

Mock Specialty  
Certificate  
Examination  
Geriatric Medicine

Question Paper

British Geriatric Society  
Trainees' Weekend February 2014

**Instructions:**

The examination questions are in a 'best of five' format.

Please select one answer per question.

You have 90 minutes to complete 50 questions.

1. A 67-year-old obese man presents to clinic with a 6-month history of increasing breathlessness on exertion, without accompanying chest pain. He is a current smoker. His medical history is of diabetes, hypertension, and painful peripheral neuropathy. His regular medications are bendroflumethazide, bisoprolol and ramipril. His blood pressure in clinic is 154/75, and oxygen saturations 91% in room air. He has a clear chest on examination and no peripheral oedema. His GP has done blood tests, which include

Haemoglobin	10.6 g/L	(130–180)
Creatinine	170 µmol/L	(60–110)
B-type Natriuretic Peptide (BNP)	670 pg/ml	(< 100)

What factors may be contributing to his high BNP?

- A. Diabetes, renal failure and beta blocker
- B. Left ventricular failure, obesity and renal failure
- C. Right ventricular failure, COPD, and renal failure
- D. Right ventricular failure, diabetes, and pulmonary embolism
- E. Right ventricular failure, obesity, and pulmonary embolism

2. Which choice reflects the major components of the Waterlow score most accurately?

- A. Assessment of the ability to stand unassisted and distance able to walk
- B. Fluid intake and output
- C. Nutrition and fluid status
- D. Nutrition, skin type and general mobility
- E. Skin type and history of pressure sores

3. The wife of a patient under clinic follow-up with moderate dementia has concerns about her husband's driving. She is getting increasingly worried about his ability to do so as he frequently forgets where he is going and doesn't seem to be able to deal with other drivers in the road.

What is the correct initial course of action?

- A. Discuss it with her and her husband together
- B. Reassure her the DVLA will ban him from driving and she should sell the car
- C. Refer him to the Driving Mobility Centre
- D. Suggest she takes him to the GP and discuss it there
- E. Suggest she tries hiding the keys

4. A 74-year-old woman is admitted at 5am in acute left ventricular failure, and was found to be in atrial fibrillation at a rate of 140, with a blood pressure of 80/40 on admission. After stabilisation she is back on her pre-hospital medication (a beta-blocker, ACE-inhibitor, and digoxin), in rate-controlled atrial fibrillation, with a blood pressure of 160/70.

Which of the following most accurately describes a situation in which she would meet criteria in order to be considered for Cardiac Resynchronisation Therapy under NICE guidelines?

- A. Her symptoms are well-controlled on the above regime. This was her third episode of early morning acute pulmonary oedema
- B. She is dyspnoeic at rest despite her current medications, her LVEF is between 35-50%
- C. She needs to be able to walk half a mile on the flat on her current medication regime in order to be considered
- D. She needs to be in sinus rhythm and able to walk half a mile on the flat in order to be considered
- E. She needs to be in sinus rhythm and have an LVEF of less than 35%

5. Which choice most accurately describes the instructions for the "Timed Up and Go" test?

- A. The patient is timed getting up independently from a chair, walking without walking aids for 6m and then back again
- B. The patient is timed getting up independently from a chair, walking using any walking aids they would normally use for 3m and then back again
- C. The patient is timed getting up independently from a chair, walking using any walking aids they would normally use for 6m and then back again
- D. The patient is timed getting up independently from a chair, walking without walking aids for 3m and then back again
- E. The patient is timed getting up (with help if necessary) from a chair, walking using any walking aids they would normally use for 6m and then back again

6. With better healthcare and increased life-expectancy, the proportion of the population aged over 65 years is increasing. In the United Kingdom, what proportion of the population is aged over 65-years-old?

- A. 6-10%
- B. 14-18%
- C. 19-23%
- D. 27-31%
- E. 35-39%

7. A 74-year-old man is admitted by ambulance at 0830, having been found at home drowsy. On initial assessment he looks pale and thin. There are no focal signs of infection or heart failure. He has a blood pressure of 70/50 and heart rate of 100.

