

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 |