

Gastroenterology

SELF-ASSESSMENT QUESTIONNAIRE

SAQs and answers are ONLINE for RCP Fellows and Collegiate Members

The SAQs printed in the CME section can only be answered online to achieve external CPD credits. The closing date is 21 November 2006.

The answering process

- 1 To access the questions, log on to the Fellows and Members area 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 two 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**

Please note that past papers will be stored for 12 months.

As announced in the previous issue, SAQs can now only be answered using the ONLINE system.

- 1 Which of the following statements about colorectal cancer (CRC) screening by faecal occult blood test (FOBT) are true and which false?
 - (a) It has been shown to reduce CRC mortality in large randomised trials
 - (b) Uptake of screening is lower in areas of high deprivation
 - (c) It will detect 5–10% of CRCs in the screened population
 - (d) Dietary factors may affect the FOBT
 - (e) Hydration of FOBT reduces the positivity rate

- 2 Which of the following statements about screening modalities for CRC are true and which false?
 - (a) FOBT is more accurate than computed tomographic colography (CTC) in detecting neoplastic lesions
 - (b) FOBT screening will be offered to those in the UK aged 60–69 years
 - (c) FOBT screening detects more cancers, and hence decreases mortality
 - (d) Colonoscopy has a perforation rate of one in 200
 - (e) CTC does not require bowel preparation

- 3 Enteral tube feeding is contraindicated in the following circumstances: (Mark true or false)
 - (a) Acute pancreatitis
 - (b) Severely malnourished patient with low plasma phosphate (PO_4) or potassium (K)
 - (c) Distal enterocutaneous fistula
 - (d) Short bowel syndrome with uncontrolled intestinal losses
 - (e) Intractable vomiting

- 4 A 70-year-old man presents with a six-month history of vomiting. He has lost 15% of his body weight, has a body mass index of 26 kg/m^2 and is unable to eat. Investigations reveal a gastric carcinoma and he receives parenteral nutrition prior to surgery. On review three days following the introduction of parenteral nutrition he has a temperature of 38.5°C ; blood tests show K 2.1 , PO_4 0.23 and magnesium 0.4 mmol/l . Which of the following statements are true and which false?
 - (a) He is not severely malnourished
 - (b) Parenteral nutrition can improve clinical outcomes in peri-operative patients
 - (c) Line sepsis is unlikely to be the cause of his pyrexia

- (d) Refeeding syndrome is a likely cause of his electrolyte abnormalities
- (e) Artificial nutrition support should be introduced cautiously in malnourished patients
- 5** A 26-year-old beauty therapist reports many years of intermittent loose stools, with worsening abdominal pain and bloating over the last 18 months. There are no 'alarm' symptoms. The pain is eased by opening her bowels and passing wind. She had anorexia as a teenager but is well now and menstruating normally. She is worried that her symptoms are interfering with her personal life and notes that her symptoms are worse when she is under stress. Her general practitioner has performed a set of normal blood tests: full blood count, liver enzymes, urea and electrolytes (U&Es). Which of the following statements are true and which false?
- (a) A high fibre diet and supplementation with a bulking agent is likely to improve symptoms without major adverse effects
- (b) Loperamide up to 8 mg a day is likely to improve symptoms without major adverse effects
- (c) Amitriptyline 100 mg at night is likely to improve symptoms without major adverse effects
- (d) Biofeedback is an effective therapy for abdominal pain of this sort
- (e) She should be referred for a psychiatric opinion
- 6** A 39-year-old accountant has distal ulcerative colitis (UC), quiescent for the last 10 years. He reports nine months of frequent, episodic, colicky abdominal pain. The abdominal pain is worse with eating and eased by bowel opening. Having previously opened his bowels once a day he now has an irregular frequency, from four times a day to once every two days. There is no blood or mucus loss. His only medication is Asacol 400 mg bd. On examination, the rectal mucosa is granular only, with no signs of active disease. His full blood count, U&Es, liver function tests and amylase are all normal, with a C-reactive protein of 6. Which of the following statements are true and which false?
- (a) Prednisolone 30 mg may treat both the UC and abdominal pain
- (b) Metronidazole may treat both the UC and abdominal pain
- (c) A lactobacillus-containing probiotic may treat both the UC and abdominal pain
- (d) Amitriptyline is indicated, even though he is constipated
- (e) Antispasmodics are needed in high doses on a regular basis in order to ensure best efficacy
- 7** A 44-year-old man is admitted as an emergency with a three-hour history of severe central chest pain. His ECG is normal and the pain seems to settle. During the following day, he remains pain-free. Another ECG and troponin levels are normal and he is discharged although continuing to experience bouts of less severe pain. Which of the following statements are true and which false?
- (a) If subsequent cardiac investigation is negative, the pain is likely to be of oesophageal origin
- (b) Upper gastrointestinal (GI) endoscopy is often helpful in diagnosis
- (c) Barium studies give information comparable to that obtained by endoscopy
- (d) Ambulatory pH monitoring is diagnostic of gastro-oesophageal reflux in about half the patients with unexplained chest pain (UCP)
- (e) Conventional manometry often identifies visceral hypersensitivity
- 8** An overweight 55-year-old executive consults a cardiologist because of chest pain. She undergoes exercise testing and coronary angiography, both of which are normal. UCP is suggested as the diagnosis. Which of the following statements are true and which false?
- (a) A full eight-week course of H₂-antagonist therapy should be effective in controlling her symptoms
- (b) A 14-day course of a high-dose proton pump inhibitor (PPI) is likely to improve the frequency and severity of her pain
- (c) There is good evidence to support a therapeutic trial of a calcium-channel blocker (eg nifedipine)
- (d) In undiagnosed chest pain, tricyclic antidepressants (in low dose) rely as much for their beneficial effects on oesophageal motor function as on their effects in visceral pain
- (e) Cognitive behavioural therapy is of established benefit when gastro-oesophageal reflux has been excluded.
- 9** A 30-year-old man is admitted with haematemesis. His pulse is 130 bpm and blood pressure (BP) 120/80 mmHg. He has no major previous medical history and examination is otherwise unremarkable. Which of the following statements are true and which false?
- (a) He has no features of haemodynamic shock as his BP is normal
- (b) His pre-endoscopy Rockall score is zero
- (c) The most important initial management is endoscopy
- (d) Endoscopy will enable a more accurate Rockall score to be calculated
- (e) His Blatchford score is zero
- 10** A 50-year-old man with a history of 70 units alcohol consumption per week is admitted with melaena. His BP is 70/40 mmHg and pulse rate 120 bpm. On examination, he is jaundiced with stigmata of chronic liver disease and is

confused. Which of the following statements are true and which false?

- (a) The administration of terlipressin prior to endoscopy should be considered
- (b) Intravenous high-dose PPIs should be administered
- (c) An airway assessment should be performed prior to endoscopy
- (d) This patient has a predicted mortality of below 5%
- (e) Antibiotic prophylaxis has been shown to be of no benefit

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CME Clinical Immunology SAQs

Answers to the CME SAQs published in *Clinical Medicine* July/August 2006

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