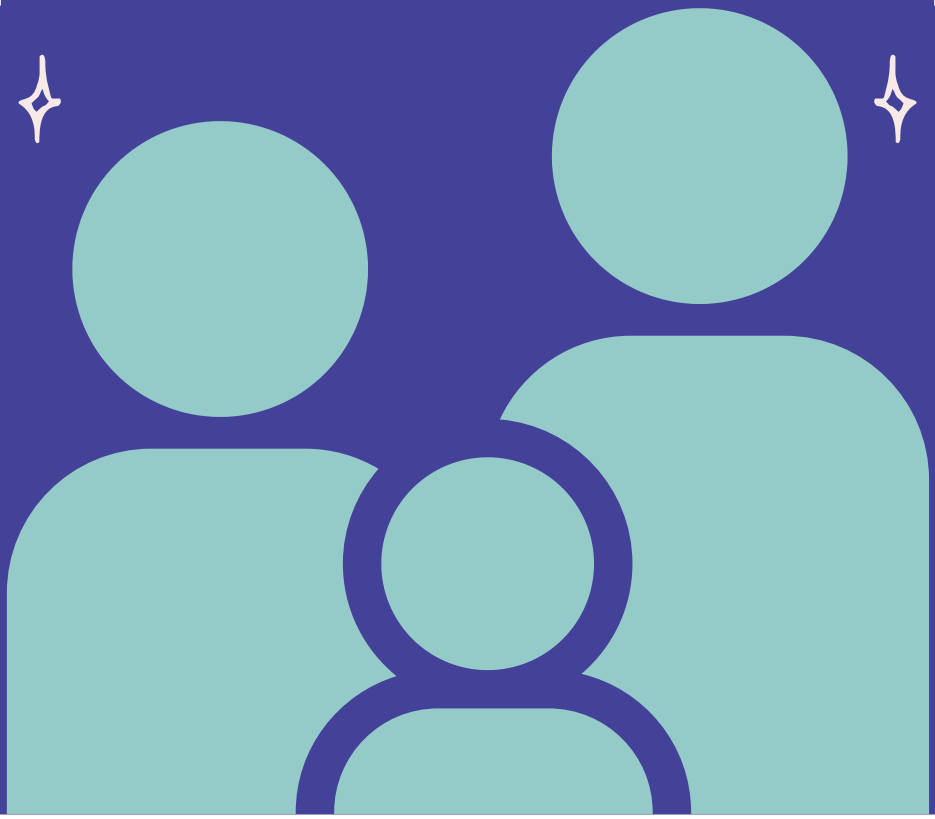
FAMILY MEDICINE

Mini-OSCE



ARCHIVE

Syllabus

- Introduction to FM
- DM
- DYSpepsia
- Abd.pain
- Dyslipidemia
- OP
- Fatigue
- HTN
- Headache
- URTI
- Geriatric. Health maintenance
- chest pain
- Dizziness
- Adult. Health maintenance

Introduction of family medicin

1) Mention 4 establish family medicine : (مكرر 3 مرات)

Why family medicine?

1. The recent changes in medicine.
2. The growth of specialization.
3. The fragmentation of the health care delivery system.
4. The social changes.
5. The appearance of a new pattern of illness.
6. The need for better doctor-patient relationship.
7. The high cost of inpatient care.
8. The limitation of resources.

2) Mention 4 principles of family medicine : (مكرر 3 مرات)

Family Medicine Principles

3) list 4 essential skills that a family medicine physician should have : (مكرر 8 مرات)

The skills of Family Physician

1. **The solution of undifferentiated problems** in the context of continuing relationship with family. The symptoms present tend to be unorganized and undifferentiated while those encountered in hospital tend to be medicalized and more differentiated.

1. **Preventive Skills**: The identification of risks & early deviation from normality in patients known to physician.

1. **Therapeutic Skills**: The aim of doctor – patient relationship is to maximize the effectiveness of all kinds of therapy.

1. **Resource management skills**: employment of resources of the community and health care system for the benefit of the patient. This includes the skills of management, consultation & referral.

1. **Communication skills**: Breaking bad news, dealing with angry patient.

Diabetes Mellitus managment

A 45-year-old patient presents with persistently high blood glucose readings. His BMI is 32, and his ASCVD risk score is 20%:

1. What is the most appropriate antidiabetic medication for this patient?

-Sglt2 inhibitor
or glp1 agonist

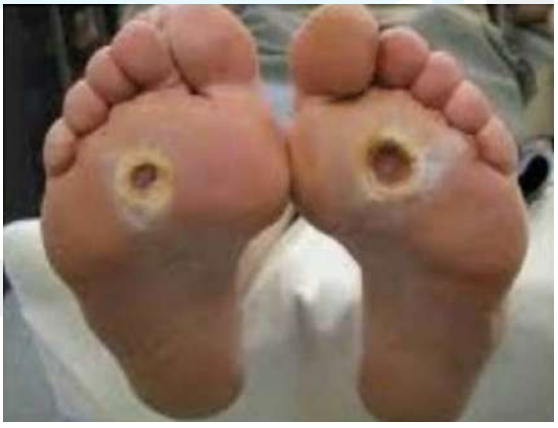
2. Name two screening tests that should be performed annually for this patient.

1)Urine albumin creatinine ratio
2)Eye exam

A 65-year-old gentleman presents with polyuria and weight loss. His random blood sugar is 310 mg/dL. You order an HbA1c, which is 11%?

A) What is your first-line choice of drug for this patient? Insulin
B)Mention two possible side effects for this drug? hypoglycemia & weight gain

what is your diagnosis ?
Neuropsathic diabetic ulcer
-Periodically test to prevent it?



• Temperature discrimination or pinprick sensation (for small-fiber function)
• Vibration sensation using a 128 hertz (Hz) tuning fork (for large-fiber function).
• Light touch perception with 10-g monofilament testing to identify risk of ulceration and amputation

A 75-year-old gentleman with a history of type 2 diabetes mellitus, chronic heart failure, and chronic kidney disease presents for routine follow-up and history of MI. He is currently adherent to his medications, which include an SGLT2 inhibito?

1_ Mention 2 adverse effects:
- Increased risk of genital mycotic infections
-Necrotizing fasciitis of the perineum (Fournier gangrene)
2_mention a reason for accepting a less stringent HbA1c target :reduce the risk of hypoglycemia

patient 85 years , DM , no co- morbidity and his kidney function normal treatment for this patient?
metformin
HBA1C level should be ? <= 8

Dm drug safe for HF & intermediate weight loss ? SGLTi
and 2 side effects ? Necrotising fasciitis and DKA

Diabetes Mellitus managment

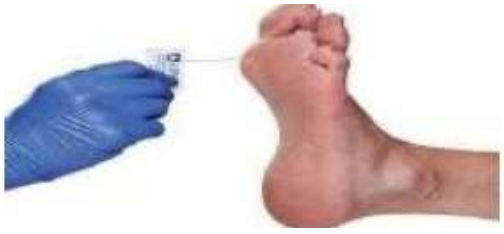
case of DM patient was taken sulfonylurease /metformin/DPP-4 inhibitors ...?
A) Medication Cause weight gain in this diabetic patient : Sulfonylyureas
B) target for the following :
■ HbA1C : < 7%
■ periprandial plasma glucose : 80 - 130
Post prandial

45 diabetic patient take sulfonyluria and SGLT2I complian from hypoglycemic attack
A) What is the cause of hypoglycemic attack ?
Take Sulfonyluria
B) Give two benifit of SGLT1 ?
Used in CKD paient and not cause hypoglycemic attack
Cardioprotective

Treatment of microalbuminurea: ACE,ARBs
Fasting blood glucose in diabetic :80-130
Post prandial:<180

Patient has DM, takes metformin & sulfonylurea, obese, with ASCVD risk and Nephropathy.
A- Best other choice of treatment
SGLT2 Inhibitor
2 side effects of this drug
UTI
DKA rarely

Dm type 2 patient with numbness and burning sensation,
the level of B12 was normal and he is non alcoholic ?
A) what is this test ? Monofilament
B) Dx ? Peripheral neuropathy



patient with DM and Mi , GFR >60 :
A) which medications will you prescribe :
Metformin , SGLT2I , life style modification
B) target for the following :

HbA1C : < 7%
periprandial plasma glucose : 80 - 130
LDL : Early 100 later 70
blood pressure : 130 / 80

Dyspepsia

paient male complain from retrosternal pain relived by antiacid and there is no finding in history or clincal exam

What is the DDX

GERD

What is the next step to do

H. Pylori test

Case of burning snsation ...?

GERD

TREATMENT?

lifestyle modification and PPI

50 years old male with epigastric pain and early satiety

A- mention initial investigation
B - name 4 alarming signs

45 male Patient has discomfort and epigastric pain after 3 to 4 hours of meal

what's your diagnosis ?

Duodenal ulcer

what's the first investigation for this patient?

H. Pylori test

Dyspepsia

smoker male with fullness and epigastric pain relieved by eating

what is the diagnosis:

Duodenal ulcer

mention other 2 DDx

Stomach ulcer , indigestion ,heartburn, pancreatitis,epigastric hernia

63y patient complaining of epigastric pain and discomfort since 3 weeks ,alse he complain of neck pain since 6 weeks and taking drugs to relive neck pain ,patient also anemic and taking iron supement since 3 weeks

drug induced dyspepsia

A patient presents with epigastric pain, postprandial fullness, neck pain, left shoulder tingling, and anemia. He is currently taking iron supplements.and medication for his neck pain .

What is the most likely diagnosis and one contributing factor?

