#1-Your health care system is at risk of closing due to poor financial performance, and you have been asked to chair a committee reviewing options for various health care delivery models. Which of the following is true regarding the Program of All-Inclusive Care for the Elderly (PACE)?

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A. It is for acutely ill hospitalized older adults

B. It is more costly than traditional fee-for-service care

C. It requires a psychological assessment prior to approved enrollment

D. It allows for enrollment once patients require nursing home level of care

E. It allows for enrollment once patients require nursing home level of care

82494

Correct Answer: E. It allows for enrollment once patients require nursing home level of care

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2-An 82-year-old woman with a past medical history of advanced Alzheimer disease is transferred from her nursing home to the hospital four days ago for dehydration and failure to thrive. Her daughter arrives at the hospital and discusses her mother’s history with the team. Her mother was hospitalized for an infection a year ago and since that hospitalization had a rapid decline in cognition, to the point where she required nearly constant supervision. The patient was previously living with her daughter until she was unable to continue caring for her. The daughter describes that her mother has had increasing difficulty maintaining her caloric intake, partly as a result of depression. “It’s like she has lost her will to live, it’s really upsetting to see,” she tells the team. The patient was started on mirtazapine but this has not improved her appetite. Her daughter states that the family has had many long discussions about a feeding tube but remains undecided and her mother never communicated her wishes.

One night ago, the patient was placed in restraints after repeated attempts to get out of bed unassisted and a near fall. She is visibly agitated, oriented only to self and cannot coherently answer questions. Her vitals are within normal limits and a fingerstick glucose is within normal limits. Her daughter states that while her mother is frequently confused, this is not her baseline.

Which of the following is the best treatment option for this patient?

A. Start melatonin

B. Start low-dose haldoperidol

C. Increase daytime light exposure

D. Transfer to hospice

82531

Correct Answer: C. Increase daytime light exposure

3-An 81-year-old man presents to the hospital after his wife finds him febrile and confused at home. She states he has been coughing ever since their children and school-aged grandchildren visited a week ago to celebrate their 60th wedding anniversary. An X-ray in the emergency room demonstrated pneumonia in the right middle lobe, and he is admitted to the hospital and started on antibiotics. While hospitalized, the patient’s mental status worsens, and he is unable to recognize where he is and cannot recall his wife’s name.

Which of the following bedside tests has demonstrated the highest sensitivity and specificity in evaluating this patient’s condition?

A. Mini-Mental Status Exam

B. Confusion Assessment Method

C. Digit Span Test

D. The Vigilance “A” test

82525

Correct Answer: B. Confusion Assessment Method

4-An 83-year-old woman is brought to your office by her daughter. The patient suffered a stroke last year which has resulted in mild left-sided weakness. Since then she has had a cognitive decline and has been diagnosed with vascular dementia. The patient and her daughter have a good rapport, but the patient expresses regret at losing her independence and needing to rely on her daughter for help with dressing and cooking. After the visit, the patient’s daughter pulls you aside to ask whether there is anything she can do to prevent her mother from losing her memory. Which of the following is true?

A. Aerobic exercise training programs have shown improved short-term cognitive performance outcomes

B. Memantine has been shown to prevent further cognitive decline

C. Donepezil has been shown to prevent further cognitive decline

D. Patients with vascular dementia should have more aggressive blood pressure control than the recommended standard guidelines for older adults

82529

Correct Answer: A. Aerobic exercise training programs have shown improved short-term cognitive performance outcomes

5-You have determined that your 89-year-old female patient is eligible for hospice, and she would like to be referred. She has required frequent Medicare services for care related to her terminal diagnosis. You would like to enroll her in the Medicare Care Choices Model which would allow her to continue to have access to traditional Medicare services. Which of the following is true regarding eligibility for this program?

A. She may have any hospice eligible diagnosis

B. She may receive services a nursing home

C. She or her decision-maker must sign a Do Not Resuscitate order

D. She must have had both Medicare Parts A and B for the previous 12 months

83353

Correct Answer: D. She must have had both Medicare Parts A and B for the previous 12 months

6-A 35-year-old man presents complaining of two weeks of progressive hearing loss in his left ear. He denies visual changes, headaches, vertigo, tinnitus, or any history of trauma. He has no family history of hearing loss. He recently cleaned his ears with an OTC medication to remove ear wax but had no improvement in his hearing deficit. Physical examination demonstrates normal middle-ear anatomy with a normal-appearing tympanic membrane.

The patient undergoes a tuning-fork test to the middle of his forehead. He hears sound better in his right ear than his left ear. Another test is performed separately on both the patient's left and right ears: when the tuning fork is placed behind the patient’s ears on the mastoid bone, he hears the tuning fork.When it is held close to the ears in the air, he continues to hear it vibrating.

After audiology testing to confirm and quantify the level of hearing loss, which of the following is the next step in the workup of this patient?

A. No additional testing required

B. Lumbar puncture

C. Magnetic resonance imaging

D. Complete blood count

E. Otoscopy

24589

Correct Answer: C. Magnetic resonance imaging

7-Which of the following is the leading cause of legal adult blindness in those over the age of 65 who live in industrialized countries?

