

Clinical challenge

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

CASE 1

Simone, a woman aged 27 years, presents to discuss preconception care when thinking of trying to conceive for the second time after the birth of her son, aged four years.

QUESTION 1

Increasing parity has been shown to be related to lower rates of preconception health behaviours, increased prevalence of risk factors and increased:

- A. preconception alcohol consumption
- B. rates of unintended pregnancies
- C. duration of labour
- D. rate of general practitioner antenatal consults

QUESTION 2

Over half of all men and what percentage of women have at least one preconception health issue to address to improve reproductive outcomes?

- A. 15%
- B. 35%
- C. 60%
- D. 90%

QUESTION 3

Medicare rebates have now been introduced for genetic carrier screening for spinal muscular atrophy, fragile X syndrome and:

- A. cystic fibrosis
- B. Canavan disease
- C. familial dysautonomia
- D. Ehlers–Danlos syndrome

CASE 2

Rachel, a woman aged 65 years, presents with a vulval lesion.

QUESTION 4

The classic type of vulval cancer can be associated with human papillomavirus types 18, 31, 33 and:

- A. 16
- B. 35
- C. 45
- D. 56

CASE 3

Olivia, a girl aged 14 years, presents to discuss time off school following an injury at home.

QUESTION 5

Australian girls experience rates of physical and/or sexual abuse at rates of one in:

- A. three
- B. six
- C. nine
- D. twelve

CASE 4

Abigail, a woman aged 22 years, books a telehealth appointment at six weeks' gestation to discuss early medical abortion.

QUESTION 6

Early medical abortion using MS-2 step (mifepristone and misoprostol) can be provided up until how many weeks' gestation?

- A. six
- B. seven
- C. eight
- D. nine

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The five domains of general practice

- (D1) Domain 1: Communication skills and the patient–doctor relationship
- (D2) Domain 2: Applied professional knowledge and skills
- (D3) Domain 3: Population health and the context of general practice
- (D4) Domain 4: Professional and ethical role
- (D5) Domain 5: Organisational and legal dimensions

These domains apply to all Focus articles, which are required reading for the Clinical challenge CPD activity.

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/dd1/home>) (Activity ID: 972655). 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 Activities and half Reviewing Performance.



CASE 5

Anna, a woman aged 32 years, comes in to discuss her next steps after a recent miscarriage.

QUESTION 7

In managing miscarriage, routine blood tests and imaging are not generally indicated unless investigating recurrent pregnancy loss. Recurrent pregnancy loss is defined as at least how many pregnancy losses?

- A. two
- B. three
- C. four
- D. five

QUESTION 8

A common screening tool for depression in women who have experienced a miscarriage is the Postnatal Depression Scale developed in:

- A. Amsterdam
- B. Cologne
- C. Edinburgh
- D. Geneva

QUESTION 9

Caffeine intake above what level per day has been linked to recurrent pregnancy loss:

- A. 50 mg
- B. 100 mg
- C. 125 mg
- D. 150 mg

QUESTION 10

One month after pregnancy loss, what proportion of individuals have been found to have substantial mental health burden?

- A. 18%
- B. 29%
- C. 37%
- D. 42%

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

CASE 1

Simone, a woman aged 27 years, presents to discuss preconception care when thinking of trying to conceive for the second time after the birth of her son, aged four years.

QUESTION 1

State the risk factors requiring higher dose folic acid supplementation and the dose recommended.

QUESTION 2

List three risks associated with increased weight when entering pregnancy.

QUESTION 3

Discuss the screening for infectious diseases that should be undertaken as part of preconception care for all parents.

QUESTION 4

Describe the system and clinician barriers to preconception care.

CASE 2

Rachel, a woman aged 65 years, presents with a vulval lesion.

QUESTION 5

List the six main histopathological types of vulval cancer.

CASE 3

Olivia, a girl aged 14 years, presents to discuss time off school following an injury at home.

QUESTION 6

An emerging body of literature confirms that training can improve health professionals' readiness to respond to family and domestic violence. Discuss readiness in this context.

CASE 4

Abigail, a woman aged 22 years, books a telehealth appointment at six weeks' gestation to discuss early medical abortion.

QUESTION 7

Discuss patient and healthcare provider barriers to the use of telehealth for early medical abortion consults.

CASE 5

Anna, a woman aged 32 years, comes in to discuss her next steps after a recent miscarriage.

QUESTION 8

When assessing a woman after a miscarriage, it is important to ensure that her routine antenatal screen has been completed. Other than routine prenatal blood tests, cervical screening test and midstream urine, discuss the additional tests to consider as part of all prenatal assessments.

QUESTION 9

List the blood tests to be undertaken as part of recurrent pregnancy loss investigation.

QUESTION 10

After a single pregnancy loss, describe any changes to antenatal ultrasound timing in a subsequent pregnancy.

October 2024 Multiple-choice question answers

ANSWER 1: B

The differential diagnosis of non-itchy papular rash in a recently returned traveller includes infective and non-infective causes, of which drug reactions, haematological conditions and cutaneous vasculitis are important to consider.

ANSWER 2: B

Following a diagnosis of neurosyphilis, symptom review, neurological examination and repeat cerebrospinal fluid (CSF) testing are recommended at three to six months, and six-monthly thereafter until the leukocyte count is <5 g/μL and rapid plasma reagin (RPR)/venereal disease research laboratory (VDRL) is non-reactive.

