



### 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: 555461). 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 10 CPD hours (five hours' Educational Activities and five 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 Activity 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

John, a smoker aged 55 years, presents with increasing shortness of breath with mild exertion.

#### QUESTION 1

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

- A. polysomnography
- B. computed tomography
- C. spirometry
- D. chest X-ray

#### QUESTION 2

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

- A. low socioeconomic status
- B. advancing age
- C. family history
- D. respiratory symptoms

#### CASE 2

Sheila, a female aged 48 years, presents with chronic insomnia on a background of obstructive sleep apnoea (OSA).

#### QUESTION 3

The recommended treatment for insomnia is:

- A. cognitive behavioural therapy
- B. structured problem-solving
- C. motivational interviewing
- D. rapid eye movement desensitisation

#### QUESTION 4

The first-line treatment for moderate and severe OSA is lifestyle/weight management advice (where relevant) and:

- A. dental occlusion splints
- B. continuous positive airway pressure therapy
- C. long-acting bronchodilators
- D. non-directive counselling

#### CASE 3

Your new registrar, Mei, would like to discuss the barriers to spirometry in general practice at your next tutorial.

#### QUESTION 5

A major clinician barrier to spirometry in general practice is perceived lack of:

- A. patient attendance
- B. spirometer availability
- C. clinical utility
- D. expertise

#### CASE 4

Paulo, a male aged 72 years, presents for review of restless legs syndrome (RLS).

#### QUESTION 6

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

- A. declining cognition
- B. urinary incontinence
- C. unpleasant sensations
- D. peripheral oedema

#### QUESTION 7

The cornerstone of management of RLS is:

- A. iron repletion
- B. anticholinergic medications
- C. narrative therapy
- D. sedative anti-histamines

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**QUESTION 8**

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

- A. side effects
- B. dependence
- C. hallucinations
- D. augmentation

**QUESTION 9**

First-line therapeutic agents for chronic persistent RLS are:

- A. sedative anti-histamines
- B. dopamine antagonists
- C. alpha-2-delta ligands
- D. anti-cholinergic medications

**CASE 5**

Michelle, a female aged 60 years, reports frequent urination in the setting of obstructive sleep apnoea.

**QUESTION 10**

Chronic intermittent hypoxia is hypothesised to contribute to overactive bladder syndrome through:

- A. cell-mediated immunity
- B. centrally mediated pathways
- C. insulin resistance
- D. peripheral nerve damage

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

**CASE 1**

John, a smoker aged 55 years, presents with increasing shortness of breath with mild exertion.

**QUESTION 1**

State one advantage of a validated chronic obstructive disease (COPD) risk assessment tool.

**CASE 2**

Sheila, a female aged 48 years, presents with chronic insomnia on a background of obstructive sleep apnoea (OSA).

**QUESTION 2**

List four characteristics of insomnia.

**QUESTION 3**

List four shared features of comorbid insomnia and sleep apnoea.

**CASE 3**

Your new registrar, Mei, would like to discuss the barriers to spirometry in general practice at your next tutorial.

**QUESTION 4**

List five practice-related barriers to spirometry in general practice.

**CASE 4**

Paulo, a male aged 72 years, presents for review of restless legs syndrome (RLS).

**QUESTION 5**

List five essential diagnostic criteria for RLS.

**QUESTION 6**

List four supportive or associated features of RLS.

**QUESTION 7**

Define what is meant by the subclassification term 'chronic persistent' in relation to RLS.

**QUESTION 8**

Define what is meant by the subclassification term 'intermittent' in relation to RLS.

**QUESTION 9**

Define what is meant by the term 'augmentation' in RLS.

**CASE 5**

Michelle, a female aged 60 years, reports frequent urination in the setting of obstructive sleep apnoea.

**QUESTION 10**

Define what is meant by the term 'nocturnal polyuria'.

**August 2023 Multiple choice question answers**

**ANSWER 1: B**

'Giftedness' in children relates to high potential, whereas 'talent' relates to high achievement.

**ANSWER 2: C**

When a gifted child shows a large disparity between intellectual, emotional and psychomotor abilities, this is referred to as asynchrony.

**ANSWER 3: D**

The Good Spirit, Good Life tool is a co-designed and culturally validated quality-of-life tool that can be utilised to optimise wellbeing.

**ANSWER 4: A**

Childhood and adolescence risk factors for dementia include trauma and early life adversity, middle ear disease, low level education and smoking.

**ANSWER 5: D**

On-road assessment remains the gold standard, but has limited accessibility.

**ANSWER 6: A**

Austrroads guidance is based on scientific evidence; however, due to its limitations, it requires GP clinical judgement.

**ANSWER 7: C**

A common cause of early onset dementia (onset before the age of 65 years) is frontotemporal dementia.

**ANSWER 8: D**

The most common form of dementia is Alzheimer's disease.

**ANSWER 9: B**

Dementia with Lewy bodies is an alpha-synucleinopathy and is associated with neuronal loss in the substantia nigra.

**ANSWER 10: D**

The typical clinical manifestation of Alzheimer's disease in the early stage of the disease is impairment in episodic memory.

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**August 2023 Short answer question answers**
**ANSWER 1**

In the field of gifted education, children with coexisting giftedness and disabilities are termed 'twice-exceptional children'.

**ANSWER 2**

Infancy signs that might indicate a gifted child include a child:

- being highly alert
- needing less sleep
- having a long attention span
- having advanced progression through development milestones
- having high levels of focused activity and/or
- having extreme reactions to sensory inputs.

**ANSWER 3**

Five early life protective factors for dementia include:

- healthy pregnancy
- secure home environment
- good diet
- good hearing and language acquisition
- strong development and engagement in education and learning.

**ANSWER 4**

Ten later-life risk factors for dementia are:

- stroke
- history of head trauma
- epilepsy
- delirium
- history of depression/chronic grief
- social isolation/loneliness
- physical inactivity
- anticholinergic medications
- polypharmacy
- vision problems.

**ANSWER 5**

Four barriers to GP discussion of driving cessation are:

- concerns about impairment of the GP-patient relationship
- a lack of certainty about whether the person is fit to drive or not based on the in-clinic assessment and limited access to on-road driving testing
- patient and carer lack of insight into lessening driving ability
- a sense that patients value maintaining agency, which may be harmed psychosocially if the GP insists on driving cessation.

**ANSWER 6**

Two techniques that have enabled in vivo measurement of levels of A $\beta$  plaques and neurofibrillary tangles are:

- The development of positron emission imaging (PET)
- Lumbar punctures.

**ANSWER 7**

The pathologic hallmarks of Alzheimer's disease are characterised by the accumulation of amyloid-beta (A $\beta$ ) plaques extracellularly and intraneuronal neurofibrillary tangles.

**ANSWER 8**

The four core clinical features of Diffuse Lewy Body dementia include:

- spontaneous motor Parkinsonism
- recurrent, well-formed visual hallucinations
- cognitive fluctuations
- rapid eye movement (REM) sleep behaviour disorder.

**ANSWER 9**

Two common neuropathological findings in vascular dementia are:

- atherothromboembolic disease (causing multiple infarcts and single strategic infarct)
- small vessel disease (associated with lacunar infarcts, cortical microinfarcts and microhaemorrhages).

**ANSWER 10**

The difference in classification of Diffuse Lewy Body (DLB) versus Parkinson's disease dementia (PDD) is: DLB is diagnosed when the onset of cognitive impairment occurs prior to or within one year of the onset of motor impairment, whereas PDD is diagnosed when cognitive impairment happens in the setting of well-established Parkinson's disease (PD).

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