Drug induced dyspepsia
*Due to
1)iron in anemic pt And
2)NSAID for his neck pain

Dyspepsia

patient with postprandial fullnes and early satiety for 6 month and has little improvement on PPI what is your diagnosis ?

Functional dyspepsia

Next step for treatment ?

TCA

A patient presents with early satiety and postprandial fullness occurring 3 days per week, along with epigastric pain. These symptoms have been ongoing for 6 months. H. pylori testing is negative, and she uses a PPI only as needed.

What treatment would you start for this patient?

Empirical proton pump inhibitor(PPI) once daily for 4-8 weeks.

If the initial treatment fails to relieve her symptoms, what would be the next management step?

Switch to tricyclic antidepressants (TCA)

patient with postprandial fullnes and early satiety for 6 month and has no improvement on PPI (she use it only on needed) what is your diagnosis? Functional dyspepsia

Next step for treatment ?

PPI (4-8w) if fail TCA (8-12w) if fail prokinetic (4w)

Abdominal pain

4 differences between Referred and Radicular pain ?

Referred : Non dermatomal (diffuse), proximal> distal, Dull aching, superficial

Radicular: dermatomal, distal > proximal, sharp, deep

patient complian from epigastric pain with nausea and vomiting Give me four DDX for this pain

Epigastric hernia
Pancreatitis
Stomach ulcer
Heart burn / indigestion

45 years old female present with sudden abdominal pain at RIF and anorexia
GIVE 4 DDX?

appendicitis
constipation
ovarian rupture
ingunal hernia

Female with right lower quadrant pain,had her period 2weeks ago mention 4 differential diagnosis?

Mittelschmerz (Ovulation Pain)
ovarian ruptured
acut appendicitis
pelvic inflammatory pain

Female patient has abdominal pain radiate to the back,emesis and discomfort

three differential diagnosis ?

Acute Pancreatitis
Peptic ulcer perforation
acute choleycytitis

A patient presents with epigastric abdominal pain and nausea. List the top 4 differential diagnoses for this presentation

Pancreatitis -Gerd
-Stomach ulcer -Billary disease

A FEMALE PATIENT WITH A HISTORY OF OVARIAN CYST PRESENTS TO THE EMERGENCY ROOM WITH SEVERE SUPRAPUBIC ABDOMINAL PAIN. LIST FOUR POSSIBLE DIFFERENTIAL DIAGNOSES

UTI.... PID Ruptured ovarian cyst ovarian torsion

21 female with suprapubic pain and nausea for one day ,
3 DDx regarding site?

Ectopic pregnancy,PID,UTI

Abdominal pain

epigastric burning sensation sever at night fowel smell at mouth

diagnosis? gastroesophageal reflux

first lab investigations?

Inguinal hernia
PID
UTI

mention 3 differential diagnosis of severe epigastric pain

stomch ulser
Heartburn/ Indigestion
Pancreatitis,
Gallstones
Epigastric hernia

Dyslipidemia

A 45-year-old patient has an LDL level of less than 165 mg/dL and an ASCVD risk score of 10%.
1. How should this patient be managed?
-lifestyle modification
-moderate intensity statin
2. When should this patient be referred to secondary care?
-suspected familial hypercholestolemia
-Intolerance to statin
-Tg>885
-Cholesterol >290

A 35-YEAR-OLD PATIENT HAS AN LDL LEVEL OF 195 MG/DL ANDAN ASCVD RISK SCORE OF 18%?
1. HOW SHOULD THIS PATIENT BE MANAGED?
lifestyle modification
high intensity statin
2. WHEN SHOULD THIS PATIENT BE REFERRED TO SECONDARY CARE?
Tg>885
Cholesterol >290
intolerance to statins

50 years old male with TG=600,HDL=30 and HTN,DM Co-morbidity , what is your first line drug?
Fibrate
-Give me 2 life style modifications?
1)Diet
B)physical excersice

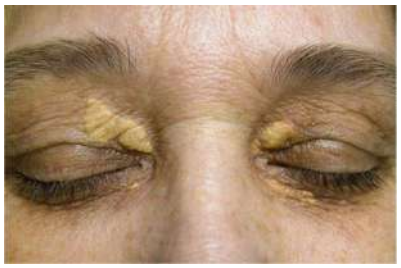
Patient with TG:600, LDL:100, CE:200, HDL:301_What's the probable diagnosis? Dyslipidemia/ hypertriglyceridemia
2_What is the most appropriate initial treatment for this patient? fibrate + lifestyle modifications

diabetic patients, >40 years , risk >12% , LDL 160manegment ?
moderate intensity statin , life style modifications

Non diabetic patient ASCVD 14%, LDL<190, TG=300 what's your managemen?
Moderate intensity statin, lifestyle modification (weight loss, diet, exercise)

45 old man diabeticLDL 195, TGs 350, ASCVD risk score of 10%
how to manage?
Life style modification
High intensity stating

Dyslipidemia



according to the picture:
A) what is the sign:
Xanthelasma
B) what is the most likely diagnosis:
Dyslipidemia

60Y old with LDL=155 ASCVD=12% How to mange the patient??
life style modifications
moderate intensity statin

45 Dm paient the ASCVD was 10% LDL 160What is the managment of this case?
Moderate intisity statin with life style modification

Patint with risk12% and with persistent elevation ldl and triglyceride Treatment?
life style modification
Moderate intensity statin
Write another ASCVD risk enhancing factor?
Metabolic syndrome

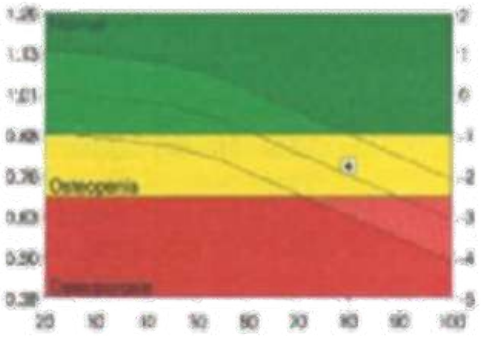
45 y Patients LDL & TG high value ,HDL lower than normal ASCVD
risk 8%
A- what is your management?
Life style modification
Moderate intensity statin

45 male whith DM ASCVD = 15%
A) tx : moderate statin + life style modification
B) one side effect : nausea

45 years age ,DM ,risk for CVD 10% how to manage this
patient ?
Life style modification,
moderate intensity statins
control DM,
2 status for referral in case of dyslipidemia?
Intolerance to statins
Familia hypercholestremia

Osteoporosis

1)According to this figure:



a)What is the diagnosis:

osteopenia

b)What is the T score value:

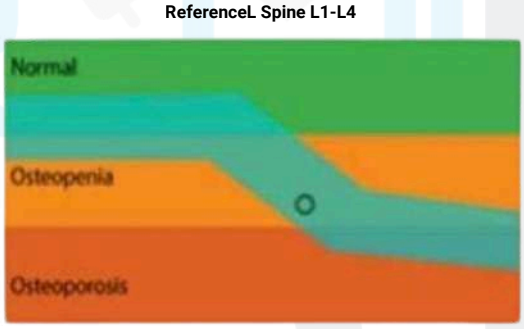
-2.3

Densitometria

Regione	BMD (g/cm²)	GA T-score	PE Z-score	BMC (g)	Area (cm²)
L1	1,103	-0.2	0.2	16.25	14.74
L2	1,337	1,1	1,6	18.96	14,18
L3	1,338	1,2	1,6	19,18	14,33
L4	1,180	-0.1	0.3	22,11	18,74
L1-L2	1,218	-0.4	0.9	35.22	28.92
L1-L3	1,258	0.7	1,2	54.40	43.26
L1-L4	1,234	0.5	0.9	76.51	62.00
L2-L3	1,338	1,1	1,6	38.15	28.52
L2-L4	1,275	0,6	1,1	60,26	47,26
L3-L4	1,249	0,4	0,8	41,30	33,07

مش نفس الجدول (: (الرقم كان نفس إجابة السؤال)

2)According to this case If T score -2.4:



a)Diagnosis? Osteopenia

b)Managment ?

1. Lifestyle modification:

Weight-bearing exercise

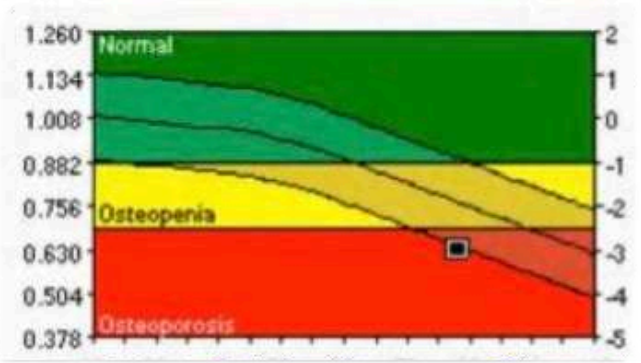
Smoking cessation

Limit alcohol

2. Calcium + Vitamin D

3.Medication(depend on frax risk)

3)According to this figure:



a)What is the diagnosis:

Osteoporosis

b)First line treatment:

Bisphosphonate

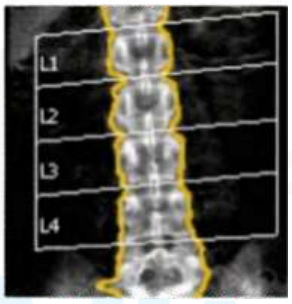
Osteoporosis

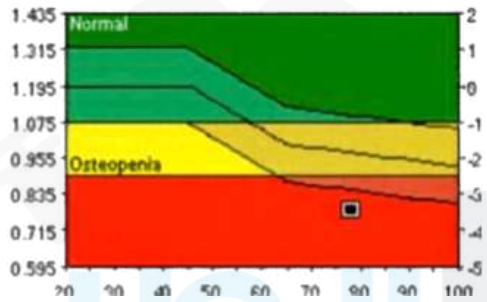
4)Female obese, smoker with back pain loss 3cm from her height in the last 5year :
a)what you will order to her:
DEXA Scan

b)mention 4 life style modifications

- Smoking Cessation
- limit alcohol
- Weight-Bearing Exercise
- Dietary Adjustments(vit.D & Calcium)

