BARCODE123456

Key Feature Problem
Practice Exam B – 2023.2
QUESTION BOOKLET

Before starting the exam, you must read and sign the **Candidate Assessment Policies Consent Sheet contained on the next page.**

INSTRUCTIONS

The RACGP Key Feature Problem (KFP) Practice Examination has **13 cases** with each case containing **two or more questions** to be completed within **2 hours**.

There are two types of question – written and selection list (multiple choice). Please refer to the **answer instruction below** for how to submit your responses.

Please refer to the **separate image booklet** for all images.

Please note:

- All stated patient temperatures are measured tympanically and medication doses are all oral unless otherwise stated. Abnormal results appear in **bold** text with an asterisk (*) after the unit result and includes results that are not presented in a table.
- From 2023.2 onwards there will be no drug doses required within the KFP, though candidates may still be required to provide route of administration or frequency of administration.

ANSWER INSTRUCTIONS

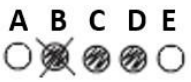
WRITTEN RESPONSE:

Neatly write your responses on the lines allocated. If you need to change a response, cross it out and re-write it nearby. Ensure it is obvious which question your answer applies to.

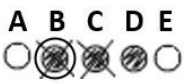
MULTIPLE CHOICE RESPONSE:

Shade inside the circles that correspond to your choice using a black pen.

If you make a mistake, place a cross through the circle you want to remove, and shade a new choice:
In this example, B has been removed and C and D have been selected.



If you decide to reselect a response previously crossed out, circle your choice and make sure to cross out any unwanted choices:
In this example, C has been removed and B and D have been selected.



CANDIDATE DETAILS:

RACGP ID:

First Name:

Last Name:

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I understand that the policies listed above, the terms of my exam enrolment and my status as a member or Fellow of the RACGP (as applicable) impose important obligations on me. I understand:

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Candidate name: _____

Candidate signature: _____ **Date:** _____

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Case 1

Jane Bronway, aged 27 years, presents with her first baby, Mary, for their eight-week check. Jane is breastfeeding Mary every two to three hours during the day and overnight. Her nipples are cracked and painful. She becomes tearful when talking about breastfeeding. She constantly feels worried and checks on Mary frequently during the day.

Jane has no significant past medical history, takes no regular medications and has no known allergies. She does not smoke, drink alcohol or use recreational drugs. She is a single mother, does not have any immediate family or friends in the local area, and has approached the local mothers' groups for support.

On examination, Jane looks well, though tired. Her temperature is 36.8°C, blood pressure is 125/74 mmHg, heart rate is 75/min regular, respiratory rate is 15/min and body mass index is 24.9 kg/m^2. The remainder of her examination is normal.

On examination, Mary looks well. Her temperature is 37.1°C, blood pressure is 60/30 mmHg (normal range: 60 – 105 mmHg), heart rate is 140/min regular (normal range: 115 - 185/min), respiratory rate is 40/min (normal range: 25 – 60/min), weight is 4.8 kg, length is 56 cm and head circumference is 37.5 cm (all 25th centile). The remainder of her examination is normal.

Question 1.1

What initial non-pharmacological management options are appropriate in managing the single most likely underlying diagnosis? Write **three (3)** specific non-pharmacological management options.

1. ……

2. ……

3. ……

Question 1.2

Jane presents for follow-up 10 weeks later.

Two weeks ago, she had a medical termination of pregnancy following a single sexual encounter that resulted in an unexpected pregnancy. She has had ongoing vaginal bleeding, offensive vaginal discharge and lower abdominal cramping since.

What are the most likely differential diagnoses? Write **two (2)** specific diagnoses.

1. ……

2. ……

Question 1.3

What investigations are appropriate?

Select **three (3)** investigations from the following list.