Initial results

Haemoglobin	10.2 g/L (130–180)	Sodium	118mmol/L (137–144)
White cell count	$10 \times 10^9/L$ (4.0–11.0)	Potassium	6.1mmol/L (3.5–4.9)
Platelets	$425 \times 10^9/L$ (150–400)	Creatinine	90 $\mu\text{mol/L}$ (60–110)
Random blood glucose	4.2 mmol/L	Cortisol	120 nmol/L (200–700)

What is the appropriate next course of action?

- A. Call his son for a collateral history
- B. Give 1L normal saline intravenously and 100mg IV hydrocortisone
- C. Give 1L normal saline intravenously and broad spectrum antibiotics
- D. Give 2L normal saline intravenously and if no response start intravenous dobutamine
- E. Give 1L normal saline intravenously, do a short synacthen test and then give 100mg IV hydrocortisone

8. A 74-year-old woman has had some episodes of loss of consciousness which despite extensive investigations, remain unexplained. She lives in a rural area and is reliant on her car to get her food shopping. What is the DVLA advice about driving?

- A. Can continue driving as she has always been a fainter
- B. Licence revoked for 6 months or the risk of events is less than 20% per year
- C. Licence revoked for 12 months or until the risk of further events is less than 20% per year
- D. Licence revoked until 6 months after the last event
- E. Licence revoked until full investigation to exclude a serious cause

9. Regarding the Barthel index, which of the following is correct?

- A. A score of 20 means that the patient is fully dependent
- B. Each subsection is scored between 0 and 2
- C. It includes an assessment of the patient's ability to transfer
- D. It is an assessment of instrumental activities of daily living
- E. It is sensitive to changes in patient's functional status

10. A 69-year-old man was referred with slow mobility and progressive cognitive decline. His family had noted that he has an increasingly stiff, shuffling gait, with a lack of facial expression. They had been particularly upset by intermittent episodes of agitation and drowsiness over several months, which were felt to be 'out of character'. In relation to his cognitive impairment, the following statement is true:

- A. Acetylcholinesterase inhibitors have been demonstrated to slow progression to institutionalised care.
- B. A FP-CIT SPECT scan would be likely to demonstrate decreased dopamine transporter uptake at the basal ganglia.
- C. An Hachinski Ischaemic Score greater than 7 would be expected.
- D. Haloperidol would be first-line option for drug management of associated agitation.
- E. Visual hallucinations would be rarely experienced.

11. A 74-year-old woman is admitted with a fractured neck of femur. She has a previous history of pulmonary embolism and a colles fracture. Her Glomerular Filtration Rate is 62 and her calcium and vitamin D levels are normal. She is presumed osteoporotic, which of the following treatments would be contraindicated?

- A. Alendronate
- B. Calcichew D3 Forte
- C. Risedronate
- D. Strontium
- E. Zoledronate

12. An 86-year-old woman is admitted to hospital with leg pain and decreased mobility. She is diagnosed with cellulitis of the left lower leg and treated with antibiotics.

After 48 hours the cellulitis has significantly improved, but there are two distinct punched out lesions on the dorsal aspect of the third and fourth digits of the left foot. Both lower limbs are cool and there is bilateral pitting oedema to the knees. Capillary refill time is 3-4 seconds bilaterally and the peripheral pulses are significantly diminished in both lower limbs. Her ankle-brachial pressure index is 0.6.

What is the most appropriate next step in her management?

- A. Complete seven days of intravenous antibiotic therapy and repeat the ankle-brachial pressure index
- B. Graduated compression stockings
- C. Immediate referral for arterial embolectomy
- D. Arterial duplex scan
- E. Measure fasting blood glucose

13. An 80-year-old man on the surgical ward was admitted with bowel obstruction secondary to a rectal tumour. He underwent a Hartmann's procedure. He recovered well from this but has been slow to mobilise and is now three weeks post procedure. On examination, he has a resting tremor on the left with cogwheeling. He had not noticed this tremor prior to being admitted to hospital. What is your next step?

- A. CT scan
- B. DAT scan
- C. Review drug chart
- D. Start trial of madopar
- E. Start trial of ropinirole

14. A 79-year-old woman with Alzheimer's disease is admitted to hospital with pneumonia. She is treated with amoxicillin and doxycycline according to hospital protocol and recovers well. Throughout her hospital admission she has been suffering from diarrhoea. A stool sample is negative and a collateral history reveals that she has been suffering for loose stools for approximately a year. Which of the following medications could be contributing to this?

