

## CME Sleep SAQs

7½ hours a night and has a body mass index of 25 kg/m<sup>2</sup>. 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