5)According to this figure:



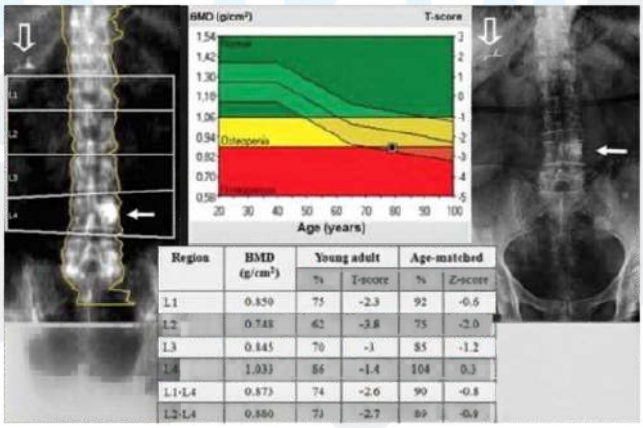


a)What is the diagnosis:
Osteoporosis

b)First line treatment:
Bisphosphonate

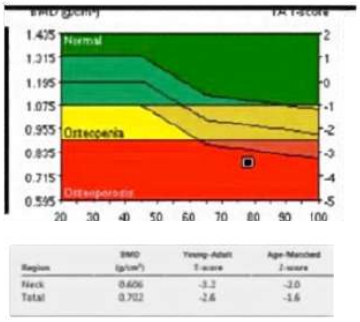
6)Based on the image :
a)What is T score?
-2.6

b)What is your diagnosis ? Osteoporosis



7)According to this figure:
a)What is the diagnosis:
Osteoporosis

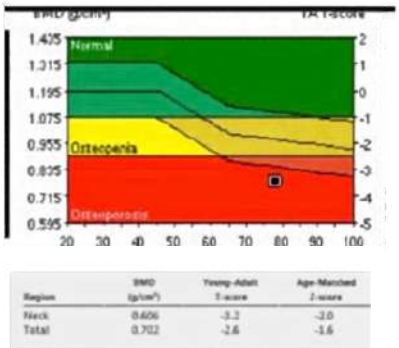
b)What is the first-line treatment for this condition?
Bisphosphonate



8)Based on this image :
a)What is the diagnosis:
Osteoporosis

b)Advice for patients who will be using bisphosphonates:

- Take first thing in the morning on an empty stomach
- Swallow the tablet whole with a large glass of tap water
- Do not take any other medication, eat or drink anything except tap water for at least 30 minutes
- Stay upright for 30 minutes
- Wait 4 hours before taking your calcium supplement



Fatigue

A patient complains of inability to initiate physical activity for more than 6 months. He also reports unrefreshing sleep and generalized myalgia.
List three basic investigations you would order for this patient.
•TSH ,cbc ,ck-mb

female with tiredness and unexplained fatigue,she has myalgia and headache and another physical exam is normal , what is your diagnosis ?
Chronic fatigue syndrome/idiopathic chronic fatigue

4 initial investigations?
CBC,CK,TSH,chemistry

Q13)A 35-year-old female presents with generalized tired and unspecific fatigue , severe headache, and diffuse body aches (myalgia) for the past 6 months. She reports that rest and sleep do not relieve her symptoms. She denies any comorbidities. There is no recent travel or sick contacts. She also reports difficulty performing her daily activities due to profound tiredness.
What's the probable diagnosis?
chronic fatigue syndrom
Mention 4 initial tests for undifferentiated diagnosis:

male , 7 month duration of fatigue, all day sleepy , snoring, disturbed sleep diagnosis?
chronic fatigue syndrome؟؟؟؟
4 initial lab test

Mention 4symp of CFS ? مكرر
- multijoint pain without swelling
- muscle pain
- sore throat
- unrefreshing sleep

Female complain of fatigue for 4 months
A- mention 4 initial labs
B- mention 4 red flags to do immediate further investigation

Male patient complains of fatigue from 7 months, with irritability he has sleep disturbances, impairment in concentration and exhaustion
1)dx : idiopathic fatigue syndrome
2)four investigations : CBC, CK, TSH , Chemistries

Case of female with fatigue and obesity with Thyroid test table , high TSH , normal T3,T4 , high anti body :
A) what is the diagnosis:
Subclinical hypothyroidism (hashimotos)
B) what is the treatment:
Levothyroxine

Fatigue

أهم المعلومات الي لازم تكونوا عارفينها من المحاضرة والي تكررت عليها الأسئلة:

Table 1. Oxford Criteria for Chronic Fatigue Syndrome

- Primary symptom is fatigue
- Definite onset of symptoms
- Fatigue is severe, disabling, and affects physical and mental functioning
- Symptoms for at least six months and present more than 50 percent of the time
- Other symptoms must be present, particularly myalgia, and mood and sleep disturbances
- Certain patients should be excluded:
  - Those with an established medical condition known to produce chronic fatigue
  - Those with a current diagnosis of schizophrenia, manic-depressive illness, substance abuse, eating disorder, or proven organic brain disease

NOTE: *All criteria must be met to make the diagnosis.*

Information from reference 6.

Table 2. Centers for Disease Control and Prevention Diagnostic Criteria for Chronic Fatigue Syndrome

Severe fatigue for longer than six months, and at least four of the following symptoms:

- Headache of new type, pattern, or severity
- Multijoint pain without swelling or erythema
- Muscle pain
- Postexertional malaise for longer than 24 hours
- Significant impairment in short-term memory or concentration
- Sore throat
- Tender lymph nodes
- Unrefreshing sleep

Information from reference 7.

Table 3. Red Flag Symptoms in Persons with Suspected Chronic Fatigue Syndrome

Red flags	*Disease process indicated*
Chest pain	Cardiac disease
Focal neurologic deficits	Central nervous system malignancy or abscess, multiple sclerosis
Inflammatory signs or joint pain	Autoimmune disease (e.g., rheumatoid arthritis, systemic lupus erythematosus)
Lymphadenopathy or weight loss	Malignancy
Shortness of breath	Pulmonary disease

Information from reference 8.

initial laboratory testing:
(i.e., urinalysis; complete blood count; comprehensive metabolic panel; and measurement of thyroid-stimulating hormone, C-reactive protein, and phosphorus levels).

Hypertension

A patient presents with blood pressure readings of 160/90 mmHg.

- What is the best drug combination for this patient that is also cardioprotective?

-Ccb and ACE inh or
-ACE inh and thiazide

- During physical examination, what findings would suggest secondary hypertension?

-palpitation
-Snoring
-Sign of thyroid disease
-Delay pulse

A 50-YEAR-OLD MAN HAS NORMAL BLOOD PRESSURE READINGS IN THE CLINIC, BUT HOME MEASUREMENTS SHOW ELEVATED BLOOD PRESSURE. WHAT IS THE MOST LIKELY DIAGNOSIS?
Masked HTN

HOW TO CONFIRM YOUR DIAGNOSIS?
Ambulatory blood pressure monitoring

45 years old man with flactunat hypertension , sometimes 121/80 and sometimes 150/90 he has neck pain also Give me 3 drugs can cause hypertension?

Drugs and other substances, including but not limited to:

1) Alcohol
2) Caffeine
3) Nonsteroidal anti-inflammatory drugs (NSAIDs)
4) Decongestants (for example, phenylephrine and pseudoephedrine)
5) Systemic corticosteroids
6) Immunosuppressants
7) Oral contraceptives
8) Antidepressants
9) Second-generation antipsychotics
10) Amphetamines
11) Herbal supplements (for example, Ma Huang and St. John's wort)
12) Recreational drugs (for example, "bath salts," cocaine, and methamphetamine)
13) Angiogenesis inhibitor (for example, bevacizumab) or tyrosine kinase inhibitors (for example, sunitinib and sorafenib)

-If his K:2.9 (3.5-5),what is your diagnosis ?
Hyperalderonism

Hypertension

An 85-year-old gentleman has been measuring his blood pressure at home and in the office over the past month. His readings range 160/70, 165/80,167/75 mmHg. He has no other medical conditions, and no laboratory or imaging tests have been done.What is the most likely diagnosis for this patient?
Isolated systolic hypertension

What is the most appropriate initial treatment for this patient? CCB orthiazides

3 medication for hypertension and maximum dose thiazide one of them
diagnosis? resistance hypertension
electrolytes disturbance in this patient? Hypokalemia, hypercalcemia

50y old on Maximum dose of CCB+ACE+Thiazide and have persist HTN :
What is called??
Resistance HTN

Two causes of his condition?? Hyperaldostrenosim, Pheochromocytoma

45 years age ,DM ,risk for CVD 5% and blood pressure reading 130/80 :
Mention two point suspected secondery cause of hypertention?
• Age less than 30 years in nonobese patients with a negative family history of hypertension.
Age of onset before puberty

According to AHA/ACC 2017 when to iniate the pharamacological treatment?
The CVD risk less than 10% so the goal of blood pressure less than 130/80 and start pharmacological on more than 140/90

Patient with stage 2 hypertension :
Management ? Life-style modification, pharmacotherapy