- A. Amlodipine
- B. Calcichew
- C. Donepezil
- D. Paracetamol
- E. Ramipril

15. A 68-year-old woman presents with a history consistent of transient ischaemic attack with slurring of speech and unilateral weakness, which completely resolved within 30 minutes. She is diabetic and her blood pressure is 162/89. What would her percentage risk of stroke be at 2 days?

- A. 1%
- B. 2%
- C. 4%
- D. 6%
- E. 8%

16. A 65-year-old woman presents to the Parkinson's specialist clinic. She has been treated for Parkinson's disease for five years and she has responded to various treatment regimes. She is now in a situation of 'on-off' phenomenon and suffering from many side effects of the medications. Her Hoehn and Yahr scale score is 4. Her medical history includes diabetes and a transient ischaemic attack at the age of 52. Deep brain stimulation is considered. Which of the following factors does not make her a suitable candidate for deep brain stimulation?

- A. Age
- B. Diabetic
- C. History of TIA
- D. Hoehn and Yahr score of 4
- E. Only five years since diagnosis

17. A 76-year-old woman is admitted with a fractured neck of femur. She has a DEXA scan which confirms osteoporosis. She has cognitive impairment and a decision is made to treat with zoledronate to ensure drug compliance. Her Glomerular Filtration Rate is 50, her vitamin D and calcium levels are normal. When would be the best time post-operatively to administer zoledronate?

- A. 24 hours post-operatively
- B. At least 2 weeks post-operatively
- C. At least 4 weeks post-operatively
- D. At least 6 months post-operatively
- E. Prior to discharge a week later

18. Which of the following is correct concerning the indications for prescribing Memantine?

- A. It should be prescribed for mild dementia
- B. It should be used as first line therapy for moderate Alzheimer's disease
- C. It should be used for patients with mild Alzheimer's who are intolerant of donepezil
- D. It should be used as first line in patients with Parkinson's related dementia
- E. It should be used for patients with moderate Alzheimer's who are intolerant of donepezil



19. An 80-year-old man is diagnosed with adenocarcinoma of the descending colon, with two liver metastases on staging CT. He has a past medical history of chronic obstructive pulmonary disease, a previous stroke with residual left hemiparesis, and an Eastern Cooperative Oncology group (ECOG) performance status of 3.

He develops increasing abdominal pain and constipation and on examination has a distended and tender abdomen with active bowel sounds. Abdominal x-ray suggests large bowel obstruction and a subsequent abdominal CT scan confirms progression of disease with almost complete obstruction of the descending colon.

What is the most appropriate next step in management?

- A. Chemotherapy alone
- B. No further treatment is possible
- C. Radiotherapy to shrink tumour followed by chemotherapy
- D. Stent insertion
- E. Urgent surgical resection followed by chemotherapy

20. An 85-year-old woman has sustained a fractured neck of femur. According to the British Association of Anaesthetists which of the following criteria would be acceptable reasons for delaying surgery for repair of a fractured neck of femur?

- A. Awaiting echocardiogram for a loud ejection systolic murmur
- B. Correctable cardiac arrhythmia with a ventricular rate >120 beats per minute
- C. Haemoglobin 83 g/L (115–165)
- D. Serum sodium 122 mmol/L (137–144)
- E. Serum potassium 2.9 mmol/L (3.5–4.9)

21. A 59-year-old man presents with a history consistent with two transient ischaemic attacks in one week. His ABCD-2 score is 3. He has a blood pressure of 146/92 and he is not diabetic. His cholesterol is within normal limits and his ECG shows sinus rhythm. Which of the following is the most appropriate management plan?

- A. Can be reviewed by GP and have 24 hour ECG, carotid dopplers and start anti-hypertensive medications
- B. Should be admitted immediately to hospital for brain imaging.
- C. Should be referred to stroke services and seen within a month
- D. Should be started on aspirin immediately and seen in stroke clinic within 24hrs
- E. Should be started on clopidogrel immediately and seen in stroke clinic within 24hrs

22. A 78-year-old woman presents with a two-week history of increasing lethargy and anorexia. She has now also developed vomiting and constipation and has become increasingly confused over the last two days. Her past medical history includes hypertension, hypothyroidism, chronic kidney disease, chronic lymphocytic leukaemia and bipolar affective disorder. Current medications include levothyroxine, lithium, 1-alfacalcidol, valsartan and atenolol.

