

- 16 Avenell A, Handoll HH. Nutritional supplementation for hip fracture aftercare in the elderly. Review. *Cochrane Database Syst Rev* 2004; CD001880.

Nutrition 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 73-year-old man with a history of mild angina complains of progressively increasing dysphagia over the previous four months resulting in occasional vomiting. He has lost 8% of his body weight and is admitted to hospital with a chest infection. During admission, his dietary intake is further reduced. His body mass index (BMI) is 19.9 kg/m². Investigations reveal a benign oesophageal stricture, which on dilation returns his swallowing to normal. During recovery, he develops a cardiac arrhythmia. Which of the following statements are true and which false?
 - (a) He has a high risk of malnutrition
 - (b) He requires a period of parenteral nutrition
 - (c) His arrhythmia is most likely the consequence of his previous vomiting
 - (d) Hypercalcaemia is the most likely electrolyte disturbance as part of a refeeding syndrome
 - (e) Vitamin supplementation is advisable
- 2 A 57-year-old truck driver recovering from a myocardial infarction asks for dietary advice. His BMI is 28 kg/m², total serum cholesterol 6.2 mmol/l and blood pressure (BP) 135/80 mmHg. Which of the following should he be advised to do, and which not?
 - (a) Cut down high fat foods
 - (b) Increase consumption of wholegrain cereals
 - (c) Take supplements of vitamins C and E
 - (d) Eat oily fish twice a week
 - (e) Gradually increase physical activity
- 3 A 42-year-old telephone sales operator with adult-onset asthma is seen as an outpatient. Her BMI is 33 kg/m², BP 130/88 mmHg and fasting plasma glucose 6.9 mmol/l. Which of the following should she be advised to do, and which not?
 - (a) Cut down her high fat foods
 - (b) Reduce her weight to a BMI of 25 kg/m²
 - (c) Reduce her intake of high carbohydrate cereal-based foods
 - (d) Avoid high sugar drinks
 - (e) Increase her vegetable consumption
- 4 A 67-year-old publican's wife who is taking steroids for rheumatoid arthritis presents with a wrist fracture after a fall. Dual energy X-ray absorptiometry shows low bone density. Which of the following should she be advised to do, and which not?
 - (a) Increase her intake of oily fish
 - (b) Avoid weight-bearing physical activity
 - (c) Increase her intake of dairy foods
 - (d) Take vitamin D supplements
 - (e) Avoid high alcohol intake
- 5 An eating disorder should be considered as a contributory factor in which of the following clinical situations and which not?
 - (a) A young girl with poorly controlled diabetes mellitus
 - (b) A 24-year-old female, weighing 32 kg and erythrocyte sedimentation rate of 40, under investigation for abdominal pain
 - (c) A 14-year-old boy with substantial weight loss who gives a history of compulsive hand washing in childhood.
 - (d) An 18-year-old female referred by her dentist because of dental erosions
 - (e) A 25-year-old female who presents to accident and emergency with generalised weakness and a plasma potassium concentration of 1.8 mmol/l
- 6 Anorexia nervosa is:
 - (a) Effectively treated with antidepressants
 - (b) Predominantly caused by cultural factors
 - (c) Best managed as an inpatient if the patient's plasma potassium concentration is below 2.5 mmol/l
 - (d) Present in 1.5% of young females
 - (e) A chronic disorder in about half the cases
- 7 Regarding eating disorders, which of the following statements are true and which false?
 - (a) Anorexia nervosa is the most common
 - (b) Cognitive behavioural therapy is the treatment of choice for bulimia nervosa
 - (c) The Mental Health Act allows for the compulsory feeding of patients with anorexia nervosa
 - (d) High plasma phosphate concentrations are a recognised complication of refeeding
 - (e) Osteoporosis is a recognised long-term complication
- 8 A patient is found to have rapidly lost weight having started a diet 'for fun'. Her parents are divorced and she lives with her father. Her mother, becoming concerned over a weight loss continuing over several months, consults the general practitioner. The patient is admitted to a local psychiatric unit and allowed to eat as she wishes. She later recounts 'They didn't make me eat, so I didn't'. After three days she has a cardiac arrest from which she is successfully resuscitated but requires ventilation on intensive care for several days. Which of the following statements are true and which false?
 - (a) Assessment by a social worker and psychiatrist is needed to determine whether a treatment order under the Mental Health Act is warranted

CME Nutrition SAQs

- (b) Intravenous total parenteral nutrition should be started
- (c) Potassium levels should be monitored before each meal as a marker of refeeding syndrome
- (d) Olanzapine is an established therapy in this situation
- (e) Transfer to a specialist eating disorder unit should be expedited

9 A 77-year-old man with an eight-year history of Parkinson's disease (PD) is admitted with a fractured neck of femur following a fall at home. His wife reports that he has not been able to get out of the house for some time. She has also noticed that he has not been eating well over the last nine months and, as a result, has lost a considerable amount of weight. Which of the following statements are true and which false?

- (a) The cause of his undernutrition is likely to be multifactorial
- (b) He is likely to have lower plasma vitamin A and E levels than a control population
- (c) Patients with PD have an increased nutrient demand
- (d) Multinutrient support in this patient will reduce mortality
- (e) High doses of calcium supplements will improve bone density

10 A 69-year-old woman who lives alone has been bed-bound because of arthritis of the knees. She is admitted to hospital because of lower limb oedema and weight loss. Her regular medications are digoxin, frusemide, diazepam, ibuprofen and fluoxetine. Her daughter has noticed her to be confused at times and has been concerned about her poor dietary intake over the previous six months. Which of the following statements are true and which false?

- (a) Her reduced food intake is most likely drug-induced
- (b) Her decreased physical activity will have led to a decrease of body fat

- (c) Changes in her body composition as a result of poor dietary intake are capable of modifying her metabolism of diazepam
- (d) Zinc deficiency is a possible cause of her confusion
- (e) Fluoxetine has been linked with specific micronutrient deficiency

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 November 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 Diabetes SAQs

Answers to the CME SAQs published in *Clinical Medicine* July/August 2004

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