How to use *AJGP* for your CPD

Each issue of the *Australian Journal of General Practice* (*AJGP*) has a focus on a specific clinical or health topic. Many GPs find the entire issue of interest and of relevance to their practice; some GPs find one or more articles in the journal relevant.

You can use *AJGP* for your CPD. If you want to use the entire issue for CPD, you must work your way carefully through each article in the issue and complete the Clinical challenge. When you do this, take time to read the articles carefully and critically, and think carefully about how you might adjust your practice in response to what you have learned.

We recommend that you access *AJGP*, the articles and the Clinical challenge through gplearning (https://gpl.racgp.org.au/d2l/home) (Activity ID: 562607). Then, when you complete the articles and the Clinical challenge, your CPD hours are automatically credited to your CPD account. If you work through the full issue of *AJGP* and complete the Clinical challenge, you will receive eight CPD hours (four hours' Educational Activities and four hours' Reviewing Performance).

If you do not want to do the full *AJGP* issue, and you prefer to select one or more articles to read, you can QuickLog the CPD hours directly through your myCPD dashboard. As guidance, each article in *AJGP* would provide 1–2 CPD hours, split half Educational Activities and half Reviewing Performance.

Clinical challenge

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

CASE 1

Your new registrar, Jennifer, is keen to discuss issues pertinent to 'skin of colour' dermatology at your next tutorial.

QUESTION 1

The current Fitzpatrick skin types (FST) classification divides sun reactivity in skin into six categories based on a person's self-reported ability to burn and:

A. tan
B. bleed
C. react
D. adapt

QUESTION 2

One of the most common skin issues seen in the 'skin of colour' population is:

A. atopic dermatitis
B. facial hyperpigmentation
C. psoriatic plaques
D. epidermolysis bullosa

CASE 2

Muhammad, a boy aged eight years, presents for review of well-demarcated depigmented facial macules, which have developed over the last 12 months.

QUESTION 3

A benign, self-limiting form of atopic dermatitis that is more common in children with 'skin of colour' is pityriasis:

A. versicolor
B. alba
C. rosea
D. rubra pilaris

QUESTION 4

A benign condition that presents as flaky, discoloured patches of skin typically on the chest and back is pityriasis:

A. rubra pilaris
B. alba
C. versicolor
D. rosea

QUESTION 5

A hypopigmented variant of cutaneous T cell lymphoma is:

A. amelanotic melanoma
B. mycosis fungoides
C. pyogenic granuloma
D. erythema nodosum

CASE 3

Iman, a girl aged 10 years, presents for routine review of severe atopic dermatitis.

QUESTION 6

A phosphodiesterase 4 inhibitor that is used in cases of mild-to-moderate atopic dermatitis that is currently not PBS subsidised is:

A. betamethasone
B. tacrolimus
C. crisaborole
D. pimecrolimus

QUESTION 7

Patients using topical hydroquinone for postinflammatory hyperpigmentation should be counselled on the risk of a 'halo effect' (a lightening of the surrounding skin) and:

A. telangectasia
B. malignancy
C. ochronosis
D. striae

QUESTION 8

A hallmark feature of atopic dermatitis in children with skin of colour is postinflammatory:

A. dyspigmentation
B. melanonychia
C. hyperkeratosis
D. petechiae

Continued on page 688.

QUESTION 9

Rippled hyperpigmented papules coalescing into plaques, often over extremities and associated with chronic scratching, is known as:

A. pyoderma gangrenosum
B. dermatitis herpetiformis
C. prurigo nodularis
D. lichen amyloidosis

CASE 4

Nala, a woman aged 33 years, presents for review of long-standing facial hyperpigmentation.

QUESTION 10

In contrast to acne, a key relevant negative finding on clinical examination in rosacea is absence of:

A. pustules
B. erythema
C. papules
D. comedones

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

CASE 1

Your new registrar, Jennifer, is keen to discuss issues pertinent to 'skin of colour' dermatology at your next tutorial.

QUESTION 1

Describe what is meant by the term 'skin of colour'.

CASE 2

Muhammad, a boy aged eight years, presents for review of well-demarcated depigmented facial macules, which have developed over the last 12 months.

QUESTION 2

Define the two broad categories of vitiligo.

QUESTION 3

List four therapies currently used to treat vitiligo.

QUESTION 4

List two surgical options for the management of vitiligo.

