



Cert Geriatrics(SA)

## THE COLLEGES OF MEDICINE OF SOUTH AFRICA

Incorporated Association not for gain  
Reg No 1955/000003/08

Examination for the Subspecialty Certificate in Geriatrics of the  
College of Physicians of South Africa

2 September 2011

1 Paper Only

(3 hours)

*All questions are to be answered. Each question to be answered in a separate book (or books if more than one is required for the one answer)*

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Answer all the questions.

- 1 Mr A, a 67-year-old executive accountant, is brought to you by his wife who, for the past 2 years and 3 months, has dealt with his urinary incontinence. He is irregularly losing variable amounts of urine and seems to have no control over his voiding. The patient himself considers this "problem" to be due to "old age" and denies any problems or complaints! He was never treated for any disease in his life although he did have the occasional cold and flu. He admits to having had a very stressful job and attributes his smoking 40 cigarettes a day for over 35 years to all the stress.

During the interview his wife mentions that he seems bored at home since his retirement. He even seems to have lost interest in woodwork, a lifelong hobby. She also notices that he recently made errors in handling their financial affairs.

On examination, you find Mr A. to be neither acutely nor chronically ill. His BP is 160/60 supine, and pulse 78 per min (R-R). He has a 2/6 ejection systolic murmur in the aortic area that does not radiate. The only other positive findings are mild features of chronic obstructive pulmonary disease and a mass in the suprapubic area that is non-tender and dull to percussion. On neurological examination his mini-mental state examination (MMSE) is 30/30. There is loss of the ankle reflexes as well as absent vibration sensation and position sense in both feet. He has a very slightly ataxic gait but no other signs of cerebellar disease. His fundi are difficult to see due to cataract formation.

- a) At this stage, what possible diagnoses go through your mind? (5)
  - b) Are there any other bedside tests you would like to do? (5)
  - c) Which special investigations would you request and state your reasons for each of them. (10)
  - d) Write short notes on your most likely diagnosis of Mr. A's disease. (5)
- [25]
- 2 a) Define sarcopaenia and briefly discuss the causes of sarcopaenia. (7)

- b) A 78-year-old woman gives a history of a fall two weeks prior to your seeing her. She sustained a minor scalp injury and is referred to you for further assessment. Describe how you would assess her gait and balance in your consulting rooms. (6)
- c) An 85-year-old man presents with a low trauma hip fracture. Discuss the causes, the diagnostic criteria for osteoporosis and treatment of osteoporosis in men. (12)
- [25]
- 3 a) Outline the bedside cognitive tests you might perform in a patient newly referred to you with the suspicion of an incipient dementia. Explain the cognitive functions that are being assessed by the tests. (18)
- b) The son of your 81-year-old patient is concerned that his father is no longer safe as a motor car driver. How would you assess your patient's competency to drive? (7)
- [25]
- 4 a) Describe the hormonal and biochemical changes that lead to primary frailty. (5)
- b) What other factors resulting from the changes of ageing influence the progression of primary frailty? (5)
- c) List five factors that may contribute to gait instability in the very elderly. (5)
- d) Describe your approach to the problem of dizziness without loss of consciousness in the elderly. (A flow diagram of diagnostic symptoms will be acceptable). (10)
- [25]