

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

Anticoagulation: Extended treatment for venous thromboembolism

1. Examples of common transient venous thromboembolism (VTE) provocations include (choose the incorrect answer)
 - a. Caesarean section
 - b. Active cancer
 - c. Surgery with anaesthesia for longer than 30 minutes.
 - d. Major trauma, such as pelvic fractures.
2. In asymptomatic patients with isolated distal deep vein thrombosis (DVTs) and high bleeding risk, the treatment recommendation is to forego anticoagulation and instead monitor with serial weekly ultrasounds
 - a. True
 - b. False.
3. For DVT patients with no persisting symptoms or thrombus extension on ultrasound, the TWISTER trial showed that anticoagulation duration of
 - a. One week
 - b. Two weeks
 - c. Three weeks
 - d. Four weeks was sufficient.
4. In patients with a persistent provoking factor such as cancer, the duration of anticoagulation therapy to consider is
 - a. Six weeks
 - b. Three months
 - c. Six months
 - d. Indefinite.
5. Continuing anticoagulation beyond the three–six month treatment phase in those with a first unprovoked VTE reduces the risk of recurrence by
 - a. 50%
 - b. 65%
 - c. 80%
 - d. 90%.
6. Anticoagulation duration in those with two or more unprovoked episodes of VTE is recommended to be
 - a. Six weeks
 - b. Three months
 - c. Six months
 - d. Indefinite.
7. The risk of major bleeding with direct oral anticoagulants (DOACs) is approximately
 - a. 1%
 - b. 3%
 - c. 4%
 - d. 5% per patient-year.
8. In women, a score of ≥ 2 on the HERO02 prediction tool for estimating VTE recurrence risk, is indicative of
 - a. No risk
 - b. Low risk
 - c. Moderate risk
 - d. High risk.
9. Which of the following would not be considered a predictor for bleeding during anticoagulation therapy
 - a. Presence of bleeding in the preceding three to six months

- b. Severe renal impairment
 - c. Antithrombin deficiency
 - d. Presence of a lesion that could bleed (eg, peptic ulcer).
10. Testing for thrombophilia should be considered in those with (choose the answer that doesn't fit)
- a. A strong family history for VTE
 - b. A clearly provoked event
 - c. An unprovoked VTE at a young age (< 50 years)
 - d. VTE at an unusual site.
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Managing Depression - Using a clinical practice guideline approach

1. The updated clinical practice guidelines of the Royal Australian and New Zealand College of Psychiatrists place emphasis on (choose the answer that doesn't fit)
 - a. Promoting a healthy lifestyle
 - b. Referral to an inpatient facility
 - c. Focused psychological treatments
 - d. Selecting 'choice' pharmacological treatments and addressing suboptimal response.
2. Depression commonly reoccurs with further episodes occurring in up to
 - a. 40%
 - b. 60%
 - c. 70%
 - d. 80% of patients.
3. When devising a management plan for depressive episodes, it is crucial for the clinician to (choose the least helpful answer)
 - a. Focus solely on whether or not the patient meets the criteria for major depression.
 - b. Plot the course of the depressive episode
 - c. Identify underlying developmental factors
 - d. Identify triggers and maintaining factors.
4. When deciding on a particular pharmacological treatment, tolerability is more important than efficacy.
 - a. True
 - b. False.
5. When stopping antidepressants withdrawal symptoms occur in up to
 - a. 20%
 - b. 34%
 - c. 56%
 - d. 62% of patients.