

# What can you learn from this issue?

Test yourself with the BJFM 'before-and-after' self-audit. The information required to answer the following MCQs is covered by the articles in this issue. You may want to try these MCQs both before and after reading to gauge the educational value derived. How – or whether – you use this tool is up to you.

## TREATING DEPRESSION IN PREGNANCY

**1. Which of the following adverse outcomes have been shown to be associated with untreated depression in pregnancy?** (Check all boxes that apply)

	Before reading	After reading
a. Spontaneous abortion	<input type="checkbox"/>	<input type="checkbox"/>
b. Decreased gestational age	<input type="checkbox"/>	<input type="checkbox"/>
c. Lower APGAR scores	<input type="checkbox"/>	<input type="checkbox"/>
d. Poor neonatal adaptation syndrome (PNAS)	<input type="checkbox"/>	<input type="checkbox"/>
e. Pre-eclampsia	<input type="checkbox"/>	<input type="checkbox"/>
f. Neonatal intensive care unit admissions	<input type="checkbox"/>	<input type="checkbox"/>

**2. Which of the following outcomes have been reported to be associated with antidepressant treatment in pregnancy?** (Check all boxes that apply)

	Before reading	After reading
a. Lower APGAR scores	<input type="checkbox"/>	<input type="checkbox"/>
b. Increased risk of cardiovascular malformations	<input type="checkbox"/>	<input type="checkbox"/>
c. Poor neonatal adaptation syndrome (PNAS)	<input type="checkbox"/>	<input type="checkbox"/>
d. Increased risk of pre-eclampsia	<input type="checkbox"/>	<input type="checkbox"/>
e. Persistent pulmonary hypertension in the neonate (PPHN)	<input type="checkbox"/>	<input type="checkbox"/>

**3. Which of the following statements regarding the treatment of depression in pregnant women is/are correct?** (Check all boxes that apply)

	Before reading	After reading
a. Only women suffering with a moderate to severe depressive disorder should be treated with medication	<input type="checkbox"/>	<input type="checkbox"/>
b. In moderate to severe depression, combination therapy is preferred in order to minimise the risk of relapse	<input type="checkbox"/>	<input type="checkbox"/>
c. In those women with a history of severe depression, continuation of antidepressant treatment during pregnancy is recommended	<input type="checkbox"/>	<input type="checkbox"/>

- d. Switching medication should be avoided where possible as it carries a risk of relapse, as well as potential effects on the fetus
- e. Only a few psychotropic medications have a UK marketing authorisation specifically for women who are pregnant or breastfeeding

## CHILDHOOD COUGH

**4. In children free of upper respiratory tract infection (URTI), which of the following may be considered an abnormal number of coughs?** (Check one box only)

	Before reading	After reading
a. 11	<input type="checkbox"/>	<input type="checkbox"/>
b. 18	<input type="checkbox"/>	<input type="checkbox"/>
c. 25	<input type="checkbox"/>	<input type="checkbox"/>
d. 35	<input type="checkbox"/>	<input type="checkbox"/>
e. All of the above	<input type="checkbox"/>	<input type="checkbox"/>
f. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

**5. Approximately, what proportion of childhood coughs related to URTI will remain unresolved after 3 weeks?** (Check one box only)

	Before reading	After reading
a. 20-25%	<input type="checkbox"/>	<input type="checkbox"/>
b. 15-20%	<input type="checkbox"/>	<input type="checkbox"/>
c. 10-15%	<input type="checkbox"/>	<input type="checkbox"/>
d. <10%	<input type="checkbox"/>	<input type="checkbox"/>

## MALE SEXUAL DYSFUNCTION

**6. Which of the following SSRI agents is indicated specifically for treatment of PE** (Check one box only)

	Before reading	After reading
a. Paroxetine	<input type="checkbox"/>	<input type="checkbox"/>
b. Sertraline	<input type="checkbox"/>	<input type="checkbox"/>
c. Dapoxetine	<input type="checkbox"/>	<input type="checkbox"/>
d. Mirtazapine	<input type="checkbox"/>	<input type="checkbox"/>
e. Fluoxetine	<input type="checkbox"/>	<input type="checkbox"/>

**7. Which of the following sub-types of premature ejaculation (PE) may be treated pharmacologically?** (Check all boxes that apply)

