

Modern Medicine – Issue 1, 2023 – DIGITAL CPD Q&A

Atrial Fibrillation - Management of older patients

1. In those aged 55 years and older, atrial fibrillation affects an estimated
 - a. 2%
 - b. 5%
 - c. 7%
 - d. 9% of the population.
2. In those with AF, the risk of stroke with poorer neurological outcomes is considered to be
 - a. Two- to four-fold
 - b. Five- to seven-fold
 - c. Eight- to nine-fold
 - d. Ten-fold
3. The risk of AF-related stroke in those aged 80–89 years is
 - a. 15.4%
 - b. 19%
 - c. 23.5%
 - d. 28.2%.
4. Very old age is considered a factor that increases the complexity of AF management?
 - a. True
 - b. False.
5. The best approach for the management of older patients with AF is considered to be
 - a. An integrated care approach involving a number of different professions
 - b. A biomedical approach.
 - c. A psychosocial approach.
 - d. A social approach.
6. Which of the following would be a benefit of early AF detection, prophylaxis and treatment
 - a. Prevention of structural cardiac changes and heart failure.
 - b. Detection of comorbidities
 - c. Earlier referral for cognitive impairment or dementia.
 - d. Better patient support.
7. Waiting for patients to present with AF symptoms before instigating diagnostic investigation is estimated to miss
 - a. 10%
 - b. 20%
 - c. 30%
 - d. 40% of AF cases.
8. Current Australian guidelines recommend
 - a. That clinicians wait till patients present with AF symptoms before investigating possible AF.
 - b. Opportunistic point-of-care screening using pulse palpitation or an ECG rhythm strip.
 - c. Referral for life-style counselling.
 - d. Referral to specialist cardiac services if AF is suspected.
9. Rate control is preferable in older patients when (choose the answer that doesn't fit)
 - a. Restoration or maintenance of normal sinus rhythm is not possible.
 - b. AF is relatively asymptomatic.
 - c. Prolonged, irreversible cardiac changes.
 - d. Left ventricular dysfunction is present.

10. Antiarrhythmic strategies obviate the risk of atrial thromboembolism and reduce the risk of stroke in patients with AF.
- True
 - False.

Type 2 Diabetes in Young Adults - A management guide for GPs

- Type 2 diabetes (T2D) in young adults
 - Is similar in course to that in older adults.
 - Is more aggressive with a high risk of early complications and mortality.
 - Has fewer complications compared to older patients as they are younger.
 - Has a good prognosis due to less comorbidity.
- Consider T2D in young adults with (choose the incorrect answer)
 - Overweight or obesity
 - Maternal history of T2D or gestational diabetes mellitus
 - Islet autoantibodies
 - Clinical evidence of insulin resistance.
- An oral glucose tolerance test is recommended if fasting blood glucose is 5.6–6.9mmol/L or HbA_{1C} is 5.7–6.4%
 - True
 - False.
- The recommended glycaemic HbA_{1C} target – without causing hypoglycaemia and a self-management burden – is
 - < 5.7%
 - 5.7–6.4%
 - 6.5%
 - > 6.5%
- The recommended minimum target blood pressure is
 - 120/80mmHg
 - 130/80mmHg
 - 140/90mmHg
 - 145/90mmHg.