

Sleep 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.

- 1 A 40-year-old woman has a lifelong history of nocturnal wanderings, usually in the first part of the night, and occasional terrified awakenings often preceded by an ear-splitting scream. During these awakenings she breathes rapidly and her pupils are widely dilated. She tends not to remember either kind of event in the morning. Which of the following statements are true and which false?
 - (a) The history is diagnostic of sleep-related panic attacks
 - (b) The history is sufficiently suggestive of epilepsy as to require video telemetry
 - (c) These episodes are likely to be parasomnias occurring from slow-wave sleep
 - (d) There is likely to be a family history of similar disorders
 - (e) Clonazepam at night is a potentially useful treatment
- 2 A 71-year-old man is brought to clinic by his alarmed wife who shows you several fading bruises on her legs acquired as a result of kicks delivered in the night by her previously affectionate husband. She has been sleeping apart from him for several nights since waking to find him with his hands around her neck. He explains that he attacked his wife mistaking her for his enemy in a violent dream related to his war experiences. He has recently noticed an intermittent tremor of his right hand at rest and that his handwriting has become smaller. Which of the following statements are true and which false?
 - (a) The patient is likely to have experienced a recent change in dream character
 - (b) The history suggests a rapid eye movement (REM) sleep behaviour disorder
 - (c) The most likely cause of the accompanying neurological features is multisystem atrophy
 - (d) Levodopa is the treatment of choice for the parasomnia

- (e) Cognitive behaviour therapy should be offered alongside drug therapy
- 3 A 33-year-old woman who has recently discontinued fluoxetine, prescribed for postnatal depression, reports waking in the second half of the night unable to move her arms or legs for a minute or two. She has the sense that there is a heavy weight on her chest at these times and finds the experience terrifying. On some occasions, while unable to move she has the final stages of a dream in her mind's eye. Which of the following statements are true and which false?**
- (a) She is describing sleep paralysis
 (b) She is likely to develop narcolepsy over the next two years
 (c) Her episodes coincide with slow-wave sleep
 (d) The drug history is not likely to be relevant
 (e) A similar phenomenon can occur following acute alcohol withdrawal
- 4 A 54-year-old woman has become alarmed by an experience which often occurs around the time of sleep onset. She comes to with a start and the sensation that a firework must have gone off in her bedroom causing a flash and a bang. The experience frightens her and it takes several minutes to settle down again. Her husband reports that she has always been prone to sudden jerks of her whole body as she drops off to sleep. Neurological examination is normal. Which of the following statements are true and which false?**
- (a) She probably suffers from the exploding head syndrome
 (b) The jerks reported by her husband are likely to be a form of epilepsy
 (c) The phenomena can be regarded as sleep-wake transition disorders
- (d) Brain imaging is essential
 (e) She should inform the Driver and Vehicle Licensing Authority about her sleep disorder
- 5 A 52-year-old female nurse presents with sleep problems; they began around the time she was doing shift work about six years previously and have persisted even though she has had a daytime job for the last five years. She lies in bed at night unable to get to sleep for 1–2 hours, wakes up many times during the night, finally falling into a deep sleep at around 5 am with her alarm going at 7 am. She slept relatively well on a recent caravan holiday in Cornwall. Which of the following statements are true and which false?**
- (a) Polysomnography is required to achieve a diagnosis
 (b) The most likely diagnosis is long-term primary insomnia
 (c) The preferred treatment is cognitive behavioural therapy
 (d) A diagnosis of primary insomnia is supported if there is daytime sleepiness
 (e) Low-dose tricyclic antidepressants are likely to improve the sleep pattern in primary insomnia
- 6 A 27-year-old unemployed man is referred for insomnia. He has not worked for two years after being made redundant from a local engineering firm. He has presented because he is currently attending a government retraining course and is having difficulty waking up in the morning. He says he cannot fall asleep until 3–4 am, and then is deeply asleep when the alarm goes off at 8.30. During his period of unemployment he enjoyed computer games and internet chat rooms late into the night. He is overweight and smokes 30 cigarettes a day. Which of the following statements are true and which false?**
- (a) The most likely diagnosis is excessive daytime sleepiness caused by a sleep-related breathing disorder
 (b) A sleep diary will be valuable in establishing the diagnosis
 (c) Behavioural treatment with emphasis on seven-day adherence to 8.30 am rising would be helpful
 (d) A short course of hypnotics would be the appropriate treatment
 (e) A behavioural programme including no computer use at night and morning exercise would be appropriate
- 7 A 37-year-old woman with two children aged three and five years is referred with a three-month history of insomnia. She has no problem getting off to sleep as she is very tired in the evening and retires at 22.30. After 2–3 hours she wakes up and is unable to fall asleep again, 'drifting in and out' of sleep until finally rising at 4 am. She says that this sleep disturbance results in daytime fatigue, low mood and lack of concentration; she is having difficulty with her work in a recruitment agency where she is dealing with clients all day. Which of the following statements are true and which false?**
- (a) Primary insomnia is the most likely diagnosis
 (b) Chronic fatigue syndrome is the most likely diagnosis
 (c) Assessment of accompanying depressive symptoms is essential
 (d) Relaxation training is the most appropriate treatment
 (e) A therapeutic trial of a hypnotic should be undertaken
- 8 A 52-year-old man presents with sleepiness following a road traffic accident when he fell asleep at the wheel, killing a passenger in his car. He reports sleepiness for four years and has an Epworth score of 14/24. He is a snorer who slept**

CME Sleep SAQs

7½ hours a night and has a body mass index of 25 kg/m². Which of the following statements are true and which false?

- (a) He is unlikely to have obstructive sleep apnoea/hypopnoea syndrome (OSAHS) as he is thin
- (b) A negative limited sleep study will exclude a diagnosis of OSAHS
- (c) Continuous positive airway pressure (CPAP) is the treatment of choice for OSAHS
- (d) He should be advised never to drive again
- (e) If he remains sleepy on CPAP, amphetamine-like drugs are a useful addition to treatment

9 A 22-year-old woman presents with marked daytime sleepiness impairing her work performance and ability to drive. Two years previously she had been investigated for episodes of loss of posture during which consciousness was maintained, with negative findings. These attacks have continued. She is liable to frequent night-time awakenings. Which of the following statements are true and which false?

- (a) Idiopathic hypersomnia is the most likely diagnosis
- (b) HLA typing would be critical in differentiating narcolepsy from idiopathic hypersomnia
- (c) Polysomnography is likely to show characteristic diagnostic features if the diagnosis is one of narcolepsy
- (d) Assuming normal sleep on the previous night, a Multiple Sleep Latency Test (MSLT) with a mean sleep latency of less than 8 min and episodes of sleep onset REM would support the diagnosis of narcolepsy
- (e) Modafinil would be likely to benefit this patient's attacks of loss of posture if they were due to cataplexy

10 A 37-year-old woman presents with marked daytime sleepiness and an Epworth Score of 22/24. She sleeps for 11 hours a night from 10 pm and has

difficulty getting up in the morning. She is no longer able to work due to her sleepiness. Which of the following statements are true and which false?

- (a) The story is diagnostic of idiopathic hypersomnia
- (b) A normal polysomnogram and a mean sleep latency on an MSLT of less than 8 min are supportive

- (c) Planned daytime naps are usually helpful in the management of idiopathic hypersomnia
- (d) Stimulant drugs may be helpful if the diagnosis is idiopathic hypersomnia
- (e) Gradually reducing the duration of nocturnal sleep is usually beneficial

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 May 2005** 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 Nutrition SAQs

Answers to the CME SAQs published in *Clinical Medicine* January/February 2005

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