QUESTION 5

State the treatment typically used for widespread progressive vitiligo.

QUESTION 6

Describe what is meant by the term 'Koebner phenomenon'.

QUESTION 7

State the difference between vitiligo and hypopigmentation.

CASE 3

Iman, a girl aged 10 years, presents for routine review of severe atopic dermatitis.

QUESTION 8

List four significant quality-of-life impairments in children with severe atopic dermatitis.

CASE 4

Nala, a woman aged 33 years, presents for review of long-standing facial hyperpigmentation.

QUESTION 9

Define what is meant by the term 'acne pomade'.

QUESTION 10

List three treatments that might be prescribed for post inflammatory hyperpigmentation.

September 2023 Multiple choice question answers

ANSWER 1: C

The first-line test for detecting chronic obstructive pulmonary disease (COPD) is spirometry.

ANSWER 2: D

Current guidelines and position papers recommend pre- and post-bronchodilator spirometry to be considered for adults with pollutant exposures, such as smoking and/or respiratory symptoms.

ANSWER 3: A

The recommended treatment for insomnia is cognitive behavioural therapy.

ANSWER 4: B

The first-line treatment for moderate and severe OSA is lifestyle/weight management advice (where relevant) and continuous positive airway pressure therapy.

ANSWER 5: C

A major clinician barrier to spirometry in general practice is perceived lack of clinical utility.

ANSWER 6: C

Restless legs syndrome is a debilitating disorder, characterised by an overwhelming urge to move the legs, often associated with unpleasant sensations.

ANSWER 7: A

The cornerstone of management of RLS is iron repletion, targeting ferritin >75 µg/L and transferrin saturation >20%.

ANSWER 8: D

Recent evidence supports a move away from dopamine agonists (pramipexole, ropinirole) as first-line agents due to impulse control disorders as well as significant risk of augmentation.

ANSWER 9: C

The alpha-2-delta ligands (gabapentin and pregabalin) are now considered first-line therapeutic agents for chronic persistent RLS unless contraindicated.

ANSWER 10: D

Chronic intermittent hypoxia is hypothesised to contribute to overactive bladder syndrome through peripheral nerve damage.

September 2023 Short answer question answers

ANSWER 1

One advantage of a validated chronic obstructive disease (COPD) risk assessment tool is that is has no requirement for any biological measurement.

ANSWER 2

Insomnia is characterised by: frequent difficulties initiating sleep, maintaining sleep and/or early morning awakenings from sleep and daytime impairment.

ANSWER 3

Four shared features of comorbid insomnia and sleep apnoea are:

- frequent awakenings
- perceptions of non-restorative sleep
- daytime impairments (fatigue, sleepiness, concentration difficulties, reduced mood)
- reduced quality of life.

ANSWER 4

Five practice-related barriers to spirometry in general practice include: time, cost, lack of trained staff, poor availability and poor technique/ calibration.

ANSWER 5

Five essential diagnostic criteria for RLS are:

1. an urge to move the legs, usually accompanied by, or thought to be caused by, uncomfortable and unpleasant sensations in the legs
2. symptoms begin or worsen during periods of rest or inactivity such as lying down or sitting
3. symptoms are partially or totally relieved by movement, such as walking or stretching, at least as long as the activity continues
4. symptoms occur exclusively or predominantly in the evening or night rather than the day
5. the occurrence of the above features are not solely accounted for as symptoms primary to another medical or a behavioural condition (eg myalgia, venous stasis, leg oedema, arthritis, leg cramps, positional discomfort, habitual foot tapping).

ANSWER 6

Supportive or associated features of restless legs syndrome are:

- disturbed sleep
- periodic limb movements in sleep or wakefulness
- family history, particularly in early onset RLS
- positive response to dopaminergic therapy.

ANSWER 7

Chronic persistent RLS symptoms when not treated would occur, on average, at least twice weekly for the past year.

ANSWER 8

Intermittent RLS symptoms when not treated would occur on average less than twice per week for the past year, with at least five lifetime events.

ANSWER 9

Augmentation is defined as a worsening of RLS symptoms after an initial positive response, with symptoms becoming more severe, often occurring earlier in the day, and sometimes spreading to the arms/trunk in progressive cases.

ANSWER 10

Nocturnal polyuria is defined as nocturnal urine production representing >20–30% of the total voided volume over 24 hours.

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