A. Antinuclear antibodies
B. Blood group and antibodies
C. Cervical screening test
D. Coagulation studies
E. CT scan abdomen
F. CT scan pelvis
G. Endocervical swab for chlamydia polymerase chain reaction
H. Follicle stimulating hormone
I. Full blood count
J. High vaginal swab for microscopy, culture and sensitivities
K. Iron studies
L. Liver function tests
M. Lupus anticoagulant
N. Luteinising hormone
O. Oestradiol
P. Progesterone
Q. Quantitative beta human chorionic gonadotrophin
R. Syphilis serology
S. Thyroid function tests
T. Ultrasound scan of pelvis
U. Urea and electrolytes
V. Urine for microscopy, culture and sensitivities

ANSWER INSTRUCTIONS

Shade inside the circles that correspond to your choice using a black pen, like this: ……●

If you make a mistake, place a cross though the circle you want to remove, like this: ……⊗

A B C D E F G H I J K L M N O P Q R S T U V

○ ○

Case 2

Sheila Hoffman, aged 42 years, staggers into your rural emergency department assisted by her husband. She reports a two-day history of feeling ‘like the world is spinning’ that has worsened over the past two hours. Whenever she moves her head in either direction, the ‘world spins’ for a few minutes and she feels like she will vomit. She has never had these symptoms before. She has been off work for the last week with a mild dry cough. COVID-19 has been definitively excluded.

Sheila has no significant past medical history, takes no regular medications and has no known allergies. She does not smoke or drink alcohol.

On examination, Sheila looks well, though nauseated, and is holding an emesis bag. Her temperature is 37.1°C, blood pressure is 110/70 mmHg (lying) and 105/65 mmHg (standing), heart rate is 80/min regular (lying) and 85/min regular (standing), respiratory rate is 14/min and body mass index is 22.5 kg/m^2.

Sheila’s random blood glucose level is 6.2 mmol/L (normal range 3.0-7.7).

Question 2.1

What are the most likely differential diagnoses? Write **three (3)** specific diagnoses.

1. ……

2. ……

3. ……

Question 2.2

Your physical examination supports your provisional diagnosis.

Sheila remains very dizzy and is vomiting.

What initial management actions are appropriate? Write **three (3)** specific management actions (dosing is not required).

1. ……

2. ……

3. ……

Question 2.3

Sheila is managed appropriately and makes a full recovery.

Sheila returns two weeks later reporting that she has been fired from her workplace due to her two-week absence. She had an appropriate medical certificate. She is distraught. She strongly denies suicidal ideation but is unsure what she should do next.

What non-pharmacological management options are appropriate? Write **four (4)** specific non-pharmacological management options.

1. ……

2. ……

3. ……

4. ……

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Case 3

Barbara Watson, aged 57 years, presents requesting a repeat script for her medication. She has been well recently.

Barbara has a past medical history of hypertension, hyperlipidaemia and asthma for which she takes perindopril 5 mg orally daily, amlodipine 5 mg orally daily, atorvastatin 20 mg orally daily, and budesonide/fomoterol 200/6mcg 2 puffs twice daily. She has no known allergies. She works as a real estate agent and admits to working long hours and eating regular take-away foods.

On examination, Barbara looks well. Her temperature is 37.0°C, blood pressure is 155/97 mmHg, heart rate is 75/min regular and body mass index is 31.5 kg/m^2. The remainder of her examination is normal.

Question 3.1

In the given history, which aspects of Barbara's lifestyle are likely to contribute to her elevated blood pressure? Write **four (4)** specific aspects.

1. ……

2. ……

3. ……

4. ……

Question 3.2

What options are appropriate in further assessing her blood pressure? Write **two (2)** specific options.

1. ……

2. ……

Question 3.3

You confirm that Barbara's blood pressure is consistently raised.

What pharmacological management options are appropriate? Write **three (3)** specific pharmacological management options. Specific medication dosages are not required.

1. ……

2. ……

3. ……

Case 4

Scott Snyder, aged 28 years, presents to your rural clinic reporting relationship difficulties. He is in his first sexual relationship and was recently married. Due to his religious beliefs, Scott had never had sexual intercourse until marriage. Unfortunately, when he and his wife attempted vaginal penetrative sex, he was unable to maintain a firm enough erection to initiate intercourse.

Scott has no significant past medical history, takes no regular medications and has no known allergies. He does not smoke, drink alcohol or use recreational drugs. He works in a stressful desk job and does not often get time to exercise or care for his own health.

On examination, Scott looks well. His temperature is 36.7°C, blood pressure is 131/91 mmHg, heart rate is 82/min regular, respiratory rate is 14/min and body mass index is 24.5 kg/m^2.

