(b) Non-pharmacological strategies for pain management are likely to be ineffective

(c) Only direct patient contact with a mental health professional will help in this situation

(d) Cancer pain and chronic pain are mutually exclusive

(e) There should be consultation with the addiction and palliative care services to negotiate a treatment plan with the patient

8 **A widower in his early 70s with metastatic lung cancer was admitted for pain and symptom control. He had a previous history of intermittent alcohol abuse but reported abstinence since admission three weeks previously. He was quiet and uncomplaining during the day but the nursing staff reported that they found him tearful at night because of 'bad dreams'. He was reluctant to discuss the content of these dreams during the day. He was due to be discharged home. Which of the following statements are true and which false?**

(a) Changing his medication would stop the dreams

(b) He should be assessed and treated for depression

(c) He probably becomes confused and has hypnagogic hallucinations at night because of hypoxia

(d) He might be experiencing alcohol withdrawal symptoms

(e) He is a high suicide risk

9 **A 60-year-old man with locally advanced colorectal cancer in the pelvis presented with a constant, dull sacral pain and a severe, spontaneous, sharp, shooting pain in an L2-S1 distribution, worse on the right side. Co-codamol strong (30/500) two tablets six-hourly was prescribed. Each dose helped the dull sacral pain for 30 min. Which of the following statements are true and which false?**

(a) His pain has nociceptive and neuropathic components

(b) A switch to another codeine

containing preparation may be beneficial

(c) An opioid for severe pain such as morphine should be prescribed

(d) He is unlikely to need an adjuvant analgesic

(e) His pain will not respond to opioid analgesics

10 **A 50-year-old man with inoperable lung cancer and liver metastases presented with pleuritic chest pain and painful hepatomegaly. He had persistent nausea, a poor appetite and felt unable to take his oral morphine. Which of the following statements are true and which false?**

(a) His symptoms are likely to be interrelated

(b) Painful hepatomegaly may be controlled by steroids

(c) A change in route of delivery of the opioid will not help in this situation

(d) He will not benefit from an increase in opioid dose

(e) A nerve block is indicated at this point

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 2006** 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 Liver Disease SAQs
Answers to the CME SAQs published in *Clinical Medicine* January/February 2006

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