



## THE COLLEGES OF MEDICINE OF SOUTH AFRICA

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Examination for the Sub-specialty Certificate in Geriatric Medicine of the  
College of Physicians of South Africa



28 July 2016

Paper 1

(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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- 1 One of your regular patients brings her 84-year-old mother for a check-up. This ADL-independent lady has had mild hypertension for the last 20-odd years but no other medical problems. She has some lower back pain at times but has had this for ages and she does not know the name of the medications she is on (it has been the same for the last number of years). Two weeks ago she fell in the bathroom and bumped her head; on further questioning you learn that she was on her way to the toilet, but did not make it in time and slipped in her urine. Her head is not sore anymore, she did not lose consciousness and the bump is almost gone. She has had involuntary urine loss for many years but this is the first time ever she slipped and fell
- Keeping the possible causes of urinary incontinence (UI) in mind, list ten things you would specifically search for in the history. With each, write one sentence about the possible mechanism via which this could cause UI and indicating which causes could be iatrogenic. (10)
  - Describe how you would physically examine her to check for signs of the causes as mentioned in question a. What tests would you want to do (including side-room, bloods, x-rays etc.) and state what you are looking for with each test (i.e. why do you request them). (10)
  - List the appropriate indications for a chronic indwelling catheter. (5)
- [25]
- 2 You are asked to urgently assess a 75-year-old gentleman in the emergency unit. He was brought in by police after assaulting his wife, claiming she was trying to poison him. He is currently violently thrashing at anyone within arm's reach and keeps crying out that the rats he can see in the room are trying to bite him. The nurse who was slapped has been unable to take his observations. The police have brought in all his medications which are carbidopa/levodopa 25/100mg (39 tablets), citalopram 20mg (26 tablets), and amitriptyline 25mg (26 tablets). He had just been seen at the community clinic 4 days previously and commenced on these medications. Prior to this he had never taken any medications. The policemen accompanying him report that they had been called to the home twice in the past month because the patient had reported that "small people" were invading his home. On both occasions police and family members were unable to find these people. The policemen report that his frail and immobile wife says he has been very "up and down" over the past few

months and he has withdrawn from attending the community policing forum which he used to head. He withdrew 3 months ago because he kept mixing up people's names. The policemen who are close family friends also note that his walking had slowed down over the last 6 months

- a) Discuss the differential diagnoses that could account for this patient's presentation. (6)
  - b) Discuss how you would perform an acute assessment in this situation as well as relevant investigations that would assist you in assessing this patient. (8)
  - c) What iatrogenic complications do you need to anticipate and prevent during the in-patient care of this patient? (5)
  - d) Identify and briefly mention the roles of the multidisciplinary team members you would include in his care. (6)
- [25]

3 An 86-year-old spinster, Ms Jones, has been living independently in her 2<sup>nd</sup> story flat for the past 15 years. She has a 40 pack year history of smoking and still smokes 6 cigarettes a day. She is known with controlled hypertension, ischaemic heart disease, having suffered a NSTEMI the year before, gastro-oesophageal reflux disease and chronic pain from osteoarthritis of her knees. Her neighbour brings her in for an assessment as she is concerned that Ms Jones is not going out much anymore, losing weight and not having any help. Ms Jones gives a good account of herself, reports she takes perindopril 4mg daily, half a dispirin, atorvastatin 20mg daily, omeprazole 20mg at night and paracetamol 1g in the mornings. She often needs an extra myprodol (ibuprofen-paracetamol-codeine) or two during the day and has to take her one sleeping pill, zolpidem, at night. She won't stop smoking and her chest doesn't really bother her. She gets no chest pain since the heart attack. She still drives to the local Seven Eleven but finds the supermarket a bit hard to access as it is far and she feels exhausted just getting there. She eats what she can buy from the Seven Eleven. She says she is fine and that her neighbour is fussing for nothing and she is managing on her own. On further questioning her concerns are her painful knees and that she cannot walk up the stairs anymore. She also battles but makes it to the toilet and has not fallen yet but needs to be careful

- a) What geriatric syndrome do you think Mrs Jones has (justify your answer) and what risk factors does she have for this syndrome? (4)
  - b) Define the syndrome in (a) and briefly outline the pathophysiology of this syndrome and its consequences. (A diagram will suffice). (7)
  - c) What further clinical assessment is indicated in this patient? (7)
  - d) What management plan would you put in place and why? (7)
- [25]

4 An 80-year-old retired physician presents to you in your practice with the complaint of having had a "black-out" while visiting the bathroom during the night a week ago. He fell and sustained a laceration to the forehead. This was the first episode of its kind although he recalls another incident a month ago where he tripped on the side-walk and sustained a soft tissue injury to the right hand. His chronic medication includes enalapril, hydrochlorothiazide, simvastatin, aspirin, tamsulosin, and fluoxetine for late-onset depression. He underwent a triple vessel coronary artery bypass graft 10 years ago and denies chest pain on exertion or unusual shortness of breath. He is fully independent and lives with his wife at a retirement village

- a) Describe your approach to the assessment of falls in this patient emphasising standardised bedside tests. (12.5)
  - b) Briefly discuss the principal components of a fall prevention intervention you would recommend for this gentleman. (12.5)
- [25]