Investigations:

Sodium	144 mmol/L (137–144)	Corrected Calcium	2.9 mmol/L (2.20–2.60)
Potassium	4.0 mmol/L (3.5–4.9)	Lithium	0.9 mmol/L (0.5–1.2)
Urea	5.5 mmol/L (2.5–7.0)		
Creatinine	99 µmol/L(60–110)		
Thyroid Stimulating Hormone	3.3 mIU/L (0.4-5.0)		
Parathyroid hormone	2 pg/ml (15-65)		

What is the most likely underlying cause for the patient's hypercalcaemia?

- A. Addisonian crisis
- B. Lithium toxicity
- C. Primary hyperparathyroidism
- D. Relapse of leukaemia via release of parathyroid hormone related peptide release
- E. Vitamin D excess

23. In frail older women which of the following drugs does NICE recommend as first line treatment options for urinary incontinence secondary to overactive bladder?

- A. Mirabegron or imipramine
- B. Darifenacin or tolterodine
- C. Oxybutynin or tolterodine
- D. Tolterodine or propantheline
- E. Flavoxate or mirabegron

24. Which of the following is associated with a decreased osteoclast activity?

- A. A decline in oestrogen levels
- B. Decreased circulating IGF-1 levels
- C. Peroxisome proliferator-activated receptor (PPAR) agonist
- D. Receptor activator of nuclear factor-kappa B (RANK) receptor inhibition
- E. Vitamin D deficiency

25. Which of the following is associated with the ageing respiratory system?

- A. A high FEV1/FVC ratio
- B. Decreased airway Beta-adrenoceptor responsiveness
- C. Increased number of glandular epithelial cells resulting in an increased production of mucus
- D. Increased reliance on intercostal muscles due to loss of diaphragm muscle strength
- E. Higher tidal volume and a higher respiratory frequency

26. A 68-year-old woman presented with acute onset vertigo, unsteadiness with nausea and vomiting. She denied diplopia, dysarthria, dysphagia or deafness. She had no past medical history of note. She did not take any regular medications and did not smoke or drink. Her blood tests and ECG were normal. Examination showed horizontal nystagmus with fast beating phase towards the left, which is suppressed with visual fixation. Head impulse test was positive.

What is the most likely diagnosis?

- A. Acute vestibular neuronitis
- B. Benign paroxysmal positional vertigo
- C. Labyrinthine stroke
- D. Meniere's disease
- E. Posterior circulation stroke

27. An 80-year-old man attends for review in the outpatient clinic. He has been treated for idiopathic Parkinson's disease for the past 19 years. He is currently on Sinemet Plus four times a day and Selegiline 10mg once a day. His carer reports worsening hallucinations and intermittent confusion over the past 1 year. He scored 20/30 on the Montreal Cognitive Assessment (MOCA).

What is the most likely diagnosis?

- A. Alzheimer's disease
- B. Delirium
- C. Lewy Body dementia
- D. Medication overuse
- E. Parkinson's disease dementia

28. A 78-year-old woman with known metastatic ovarian cancer has recurrent ascites that has required regular symptomatic drainage. She last received chemotherapy four weeks ago and is now complaining of persistent nausea and dyspepsia. Her past medical history includes Parkinson's disease. Her current medications include gaviscon, rabeprazole, ranitidine and co-beneldopa.

Recent blood tests show the following

Haemoglobin	130 g/L (115–165)	Sodium	137mmol/L (137–144)
White cell count	$5.5 \times 10^9$ /L (4.0–11.0)	Potassium	4.0mmol/L (3.5–4.9)
Platelets	$170 \times 10^9$ /L (150–400)	Urea	7mmol/L (2.5–7.0)
		Creatinine	100 $\mu$ mol/L (60–110)

Which of the following is the most appropriate choice of antiemetic?

- A. Metoclopramide
- B. Cyclizine
- C. Domperidone
- D. Ondansetron
- E. Haloperidol

29. Which of the following is correct regarding anaemia in the older people?

- A. An increased red cell distribution width (RDW) should prompt the clinician to check haematinics despite a normal MCV
- B. A serum ferritin of 25 $\mu$ g/L (15–300  $\mu$ g/L) reliably excludes iron deficiency.
- C. Faecal occult blood should be the first line gastrointestinal investigation for iron deficiency anaemia.
- D. Pernicious anaemia is the most common cause of B12 deficiency in the older people
- E. Total iron binding capacity is the most reliable tool to assess iron status

30. Which of the following clinical indicators when seen in association with advancing age should trigger discussion of advance care planning?