A. Cataract

B. Diabetic retinopathy

C. Glaucoma

D. Age-related macular degeneration (AMD)

27008

Correct Answer: D. Age-related macular degeneration (AMD)

8-

A 77-year-old man with past medical history of hypertension, hyperlipidemia and COPD is brought to his primary care doctor’s office by his wife for a routine exam. The patient is in good spirits, but defers to his wife to provide most of his history as she, “knows the whole story better than I do.” She states that the patient had a long career in banking but over the past decade she has seen a slow decline in his cognitive abilities and in the last few years she has taken over the couple’s finances and other household responsibilities. According to his wife, the patient’s memory has been affected, but less so than other areas of cognitive function. He has previously been evaluated for Alzheimer’s and was told his evaluation was inconsistent with this disease. On the Montreal Cognitive Assessment, he scores 24 out of 30.

As part of his work up, he had an MRI of the brain demonstrating subcortical changes in the white matter, consistent with ischemia.

Which is the next best step in evaluating this patient?

A. Anti-thrombin III testing

B. Serum hemoglobin A1c evaluation

C. NOTCH3 testing

D. APOE 4 allele testing

82526

Correct Answer: B. Serum hemoglobin A1c evaluation

9-A 55-year-old male complains of daytime fatigue. He has trouble concentrating and has been falling asleep at work. The patient’s wife states that he snores loudly and takes gasping breaths while sleeping. In the morning, he often awakens with a dry mouth and headache. He denies shortness of breath, coughing, or chest pain, but reports smoking 1 pack per day of cigarettes. Vital signs are: BP 165/85, HR 70, RR 16, SpO2 98% in room air. His BMI is 32. On exam, the patient is in no acute distress. He has a large tongue which mostly obscures his uvula. His examination is otherwise unremarkable. In addition to addressing his possible hypertension, which of the following is the most appropriate next step in management?

A. Pulmonary function testing

B. CT of head

C. Thyroid function studies

D. Polysomnography

52316

Correct Answer: D. Polysomnography

10-You are being asked to set up an Acute Care for Elders (ACE) unit in order to decrease the likelihood of decline in activities of daily living (ADLs) of older hospitalized patients, and their likelihood for nursing home placement. Which of the following is a component of an ACE unit?

A. The rooms are set up to be different from regular hospital rooms, having similarities to a home

B. The care plans for the prevention and management of geriatric syndromes are physician-driven

C. They are associated with increased hospital costs

D. The most common models practice weekly multidisciplinary team rounds

83349

Correct Answer: A. The rooms are set up to be different from regular hospital rooms, having similarities to a home

11-You have received a grant to focus on reducing stroke risk in women. You would like to implement a program to improve secondary prevention measures for women who have an increased risk for stroke.

In which of the following age groups do women have a similar or higher risk than men for stroke?

A. Age 25-34

B. Age 35-44

C. Age 45-54

D. Age 55-64

E. Age 65-74

83518

Correct Answer: B. Age 35-44

12-A 70-year-old patient is requesting to be admitted to the hospital for an expedited workup of newly diagnosed thyroid cancer. You explain that it is preferable that his workup is done as an outpatient, and are worried about a recent increase in iatrogenic events at your local hospital. Which of the following is the most common cause of iatrogenic disease in the geriatric population?

A. Surgical interventions

B. Bedside procedures

C. Adverse effects of medications

D. Nosocomial infections

83681

Correct Answer: C. Adverse effects of medications

13-A 74-year-old man with a past medical history of diabetes, hypertension and mild cognitive impairment presents to his primary care physician’s office for a follow up visit. His wife accompanies him and assists him in walking from the waiting room to the office. The patient states he has been having more difficulty walking recently and his wife states he is too stubborn to use a cane. He has had several near falls at home, especially on the three stairs leading to his front door. He does endorse periodic episodes of dizziness, but states he was diagnosed with benign paroxysmal positional vertigo in the past and occasionally has recurrent symptoms. The patient’s wife also states that he is too embarrassed to tell his doctor that he has been having more frequent incontinence; where previously he would only rarely lose bladder control, he and his wife are now planning their outings around proximity to bathrooms and he has started wearing diapers. He denies discomfort with urination or foul smelling urine.

On exam, he has no weakness nor rigidity in his extremities. His gait is slow and hesitant, with short, shuffling steps.

Which of the following is the most likely cause of the patient’s symptoms?

A. Parkinson’s disease

B. Dementia with Lewy bodies

C. Normal pressure hydrocephalus

D. Alzheimer disease

E. Posterior circulation stroke

82530

Correct Answer: C. Normal pressure hydrocephalus

14-A 74-year-old woman presents reporting intermittent urine leakage throughout the day that is exacerbated by coughing or exertion such as lifting her grandchildren. She denies urgency or nocturia. Review of systems is negative for constipation, and she denies any fever or chills. Her past medical history is significant for hypertension, hypothyroidism, and gastroesophageal reflux disease. Her medications include enalapril, levothyroxine, and omeprazole. She does not drink caffeinated or alcoholic beverages and does not use tobacco. She is married and has 8 children and 17 grandchildren.