Basic labs : urinalysis, electrolyte, ECG, renal function test

an elderly female with asthma and gout]
-Most suitable antihypertensive? CCB

Hypertension

Patient with hypertension had 3 drugs for hypertension and his reading not improved
A- what do we call this situation
Resistant Hypertension
B- mention 2 cause of this diagnose
Primary Aldosteronism (Conn's Syndrome)
Obstructive Sleep Apnea (OSA)

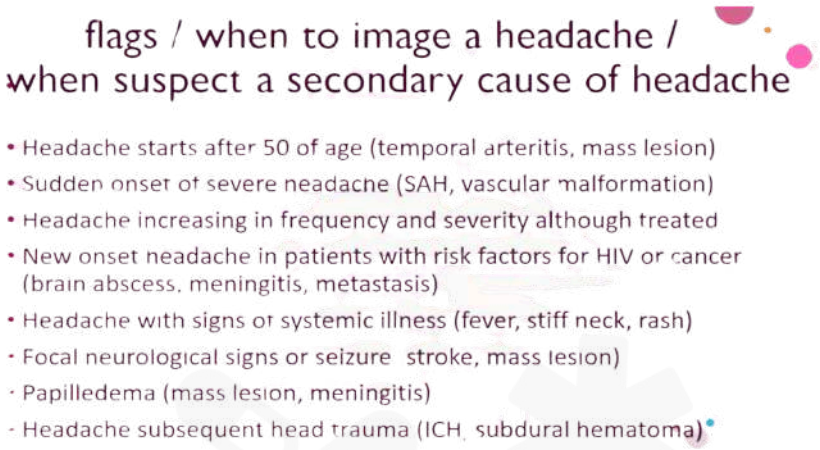
HTN patient his medications (thiazide + ACEi) he has BPH
A)what is the drug I can give to this patient? Alpha blocker
B) give me one side effect of this drug ? Postural hypotension

45 year old female with blood pressure 150/90 :
A) four signs and symptoms to find out secondary causes :
Snoring or daytime sleepiness (Obstructive Sleep Apnea)
Muscle weakness or cramps (Primary Aldosteronism)
Palpitations, headache, and sweating (Pheochromocytoma)
Abdominal bruits (Renal Artery Stenosis)

B) when we diagnose patient with HTN from first time :
A patient who presents with hypertensive urgency or emergency (i.e., patients with blood pressure \ge 180/120).
A patient who presents with an initial screening blood pressure \ge 160/100 mmHg and who also has known target end organ damage (LVH, hypertensive retinopathy, IHD, CKD).

Headache

1)Hx : bilateral tightness band like headache , almost all time ,مكرر كثير
1. Diagnosis ? **Tension headache**
2.write when you suspect secondary cause of headache



2) 21 female paient complian from headche with episode of nausea and vomiting with photophobia
1. What is the DXX

Migraine with aura

2.Mention two abortive treatment

NASIDS And Ergotamine

3) most severe headache in my life? **Subarachnoid hemorrhage**
Red flags/ when to suspect secondary cause of headache/ when to image a headache

4) Typical history of migraine
A- diagnosis
B- mention 2 drug to prevent headache
Seizures medication or calcium channel blocker

5) Patient with migraine.....
A) do you use prophylactic treatment ? Yes
B) two drug? **Anticonvulsants, BB**

6) female with unilateral headache photophobia and phono-phobia :
A)what is the diagnosis : **migraine**
B)mention abortive medication : **NSAD ,Acetaminophen ,Caffein ,Triptan ,Ergotamine**
C)mention prophylactic medication : **Seizure medications (gabapentin, valproate) blood pressure medications (BB {propanol, nadolol}/ CCB {verapamil}) Antidepressants (tricyclic)**

1. [A typical case of migraine with prodroma] -
1.Diagnosis **migraine**
2.Do you use prophylactic treatment for this patient: **yes**
3.Mention one prophylactic drug **mentioned above**

Headache

Patiant complaing of bilateral headache describe it as compressing or band like for more than 15 days not exerbating by movement

1. Diagnosis? **Chronic tension headache**
2. Mx ? **TCA , occipital nerve block**

A patient presents with a bilateral headache, described as a feeling of pressure, lasting for more than 15 days. مكرر كثير

1. What is the diagnosis? **Chronic tension headache**
2. What is the treatment for this condition?**Chronic treatment: TCA ,Occipital nerve block**

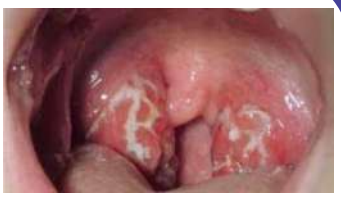
A 28-year-old female presents to the clinic with a severe, throbbing headache on one side of her head, accompanied by nausea and vomiting.
She also reports sensitivity to light (photophobia) and sound (phonophobia). She has no history of head trauma, fever, or neurological deficits.
Which of the following is the most likely diagnosis? **Migraine**
When suspect a secondary cause of headache? Mention 4: as in 1st question

worst headache ever diagnosis? **Subarachnoid hemorrhage**
indications for image a headache

Pt with severe headach neck rigidity, fever, diagnosis ? **Meningitis** **مكرر**
Mention another 2 red flag :
start after 50 of age
sudden onset severe headache

5) Patient with migraine.....
A) do you use prophylactic treatment ? Yes
B) two drug? **Anticonvulsants, BB**

URTI



1) Causative organism ?

Group A beta hemolytic streptococcus

2) 2 immune mediated complication ?

Post streptococcal neuropathy , Rheumatic fever, scarlet fever, reactive arthritis

3) Diagnosis?

Acute pharyngitis

4) Mention two indications for tonsillectomy?

- more than 7 episodes in one year Or
- more than 5 episodes per year in two years Or
- 3 episodes per year in the last 3 years

each episode should be documented with one of the following:

- fever >38°c or tonsillar exudates or cervical lymphadenopathy or positive culture of GABHS
- Hypertrophied tonsils that causing airway obstruction/sleep related difficulties

case of streptococcal pharyngitis and its manegment ....

4 years old child complian from fever , rinnorhea and barking like cough

A) What is the DDX ?

Croup

B) What is the most effictive pharmacologiacl treatment?

Dexamethazone and inhaled cortiocsteroid

Case of bacterial pharyngitis and what is the centor score?

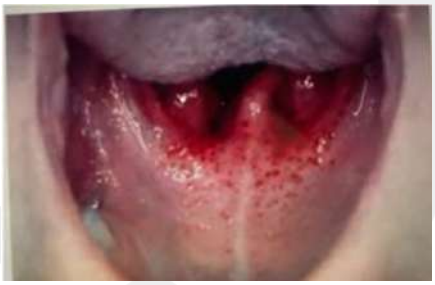
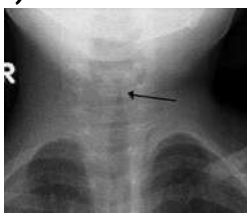


Table 4	
Criteria	Points
Absence of Cough	1
Swollen tender anterior cervical lymph nodes	1
Temperature > 38	1
Tonsillar exudate	1
Age 3-14	1
Age 15-44	0
Age 45+	-1
Cumulative Score	

HISTORY of typical viral pharyngitis

A) mention 4 difference between viral and bacterial pharyngitis?

Table 3	
Viral pharyngitis	Bacterial pharyngitis
• Gradual after several days of other respiratory symptoms such as rhinorrhea and cough • Conjunctivitis • Diarrhea • Posterior cervical lymphadenopathy are common in infectious mononucleosis	• acute onset sore throat • fever • notable tender, anterior cervical lymphadenopathy • tonsillar exudate or inflammation on examination • Palate petechiae and scarlatiniform rash (although rare but they are highly specific and often missed)

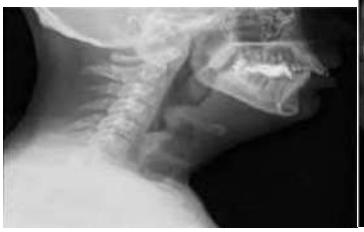


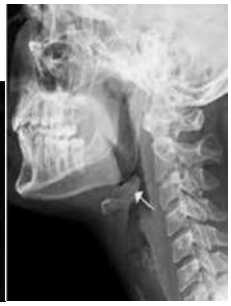
according to the picture

A) sign? Steeple sign

B) treatment ? oral steroid + inhaled steroid

according to the picture





A) sign? **Thumbprint sign**

B) Dx ? **Epiglottitis**

(السؤال مكرر كثير)

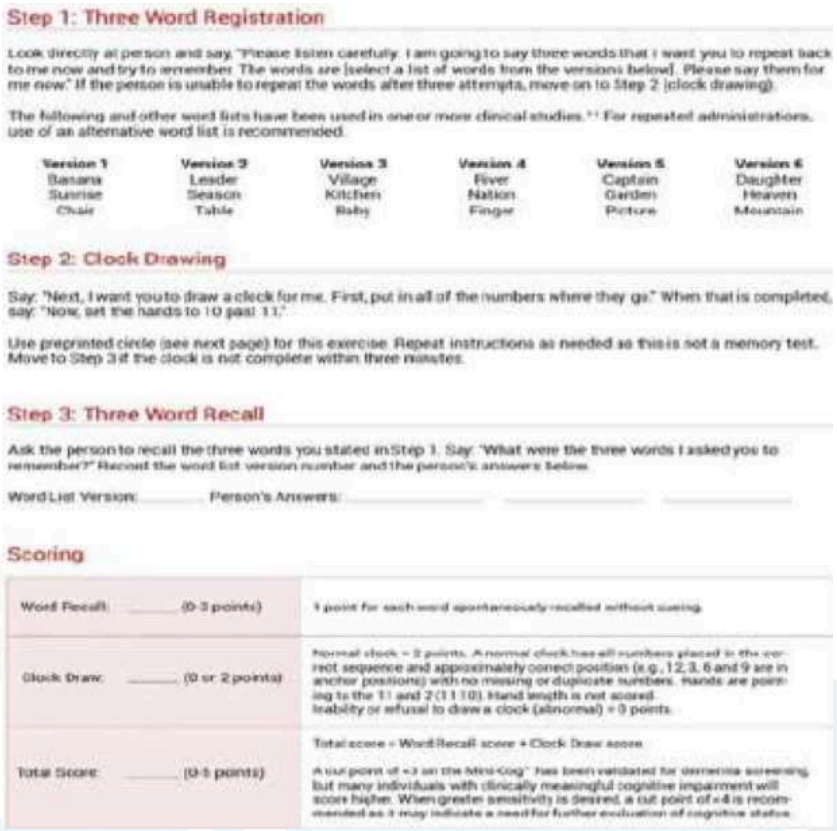
Child with temperature 38.7, tonsils exudate, swollen submandibular LN