	Before reading	After reading
a. Lifelong PE (LPE)	<input type="checkbox"/>	<input type="checkbox"/>
b. Acquired PE (APE)	<input type="checkbox"/>	<input type="checkbox"/>
c. Natural variable PE (NVPE)	<input type="checkbox"/>	<input type="checkbox"/>
d. Premature-like ejaculatory dysfunction (PLED)	<input type="checkbox"/>	<input type="checkbox"/>

**8. Which of the following is/are not a known cause of PE?** (Check all boxes that apply)

	Before reading	After reading
a. High libido	<input type="checkbox"/>	<input type="checkbox"/>
b. Early sexual experience	<input type="checkbox"/>	<input type="checkbox"/>
c. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
d. Depression	<input type="checkbox"/>	<input type="checkbox"/>
e. 5HT (hydroxytryptamine) receptor sensitivity	<input type="checkbox"/>	<input type="checkbox"/>
f. Low self-esteem	<input type="checkbox"/>	<input type="checkbox"/>
g. Prostatitis	<input type="checkbox"/>	<input type="checkbox"/>
h. Thyroid dysfunction (especially hyperthyroidism)	<input type="checkbox"/>	<input type="checkbox"/>

- d. Melatonin and its agonists have been shown to be effective for treatment of insomnia in patients aged 40-60 years
- e. Antidepressants can promote sleep but may also have the opposite effect in some patients

**PAIN MANAGEMENT**

**11. Approximately what is the NNT (number needed to treat) value for the pain agent gabapentin**

(Check one box only)

	Before reading	After reading
a. 5-6	<input type="checkbox"/>	<input type="checkbox"/>
b. 4.5-5	<input type="checkbox"/>	<input type="checkbox"/>
c. 3.5-4.5	<input type="checkbox"/>	<input type="checkbox"/>
d. 2.5-3	<input type="checkbox"/>	<input type="checkbox"/>
e. <1	<input type="checkbox"/>	<input type="checkbox"/>

**12. What is the approximate bioavailability of topical NSAIDs?** (Check one box only)

	Before reading	After reading
a. 5%	<input type="checkbox"/>	<input type="checkbox"/>
b. 10%	<input type="checkbox"/>	<input type="checkbox"/>
c. 15%	<input type="checkbox"/>	<input type="checkbox"/>
d. 20%	<input type="checkbox"/>	<input type="checkbox"/>
e. 25%	<input type="checkbox"/>	<input type="checkbox"/>

**INSOMNIA**

**9. In which of the following conditions should one exercise particular caution when prescribing sedatives or hypnotics?** (Check all boxes that apply)

	Before reading	After reading
a. Obstructive sleep apnoea	<input type="checkbox"/>	<input type="checkbox"/>
b. Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
c. Hepatic impairment	<input type="checkbox"/>	<input type="checkbox"/>
d. Renal impairment	<input type="checkbox"/>	<input type="checkbox"/>
e. The elderly	<input type="checkbox"/>	<input type="checkbox"/>

**10. Which of the following statements regarding management of insomnia is/are correct?**

(Check all boxes that apply)

	Before reading	After reading
a. Controlled sleep deprivation is an established behavioural treatment for insomnia	<input type="checkbox"/>	<input type="checkbox"/>
b. It is important to adopt as many sleep hygiene strategies as possible in order to ensure maximum effectiveness	<input type="checkbox"/>	<input type="checkbox"/>
c. Women are more likely than men to use hypnotics, and this difference increases with age	<input type="checkbox"/>	<input type="checkbox"/>

**CANCER: END OF LIFE CARE**

**13. According to the UK Resuscitation Council, which of the following statements regarding the duties of clinicians when a DNACPR (do not attempt cardiopulmonary resuscitation) decision is/are correct?** (Check all boxes that apply)

	Before reading	After reading
a. Wherever possible, relatives should perceive themselves to have made the final decision	<input type="checkbox"/>	<input type="checkbox"/>
b. The decision should not be discussed with relatives if it is felt likely to cause distress	<input type="checkbox"/>	<input type="checkbox"/>
c. The final decision regarding whether to start resuscitation in the event of cardiac arrest should be purely a clinical one	<input type="checkbox"/>	<input type="checkbox"/>
d. In the event of a DNACPR decision being made, symptom control and supportive care should be fully maintained	<input type="checkbox"/>	<input type="checkbox"/>
e. It may, in some cases, be appropriate neither to discuss a DNACPR with relatives nor document the reasons for this	<input type="checkbox"/>	<input type="checkbox"/>

**Answers on page 35.** We welcome all feedback from readers about the educational value of *BJFM*. Please send you comments to [BJFM@pavpub.com](mailto:BJFM@pavpub.com)