago and a possible transient ischaemic attack 15 years ago. He has also noted that she is sleeping less well, is much slower at everything and complains of the cold.
- Vascular dementia is the most likely diagnosis
 - A CT or MRI scan would be useful
 - Hypothyroidism could explain her problems
 - She is potentially suitable for treatment with an acetylcholinesterase inhibitor
 - She is unlikely to be depressed
- 5 The surgeons ask your advice about an 80-year-old woman who has become confused three days after elective hip replacement.
- Postoperative confusion is rare with current surgical and anaesthetic techniques
 - It would be reasonable to presume that the anaesthetic is probably the main culprit in this case
 - The surgical team should be discouraged from arranging an immediate CT brain scan
 - Haloperidol would be the treatment of choice for this patient
 - Denial by the patient of chest pain or dyspnoea effectively rules out MI as the cause of delirium
- 6 The nurses ask you to see an 85-year-old man admitted with pneumonia and dehydration, who has become very agitated and who climbed over bedrails the previous night. You diagnose delirium. Assessment reveals no obvious precipitant other than the pneumonia.
- Bedrails are now contraindicated in this patient
 - Bladder catheterisation would be useful to monitor fluid balance
 - Haloperidol 1 mg twice a day would be a reasonable first-line treatment