



This issue of *Australian Journal of General Practice (AJGP)*, including the articles and clinical challenge, is an RACGP Continuing Professional Development (CPD) program-approved activity (Activity ID: 457763) and is allocated a total of **seven** CPD hours. CPD points are self-declared. Therefore, completion of all *AJGP* CPD activities equates to 77 hours per calendar year.

This includes:

- two hours' Educational Activity: Reading the journal
- two hours' Measuring Outcomes: Completion of the clinical challenge
- three hours' Reviewing Performance: Self-reflection.

Answers to the clinical challenge are published in the following edition of *AJGP*, and are available immediately following successful completion online at [www.racgp.org.au/education/professional-development/online-learning/gplearning](http://www.racgp.org.au/education/professional-development/online-learning/gplearning).

# Clinical challenge

*These questions are based on the Focus articles in this issue. Please choose the single best answer for each question.*

## CASE 1

Costa, a man aged 63 years, presents to your clinic to obtain his repeat prescriptions for hypertension.

### QUESTION 1

Which one of the following is recommended in nature prescribing?

- A. verbal counselling
- B. intermittent fasting
- C. ketogenic dieting
- D. strength training

### QUESTION 2

Prescriptions for nature prescribing, whether written or verbal, could include the type of activity, frequency and:

- A. limitation
- B. contraindication
- C. duration
- D. indication

### QUESTION 3

Which one of the following is a facilitator of nature prescribing?

- A. electronic devices
- B. link workers
- C. indoor plants
- D. written information

## CASE 2

Margaret, a woman aged 91 years, presents for routine review after a recent hospital admission for urinary tract infection.

### QUESTION 4

Deprescribing is a safe and effective method of reducing polypharmacy and:

- A. Alzheimer's disease
- B. rheumatoid arthritis
- C. high-risk prescribing
- D. restrictive lung disease

### QUESTION 5

Patient-related barriers for deprescribing includes which one of the following?

- A. competing priorities
- B. personal beliefs and attitudes
- C. lack of clinician time
- D. lack of funding

### QUESTION 6

Polypharmacy might lead to the underprescribing of which one of the following?

- A. complementary medications
- B. nutritional supplements
- C. sedative medications
- D. indicated medications

## CASE 3

Nazia, a woman aged 39 years, presents with chronic pain and fatigue, in the setting of fibromyalgia.

## QUESTION 7

The precise pathogenesis of fibromyalgia remains unclear, but includes which one of the following?

- A. thyroid hormone derangement
- B. chronic substance abuse
- C. peripheral neurogenic inflammation
- D. psychiatric disturbance

## QUESTION 8

Patients with fibromyalgia often experience reduced:

- A. chronic disease
- B. oral hygiene
- C. social engagement
- D. appetite

## QUESTION 9

Low-dose naltrexone might improve symptoms in patients with fibromyalgia by changing the processes of central and peripheral:

- A. perception
- B. sensitisation
- C. somatisation
- D. categorisation

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**CASE 4**

Levi, a man aged 26 years, who is a body builder, would like to discuss the adverse effects of non-prescribed performance-enhancing drugs at his next consultation.

**QUESTION 10**

Extremely common side effects of non-prescribed performance-enhancing drugs include which one of the following?

- A. depression
- B. eczema
- C. schizophrenia
- D. psoriasis

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*These questions are based on the Focus articles in this issue. Please write a concise and focused response to each question.*

**CASE 1**

Costa, a man aged 63 years, presents to your clinic to obtain his repeat prescriptions for hypertension.

**QUESTION 1**

State what is meant by the term 'nature prescribing'.

**QUESTION 2**

State the difference between 'green space' and 'blue space' interventions in nature prescribing.

**QUESTION 3**

List two facilitators of nature-based prescribing.

**CASE 2**

Margaret, a woman aged 91 years, presents for routine review after a recent hospital admission for urinary tract infection.

**QUESTION 4**

Define what is meant by the term 'prescribing cascade'.

**QUESTION 5**

State what is meant by the term 'deprescribing'.

**QUESTION 6**

Define what is meant by the term 'polypharmacy'.

**QUESTION 7**

Define what is meant by the term 'potentially inappropriate medicines (PIMs)'.

**CASE 3**

Nazia, a woman aged 39 years, presents with chronic pain and fatigue, in the setting of fibromyalgia.

**QUESTION 8**

State the mechanism of action of low-dose naltrexone.

**QUESTION 9**

List three side effects of low-dose naltrexone.

**CASE 4**

Levi, a man aged 26 years, who is a body builder, would like to discuss the adverse effects of non-prescribed performance-enhancing drugs at his next consultation.

**QUESTION 10**

List three non-medical reasons why people might self-administer performance- and image-enhancing drugs (PIEDs).

## March 2023 Clinical challenge answers

### ANSWER 1: A

The most commonly diagnosed cancer in Australia and the most commonly diagnosed cancer among Australian men is prostate cancer.

### ANSWER 2: D

The majority of low-risk prostate cancer in Australia and New Zealand is now treated with active surveillance or watchful waiting.

### ANSWER 3: B

The negative predictive value and sensitivity of diagnosing clinically significant prostate cancer is increased with PMSA PET scans and MRI.

### ANSWER 4: A

If the PI-RADS score is  $\geq 3$ , mpMRI followed by a targeted prostate biopsy is superior to standard biopsy for detecting clinically significant cancers.

### ANSWER 5: C

Men who have a raised PSA ( $>3$ ) should undergo a second test ensuring that sexual activity did not take place for three to four days before the test, as ejaculation can result in a false positive.

### ANSWER 6: B

The possibility of an asymptomatic urinary tract infection should be excluded in men with a PSA  $>3$ .

### ANSWER 7: A

The European Association of Urology (EAU) guidelines suggest that biopsy may be omitted following negative MRI results (PI-RADS  $\leq 2$ ) after shared decision making.

### ANSWER 8: D

Transperineal biopsies significantly reduce the risk of sepsis compared with transrectal biopsies; however, urinary retention occurs in 1.6–24% of patients following transperineal prostate biopsy.

### ANSWER 9: A

Studies report rates of erectile dysfunction in up to 24% of patients following transperineal biopsy; however, this is usually transient and resolves within three months.

### ANSWER 10: C

Risk-stratified recommendations based on the European Association of Urology (EAU) guidelines suggest offering early PSA testing to men with an elevated risk of having prostate cancer, such as men aged  $>45$  years with a family history of prostate cancer.