A) what is the score? **4!**

B) Diagnosis? **Streptococcus pharyngitis**

Geriatric health maintenance and CGA

What's the name of this test?
-Mini-cog test
2)mention 2 other screening test for geriatric?
1)fall risk…time up and go test
2)Functional assessment…kartz index



Step 1: Three Word Registration

Look directly at person and say, "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.[1] For repeated administrations, use of an alternative word list is recommended.

Version 1	Version 2	Version 3	Version 4	Version 5	Version 6
Banana	Leader	Village	River	Captain	Daughter
Sunrise	Season	Kitchen	Nation	Garden	Heaven
Chair	Table	Baby	Finger	Picture	Mountain

Step 2: Clock Drawing

Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

Step 3: Three Word Recall

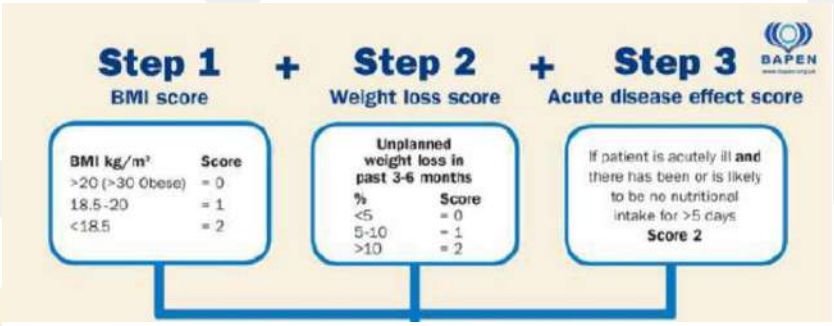
Ask the person to recall the three words you stated in Step 1. Say: "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.

Word List Version: _____ Person's Answers: _____ _____ _____

Scoring

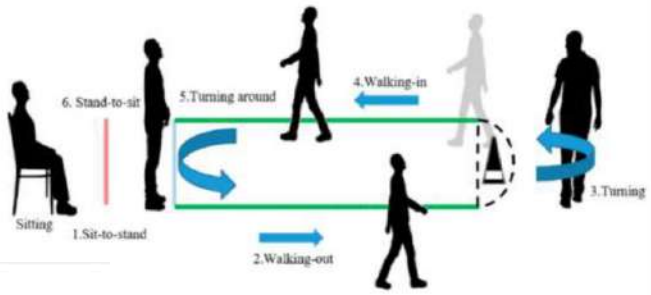
Word Recall:	_____ (0-3 points)	1 point for each word spontaneously recalled without cueing.
Clock Draw:	_____ (0 or 2 points)	Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor positions) with no missing or duplicate numbers. Hands are pointing to the 11 and 2 (11:10). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.
Total Score:	_____ (0-5 points)	Total score = Word Recall score + Clock Draw score. A cut point of <3 on the Mini-Cog™ has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status.

ME THIS SCORE ?
MUST scorefor nutritional status
OLD FEMALE PATIENT WITH SCORE 4
WHAT'S YOUR ENTERPRETATION?
She is at high risk ..
so treatment



Geriatric health maintenance and CGA

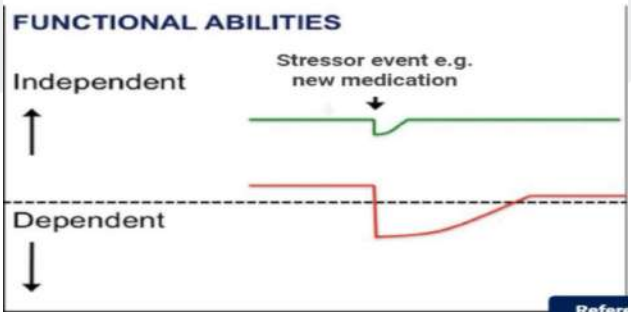
Interruption for result if result 30 sec?
20-30 seconds= walk8ng and balance problems cannot walk outside alone. Request walking aid high risk of falls



Intervention?

Fall prevention :

- Offer multifactorial interventions to all patients at high risk of falls focused on addressing individual, modifiable risk factors.
- Offer exercises that target strength, gait, balance, and functional exercises to prevent falls in all community-dwelling adults.
- Perform a medication review.
- Assessment of orthostatic vital signs.
- Vitamin D supplementation if patient has osteoporosis or vitamin D deficiency.
- Other interventions that may reduce the risk of falls in community-dwelling olde adults include:
  - Prompt involvement of multidisciplinary team (such as physical or occupational therapy)
  - Home safety interventions
  - Footwear modification
  - Appropriate vision care



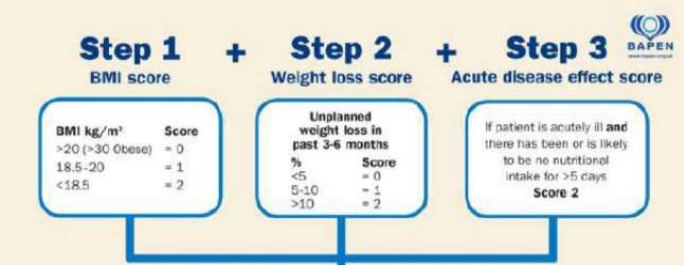
The figure shows functional ability changes with stressor events andactivities of daily living.1_Red line indicates? The red line indicates a person living with frailty who becomes dependent after a stressor event (e.g., new medication, ilness).
2_mention 3 interventions?
monitoring physiological reserve
maintaning a healthy diet
perform regular excersise

4AT TEST of dementia
what detect this test ? Delirium detection
2 cause for dementia? Alzheimer's, vascular dementia

Geriatric health maintenance and CGA

What is the name of this score?

Must score for nutritional status



B)Old Female Patient With Score 4. What's Your Interpretation?

She is at high risk.

so treatment is:

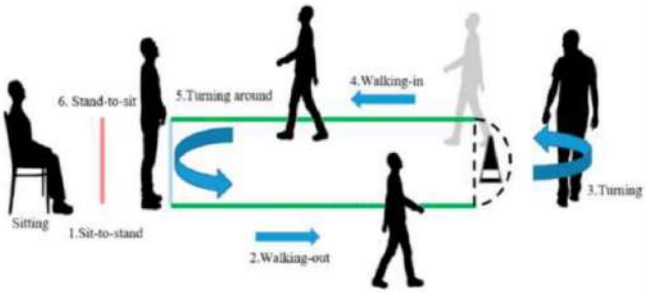
1.Refer to dietitian, Nutritional Support Team or implement local policy

2,Set goals, improve and increase overall nutritional intake

3.Monitor and review care plan. Hospital - weekly Care Home - monthly. Community - monthly

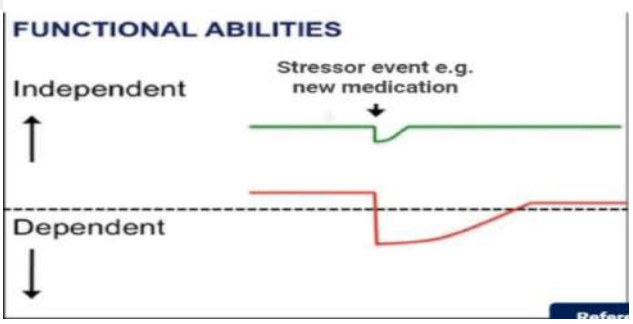
A) what is the name of this test? time up and go test (TUG)

B) It's use for the assessment of what? Fall risk



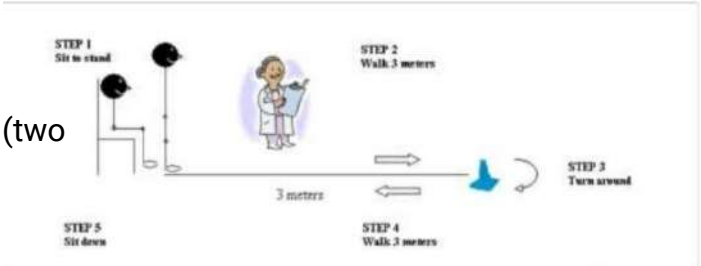
Red line indication? The red line indicates a person living with frailty who becomes dependent after a stressor event (e.g., new medication, ilness).

