

## Respiratory Medicine SELF-ASSESSMENT QUESTIONNAIRE

### SAQs – and answers – are now ONLINE for RCP Fellows and Collegiate Members

From this volume onwards, the SAQs printed in the CME section can be answered online to achieve External CPD credits

#### The answering process

1. To access the questions, log on to the Fellows and Members area <http://www.rcplondon.ac.uk/Members/SAQ> (those who have not yet registered will be automatically directed to the registration pages)
2. Select: **Online learning SAQ**
3. At the top of the SAQ page select the current CME question paper
4. Answer all 10 questions in any order, by indicating true or false
5. Check your answers and change them if you wish to
6. Click on **Submit for final marking**.  
(Note – after submitting your answers NO changes are possible)

#### The marking process

- You must submit the answers before the closing date shown at the top of the screen
- Answers will be marked automatically on the date displayed for that paper
- You can find your marks with explanations of the answers on the CME page under **My past CME papers**

#### Registering your External CPD credits

A pass mark of 80% allows you to claim 2 External CPD credits. Thus by answering the SAQs in each issue of *Clinical Medicine* you can achieve 12 external credits in one year.

To claim your credits:

- Online registrants: You can record your credits using the online diary system. All Clinical Medicine SAQs are listed under External Approved CPD
- Manual registrants: You can record your credits using your paper diary sheets. Manual registrants are required to keep evidence of their participation in the SAQ and the score attained.

Please note that past papers will be stored for 12 months.

For those who wish to submit their answers on paper, please see guidance at end of these SAQs

- 1 A 63-year-old man presents with increasing breathlessness on exertion and productive cough over the previous 3–4 months. During a cold two weeks earlier he felt chest tightness and his wife told him he wheezed. His brother-in-law has asthma and when borrowing his salbutamol inhaler the patient feels some relief. He has not experienced any chest pain. He used to smoke 30 cigarettes daily but had given up one year earlier. Which of the following statements are correct and which false?
  - (a) A chest X-ray (CXR) should be performed
  - (b) Spirometry should be performed
  - (c) An echocardiogram should be performed
  - (d) Asthma is more likely than chronic obstructive pulmonary disease (COPD) as the patient is a non-smoker and has benefited from inhaled salbutamol
  - (e) He should be told to avoid strenuous exercise
- 2 A 66-year-old woman, known to have COPD, consults you after having had yet another course of antibiotics prescribed by the local accident and emergency doctor because of increased breathlessness and yellow phlegm. This is her fifth course of antibiotics within the previous 10 months. Her CXR shows 'emphysematous changes'. Spirometry reveals an FEV<sub>1</sub>/FVC ratio of 0.48 and an FEV<sub>1</sub> of 0.96 litres (45% predicted). Which of the following statements are correct and which false?

- (a) A computed tomography (CT) scan should be performed
- (b) Long-acting bronchodilators should be prescribed
- (c) Inhaled corticosteroids should not be used because of the frequent chest infections
- (d) Continuous antibiotics should be prescribed for a three-month period
- (e) Annual influenza vaccination should be recommended

**3** A 56-year-old man, anticoagulated 15 years previously on clinical grounds for a right deep vein thrombosis (DVT), presents with dyspnoea. Examination reveals hypoxia and chronic swelling of the right ankle. A CXR is normal. Which of the following statements are correct and which false?

- (a) Clinical probability of PE is intermediate
- (b) Leg ultrasound should be performed prior to CT pulmonary angiography (CTPA)
- (c) If CTPA is negative, further tests for venous thromboembolism are unnecessary
- (d) If CTPA is negative, it would nevertheless be prudent to restart warfarin
- (e) If pulmonary embolism (PE) is confirmed, prolonged anticoagulation is indicated

**4** A 15-year-old boy, with a full length plaster cast for a fractured leg following a riding accident, presents with sudden dyspnoea, respiratory rate 22 per min and a saturation of 98% on 28% oxygen. CXR is normal. Which of the following statements are correct and which false?