The nearest tertiary hospital is 200 km away by road.

Question 4.1

What additional examination features are important to assess? Write **three (3)** specific examination features.

1. ……

2. ……

3. ……

Question 4.2

What initial investigations are appropriate?

Select **five (5)** investigations from the following list.

A. Adrenocorticotrophic hormone
B. Anti-Mullerian hormone
C. Antinuclear antibodies
D. C-reactive protein
E. Cortisol level
F. Erythrocyte sedimentation rate
G. Extended nuclear antigen panel
H. Fasting blood glucose
I. Follicle stimulating hormone
J. Full blood count
K. Lipid profile
L. Liver function tests
M. Luteinising hormone
N. Morning testosterone
O. Oestradiol
P. Prolactin
Q. Thyroid function tests
R. Ultrasound scan of scrotum
S. Ultrasound scan of kidneys, ureters and bladder
T. Urea and electrolytes

ANSWER INSTRUCTIONS

Shade inside the circles that correspond to your choice using a black pen, like this: ……

If you make a mistake, place a cross though the circle you want to remove, like this: ……

A B C D E F G H I J K L M N O P Q R S T

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

Question 4.3

Scott's physical examination and investigation results are normal. He asks what might assist him to have successful penetrative intercourse.

What non-pharmacological management options and/or lifestyle advice is appropriate? Write **three (3)** specific non-pharmacological management options and/or pieces of lifestyle advice.

1. ……

2. ……

3. ……

Case 5

Fleur O'Brien, aged 46 years, reports a six-month history of reduced appetite, depressed mood and withdrawing from social activities. She is frustrated that she cannot complete all of the projects she has on the go. Before the last six months she had plans to repaint her house, was building a hobby boat in the backyard, was planning a biking trip around Australia and was teaching the piano. She could do all this on very little sleep.

Fleur has bouts of increased energy that last for one to two weeks about every two months, where she seems to survive on two to three hours' sleep a night. She gets multiple projects started but doesn't complete them.

Fleur has a past medical history of postnatal depression and fibromyalgia for which she takes paracetamol 1 g orally four times daily and tapentadol slow-release 150 mg orally daily. She does not smoke or drink alcohol. She lives alone, approximately 100 km from your practice.

On examination, Fleur looks well. She is neatly dressed, makes good eye contact, and her speech appears normal in rate and content. She connects ideas and is able to answer questions succinctly. Her temperature is 37.3°C, blood pressure is 128/73 mmHg, heart rate is 71/min regular, respiratory rate is 14/min and body mass index is 21.3 kg/m^2. The remainder of her examination is normal.

Question 5.1

What additional aspects of history are important to elicit to further define her diagnosis? Write **four (4)** specific aspects of history.

1. ……

2. ……

3. ……

4. ……

Question 5.2

Additional history is unremarkable. What are the most likely differential diagnoses? Write **two (2)** specific diagnoses.

1. ……

2. ……

Question 5.3

Fleur is managed appropriately and makes a full recovery.

Fleur returns for review two months later. She is concerned about her daughter, Sam. Sam has been caring for Fleur over the past few months and the stress of this role together with long work hours as a doctor at the local hospital has driven her to start drinking up to two bottles of wine every night after work. You note that Sam is not a usual patient of your practice. Fleur asks if you can see Sam to help her reduce her alcohol consumption.

Considering Fleur's concerns and your medicolegal obligations, what advice is appropriate? Write **three (3)** specific pieces of advice.

1. ……

2. ……

3. ……

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Case 6

Nick Janaway, aged 37 years, presents for repeat scripts for pain medications.

Nick sustained a fracture of his right distal tibia and fibula in a skiing accident eight weeks ago in France, which required an open reduction and internal fixation with a plate and screws. The procedure was complicated by aspiration pneumonia for which he spent one week in intensive care and a further one week in the medical ward. He has not been able to see a general practitioner since returning to Australia three weeks ago and is now running out of medications. He reports ongoing pain that is dull and burning and says that his leg feels hot all the time and wakes him up at night. He has noticed that his ankle is slightly swollen most days and he is having difficulty weight-bearing due to pain and stiffness.