- A. 2 or more unplanned hospital admissions in the last year
- B. Breathlessness on moderate exertion
- C. Patient confined to chair less than 50% of the time
- D. Presence of one or more life-threatening illnesses
- E. Weight loss greater than 5% in the last twelve months

31. A 68-year-old man presents with a 3 month history of diarrhoea. He has not had any recent travel. He has type 2 diabetes mellitus, is a current smoker and consumes 6 cans of 4.5% lager per day. He is taking metformin 1g twice daily and glicazide 40mg twice daily. Three years ago, he had recurrent admissions to another hospital with abdominal pain, but he does not recall the diagnosis. Since then he has had ongoing abdominal pain, which he manages with oral morphine solution. He was treated 2 months ago with antibiotics for a chest infection. On examination he was thin, but there were no signs of chronic liver disease.

Investigations:

Haemoglobin	13g/dL (13-18)
White cell count	$6.5 \times 10^9/L$ (4-11)
Serum urea	5 mmol/L (2.5-7)
Serum creatinine	110 mmol/L (60-110)
International normalised ratio	1.2 (<1.4)
Activated partial thromboplastin time	36s (30-40)
Total bilirubin	18umol/L (1-22)
Serum alkaline phosphatase	100 U/L (45-105)
Amylase	80U/L (<120)
Stool culture:	No evidence of C.difficile or Norovirus

What is the most likely diagnosis?

- A. Alcoholic liver disease
- B. Chronic pancreatitis
- C. Coeliac disease
- D. Gastroenteritis
- E. Metformin-related diarrhoea

32. Human progeria syndromes are considered to represent a human model of accelerated aging. According to recent research what is felt to be the underlying molecular cause?

- A. Demethylation of histones leading to increased heterochromatin
- B. Early termination of transcription of the LMNA gene
- C. Inhibition of farnesyl transferase activity
- D. Post-translational removal of a farnesyl group from prelamin A
- E. Upgraded cholesterol metabolism pathway

33. In the elderly population, the following changes to gastrointestinal physiology are noted with increasing age:

- A. Ability to discriminate between smells improves
- B. Absorptive area in the small intestine decreases
- C. Achalasia is less common in this age group
- D. Lipid absorption increase due to increased pancreatic enzyme secretion
- E. Secretion of gastric juices (HCl and pepsin) increases

34. A 75-year-old anxious lady complains of urinary frequency and urgency causing significant disruption to her social life. She has occasional urinary incontinence particularly on laughter. She had a previous total hysterectomy and no other past medical history of note. Her blood glucose, routine urea & electrolytes and full blood count are normal. Urine dipstick was negative.

Her voiding diary in the last 3 days show a higher than normal fluid intake and increased urinary urgency and frequency during daytime only. There was increased 24-hour urinary output. There were 2 occasions where she leaked a small amount of urine on laughing.

Which of the following best explains her symptoms?

- A. Mixed urge and stress incontinence
- B. Psychogenic polydipsia
- C. Stress incontinence
- D. Stress incontinence and psychogenic polydipsia
- E. Urge incontinence

35. A 53-year-old woman is referred with an 18 month history of bilateral rest tremor. On examination hypomimia, micrographia and a shuffling gait with freezing on turning were noted. She has a history of bipolar depressive disorder and benign paroxysmal positional vertigo.

Which of her medications is least likely to be responsible for this presentation?

- A. Cinnarizine
- B. Flupenthixol
- C. Lithium carbonate
- D. Metoclopramide
- E. Risperidone

36. A 79-year-old lady is admitted following a fall at home on New Year's Day. She was found the following morning, having spent the night on the floor. On examination she appears mildly confused. Core temperature is 32°C. Her heart rate is 48bpm in an irregular rhythm and blood pressure is 110/80. Passive re-warming is commenced.

Which of the following pathophysiological changes are consistent with hypothermia?

