

October 2013 – Medicine for the elderly

CPD questionnaires must be completed online via www.cpdjournals.co.za
After submission you can check the answers and print your certificate.



True (A) or false (B):

FRAILITY

1. One of the criteria for frailty is slow walking speed (>7 seconds over 5 m).
2. In the frail elderly, drugs which increase the risk of falls, such as psychotropics, especially benzodiazepines, and those with anticholinergic side-effects should be avoided.
3. Exercise where static balance and strength is improved, such as calisthenics, Thai-chi and Rekei, will help to reduce the effects of frailty.

MANAGEMENT OF HYPERTENSION IN OLDER PERSONS – SPECIFIC CONSIDERATIONS

4. Isolated systolic hypertension in older persons does not need to be treated.
5. A wide pulse pressure in the elderly always signifies aortic regurgitation.
6. A diastolic blood pressure <70 mmHg in the elderly has poor prognostic value.

CURRENT CONCEPTS IN THE MANAGEMENT OF DELIRIUM

7. Thirty to forty per cent of cases of delirium are preventable.
8. Mental state assessment is vital to the diagnosis of delirium.
9. The diagnosis of delirium is clinical.

ETHICAL AND MEDICO-LEGAL ASPECTS OF DEMENTIA

10. In addition to having an ability to pay bills and 'count change', the financially competent person must also be able to delegate financial wishes.
11. Preserved visuospatial skill, one of the conditions for an elderly person to be allowed to continue to drive, can be determined by correctly drawn intersecting pentagons or a cube.

12. If an elderly person displays a lack of competence in up to three different types of tasks, it can safely be assumed that he/she is unlikely to be able to manage most other aspects of daily living.

ASSESSMENT OF DRIVING CAPACITY IN PERSONS WITH DEMENTIA

13. Moderate or severe dementia correlates with a mini mental state examination (MMSE) score of $\leq 20/30$.
14. People with mild early cognitive impairment show poorer performance at road tests than people without such impairment.

PHARMACOTHERAPY FOR THE TREATMENT OF OSTEOPOROSIS IN THE ELDERLY

15. A fracture in an elderly patient is not clinically significant as it is not associated with a significant morbidity or mortality.
16. Calcium (elemental) supplementation >1 000 mg/day has been associated with an increased risk for myocardial infarction.

MOVEMENT DISORDERS IN THE ELDERLY

17. With respect to Parkinson's disease (PD), significant motor complications of levodopa therapy (motor fluctuations and dyskinesias) are common and important in the elderly patient with PD.
18. With respect to tremor, patients with tremor-predominant PD may benefit from deep brain stimulation.

FALL PREVENTION IN THE ELDERLY

19. The main risk factors for falls are: impaired balance, weak muscles, poor vision, psychotropic medications, inadequate footwear and environmental hazards.
20. Meta-analysis has shown that various exercise programmes reduce the incidence of falls by around 30%.

A maximum of 5 CEUs will be awarded per correctly completed test.