



THE COLLEGES OF MEDICINE OF SOUTH AFRICA

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Examination for the Subspecialty in Geriatric Psychiatry of the College of Psychiatrists of South Africa

22 February 2019

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)

- 1 Discuss Lewy Body Disease under the following subheadings
 - Epidemiology and Genetic factors.

(10)

Neuropathology including clinical pathologic correlations. b)

- (10)
- Detailed clinical features, including a broad overview of the revised criteria. c)
- Differential diagnosis, including differential for fluctuating cognition in the elderly. d) (15)
- e)
 - Treatment for each: neurocognitive, neuropsychiatric and other symptoms. (15)

[100]

(50)

- 2 A 69-year-old active man complains that his memory is not as good as it used to be and a) he is not sure whether this is due to his age. Describe the neurocognitive changes associated with ageing. (10)
 - Define executive dysfunction and list 4 bedside tests for the assessment of executive b) function.
 - A 69-year-old woman has been treated for anxiety and insomnia with diazepam 5 mg at c) night for the last 3 years. Discuss the side-effects you would be concerned about, and how you would attempt to discontinue the valium.
 - Discuss why older persons are at a higher risk for drug related side-effects, how to avoid d) these side effects, and tools available to guide prescribing in older adults.
 - The diagnostic criteria for dementia include a decline in function. Discuss the basic and e) instrumental activities of daily living and their role in development of a management plan. (40)

[100]

- 3 An 84-year-old man presents to you complaining of feeling exhausted. He was last seen by you 1 year ago. He has type 2 diabetes mellitus, hypertension, hyperlipidaemia, osteoarthritis of both knees, stable congestive cardiac failure, GORD, chronic renal impairment and urinary frequency secondary to benign prostatic hypertrophy. He fractured his left proximal humerus 1 year ago following a fall and has had 3 further falls in the past 6 months. Current medications include- furosemide, enalopril, amitryptiline (trepiline), oxybutynin (ditropan), esomeprazole, ibuprofen. You note that his weight has decreased from 65kg to 60kg. BP supine 118/70, standing 98/65. MMSE 23/30. The Comprehensive Geriatrics Assessment (CGA) is a useful tool used to assess complex older patients.
 - List the domains of the CGA. a)

b)	Based on the above presentation define his problems using CGA as your tool.	(30)
c)	Which criteria on the FRAIL screening score does he satisfy?	(10)
d)	Define the components of the Short Physical Performance Battery (SPPB).	(10)
e)	List any additional investigations you would ask for or do.	(15)
f)	Based on your CGA, what interventions would you consider?	(30)
		[100]

- A 78-year-old man, Mr X consults you after an oncology appointment for his lung cancer. At the oncology appointment, it was explained to him that the chemotherapy had not cured his cancer and he only had a few months to live. He indicates that he does not want any further chemotherapy or other active cancer treatments and wants to spend the last few months with his wife, and not in hospital. His oncology team is concerned that his decision was influenced by depressive symptoms and requested a psychiatric consultation. You find that Mr X demonstrates mild depressive symptoms, but he is not cognitively impaired.
 - a. Discuss the prevalence of depression in patients with cancer, including the types of cancers with higher rates of depression. (20)
 - b. You have to provide an opinion to the oncology team about Mr X's decision-making capacity. Explain the components of decision-making capacity that you will have to assess. (30)
 - c. Discuss the ethical principles that will have to be taken into consideration when Mr X's end-of-life decision-making capacity is being questioned by his oncology team. (30)
 - d. Discuss the laws, including recent legal developments that you will have to take into consideration when assisting a patient with end-of-life decisions. (20)

[100]