- (a) Clinical probability of PE is intermediate
- (b) Clinical probability of PE is high
- (c) A low/negative D-dimer would make clinical PE much less likely
- (d) A normal leg ultrasound would make CTPA unnecessary and avoid radiation

- (e) If CTPA were positive, anticoagulation for six months should be advised

**5** A 59-year-old man presents with gradually increasing dyspnoea and ankle swelling. He gives a history of previous submassive PE and DVT for which he was anticoagulated for six months, stopping one year ago. Which of the following statements are correct and which false?

- (a) He is at minimal risk of chronic thromboembolic pulmonary hypertension
- (b) A normal ECG and CXR exclude the diagnosis of pulmonary hypertension
- (c) Echocardiography would be a useful test
- (d) Right heart catheterisation may be necessary
- (e) Medical treatment with anticoagulants and diuretics is the only further therapeutic option

**6** A 65-year-old lady with systemic sclerosis is referred with increasing dyspnoea. ECG is normal, spirometry shows FEV<sub>1</sub> 79% predicted, FVC 82% with a normal FEV<sub>1</sub>/FVC ratio and TLCO 40% predicted. Which of the following statements are correct and which false?

- (a) Fibrosing alveolitis associated with systemic sclerosis is the most likely diagnosis
- (b) The presence of pulmonary hypertension would be unusual
- (c) An echocardiogram may help determine the need for further investigation
- (d) High resolution CT and contrast CT thorax will be helpful
- (e) Invasive investigation will not be necessary

**7** A 55-year-old woman is admitted with a three-day history of fever, chest pain and breathlessness. CXR shows a moderate sized left-sided pleural effusion. Pleural fluid analysis demonstrates a turbid

exudate with pH 6.9, but no organisms on Gram stain or culture. Which of the following statements are correct and which false?

- (a) The effusion should be treated with an intercostal chest drain
- (b) PE is a likely diagnosis
- (c) Antituberculous chemotherapy should be started
- (d) Antibiotic treatment should include anaerobic cover
- (e) Oesophageal rupture is a possible diagnosis

**8** A 65-year-old plumber presents with a two-month history of right-sided chest pain and a small right-sided pleural effusion. Initial pleural fluid analysis reveals an exudate; cytological analysis for malignant cells is negative. Which of the following statements are correct and which false?

- (a) A CT of the chest should be performed
- (b) The effusion should be drained with an intercostal drain
- (c) Abrams' pleural biopsy is the procedure of choice to obtain pleural tissue
- (d) Mesothelioma is an unlikely diagnosis
- (e) Bronchoscopy is an appropriate investigation

**9** A 63-year-old man presents to his general practitioner with a four-day history of fever, cough productive of green sputum and breathlessness. He is an ex-miner and a current smoker of 20 a day. Which of the following statements are correct and which false?

- (a) Focal signs in the chest would confirm that he has pneumonia
- (b) The presence of focal chest signs mandates hospital referral
- (c) A normal CXR would be consistent with a diagnosis of an exacerbation of COPD
- (d) The spectrum of pathogens associated with community acquired pneumonia (CAP) in

persons with COPD is no different than in those without COPD

- (e) Amoxicillin would be a reasonable antibiotic choice if the patient is relatively well (ie he has non-severe CAP)

**10 A 44-year-old man is admitted to hospital with a five-day history of fever, confusion and a dry cough. His respiratory rate is 35 per min and blood pressure 100/55 mmHg on admission. CXR is consistent with a diagnosis of CAP. Which of the following statements are correct and which false?**

- (a) A history of travel to Ibiza makes Legionella pneumonia more likely
- (b) A background of rheumatoid arthritis is a specific risk factor for *Staphylococcus aureus* pneumonia
- (c) His estimated risk of mortality is higher than 15%
- (d) Intravenous cefuroxime in combination with clarithromycin would be a reasonable choice of antibiotics
- (e) An initial C-reactive protein of over 300 mg/l is a poor prognostic feature

## Guidelines on completing the answer sheet for those who wish to submit their answers on paper

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 July 2004** 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).

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.

## CME Neurology SAQs

### Answers to the CME SAQs published in *Clinical Medicine* March/April 2004

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