

2015.1 Trial SAQ Exam - SAQ 6

General points:

- 1) **Maintain perspective.** Answer this question for **this** patient. The question is about increasing confusion in an 82 year old lady from a nursing home. It is NOT a generic question about the confused patient. Think about the patient as though you were looking after her in your ED.
- 2) **Answer the question that is asked.** If the question states, "Give 2 examples", then give 2 examples only. If you write 3 examples, the third one will not count towards your marks. Also, if you write 2 examples on the one line, then only one of them may be counted or alternatively the one on the next line will not count.

Question 1:

The 5 categories should be relevant to this patient. Examples should not be repeated between categories.

Categories that I think should be considered:

- 1) Infective e.g. UTI, pneumonia, meningitis
- 2) Metabolic / Endocrine e.g. hyponatraemia, hypoglycaemia,
- 3) CNS – e.g. neoplasm or complication of it, stroke (infarct), subdural
- 4) Drug related
 - a. anticholinergic medications e.g. tricyclics, phenothiazine antipsychotics,
 - b. serotonin syndrome
 - c. medication changes e.g. missed or reduced doses of sedative medications
- 5) Gastrointestinal e.g. ischaemic gut, bowel obstruction
- 6) Cardiovascular e.g. silent MI, arrhythmia (e.g. AF), pulmonary embolus

Psychiatric causes such as dementia, Parkinson's disease, depression are not causes that I would consider on my differential list to explain why this lady has become agitated and confused. Similarly environmental causes such as hyperthermia are very unlikely. Hyperthermic patients are unlikely to be combative and agitated. Some candidates listed opiate toxicity. Again. I do not think this is a likely cause as opiate toxic patients are unlikely to be combative and agitated. Opiate withdrawal may be an appropriate

Question 2:

It is important that doses are appropriate for an 82 year old lady. For example, some candidates wrote 5 – 10 mg of intravenous midazolam. Would you give this dose to an elderly woman in a single bolus? I very much doubt it. I would think that you would give 1-2 mg IV titrated to effect. Also some candidates wrote drugs as a mg /kg dose. As an examiner, I want to know what dose you are going to give **this** patient.

With regard to adverse effects, some candidates wrote sedation. Isn't this the aim? However, I think it would be reasonable to write excessive sedation.

Question 3:

This question requires you to write the feature and how it differs in both delirium and dementia. Some candidates wrote how the feature is affected by delirium but not dementia.

The features that could have been listed:

- 1) Clouding of consciousness in delirium; normal conscious level in dementia.
- 2) Delirium fluctuates in severity; dementia does not
- 3) Delirium is usually reversible; dementia usually is not
- 4) Delirium has a short onset; dementia has a much longer onset.
- 5) Delirium may be associated with acutely abnormal vital signs in particular fever; dementia is associated with normal vital signs