

# Practitioner CPD exercise

When you have answered the questions below and overleaf, based on articles in this issue, tear out the page and put it in your personal development plan

## RENAL COLIC

**1 Which of the following statements are true?**

**A** Renal stone disease is at least twice as common in men than women  
True  False

**B** Around 50% of patients with ureteric stones have haematuria  
True  False

**C** Febrile patients with renal colic should be admitted to hospital as an emergency  
True  False

**2 What other important pathologies should be excluded when considering a diagnosis of renal colic?**

## 3 When treating renal colic:

**A** What is the first-line analgesic suggested and how should this be given?

**B** How many doses can be given?

**C** Why is this drug preferred?

**D** What action should be taken if there is little response after one hour?

**4 When investigating suspected renal stone disease which of the following tests are recommended?**

- A** Plain X-ray
- B** Ultrasound
- C** IVU
- D** CT scan

**5 What lifestyle advice can be given to patients with recurrent stone formation?**

**6 List any changes to your clinical practice that you may make having read this article.**

## DIALYSIS

**7 List the three options for renal replacement therapy.**

**8 There are two types of peritoneal dialysis: continuous ambulatory peritoneal dialysis (CAPD) and automated peritoneal dialysis (APD). Match the phrase to the correct type.**

**A** Three or four exchanges daily

**B** Frequent overnight exchanges

**C** Use of programmable machine

**9 Which of the following statements about peritoneal dialysis are true?**

**A** The patient's prescription is calculated according to their most recent urea and electrolytes results  
True  False

**B** The catheter is positioned to lie within the pelvis  
True  False

**C** The procedure offers a long-term solution  
True  False

**D** Fluid overload may present with weight gain and should be managed by reducing the strength of the dialysate  
True  False

**E** PD may lead to malabsorption and bowel obstruction  
True  False

**10 Complete the following statements:**

Daily haemodialysis results in an improvement in ....., solute clearance and ..... management.

The survival of patients on nocturnal home haemodialysis was comparable with that of patients who had received .....

**11 List any changes to your clinical practice that you may make having read this article.**

**FAMILIAL HYPERCHOLESTEROLAEMIA**

**12 Match the statistic to the statement:**

- A** Approximate percentage of men with FH who will have developed clinically evident CHD by age 55
- B** Approximate percentage of women with FH who will have developed clinically evident CHD by age 60
- C** Percentage of undiagnosed individuals with FH in the UK
- D** Number of heterozygotes for FH that might be expected on average in a large practice of 12,000 patients

- 1** 33
- 2** 50
- 3** 24
- 4** 85
- 5** 70

**13 Which of the following statements about FH are true?**

- A** Screening should extend to first- and second-degree relatives  
True  False
- B** Cut-off level for LDL cholesterol when screening adult family members is 4.9 mmol/L  
True  False
- C** A brother of a patient with FH has a 1 in 4 chance of having the condition  
True  False

**14 A 34-year-old male non-smoker has attended following a health screen at work. He has no significant past or family history. The screen found a BP of 110/72 and a random cholesterol of 8.2 mmol/L. Clinical examination is otherwise normal.**

**A** What should be your next step?

**B** What other investigations might you arrange?

**C** Where might you refer him?

**15 List any changes to your clinical practice that you may make having read this article.**

**EDITORIAL**

**16 The brother of a woman with diagnosed RA is aware that his risks of developing the disease are raised.**

**A** He has a smoking history of 20 pack-years and asks how much this will increase his risk?

**B** Will stopping reduce the risk?

**Answers**

- 1** A True B False C True **RENAL COLIC**
- 2** Bowel pathologies (appendicitis, diverticulitis, perforation), a major vascular event (leaking abdominal aortic aneurysm), a gynaecological emergency (ectopic pregnancy)
- 3** A Diclofenac by IM injection B Two, the second after 30 minutes C Reduces smooth muscle tone/ureteric spasm. Less likely to cause nausea D Admit to hospital **4** A,C,D
- 5** Increase fluid intake, reduce salt and animal protein in diet
- 6** A CAPD B APD C APD **DIALYSIS**
- 7** Kidney transplantation, haemodialysis or peritoneal dialysis
- 8** A CAPD B APD C APD
- 9** A False B True C False D False E True
- 10** Blood pressure control, anaemia, a deceased donor kidney transplant
- 11** A Arrange fasting lipid profile B Investigations to exclude other causes of hypercholesterolaemia C Lipid clinic **EDITORIAL**
- 12** A 2 B 1 C 4 D 3
- 13** A False B True C False
- 14** A Arrange fasting lipid profile B Investigations to exclude other causes of hypercholesterolaemia C Lipid clinic **EDITORIAL**
- 16** A 2-6 times B Yes