Mention 3 of activity of daily life? Bathing, Dressing, Eating, Transfering from bed to chair, Toileting, Grooming



What is the name of this test

Time up and go / get up and go test



How to prevent geriatric paient from the risk of fall (two points)?

exercise and physical therapy Adult

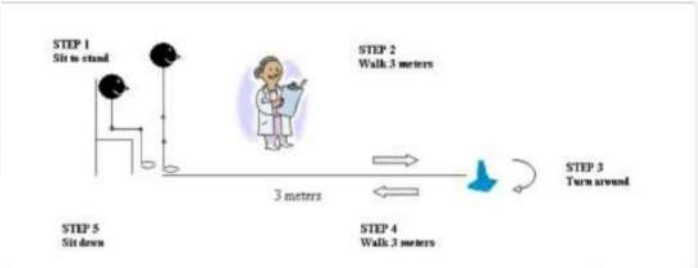
Vit D supplementation

Geriatric health maintenance and CGA

pic of NMA score, what is the name of this score ?????
screening test for this patient ?????

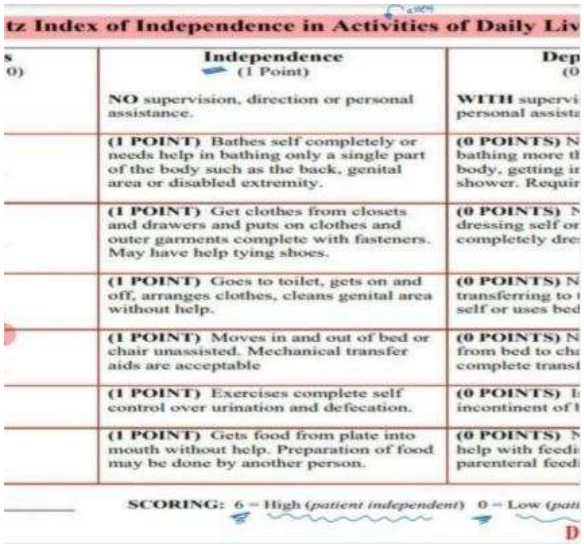
according to this test (30 seconds)
A) what is interpretation for this patient?
High Dependence
B) two interventions ? Walking aid
remove hazard in the home

80 year old man with knee pain , diagnosed with osteoarthritis :
A) what is the test used to assess fall risk :
Get up and go test



B)other 4 comprehensive test for screening :
Functional assessment
vision assessment
Hearing assessment
Cognitive assessment

-A Katz index score (can't remember the score),
-your indication for this patient: ????
-Mention 4 Activities of daily living? Bathing, Dressing, Eating, Transfering from bed to chair, Toileting, Grooming



What is the name of this test ?
Katz
Patient score is 6 , what does it mean?
Strongly independent,state of full function
What is the name of this activity?
Activity of daily living

Chest pain

(السؤال مكرر)

1) what the name of this criteria ?

Wells criteria

Table 5: Wells criteria for Pulmonary Embolism		
Clinical signs and symptoms of DVT	No 0	Yes +3
PE is the #1 diagnosis OR equally likely.	No 0	Yes +3
Heart rate > 100	No 0	Yes +1.5
Immobilization at least three days OR surgery in the previous four weeks	No 0	Yes +1.5
Previous, objectively diagnosed PE or DVT.	No 0	Yes +1.5
Hemoptysis.	No 0	Yes +1
Malignancy w/ treatment within six months or palliative.	No 0	Yes +1
High risk (PE likely)	>4 points, 37.1% incidence of PE; **DO** CTA	
Low risk (PE unlikely)	0-4 points, 12.1% incidence of PE; **DO** D-dimer testing: 1- If the dimer is negative, consider stopping workup. 2- If the dimer is positive, consider CTA	

2) If result is 1.5 what is your next step?

D-Dimer

3) If the score =3 What is the next step?

D-Dimer

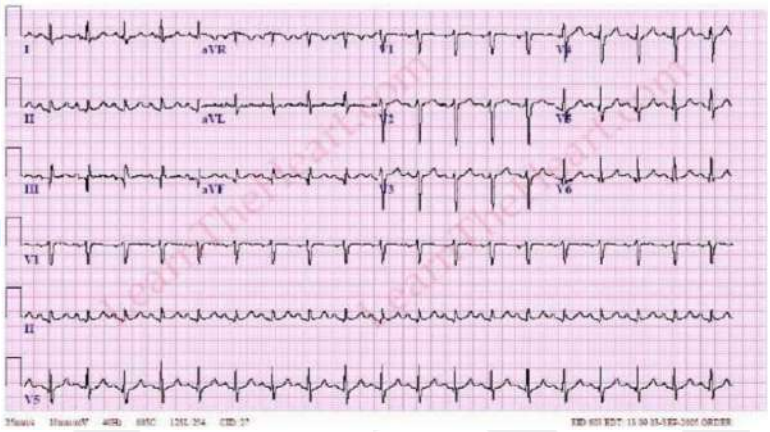
4) What is it for?

Assess the risk of PE

Patient comes to ER with sudden dyspnea and pleuritic chest pain and previous has breast CA :

1) what you see in ECG ?

sinus tachycardia



2) what is the diagnosis:?

pulmonary embolism

3) name of criteria ?

wells criteria

4) if the criteria 5.5 what is the next step ?

CT Angiogram

43 years old paient complian from retrosternal pain last 10 min with walking and relived by rist.

1) what the name of this score ?

Murberg heart score

Score component
Age/gender (female ≥ 65, male ≥ 55)
Known clinical vascular disease
Patient assumes cardiac origin of pain
Pain worse with exercise
Pain not reproducible by palpation

2) What is the most likley DDX?

Stabel angina

Rule out chest pain in primary care (Marburg Heart Score {MHS})

Proposed algorithm for evaluating chest pain in a primary care setting, algorithm 1.

Table 6		
Female ≥65 years or male ≥55 years	No 0	Yes +1
Known CAD, CVD, PAD	No 0	Yes +1
Pain worse with exercise	No 0	Yes +1
Pain reproducible with palpation	No +1	Yes 0
The patient assumes pain is cardiac.	No 0	Yes +1
Interpretation:		
0-1	Low risk	
2-3	Moderate risk	
4-5	High risk	

A 45 year old male presents with chest pain that is not related to exertion and is reproducible on palpation.

(السؤال مكرر)

1) what the name of this score ?

Murberg heart score

Score component

Age/gender (female ≥ 65, male ≥ 55)

Known clinical vascular disease

Patient assumes cardiac origin of pain

Pain worse with exercise

Pain not reproducible by palpation

2) Based on the score, What is your diagnosis ?

Non cardiac cause ; musculoskeletal pain

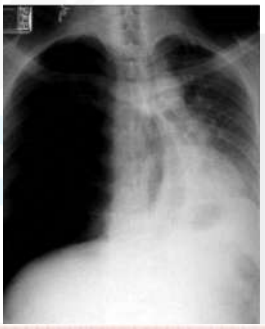
Chest pain

patient sudden chest pain heavy in nature while he watching TV, cardiac enzyme normal
ECG Picture normal
1) diagnosis?
unstable angina

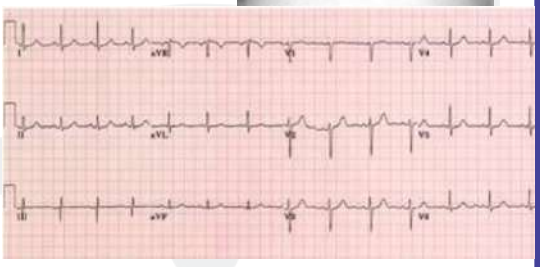
ECG of pericarditis
1) write what do you see in ecg ?
Diffuse ST elevation and T inversion and ...

Sudden heaviness chest pain while watching TV , cardiac enzymes negative
A) picture of ECG ?
Normal
B) diagnosis?
Unstable Angina

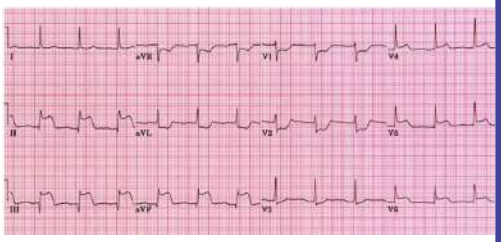
according to the X-ray :
A) what is the diagnosis :
Tension pneumothorax
B) mention 3 deadly causes for chest pain :
PET MAC : pulmonary embolism, esouphageal rupture , tension pneumothorax , myocardial infarction, aortic dissection, cardiac tamponade



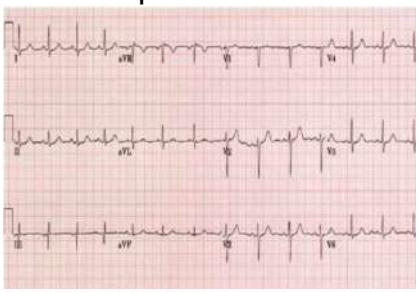
a case of a man complaining of chest pain that is relieved with rest
A) what is your interpretation of the ECG:
Normal
B) diagnosis:
angina pectoris (stable angina)



Patient came to ER complaing of chest pain more than 40 minute, with diaphoresis ,
his blood pressure 85/60
A) diagnosis:
Inferior STEMI
(بالسؤال كمان كان فيه hyperacute T wave in V1,V2 & V3)
B) management:
O2, aspirin, fluid & analgesia (المهم ما تكتبوا nitroglyceride or morphine)
C) what should we do to be sure?
Cardiac enzymes

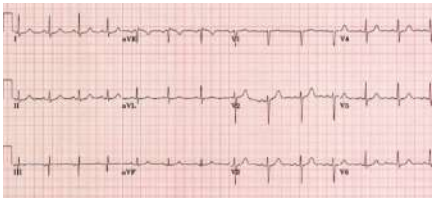


A 40-year-old man was watching television when he suddenly experienced chest pain for more than 30 minutes that did not improve with nitroglycerin
A) what is your interpretation of the ECG:
Normal ECG
B) diagnosis:
Unstable angina



Chest pain

A 52 year old male experienced a10-minute episode of central chest heaviness with nausea and shortness of breath after strenuous exercise. The episode resolved with rest. He has had similar previous episodes, and cardiac enzymes was reassured.