Nick has no other significant past medical history. He takes paracetamol 1 g orally four times per day, meloxicam 15 mg orally daily, oxycodone modified-release 30 mg orally twice daily and oxycodone 5 mg orally four-hourly if required. He has no known allergies. He does not smoke, has two standard drinks of alcohol three nights per week and does not use recreational drugs.

On examination Nick looks well, though appears anxious and tired. His temperature is 37.4°C, blood pressure is 145/90 mmHg, heart rate is 80/min regular, respiratory rate is 13/min and body mass index is 24.9 kg/m^2. There is mild swelling, erythema and tenderness over the right distal leg and calf, with limited ankle range of motion.

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Question 6.1

What investigations would help to establish the most likely underlying diagnosis?

Select **five (5)** investigations from the following list.

A. Ankle brachial pressure index	N. Extractable nuclear antigens
B. Antinuclear antibodies	O. Full blood count
C. Arterial Doppler of right leg	P. Liver function tests
D. Blood for microscopy, culture and sensitivities	Q. Parathyroid hormone
	R. Rheumatoid factor
E. Bone scintigraphy	S. Serum corrected calcium
F. C-reactive protein	T. Serum electrophoresis
G. Cancer antigen 125	U. Thyroid function tests
H. Cancer antigen 19.9	V. Ultrasound scan of right ankle
I. Complement C3 and C4	W. Venous Doppler of right leg
J. CT scan right ankle	X. Vitamin B12
K. CT scan right knee	Y. X-ray right ankle
L. D-dimer	Z. X-ray right hip
M. Double stranded deoxyribonucleic acid	AA. X-ray right knee

ANSWER INSTRUCTIONS

Shade inside the circles that correspond to your choice using a black pen, like this: ……

If you make a mistake, place a cross though the circle you want to remove, like this: ……

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z AA

Question 6.2

Nick’s investigations are normal.

What is the single most likely diagnosis? Write **one (1)** specific diagnosis.

1. ……

Question 6.3

What pharmacological management options are appropriate? Write **four (4)** specific pharmacological management options (from different drug classes) (dosing is not required).

1. ……

2. ……

3. ……

4. ……

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Case 7

Linda McCarthy, aged 35 years, reports a six-month history of absent periods associated with loss of libido and vaginal dryness. She has been otherwise well.

Linda has no significant past medical history, takes no regular medications and has no known allergies. She does not smoke or drink alcohol.

On examination, Linda looks well. Her temperature is 36.5°C, blood pressure is 129/81 mmHg, heart rate is 78/min regular, respiratory rate is 14/min and body mass index is 22.5 kg/m^2. The remainder of her examination is normal.

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Question 7.1

What are the most likely differential diagnoses? Write **five (5)** specific diagnoses.

1. ……

2. ……

3. ……

4. ……

5. ……

Question 7.2

What initial investigations are appropriate?

Select **five (5)** investigations from the following list.

A. C-reactive protein
B. Cervical screening test
C. Cortisol
D. Erythrocyte sedimentation rate
E. Fasting blood glucose level
F. Follicle stimulating hormone
G. Free androgen index
H. Full blood count
I. Liver function tests
J. Luteinising hormone
K. Oestradiol
L. Progesterone
M. Prolactin
N. Testosterone
O. Thyroid function tests
P. Ultrasound scan of pelvis
Q. Urea and electrolytes
R. Urine beta human chorionic gonadotrophin
S. Urine for chlamydia polymerase chain reaction
T. Urine for gonorrhoea polymerase chain reaction
U. X-ray abdomen

ANSWER INSTRUCTIONS

Shade inside the circles that correspond to your choice using a black pen, like this: ……

If you make a mistake, place a cross though the circle you want to remove, like this: ……

A B C D E F G H I J K L M N O P Q R S T U

Question 7.3

Linda is managed appropriately.

Linda returns two months later reporting a six-week history of a slow-growing non-painful lump on her lower right eyelid (see image).

What is the single most likely diagnosis? Write **one (1)** specific diagnosis.

