

Clinical challenge

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

CASE 1

Ahmed, a man aged 74 years, presents for review of nocturia and poor stream.

QUESTION 1

The second most common type of cancer among men worldwide is:

- A. lung
- B. bowel
- C. bladder
- D. prostate

QUESTION 2

A structured surveillance strategy for prostate cancer with curative intent is:

- A. radical prostatectomy
- B. watchful waiting
- C. active surveillance
- D. prostate brachytherapy

CASE 2

John, a man aged 80 years, presents for review of urinary frequency, urgency and nocturia.

QUESTION 3

For men with moderate-to-severe lower urinary tract symptoms (LUTS), alpha 1-blockers aim to inhibit the effect of endogenously released:

- A. noradrenaline
- B. acetylcholine
- C. glutamate
- D. serotonin

QUESTION 4

The most frequent adverse side effects of alpha 1-blockers are orthostatic hypotension and:

- A. visual changes
- B. peripheral oedema
- C. retrograde ejaculation
- D. venous eczema

CASE 3

Joan, a woman aged 68 years, presents for review of recurrent urinary tract infection (rUTI) in the setting of type 1 diabetes mellitus.

QUESTION 5

A non-antibiotic therapy for recurrent urinary tract infection (rUTI) that prevents bacterial adherence to the bladder mucosa is:

- A. D-mannose
- B. probiotics
- C. hippurate
- D. oestrogen

CASE 4

Cathy, your registrar, would like to discuss the available options for gender affirmation surgery at her next tutorial.

QUESTION 6

Important perioperative considerations prior to gender affirmation surgery include hair removal, preoperative hormonal levels, fertility planning and:

- A. alcohol cessation
- B. family planning
- C. pain management
- D. peripheral neuropathy

CASE 5

Julia, a woman aged 78 years, with a background of chronic obstructive pulmonary disease presents for review of stress incontinence.

QUESTION 7

The postulated aetiology of stress urinary incontinence includes intrinsic sphincter deficiency and:

- A. renal calculi
- B. ureteric strictures
- C. pelvicalyceal cysts
- D. urethral hypermobility

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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/d2l/home>) (Activity ID: 793129). 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 12 CPD hours (six hours' Educational Activities and six 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 6

Pablo, a man aged 66 years, presents for review of lethargy in the setting of androgen deprivation therapy (ADT) for prostate cancer.

QUESTION 8

Following initial initiation of androgen deprivation therapy (ADT), the initial surge in testosterone can cause bladder outlet obstruction and:

- A. bone pain
- B. weight gain
- C. alopecia areata
- D. resistant hypertension

QUESTION 9

Abiraterone, a small molecule androgen receptor pathway inhibitor, must be given with:

- A. adrenaline
- B. aspirin
- C. prednisolone
- D. colchicine

QUESTION 10

Monitoring suggestions for patients on hormonal therapy for prostate cancer includes six-monthly:

- A. magnetic resonance imaging
- B. bone scintigraphy
- C. transabdominal ultrasound
- D. transurethral prostate biopsy

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

CASE 1

Ahmed, a man aged 74 years, presents for review of nocturia and poor stream.

QUESTION 1

State the difference between active surveillance and watchful waiting in the management of prostate cancer.

CASE 2

John, a man aged 80 years, presents for review of urinary frequency, urgency and nocturia.

QUESTION 2

State the mechanism of action of 5-alpha reductase inhibitors (5-ARIs).

QUESTION 3

List three potential sexual side effects of 5-alpha reductase inhibitors (5-ARIs).

QUESTION 4

State the first-line recommended medical therapy for men with moderate-to-severe lower urinary tract symptoms (LUTS).

QUESTION 5

List six alternatives to transurethral resection of the prostate (TURP) that have emerged for the surgical management of lower urinary tract symptoms (LUTS) secondary to benign prostatic hyperplasia (BPH).

CASE 3

Joan, a woman aged 68 years, presents for review of recurrent urinary tract infection in the setting of type 1 diabetes mellitus.