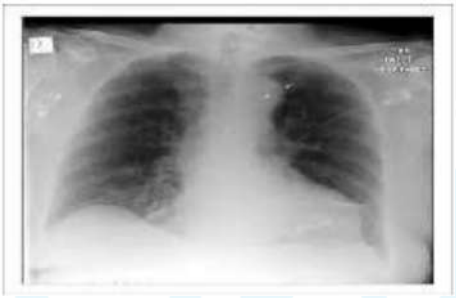
1) What's the probable diagnosis ?

Stable Angina

2) What is the NEW YORK HEART ASSOCIATION FUNCTIONALCLASSIFICATION of this patient?

class1

I miss the scenario but patient with tearing pain …



A) dx :

aortic dissection

B) give me two findings :

wide mediastinum

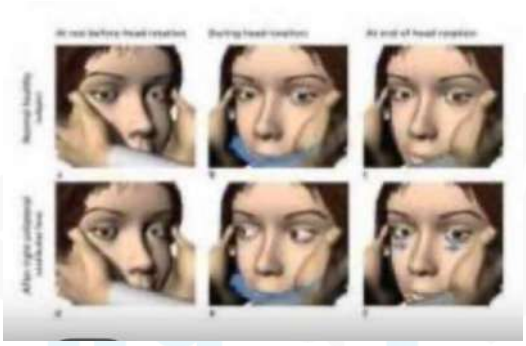
loss of aortic knob

Approach to dizzy patient

1)The earliest and most common symptoms of vestibular shwannoma ?
A)Vertigo
B)Sensoronerual hearing loss and tinnitus
C)mass effect
Ans:B

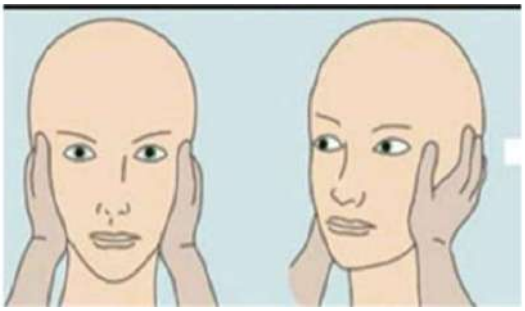
Hx: vertigo and abnormal in this test

- 1. Name of test?
- Head impulse test
- 2. Diagnosis ?
- Vestibular neuritis
- 3. Type of nystagmus ?
- Unidirectional horizontal



*A patient presents to your clinic with continuous vertigo.
The test shown in the image was performed.
1. In addition to the test shown in the image, name two other clinical tests used to assess this condition.
1)asses nystagmus
2)The test of scew

2. If the test results are negative, what does that indicate?
-Central cause

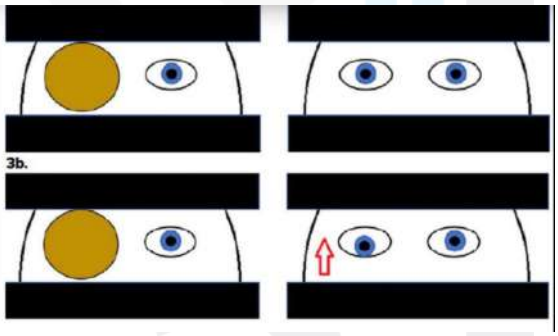


WHAT IS THE NAME OF THIS TEST:
Test of Skew
WHAT IS YOUR DIAGNOSIS BASED ON THIS RESULT?
There is the central cause of vertiogo(Stroke)

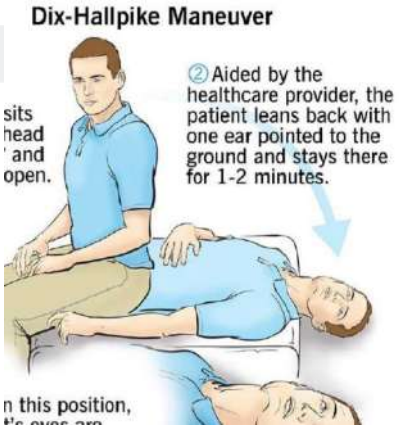
Approach to dizzy patient

- 3)pateint tested for spontonus continous vertigo,name
- of this test?
- HINTS test
- -If test were normal , next step?
- MRI

- Q4- picture for dix-hallpic examination
- describe the vertigo that patient present If the test was negative, with according to TiTrATEwhat is the next step
- BP measures fororthostatic hypotension



- A) what is the name of this test? Test of Skew
- B) What's your diagnosis based on the result?There is the central cause of
- vertigo(Stroke



- 10. according to the picture:
- A) when to do this test
- Benign paroxysmal positional vertigo
- B) if negative what the next Assess for postural hypotension
-

- What is the name of this test

HINTS

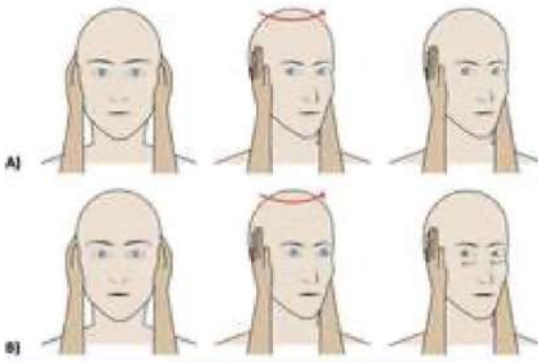
- What type of vertigo tested with is examination

continous spontanous هون لازم تكتب

- What is the peripheral dizziness result in this test
- +ve head impulse
- Unidirectional nystagmus
- -ve ske

Approach to dizzy patient

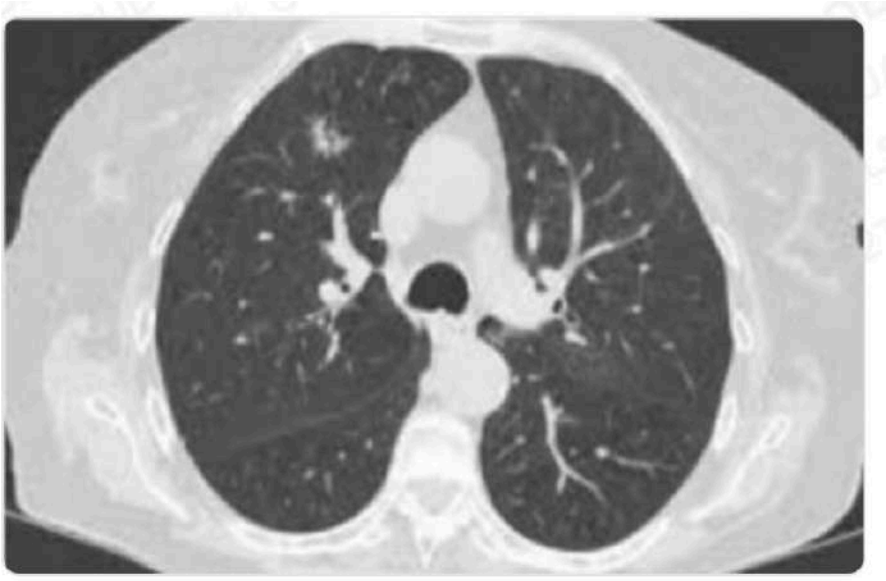
- **Name of the test**
- **Diagnosis if the test is positive**



Head impulse

Peripheral case (vestibular neuritis)

Adults



1) When do we perform this screening test?

Adults aged 55-80 years with a ≥30 pack-year smoking history who currently smoke or have quit within the past 15 years → annual low-dose CT (LDCT) for lung cancer screening.

50-year-old woman, no risk factors

1) Mention all the screening tests which can be done:

Blood pressure measurement (hypertension screening)
Lipid profile (dyslipidemia screening)
Diabetes mellitus screening (HAlc / fasting glucose)
Obesity assessment (BMI, waist circumference)
Cervical cancer screening (Pap smear / HPV testing)
Breast cancer screening (mammography)
Colorectal cancer screening (colonoscopy / FIT)

Adults

راح تحسابوه موضوع طويل بس كله مكرر
واللله (سهل ان شاء الله)

1)**55 paient do the test in this image**

A)If this test positive what is the next step?

Do colonoscopy

B)Mention four vaccine give to this paient

Influenza Tadp. Covied 19. Pneumococcal poly and conjugate

9. according to the mammogram machine in the picture :

A) age for this test regarding Jordanian guidelines :

- 40

B) mention other 2 screening test for normal conditions:

- Monthly breast self examination, annual clinical breast examination , US ,biopsy

تقريبا مثل نظام هذا السؤال

3)**67 year olde male with DM & dyslipidem controlled , about screening for prostate cancer , smoker1 pack per year for 30 years**

A- what is the guidelines in this case?

Shared decision-making for PSA testing at age 55-69; not routinely recommended after 70

B - mention 2 secreening test for this patient:

Lung cancer screening with annual low-dose CT (due to smoking history) / colorectal cancer screening

Adults

1) Which vaccines should be given during pregnancy, and when?

Influenza vaccine → during influenza season (e.g., October)
Tap (tetanus, diphtheria, pertussis) during the third trimester (27-36 weeks gestation)

67-year-old male, ex-smoker

1) AAA screening for this patient?

One-time abdominal ultrasound (recommended for men aged 65-75 who have ever smoked)

52-year-old postmenopausal female, history of HTN, had mammogram 6 months ago

1) What screening test does she need?