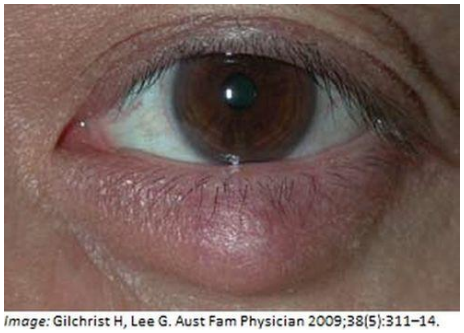

Image: Gilchrist H, Lee G. Aust Fam Physician 2009;38(5):311–14.

1. ……

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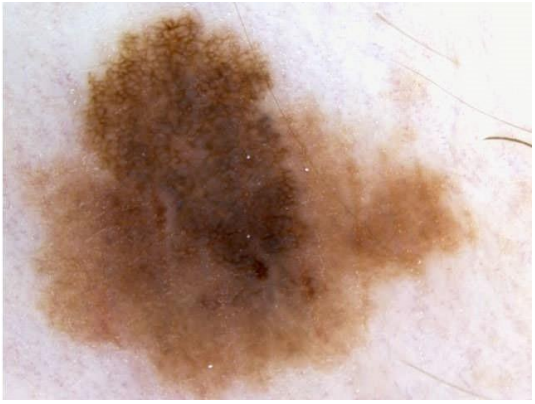
Case 8

Mohammed Musti, aged 67 years, presents as a new patient requesting a routine full skin examination.

Mohammed's past medical history includes a changing skin lesion on his right leg for which his previous general practitioner performed an excision biopsy 12 months ago. He did not attend for the results of this excision biopsy, even though the clinic left him several messages. He says he 'got too busy'. He also had a lesion removed from his scalp two years ago, which he was told was a basal cell carcinoma. He takes no regular medications and has no known allergies. He does not smoke or drink alcohol.

On examination, Mohammed looks well. His temperature is 37.3°C, blood pressure is 139/95 mmHg, heart rate is 82/min regular, respiratory rate is 16/min and body mass index is 28.3 kg/m^2. While examining his skin you note an enlarged lymph node (21 mm diameter) palpable in his right inguinal region. The remainder of his examination is normal.

You note on his transferred medical record a photograph of the skin lesion on his right leg taken before excision (see image).



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Question 8.1

What investigations are appropriate?

Select **four (4)** investigations from the following list.

A. Antinuclear antibodies
B. Bone scintigraphy
C. C-reactive protein
D. CT scan abdomen
E. CT scan brain
F. CT scan chest
G. Erythrocyte sedimentation rate
H. Excision biopsy of lymph node
I. Fine needle aspiration of lymph node
J. Full blood count
K. Liver function tests
L. Prostate specific antigen
M. Ultrasound scan of abdomen
N. Ultrasound scan of lymph node
O. Urea and electrolytes
P. X-ray chest

ANSWER INSTRUCTIONS

Shade inside the circles that correspond to your choice using a black pen, like this: ……

If you make a mistake, place a cross though the circle you want to remove, like this: ……

A B C D E F G H I J K L M N O P

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

Question 8.2

Mohammed fails to attend the arranged investigations.

Mohammed presents four weeks later reporting a three-week history of worsening back pain that is preventing him from sleeping, increased thirst and constipation. Three days ago, he saw another general practitioner who commenced him on oxycodone 10 mg twice daily. This made him drowsy and did not improve the pain. He is worried that his health has significantly deteriorated.

On examination, Mohammed looks well, though tired. His temperature is 36.9°C, blood pressure is 135/93 mmHg, heart rate is 79/min regular, respiratory rate is 14/min and body mass index is 28.3 kg/m^2. He has focal vertebral spinal tenderness at T9, T10 and L1. The remainder of his examination is normal.

What pharmacological management options are appropriate? Write **four (4)** specific pharmacological management options (dosing is not required).

1. ……

2. ……

3. ……

4. ……

Question 8.3

Mohammed confides in you that he is worried that he may lose the capacity to make decisions relating to his healthcare if his condition worsens.

What advice is appropriate regarding the options available should he lose the capacity to make his own healthcare decisions? Write **two (2)** specific pieces of advice.

1. ……

2. ……

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Case 9

Cara Jones, aged 24 years, reports being sexually assaulted two days ago while staying in a homeless shelter. She was released from prison two weeks ago. She has no physical injuries or symptoms. She does not wish to involve the police. Her last menstrual period was two weeks ago, and her periods occur every 28 days.