QUESTION 6

Define what is meant by the term recurrent urinary tract infection (rUTI).

CASE 4

Cathy, your registrar, would like to discuss the available options for gender affirmation surgery at her next tutorial.

QUESTION 7

Define what is meant by the term gender dysphoria.

CASE 5

Julia, a woman aged 78 years, with a background of chronic obstructive pulmonary disease presents for review of stress incontinence.

QUESTION 8

Define the features that contribute to complicated stress urinary incontinence (SUI).

CASE 6

Pablo, a man aged 66 years, presents for review of lethargy in the setting of androgen deprivation therapy (ADT) for prostate cancer.

QUESTION 9

List three indications for androgen deprivation therapy (ADT) treatment.

QUESTION 10

State the mechanism of action for androgen deprivation therapy (ADT).

April 2024 Multiple-choice question answers

ANSWER 1: C

Diet plays a key role in the onset and progression of chronic disease and is the most prevalent modifiable risk factor.

ANSWER 2: A

An underexamined factor that might influence GPs' provision of nutrition care is personal experience.

ANSWER 3: B

The most common causes of hypercalcaemia are primary hyperparathyroidism and malignancy.

ANSWER 4: D

A potential cause of parathyroid hormone-independent hypercalcaemia is sarcoidosis.

ANSWER 5: C

Severe hypercalcaemia of acute onset can cause polyuria, polydipsia, renal stones, renal impairment, neuropsychiatric symptoms and arrhythmias.

ANSWER 6: D

The key investigation is the parathyroid hormone (PTH) level.

ANSWER 7: C

A standard drink contains 10 g alcohol; this equates to 290 kJ.

ANSWER 8: B

A substitute for assessing BMI in patients who might be difficult to weigh or have other factors that might influence weight, such as fluid retention, is mid-upper arm circumference.

ANSWER 9: A

Four minutes of brisk walking is classified as vigorous physical activity.

ANSWER 10: C

Barriers to physical activity commonly reported in people affected by cancer include fatigue, pain, treatment side effects, access to facilities, financial considerations and kinesiophobia.

April 2024 Short answer question answers

ANSWER 1

The novel concept of chrono-nutrition through TRE describes that when we eat might be as critical for chronic disease prevention and management as what and how much we eat. TRE emphasises the timing of meals in alignment with diurnal circadian rhythms, permitting dietary intake during an approximate 6–12-hour eating window each day, and causes energy restriction through reduced intake of discretionary foods.

ANSWER 2

Two barriers to providing nutrition care in general practice are:

- inadequate knowledge and skills
- inadequate time to provide counselling.

ANSWER 3

Milk-alkali syndrome results from the ingestion of large quantities of calcium with absorbable alkali and is characterised by the triad of hypercalcaemia, metabolic alkalosis and renal dysfunction.

ANSWER 4

Relevant tests include tumour markers, myeloma screen, imaging, mammogram, pap smear, endoscopy and colonoscopy.

ANSWER 5

Alcohol dependence is characterised by a strong internal drive to use alcohol, manifested by an impaired ability to control use, with increasing priority given to use despite harm and negative consequences.

ANSWER 6

‘Risky drinking’ is defined as more than 10 standard drinks a week and more than four standard drinks in one day.

ANSWER 7

The Clinical Oncology Society of Australia recommend that people with cancer do:

- at least 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity aerobic physical activity (eg walking, jogging, cycling and swimming) each week
- two to three resistance exercise (ie lifting weights) sessions each week involving moderate- to vigorous-intensity exercises targeting the major muscle groups.

ANSWER 8

Physical activity is any movement produced by skeletal muscles requiring energy expenditure.

ANSWER 9

Exercise is planned, structured and repetitive physical activity for the purpose of improving health and maintaining fitness.

ANSWER 10

Physical activity intensities can be measured using the rate of perceived exertion scale, heart rate or the talk test.