- A. A J wave seen on an electrocardiogram is pathognomonic of hypothermia
- B. Cerebrovascular autoregulation is maintained until core temperature falls below 25°C
- C. Hypoglycaemia is typical at moderate levels of hypothermia
- D. Oliguria occurs early in hypothermia
- E. Prothrombin and partial thromboplastin time is decreased

37. A 65-year-old woman presents with features of parkinsonism. Her husband also reports multiple falls and urinary incontinence. Examination of her cranial nervous system is unremarkable. Her blood pressure was 138/68 (lying) and 100/54 (standing). She has a poor response to levodopa.

What is the most likely diagnosis?

- A. Corticobasal degeneration
- B. Multiple system atrophy
- C. Normal pressure hydrocephalus
- D. Parkinson's disease
- E. Progressive supranuclear palsy

38. A 75-year-old woman has been commenced on long-term steroids for polymyalgia rheumatica. She has no previous history of osteoporosis or fragility fractures. Which of the following is the most appropriate management to prevent steroid-induced osteoporosis?

- A. Start Adcal D3 and arrange a DEXA scan, commence oral bisphosphonate if T-score is <1.5
- B. Start Adcal D3 and arrange a DEXA scan, commence oral bisphosphonate if T-score is <2.0
- C. Start Adcal D3 and oral bisphosphonate without DEXA scan
- D. Start Adcal D3 and oral bisphosphonate while awaiting DEXA scan
- E. Start Adcal D3 without DEXA scan

39. A 76-year-old lady with vascular dementia is followed up at the Continence Clinic. Her daughter says she has stopped taking oxybutynin as they did not feel it helped. Her incontinence is becoming increasingly frequent, passing moderate amounts of urine at least 8 times in a 24-hour period. There was no palpable bladder on examination. Her daughter is finding it increasingly difficult to care for her mother.

Which of the following is the next most appropriate management of this lady's symptoms?

- A. Bladder wall botox A injection
- B. A trial of duloxetine
- C. A trial of desompressin
- D. A trial of trospium chloride
- E. Long-term urethral catheterisation

40. An 80-year-old man presents with 12 hours of painless visual loss in his right eye. His medical history includes hypertension and COPD. He is seen by an ophthalmologist who notes that the eye looks normal; there is complete visual loss in the right eye and ocular pressures were normal in both eyes.

Vital signs: Blood pressure 170/90, pulse 88 beats per minute, saturations 95% on room air, respiratory rate 16, temperature 36.3°C, blood glucose 6.8.

ECG: sinus rhythm, first degree heart block.

What investigation should be performed next?

- A. Carotid Doppler
- B. Echocardiogram
- C. Fasting cholesterol and glucose
- D. Formal visual field testing
- E. MRI head

41. An 84-year-old man lives with his wife. He has recently been admitted to hospital with a fall and discharged with support from the intermediate care team. The occupational therapist is concerned about the living conditions, which are squalid. The front room is so cluttered with old newspapers and post that the door hardly opens.

What hoarding syndrome is being described?

- A. Capgras
- B. Diogenes
- C. Fregoli
- D. Munchausen
- E. Obsessive compulsive disorder

42. A 75-year-old woman has had a hemiarthroplasty following a right neck of femur fracture.

She has vascular dementia and lives in a residential home. Her past medical history includes a previous stroke, hypertension, angina, chronic kidney disease stage 3, a previous radial fracture and a hiatus hernia. She was previously on alendronic acid until a recent OGD performed for persistent dysphagia found her to have moderate oesophagitis.

Which of the following is the most appropriate management to reduce her future risk of fragility fracture?

- A. Denosumab
- B. Denosumab + bolus injection of Vitamin D
- C. Ibandronic acid
- D. Strontium ranelate + bolus injection of Vitamin D
- E. Raloxifen



43. A 58-year-old woman presents with a 2-week history of breathlessness and dysphagia. On examination she is thin with firm anterior cervical and supraclavicular lymph nodes and mild scattered wheeze. CT pulmonary angiography did not show evidence of pulmonary emboli, but showed a large tumour arising from the right upper lobe and encasing the trachea, oesophagus and great vessels. Biopsy of a cervical lymph node confirmed small cell carcinoma of pulmonary origin.

What is the most appropriate management?

- A. Chemotherapy
- B. High-dose corticosteroids
- C. Radiotherapy to the mediastinum
- D. Superior vena caval stenting
- E. Tracheal and oesophageal stenting

44. An 83-year-old man is admitted to hospital with confusion, increased urinary frequency and new urinary incontinence. He is diagnosed with a urinary tract infection and commenced on antibiotic therapy. He has a past medical history of stroke, type 2 diabetes and peripheral vascular disease.