Cara has no significant past medical history, takes no regular medications and has no known allergies. She does not smoke, has six standard drinks of alcohol most nights and admits to using intravenous heroin intermittently for three years before her incarceration. She is planning to move to another city but has no solid plans.

Cara looks well, though tired, but does not consent to further physical examination.

Question 9.1

Other than arranging follow-up, what immediate management actions are appropriate? Write **four (4)** specific management actions.

1. ……

2. ……

3. ……

4. ……

Question 9.2

Cara is managed appropriately but does not attend her follow-up appointment.

Cara returns six months later and discloses that she was diagnosed with hepatitis C three weeks ago but has not been treated. She wants to begin hepatitis C treatment. Since she last saw you, she has been physically well, has not used recreational drugs, has not been sexually active and has found a regular place to live. Her last menstrual period was four weeks ago.

She brings a copy of her blood results, which show the following:
Hepatitis C antibodies – **positive**.

What further investigations are appropriate before commencing treatment for hepatitis C?

Select **five (5)** investigations from the following list.

A. C-reactive protein	M. Iron studies
B. Coagulation studies	N. Liver function tests
C. CT scan abdomen	O. Serum beta human chorionic gonadotrophin
D. Faecal occult blood test	P. Syphilis serology
E. Fibroscan of liver	Q. Thyroid function tests
F. Full blood count	R. Ultrasound scan of abdomen
G. Hepatitis A serology	S. Urea and electrolytes
H. Hepatitis B serology	T. Urine albumin:creatinine ratio
I. Hepatitis C genotype	U. Urine for microscopy, culture and sensitivities
J. Hepatitis C serology	V. X-ray abdomen
K. Hepatitis C viral load	
L. Human immunodeficiency virus serology	

ANSWER INSTRUCTIONS

Shade inside the circles that correspond to your choice using a black pen, like this: ……●
If you make a mistake, place a cross though the circle you want to remove, like this: ……⊗

A B C D E F G H I J K L M N O P Q R S T U V

○ ○

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Case 10

Amrita Singh, aged 28 years, reports a three-month history of feeling weak, tired and intermittently lightheaded, especially when standing for long periods of time in her job as a retail sales assistant. She has not felt as hungry as usual but has been seeking saltier foods. She has lost 3 kg in the past two months. Her last normal menstrual period was three weeks ago. She does not have a current sexual partner. COVID-19 has been definitively excluded. Amrita has no significant past medical history, takes no regular medications and has no known allergies. She does not smoke, drink alcohol or use recreational drugs.

On examination, Amrita looks well. Her temperature is 37.0°C, blood pressure is 110/60 mmHg (sitting) and 100/55 mmHg (standing), heart rate is 70/min regular, respiratory rate is 14/min and body mass index is 19.2 kg/m^2. The remainder of her examination is normal.

Question 10.1

What initial investigations would help to confirm the underlying diagnosis?

Select **four (4)** investigations from the following list.

A. Adrenocorticotropic hormone
B. Anti-nuclear antibodies
C. Blood glucose level
D. C-reactive protein
E. Coeliac serology
F. Cortisol
G. Erythrocyte sedimentation rate
H. Follicle stimulating hormone
I. Full blood count
J. Iron studies
K. Liver function tests
L. Parathyroid hormone
M. Progesterone
N. Rheumatoid factor
O. Serum beta human chorionic gonadotropin
P. Serum calcium
Q. Thyroid stimulating hormone
R. Urea and electrolytes
S. Vitamin B1
T. Vitamin B12
U. Vitamin D

ANSWER INSTRUCTIONS

Shade inside the circles that correspond to your choice using a black pen, like this: ……

If you make a mistake, place a cross though the circle you want to remove, like this: ……

A B C D E F G H I J K L M N O P Q R S T U

Question 10.2

Amrita's investigations confirm the most likely underlying diagnosis.

What non-pharmacological management actions are appropriate? Write **four (4)** specific non-pharmacological management actions.

1. ……

2. ……

3. ……

4. ……

Question 10.3

Four months later, Amrita is rushed to see you by her mother, who says that she fainted in the shower before work this morning. Amrita has been unwell for the past three days and has vomited twice overnight. COVID-19 has been definitively excluded.

