## **CME Credit Quiz**

## In association with Dalhousie University



This test offers the opportunity to assess your knowledge and retention of the information presented in the articles in this issue. Physicians who complete the quiz will receive a statement from Dalhousie University, Continuing Medical Education indicating their participation and their score.

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Where applicable, physicians may report their participation in this CME activity to the appropriate professional and health organizations.

Each quiz may be submitted only once for consideration and must be submitted within six months after the date of issue.

Correct answers will be published in the journal six months after the quiz appears.

#### SELECT THE BEST ANSWER(S) FOR EACH OF THE FOLLOWING

- 1) Atopic dermatitis is generally on the flexure surfaces in infants.
- a) True
- b) False
- 2) Which of the following would be considered in the diagnosis of atopic dermatitis?
- a) Pruritus
- b) IgE hyper-reactivity
- c) Personal and family history of atopy
- d) A & C above
- e) All of the above
- 3) Xerosis is a constant problem in atopic dermatitis. Which of the following are recommended treatments?
- a) Short tepid baths
- b) Non-irritating soaps
- c) Skin moisturization
- d) All of the above
- 4) When using topical corticosteroids one should always use the lowest strength necessary.
- a) True

b) False

(Atopic Dermatitis; page 69)

- 5) Patients with an intense preoccupation with body weight and shape, linked with binge eating and compensatory behaviour and associated with normal weight are indications of:
- a) Bulimia nervosa
- b) Anorexia nervosa

- 6) A common emotional trait of an adolescent with an eating disorder is:
- a) Anxiety
- b) Self-blame
- c) Despair
- d) Ambivalence
- e) Helplessness
- 7) This author's setting criteria for admission to a hospital include:
- Electrolyte problems related to behaviours such as intractable purging with metabolic abnormalities
- b) Body weight below standard
- Medical instability supported by bradycardia and orthrostatic hypotension among other findings
- d) A & C above
- e) All of the above

(Anorexia & Bulimia Nervosa; page 79)

- 8) Since the 1998 revised guidelines, the diagnosis of diabetes is based on a fasting blood sugar:
- a) > 6.0 mmol/L
- b) > 6.5 mmol/L
- c) > 7.0 mmol/L
- d) > 7.8 mmol/L

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- 9) The drug group thiazolidinediones are responsible for which of the following beneficial reactions in Type 2 diabetes?
- a) Increase glucose uptake
- b) Gluconeogenesis
- c) Adiposite differentiation
- d) Fatty acid uptake
- e) All of the above
- 10) The glycemic effect for the thiazolidinediones reflected in a reduction of HbA1C in drug naive patients can range from:
- a) 0.5% to 1%
- b) 1 % to 1.5%
- c) 1.5% to 2%
- d) 2% to 2.5%
- 11) One of the troublesome side effects of thiazolidinediones is fluid retention in the form of edema. The prevalence of edema can occur in up to what percentage when these drugs are combined with insulin?
- a) 3%
- b) 6%
- c) 8%
- d) 10%
- e) 15%
- 12) According to the article, the maximum effective dose of rosiglitazone is:
- a) 4 mg OD
- b) 4 mg BID
- c) 15 mg OD
- d) 15 mg BID
- e) 45 mg OD

(Oral Hypoglycemics; page 89)

- 13) The cause of referred otalgia with tonsillitis is through the tympanic branch of the lesser palatine nerve.
- a) True
- b) False
- 14) Group A streptococcus tonsillitis is a potential precursor of which of the following infections?
- a) Acute rheumatic fever
- b) Viral pharyngitis
- c) Post-streptococcal glomerulonephritis
- d) A & C above
- e) All of the above
- 15) Which of the following are symptoms of a retropharyngeal abscess?
- a) Dysphagia
- b) Muffled speech
- c) Noisy breathing
- d) Cervical lymphadenopathy
- e) All of the above
- 16) Peritonsillar abscess formation may not be obvious. Clues in history include:
- a) Recurrent tonsillitis
- b) Inadequate antibiotic treatment
- c) Long duration of illness
- d) A & B above
- e) All of the above
- 17) According to the article, in peritonsillar cellulitis and abscess formation, the antibiotic of first choice is:
- a) Penicillin
- b) Erythromycin
- c) Cloxacillin
- d) Clindamycin

(Tonsillitis; page 99)

# Questions and answers from the August 2002 quiz Correct answers are marked in **bold**

- 1. Decreased or loss of olfactory function is estimated to be present in what percentage of the American population under the age of 60?
- a) 1%
- b) 4%
- c) 8%
- d) 10%
- 2. Smell receptors are located in the olfactory neuroepithelium. This is found:
- a) Over the cribriform plate
- b) The inferior turbinate
- c) The Superior septum
- d) A and C
- e) All of the above
- 3. The olfactory system is unique amongst the sensory symptoms in that it sends fibers directly to the cortex without synapsing in the thalamus.
- a) True
- b) False
- 4. Which cranial nerve mediates somatosensory overtones of odorants, such as a burning, cooling, sharpness and irritation?
- a) Cranial Nerve V
- b) Cranial Nerve IX
- c) Cranial Nerve X
- 5. Which of the following is (are) among the most common causes of anosmia or hyposomia?
- a) Head trauma
- b) Postviral upper respiratory tract infections
- c) Pharyngitis
- d) A and B
- e) All of the above

- 6. The most common and treatable cause of olfactory dysfunction is:
- a) Post-upper respiratory tract infection
- b) Nasal sinusitis +/- polyposis
- c) Head trauma
- 7. In the U.S., the incidence of sarcoidosis is greater in the Black population compared with Caucasians.
- a) True
- b) False
- 8. Sarcoidosis is more severe in the Black population.
- a) True
- b) False
- 9. Arthropathy is present in what percentage of sarcoid patients?
- a) 10%
- b) 18%
- c) 25%
- d) 30%
- 10. The chronic form of sarcoidosis can affect which of the following:
- a) Lungs
- b) Hands
- c) Knees
- d) Ankles
- e) All of the above
- 11. The first-line treatment of sarcoidosis is:
- a) Methotrexate
- b) Corticosteroids
- c) Infliximab