

Specialty Certificate in Geriatric Medicine Sample Questions

Question: 1

An 83-year-old woman presented after an episode of unconsciousness. Her husband reported that, while standing during a church service, she had fallen to the ground and had been unresponsive for 2 minutes. He had noticed that she became very pale during the event and that there were several jerking movements of her left arm. Within 5 minutes of onset she was conscious and orientated.

Examination was normal. An ECG revealed sinus rhythm and left axis deviation.

What investigation is most likely to lead to a correct diagnosis?

- A 24-h cardiac Holter monitoring
- B CT scan of head
- C electroencephalography
- D head-up tilt test
- E transthoracic echocardiography

Question: 2

A 78-year-old woman, who was bedbound because of end-stage Parkinson's disease, was troubled by hallucinations. Her medications were co-beneldopa 125 mg four times daily and pramipexole 1 mg three times daily. There was no evidence that metabolic disturbance or infection had caused these new symptoms.

What is the most appropriate first step in her management?

- A reduce dose of co-beneldopa
- B reduce dose of pramipexole
- C start lorazepam
- D start quetiapine
- E start rivastigmine

Question: 3

A 74-year-old woman presented to the accident and emergency department after sudden onset of right-sided weakness. On examination, she had a right hemiparesis and a left-sided partial ptosis.

Where is the most likely site of the lesion?

- A left internal capsule
- B left mid-brain
- C left motor cortex
- D right internal capsule
- E right mid-brain

Question: 4

An 88-year-old man, who had carcinoma of the bronchus with cerebral metastases, was admitted with convulsions. A decision was made to give palliative care because he was drowsy, unable to swallow and bedbound. Chest wall pain and breathlessness were controlled with a subcutaneous morphine infusion. He was intermittently agitated and had two more convulsions.

What is the best option to control the convulsions?

- A bolus intravenous diazepam
- B diazepam suppository
- C midazolam subcutaneous infusion
- D phenytoin intravenous infusion
- E subcutaneous morphine at higher dose

Question: 5

A 70-year-old man was admitted with a 3-day history of cough, sputum, fever and rigors. He had a past history of hypertension and type 2 diabetes mellitus, both of which were well-controlled.

On examination, he was orientated, had a pulse of 84 beats per minute, a blood pressure of 122/84 mmHg and a respiratory rate of 23 breaths per minute. On auscultation, there were coarse crackles in the right lower lobe.

Investigations:

haemoglobin	145 g/L (130–180)
white cell count	$23.5 \times 10^9/L$ (4.0–11.0)
serum sodium	140 mmol/L (137–144)
serum potassium	4.3 mmol/L (3.5–4.9)
serum urea	6.0 mmol/L (2.5–7.0)
serum creatinine	85 $\mu\text{mol/L}$ (60–110)

According to the CURB-65 criteria, which observation is indicative of an increased mortality risk in this patient?

- A age
- B blood pressure
- C male gender
- D urea
- E white cell count

Question 6.

A healthy 75-year-old man saw his general practitioner (GP), as part of the over 75s screening. He was normotensive, and fit and well. He asked his GP about how he could improve his lifestyle to reduce the risk of developing dementia.

What advice should his GP give?

- A increase dietary fruit and vegetables
- B increase weight-bearing exercises
- C reduce caffeine intake
- D reduce cholesterol intake
- E reduce total calorie intake

Question 7.

A 72-year-old man was admitted with a middle cerebral artery infarct confirmed by CT scan of head. He was in atrial fibrillation and had no contraindications to starting warfarin. He made a good early recovery.

According to current UK guidance, how soon after an acute cerebral infarct should warfarin be introduced?

- A 2 days
- B 1 week
- C 2 weeks
- D 3 weeks
- E 4 weeks

Question 8.

An 82-year-old woman presented with a 3-month history of diarrhoea and weight loss. She had osteoarthritis and advanced Parkinson's disease, and mobilised using a walking frame. Despite this, she was keen to undergo further investigation.

Investigations:

haemoglobin	85 g/L (115–165)
MCV	76 fL (80–96)

What is the most appropriate next investigation?

- A colonoscopy
- B CT scan of abdomen with oral contrast
- C double contrast barium enema
- D faecal occult blood testing
- E upper gastrointestinal endoscopy with duodenal biopsy

Question 9.

An 82-year-old man with mild dementia was admitted following a syncopal episode. Two months previously, at the local memory clinic, he had been advised to take calcium and vitamin D, galantamine, simvastatin 20 mg at night and aspirin. He had no other significant past medical history and had taken no drugs previously.

The patient, his family and memory clinic staff felt that there had been intellectual and functional improvement since starting medication. An ECG showed complete atrioventricular block. An ECG recorded before he had started taking medication had been reported as normal.

On examination, he was alert, with warm peripheries and a blood pressure of 128/76 mmHg.

What is the most appropriate long-term treatment strategy?

- A change galantamine to memantine
- B change galantamine to rivastigmine
- C insert a permanent pacemaker
- D make no changes to current management
- E stop galantamine

Question 10.

Human progeria syndromes are considered to represent a human model of accelerated ageing.

What is the most characteristic feature observed in this condition?

- A cardiovascular disease in teenage years
- B cataract formation
- C cognitive decline
- D normal weight gain in infant years
- E osteoarthritis

Answers

1. Answer: D

2. Answer: B

3. Answer: B

4. Answer: C

5. Answer: A

6. Answer: A

7. Answer: C

8. Answer: B

9. Answer: C

10. Answer: A