# Cases and Questions



## Danielle

- Age 55, weight 230lbs (BMI = 34)
- Symptoms: Polyuria, polydipsia, stomach pain
- Medical History
- Peptic ulcer disease 1 year ago
  T2DM 4 years
  Hyperlipidemia x 2 yrs
  BP 130/90

- Nonsmoker, occasional wine
- Lab values
- Plasma Glucose = 13.5 mmol/L
- LDL = 4.5 mmol/L, HDL = 0.8 mmol/L

#### Danielle's Current Medications

Glyburide 5 mg po am

Metformin 500 mg po bid

Rabeprazole 10 mg po am

Atorvastatin 20 mg po daily

Multivitamins 1 tablet daily

Orlistat 120 mg po tid before meals

#### Individual and Group Work

What is Danielle's 10 yr risk of Coronary Heart

What are the goals of therapy for Danielle?

What treatment options would you consider for Danielle?

What treatment changes would you recommend for Danielle? Write a prescription.

What would you monitor for (and when)?

## Peter's Case



- •21 yo, wt = 60kg, with low mood  $\times$  6 mo
- ·Chief complaint: Low mood, irritated all the time, feels isolated and alone. Poor appetite and insomnia.
- ·Parents are very concerned and brought him to see you when he didn't get any response to fluoxetine 20 mg daily for 3 months. He started SJW last week.
- Dropped out of school 2 months ago.
- · Has some thoughts of self harm.
- ·NKAs and no other medical conditions

### Individual and Group Work

Write a PICO question for Peter.

What are the goals of therapy for Peter?

What treatment options would you consider for Peter?

What treatment changes would you recommend for Peter? Write a prescription.

What would you monitor for (and when)?

A 49 year old male smokes a  $\frac{1}{2}$  pack daily, is obese, has a BP of 145/95 and has a total cholesterol of 6.7 mmol/L. He is healthy otherwise and has no other relevant medical history. You decide to begin antihypertensive therapy, suggest he loose some weight and stop smoking. You wonder about the potential benefit of starting him on a statin right away. Create a clinical question based on this brief scenario using up to 5 of the options (1-11) provided. For example: 5 2 3 4 8.

- 5 years total cholesterol levels
- LDL/HDL ratio
- placebo

- placeuro pravastatin 20 mg Males above the age of 40 who have no history of ischemic heart disease has high cholesterol and is starting Males above the age of 40 who have no history or iscremic ricer.

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- antihypertensive therapy but no history of heart attacks 8. non-fatal myocardial infarction, non-fatal stroke or death 9. myocardial infarction, stroke or cardiovascular death
- 10.6 months
- 11. encouragement to follow a diet and exercise program

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Which of the Following is a Low Therapeutic Index Drug

Sample MCQs

Which drug would be the safest AND most effective to use for a skin infection in a patient with a recent history of anaphylaxis from a dose of Penicillin G?

- a. Amoxicillin
- Cloxacillin
- Erythromycin
- d. Cephalexin
- e. Metronidazole

Which of the following patients would be the best candidate to receive prophylactic therapy for gout?

- A. A patient taking pyrazinamide and ethambutol for tuberculosis.
- B. A patient who experienced three episodes of gout in the past year.
- C. A patient with chronic kidney disease.
- D. A patient with neutropenia.
- E. A patient with a swollen, non tender joint.

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Which of the following symptoms below is NOT associated with a discontinuation syndrome?

- A. Sweating
- B. Rash
- C. Electric shock sensations
- D. Flu-like symptoms
- E. Nausea

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AB is a 19 year old female who has just had her first episode of major depression. She is about to start on an antidepressant medication and asks what percent of people (like AB) achieve total remission of symptoms in the short term (i.e. next 3 months)?

- A. 20-30%
- B. 35-50%
- C. 60-70%
- D. 75-85%
- E. 100%

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Which of the following statements is FALSE?

- A.Duloxetine blocks the reuptake of serotonin and norepinephrine
- B.SSRIs are associated with significant sexual dysfunction
- C. Mirtazapine blocks the reuptake of serotonin and norepinephrine
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- b. Enterococcus faecalis
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Which of the following statements is/are considered to be a clinical advantage of using buspirone (over benzodiazepines) for anxiety symptoms?

- i. Buspirone is considered to be non-addictive
- ii. Tolerance to the beneficial effects of buspirone does not typically occur
- iii. Buspirone reduces symptoms of anxiety as fast as benzodiazepines