ANSWER 3: D

According to the Australian Society of HIV, Viral Hepatitis and Sexual Health Medicine (ASHM), a standard asymptomatic check for sexually transmitted infections should include serum testing for hepatitis B, HIV and syphilis.

ANSWER 4: C

The first-line treatment option for syphilis infection is intramuscular (IM) benzathine benzypenicillin, given as a single dose for early syphilis (primary, secondary or early latent) or weekly for three weeks for late syphilis or syphilis of unknown duration.

Non-penicillin regimes have lower efficacy and require specialist input.

ANSWER 5: C

The first-line treatment for scabies infestation is 5% topical permethrin covering all areas of the body.

Oral ivermectin is a highly effective second-line option in cases where treatment with topical permethrin has failed or compliance with topical therapy may be incomplete. While it is the treatment of choice to eradicate crusted scabies or mass outbreaks, it is not recommended for use in pregnant or breastfeeding women, or in children aged less than five years or weighing less than 15 kg. Benzyl benzoate has reduced tolerability and efficacy compared with permethrin. Medium-potency topical corticosteroids are used to treat eczematous complications of scabies infection.

ANSWER 6: B

Scabies has a predilection for intertriginous spaces, particularly the dorsal interdigital web spaces of the hands, axillae, buttocks, genitalia and under the breasts in women, although the limbs and trunk can be involved. Erythematous papules on palms or soles or firm pruritic nodules in the genitalia can be pathognomonic of scabies.

ANSWER 7: C

The Jarisch–Herxheimer reaction presents with fever, malaise, sweating and headaches. In pregnant women who experience a reaction, contractions, decreased foetal movements or foetal distress on monitoring may occur.

ANSWER 8: A

In Australia, sporadic Creutzfeldt–Jakob disease (CJD), and genetic prion diseases, continue at a prevalence of one to two cases per 1 million per year. The acquired form of variant CJD (vCJD) has never been identified in Australia.

ANSWER 9: C

Two respiratory syncytial virus (RSV) vaccines have been approved for adults ≥60 years in Australia: Arexvy, the GlaxoSmithKline RSV vaccine, and Abrysvo, the Pfizer RSV vaccine. Both are currently recommended as a single-dose course given at any time of year.

ANSWER 10: C

There are two state-specific respiratory syncytial virus (RSV) preventative vaccines that administer monoclonal antibody products to children from birth. There are no active RSV vaccines currently available for children that induce active immunity.

October 2024 Short answer question answers

ANSWER 1

Four priority groups for syphilis testing under recommendations from the Australian Society of HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) are:

- men who have sex with men, and their sexual contacts
- any high-risk groups as identified during an outbreak
- people who are pregnant
- people living with HIV
- people who have previously been treated for syphilis
- people aged 15–40 years
- people with a new sexual partner or multiple partners

- at follow-up, when any sexually transmitted infection (STI) or blood-borne virus (BBV) is detected
- contacts of a person diagnosed with any STI or BBV
- people who request a sexual health screen
- anyone during an item 715 health check for Aboriginal or Torres Strait Islander peoples
- anyone during any consultation.

ANSWER 2

The following are examination findings of secondary syphilis.

- Non-pruritic maculopapular rash, characteristically on the palms and soles.
- Painless generalised lymphadenopathy.
- Oral ulceration and mucous patches.
- Soft, raised, wart-like lesions in moist areas (condylomata lata)
- Alopecia.

ANSWER 3

A sign of primary syphilis to examine for next is painless chancre (single, non-tender, indurated ulcer with a raised edge and clean base) found at the site of contact with another infectious lesion (eg penis, mouth, anus or labia).

Occasionally presents as two or more painful ulcers.

ANSWER 4

The two presentations of early neurosyphilis are:

- asymptomatic neurosyphilis
- acute syphilitic meningitis.

ANSWER 5

If John had travelled to remote areas of Thailand and camped by natural waterways, tropical infections to consider include:

- dengue
- Zika
- chikungunya
- rickettsial infections
- scrub typhus
- malaria.

ANSWER 6

- The association between scabies and eczema is that hypersensitivity response to scabies infection can cause secondary eczema.
- The association between scabies and acute rheumatic fever is that superimposed bacterial infection (impetigo) with skin commensals, such as *Streptococcus pyogenes* and *Staphylococcus aureus* due to excoriation or skin breaches, can result in subsequent acute rheumatic fever, particularly in at-risk Aboriginal or Torres Strait Islander communities.

ANSWER 7

Differential diagnoses for crusted scabies lesions are:

- seborrhoeic dermatitis
- chronic plaque psoriasis
- impetigo.

ANSWER 8

Six neurological presentations of progressive Creutzfeldt–Jakob disease are:

- rapidly progressive dementia
- myoclonus
- ataxia
- visual disturbances
- pyramidal and extrapyramidal signs
- akinetic mutism.

ANSWER 9

The Australian Technical Advisory Group on Immunisation (ATAGI) recommendation to delay maternal respiratory syncytial virus (RSV) vaccination to the third trimester is because early trial data demonstrated imbalance in rates of pre-term birth. This decision was made to minimise the potential for pre-term birth.

ANSWER 10

Current state-based programs in RSV prevention involve administration of immunoglobulin, which offers up to five months of passive immunity. Conventional vaccination programs elicit active immune responses.