An assessment of his risk of pressure sores is undertaken. What is the most appropriate rating scale to assess this risk?

- A. Frailty Index
- B. Malnutrition Universal Screening Tool
- C. Modified Rankin
- D. TIMI Risk index
- E. Waterlow

45. A 91-year old woman was transferred to the rehabilitation ward following a prolonged admission with a pneumonia, complicated by a myocardial infarction. She has a past medical history of congestive cardiac failure, urinary incontinence, and vascular dementia (mini mental examination score 21/30). Prior to admission she was living at home with carers four times a day.

4 weeks later she was still requiring the assistance of two people for all transfers and the team felt that she was not progressing with rehabilitation. She and her family were happy to be guided by the team regarding discharge destination.

What is likely to be the most appropriate discharge destination for this patient?

- A. Continue current rehabilitation programme and re-assess at multidisciplinary meeting in a fortnight
- B. Intermediate care
- C. Nursing home
- D. Residential home for older people
- E. Warden-controlled flat with carers four times a day

46. You undertake a home visit of an elderly couple. On arrival, you observe that the house is extremely dirty. The dog hair is inches thick and insects are living on the kitchen

surfaces. You find out that the patient's wife has slept on the sofa for 5 years as she is unable to ascend the stairs and she is unable to clean due to dizziness. They acknowledge the need for help.

What is the next most appropriate step?

- A. Admit husband and wife to hospital whilst the house is cleaned and decontaminated
- B. Arrange urgent psychiatric review and consider using the Mental Health Act
- C. Organise a professional cleaning company
- D. Persuade both the patient and his wife to go into emergency local authority housing
- E. Suggest to the couple that they need to clean the house

47. An 80-yr-old gentleman attends outpatient clinic for a follow-up appointment after a recent admission with pneumonia. The patient struggles to mobilise from the waiting room to the clinic with a zimmer frame and he is struggling to coordinate the frame with his walking. He keeps having to stop and appears quite unsteady.

What would be the most appropriate recommendation regarding his mobility?

- A. Continue with zimmer frame
- B. Only mobilise with assistance due to his high falls risk
- C. Try furniture walking
- D. Use a delta frame to mobilise
- E. Use a stick to mobilise

48. An 80-year-old man with known epilepsy and vascular dementia was admitted in status epilepticus. He was initially treated with intravenous antiepileptic. Further history suggested that he was not always compliant to his medications. He recovered to his baseline cognitive level, but was frequently refusing to take his medications. Which of the following would be the most appropriate long-term management for his epilepsy.

- A. Administer his medication covertly in his food and drink.
- B. Assess his capacity and administer antiepileptic medication under the Mental Health Act if he is deemed to lack capacity
- C. Continue intravenous anti-epileptic until he is discharged
- D. Inform his wife that there is nothing you could do if patient refuses his medications and accept the risk of further seizures
- E. Trial different formulations to encourage the patient to take his antiepileptic medication

49. An 82-year-old woman was admitted to the emergency department disorientated and smelling of urine. Heart rate was 70, blood pressure 134/76. She looked emaciated. Physical examination was otherwise normal.

Further history was obtained of weight loss and a 10-day history of confusion. She had been complaining of indigestion and difficulty swallowing for the last two months. The GP had commenced omeprazole.

Investigations:

Normal liver function, blood sugar and full blood count.

Sodium 121 mmol/L (136-146)

Potassium 4.6 mmol/L (3.5-5.3)

Urea 7.2 mmol/L (2.1-7.6)

Creatinine 97 mmol/L (51-107)

What is the most likely diagnosis?

- A. Adrenocortical insufficiency
- B. Gastric carcinoma
- C. Cardiac failure
- D. Hypothyroidism
- E. Urinary tract infection

50. A 76-year-old woman is seen in the care of elderly clinic regarding incontinence. After taking a thorough history you believe that she has symptoms predominantly of stress incontinence. Which of the following is the next step in investigation/treatment?

- A. Prescribe desmopressin
- B. Prescribe Duloxetine
- C. Prescribe oxybutynin
- D. Post-void residual bladder scan
- E. Urine dip