Cervical cancer screening (Pap smear / HPV testing)
Osteoporosis screening (DEXA scan)
Breast cancer screening (continue mammography every 1-2 years)

2) What vaccines would you advise her to take?

Influenza vaccine (annual)
Zoster vaccine (RZV, ≥50 years)
Tap booster (every 10 years)

Adults

55-year-old male, fecal occult blood test negative

1) What is your next step management?

Continue routine colorectal cancer screening (e.g., colonoscopy or repeat FOBT per guidelines)

2) Name 4 other screening tests for this patient.

Cardiovascular risk factors (HTN, dyslipidemia, obesity, diabetes, smoking)
Lung cancer screening (if smoker, annual low-dose CT)
Prostate cancer screening (shared decision-making for PSA)
Depression screening

Mr. Ahmad (53 years old, smoker 20 cigarettes/day for 10 years) and Mrs. Ahmad (40 years old, family history of breast cancer)

1) What screening tests should be done for them?

Mr. Ahmad: Lung cancer screening (annual low-dose CT), cardiovascular risk assessment (BP, lipids, diabetes), colorectal cancer screening
Mrs. Ahmad: Mammography (due to family history), cervical cancer screening (Pap smear/HPV), cardiovascular risk assessment

67-year-old male, ex-smoker

1) AAA screening for this patient?

One-time abdominal ultrasound (recommended for men aged 65-75 who have ever smoked)

Adults

66-year-old male, smoker (40 pack-years), BMI 26, random glucose 160 mg/dL, otherwise medically free

1) Mention 3 recommended vaccines for his age.

Influenza (annual)

Tap (booster every 10 years)

Pneumococcal (PCV + PPSV)

2) Mention 4 screening tests for his age.

Lung cancer screening

Colorectal cancer screening (colonoscopy / FIT)

Dyslipidemia / hypertension screening

Diabetes mellitus screening

3) According to guidelines, what screening measures should be done for prediabetes and type 2 diabetes in this patient?

Screening tests: Fasting plasma glucose, HbAtc, or oral glucose tolerance test (OGTT)

Lifestyle recommendations: Weight reduction (DASH diet), smoking cessation, salt and alcohol restriction,

Screening for lung cancer in couples

1) Who should undergo lung cancer screening?

Men and women aged 50-80 with ≥20 pack-year smoking history who currently smoke or quit within the past 15 years

2) What is the recommended screening modality and interval?

Annual low-dose CT (LDCT) chest

3) Is routine chest X-ray recommended for lung cancer screening?

No

Adults

Breast cancer screening - National Guidelines in Jordan

1) What are the recommended breast cancer screening methods for women aged 25-39 years at normal risk?

Self-breast exam Monthly
Clinical breast exam → Annually
Mammogram → **Not recommended**

2) What are the recommended breast cancer screening methods for women aged 40 years and above at normal risk?

Self-breast exam Monthly
Clinical breast exam → Annually
Mammogram → **Annually**

55-year-old male, ex-smoker (quit 12 years ago, 20 cigarettes/day for 12 years)

1) Mention cancer screening tests to do.

Lung cancer
Colorectal cancer

2) Mention 5 other screening tests to do.

Dyslipidemia (lipid profile)
Diabetes mellitus (HbA1c / fasting glucose)
Obesity (BMI, waist circumference)
Hypertension (blood pressure measurement)
Depression screening

Adults

35-year-old woman, healthy, no medications

1) Mention 3 screening tests to do for this patient.

Cardiovascular risk factors (obesity, HTN, smoking)

Alcohol use

Domestic violence / depression screening

2) Mention 3 vaccines for this patient.

COVID-19

Tdap

Influenza

52-year-old male, smoker (20 pack-years)

1) Interval screening for lung cancer?

Every year (annual low-dose CT)

2) Mention 2 other screening tests for this patient.

AS MENTIONED ABOVE

67-year-old male with DM & dyslipidemia, smoker (30 pack-years)

1) What are the guidelines in this case regarding prostate cancer screening?

Shared decision-making for PSA testing at age 55-69; not routinely recommended after 70

2) Mention 2 other screening tests for this patient.

Lung cancer screening with annual low-dose CT (due to smoking history)

Colorectal cancer screening

Adults

55-year-old adult, fecal occult blood (FOB) test positive

1) If this test is positive, what is the next step?

Colonoscopy

Mention 4 vacc recommended:

Influenza

TdapR

COVID-19

Pneumococcal (polysaccharide and conjugate)

The first component of adult health maintenance

Initial comprehensive visit

60-year-old man with 30-pack-year smoking history

1) Should this patient be screened for lung cancer?

Yes - annual low-dose CT (LDCT)

2) What immunizations are recommended for this patient?

AS MENTIONED ABOVE

Adults

Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

1) What is this tool used for?

Screening for depression

2) What is considered positive, and what is the next step?

Positive PHQ-2: If score ≥3 → proceed to PHQ-9 and further psychological evaluation

3) If positive, what is the next step?

Administer PHQ-9 for severity assessment and arrange comprehensive mental health evaluation

66-year-old male, smoking 40 pack-years, medically free, medications free, BP 140/80, HR 70, BMI 24

1) Mention 3 recommended vaccines for his age.

AS ALWAYS

2) Mention 4 screening tests for his age.

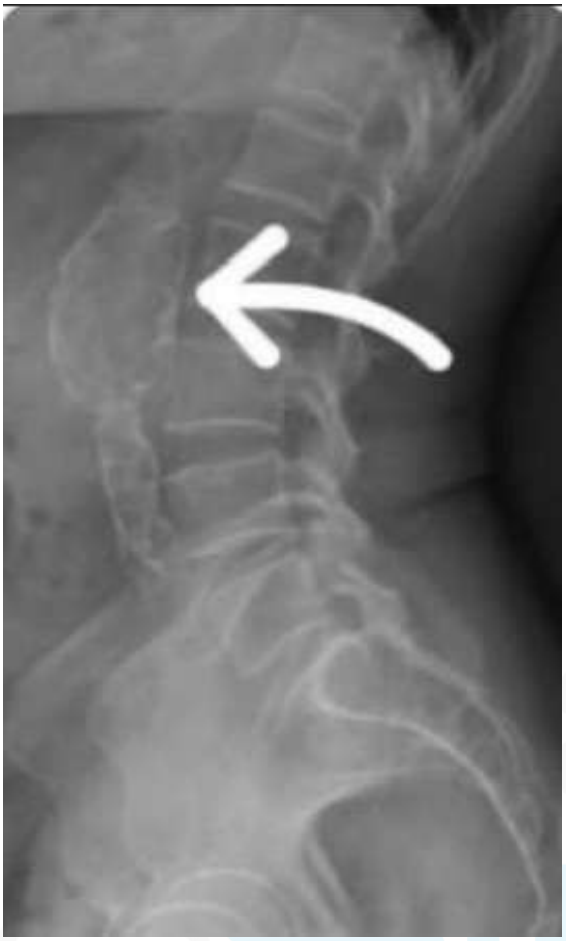
AS ALWAYS AGAIN

55-year-old man, received Tdap 5 years ago, presenting for screening tests

1) What screening tests should be done?

BP / lipids profile.....ets (AS ALWAYS)

Adults



1) What is the diagnosis?

AAA(ABDOMINAL AORTIC ANEURYSM)

2) Mention 4 conditions to screen for in this patient.

Hypertension

Diabetes mellitus

Dyslipidemia

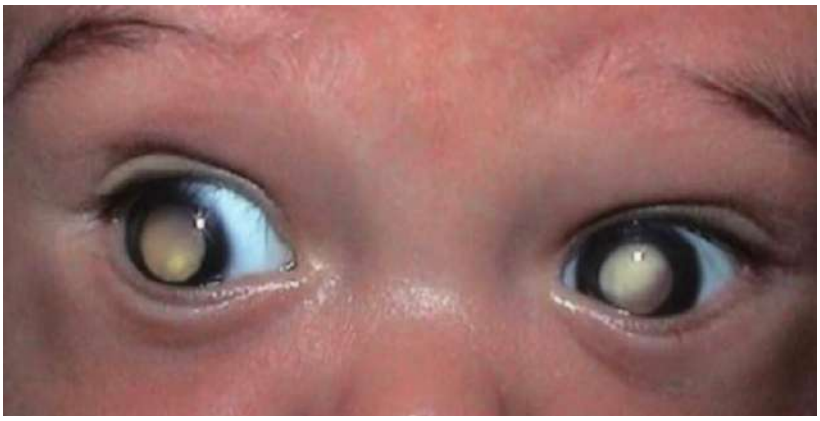
Colorectal cancer

3) What are the screening measures for his case?

abdominal ultrasonography for men aged 65-75 who have ever smoked

"إذا تولّاك الله بلُطفه وجدت الرّحمة كامنةً في أضدادها ومع انعِدام أسبابها، كم من مهمومٍ بات يقلّب وجوه الحيَل فيما ألمّ به، فيُصبح على فرَجٍ لم يخطر على قلبه؛ لُطف الله أقرب ممّا تتخيّل!"

Adults



1) What is this test called?

Red reflex test

2) Mention 2 other screening tests for newborns.

Newborn hearing screening

Metabolic screening (e.g., congenital hypothyroidism, PKU)

Subject Name _____ **Date**_____

Since your hospitalization, how often have you been bothered by any of the following problems? Circle your response.

	Not at all	Some	Often	Nearly all of the time
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping to much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself – or that you are a failure or have let your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

Total: _____

1) What is this tool and what is it used for?

PHQ-9 (Patient Health Questionnaire-9) - used for screening, diagnosing, monitoring, and measuring the severity of depression.