On examination, Amrita looks unwell, appears lethargic and has dry lips. Her temperature is 38.2°C, blood pressure is 85/55 mmHg, heart rate is 100/min regular, respiratory rate is 15/min and body mass index is 19.2 kg/m^2. She has clear rhinorrhoea and an inflamed pharynx. The remainder of her examination is normal.

What immediate management actions are appropriate? Write **four (4)** immediate actions. If your immediate management includes pharmacological management actions, specific medication dosages are not required.

1. ……

2. ……

3. ……

4. ……

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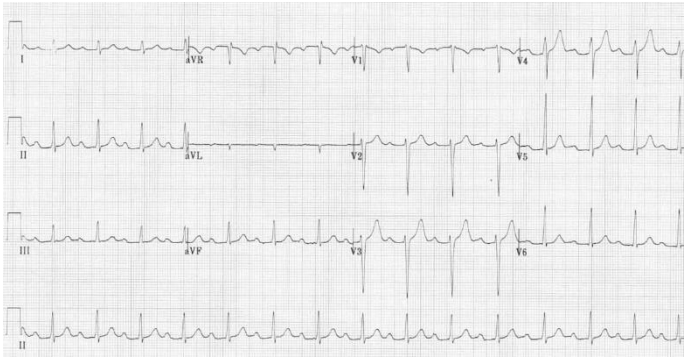
Case 11

Carlos Rizzoto, aged 75 years, reports a one-month history of recurrent dull central chest pain radiating to both shoulders and upper back. The pain tends to occur after 10 to 15 minutes of light gardening and is rapidly relieved by using two puffs of his glyceryl trinitrate spray. The most recent episode was last week. He does not have any pain at rest. He does not use his glyceryl trinitrate spray every time he gets chest pain as he is worried that he is using it too much.

Carlos has a past medical history of ischaemic heart disease with three vessel angioplasty six months ago, type 2 diabetes mellitus and chronic obstructive pulmonary disease for which he takes aspirin 100 mg orally daily, clopidogrel 75 mg orally daily, metoprolol 25 mg orally daily, glyceryl trinitrate spray 400 mcg sublingually as required, metformin 500 mg orally three times daily and tiotropium handihaler 18 mcg inhaled once daily. He has no known allergies. He does not smoke or drink alcohol. He is widowed and lives in his own home.

On examination, Carlos looks well. His temperature is 36.6°C, blood pressure is 130/85 mmHg, heart rate is 50/min regular, respiratory rate is 14/min and body mass index is 284 kg/m^2. The remainder of his examination is normal.

Carlos' electrocardiogram is shown below (see image).



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Question 11.1

What pharmacological management actions are appropriate? Write **three (3)** specific pharmacological management actions (dosing is not required).

1. ……

2. ……

3. ……

Question 11.2

Carlos is managed appropriately and returns for review four weeks later. He has not had any further chest pain.

Carlos says he is finding it increasingly difficult to manage the housework and his garden. He has been eating one meal a day as he finds it a chore to cook. He has not been going to the local club as often as he used to do. He admits to feeling a bit lonely, as his daughter has moved overseas, and he has no remaining family nearby.

What non-pharmacological management actions are appropriate? Write **three (3)** specific non-pharmacological management actions.

1. ……

2. ……

3. ……

Question 11.3

Carlos returns to see you for a general check-up three months later. He has been well recently.

On reviewing his notes, you realise that his last immunisation was at 70 years of age when he received a pneumococcal vaccine.

What immunisations are appropriate to recommend to Carlos? Write **three (3)** specific immunisations.

1. ……

2. ……

3. ……

Case 12

Libby Osmond, aged 24 years, reports a one-week history of mild lower pelvic discomfort. She had consensual unprotected penetrative vaginal sex with a new male partner three weeks ago when she was intoxicated at a party. Her last menstrual period was four weeks ago, and her periods occur every 28 days. She has been otherwise well.

Libby has no significant past medical history, takes no regular medications and has no known allergies. She does not smoke, has four standard drinks of alcohol two nights per week and does not use recreational drugs.

On examination, Libby looks well. Her temperature is 37.3°C, blood pressure is 110/68 mmHg, heart rate is 64/min regular, respiratory rate is 13/min and body mass index is 21.5 kg/m^2. Palpation of her abdomen reveals mild lower abdominal tenderness. Vaginal speculum examination reveals a slightly tender uterus and some milky vaginal discharge. The remainder of her examination is normal.

Libby's urine pregnancy test is negative.

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Question 12.1

What are the most likely differential diagnoses? Write **three (3)** specific diagnoses.

1. ……

2. ……

3. ……

Question 12.2

What initial investigations are appropriate?

Select **five (5)** investigations from the following list.

A. C-reactive protein
B. CT scan abdomen and pelvis
C. Endocervical swab for chlamydia polymerase chain reaction
D. Endocervical swab for gonorrhoea polymerase chain reaction
E. Endocervical swab for herpes simplex virus polymerase chain reaction
F. Faecal occult blood test
G. Faeces for microscopy, culture and sensitivities
H. Full blood count
I. Hepatitis A serology
J. Hepatitis B core antibody
K. Hepatitis B surface antibody
L. Hepatitis B surface antigen
M. Hepatitis C serology
N. High vaginal swab for microscopy, culture and sensitivity
O. Human immunodeficiency virus serology
P. Lactate dehydrogenase
Q. Lipase
R. Liver function tests
S. Serum beta human chorionic gonadotrophin level
T. Serum calcium
U. Syphilis serology
V. Ultrasound scan of abdomen
W. Ultrasound scan of pelvis
X. Ultrasound scan of renal tract
Y. Urea and electrolytes
Z. Urine for microscopy, culture and sensitivities

ANSWER INSTRUCTIONS

Shade inside the circles that correspond to your choice using a black pen, like this: ……●

If you make a mistake, place a cross though the circle you want to remove, like this: ……⊗

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

○ ○

Question 12.3

Libby's investigations confirm the most likely diagnosis.

What initial pharmacological management actions are appropriate? Write **three (3)** specific pharmacological management actions (dosing is not required).

1. ……

2. ……

3. ……

Question 12.4

What non-pharmacological management actions are appropriate? Write **four (4)** specific non-pharmacological management actions.

1. ……

2. ……

3. ……

4. ……

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Case 13

Arnold Wager, aged 72 years, is a new resident at the local residential aged care facility whom you have not met before. He was discharged from the local hospital after sustaining a right neck of femur fracture for which he underwent a partial right hip arthroplasty. His discharge summary indicates that he has metastatic melanoma but is too unwell for chemotherapy. His prognosis is poor, estimated at under three months.

Arnold's past medical history includes Lewy body dementia, hypertension, hypercholesterolaemia, congestive cardiac failure and metastatic melanoma for which he takes irbesartan 300 mg orally daily, hydrochlorothiazide 12.5 mg orally daily, simvastatin 40 mg orally daily, frusemide 40 mg orally twice daily, spironolactone 12.5 mg orally daily, carvedilol 6.25 mg orally twice daily, apixaban 2.5 mg orally twice daily, paracetamol 1000 mg orally four times daily and oxycodone slow release 2.5 mg orally twice daily. He has no known allergies. He does not smoke or drink alcohol.

On examination, Arnold looks well, although he is currently bed bound. His temperature is 36.7°C, blood pressure is 96/54 mmHg, heart rate is 44/min regular, respiratory rate is 12/min and body mass index is 21.0 kg/m^2. The remainder of his examination is normal.

Arnold's mini mental state examination score is 13/30.

Question 13.1

Arnold's carer indicates that he is not compliant with most of his medications.

What long-term medication changes are appropriate? Write **four (4)** specific medication changes (dosing is not required).

1. ……

2. ……

3. ……

4. ……

Question 13.2

Five days later, staff from the residential aged care facility report concerns about Arnold's aggressive behaviour. These behaviours are particularly noted in the evening and some level of confusion is present as well. They are strongly requesting your intervention, citing staff safety concerns.

Your examination of Arnold is normal. You explain to the staff that these behavioural and psychological symptoms are consistent with dementia.

What non-pharmacological management strategies are appropriate in managing Arnold's behaviour? Write **five (5)** specific non-pharmacological management strategies.

1. ……

2. ……

3. ……

4. ……

5. ……