On examination, her vital signs are as follows: temperature 36.6 degrees C, pulse 73 beats/minute, respiratory rate 18/minute, and blood pressure 135/71 mmHg. HEENT examination shows intact extraocular movements; pupils are equal, round, and reactive to light and accommodation. The neck is supple without JVD, adenopathy, or bruits. Cardiopulmonary examinations are normal. The abdomen is obese, soft, nontender, and without organomegaly. Extremities have no clubbing, cyanosis, or edema. Neurologic examination is normal. Urinalysis is normal. Laboratory results are as follows: Na 140 mEq/L, K 4.0 mEq/L, Cl 110 mEq/L, HCO3 26 mEq/L, Cr 1.0 mg/dL, BUN 15 mg/dL, glucose 89, Ca 9.0, albumin 4.0, T bilirubin 0.7, WBC 10,000, Hgb 12.1, and platelets 185,000. Which of the following would be most appropriate to confirm the patient's suspected diagnosis?

A. Measurement of urine flow rate

B. Post-void residual volumes

C. Bladder stress test

D. Urodynamic testing

27053

Correct Answer: C. Bladder stress test

15-A 75-year-old patient is hospitalized with sepsis and develops delirium. The patient’s granddaughter is visiting and is concerned about her grandfather’s condition. She is considering medical school and asks you to explain the pathophysiology of this disorder.

Which of the following is a hypothesis addressing the pathophysiology of delirium?

A. Neurotransmitter dysregulation and network dysconnectivity resulting in global cortical dysfunction.

B. Cortical spreading depression resulting in depolarization of neurons across the cortex.

C. Excess excitation or impaired inhibition resulting in abnormal discharges.

D. Depletion of adenosine triphosphate and release of glutamate into the synapse.

82533

Correct Answer: A. Neurotransmitter dysregulation and network dysconnectivity resulting in global cortical dysfunction.

16-A 77-year-old man with a history of hypertension presents to the clinic with a chief complaint of insomnia. He reports tossing and turning for at least 2 hours before falling asleep. Which of the following would you consider giving to this patient?

A. Hydroxyzine

B. Temazepam

C. Lorazepam

D. Melatonin

E. Diphenhydramine

66884

Correct Answer: D. Melatonin

17-An 87 year-old-female patient has been transferred to the Emergency Department for evaluation of confusion for the past two days. Which feature suggests a diagnosis of delirium rather than dementia?

A. Acute onset

B. Hallucinations

C. Normal speech (rather than slurred)

D. Impaired recent memory and preserved distant-past memory

E. Normal electroencephalogram

27054

Correct Answer: A. Acute onset

18-You have received a grant to implement a model of care which focuses on providing health care for low-income older adults. Which of the following care models targets this at-risk population?

A. Program of All-inclusive Care for the Elderly (PACE)

B. Geriatric Resources for Assessment and Care of Elders (GRACE)

C. Acute Care for Elders (ACE)

D. The Hospital Elder Life Program (HELP)

83351

Correct Answer: B. Geriatric Resources for Assessment and Care of Elders (GRACE)

19-A 69-year-old man presents for evaluation of visual hallucinations. He describes frequently seeing unfamiliar people standing in groups out of the corner of his eye, but they don’t worry him. He has no history of psychiatric illness and takes only amlodipine for hypertension. The patient’s wife has noticed cognitive changes in him over the past few years. He struggles with any task requiring several steps to complete, and she no longer trusts him to drive.

Which of the following tests, if positive, would be diagnostic of dementia with Lewy bodies?

A. Reduced dopamine transporter uptake in the basal ganglia on SPECT imaging

B. Generalized low uptake on SPECT imaging, with reduced occipital activity

C. Prominent posterior slow-wave activity on EEG

D. Cingulate island sign on FDG-PET imaging

85942

Correct Answer: A. Reduced dopamine transporter uptake in the basal ganglia on SPECT imaging

20-A 77-year-old woman with a history of hypertension, osteoporosis and mild Parkinson’s disease presents to the emergency department with nausea and vomiting. The patient tells you she was working in her garden earlier in the day when she started experiencing room spinning and severe nausea. She had to lie down on the ground and remain very still to relieve her symptoms. Her son, who lives next door, found her lying in the garden when he could not reach her by phone and brought her to the hospital. Her vital signs are within normal limits, although she becomes mildly tachycardic with any movements that exacerbate her vertigo. On neurologic exam, a Dix-Hallpike maneuver demonstrates a few seconds of latency prior to onset of nystagmus.

Which of the following should be used first to treat this patient’s symptoms?

A. Metoclopramide

B. Prochlorperazine

C. Diazepam

D. Epley maneuver

E. Vestibular therapy

82532

Correct Answer: D. Epley maneuver

21-A 75-year-old woman presents to your office for an evaluation of dizziness. The patient is an avid yoga practitioner and states that in the past week she has been unable to complete her usual routines due to the severity of her symptoms, including vertigo and nausea. She thinks the symptoms were sudden in onset, but she is unsure, and notes that the symptoms are much worse with head movement.

Which of the following, if present, would be most consistent with a central cause of vertigo?

A. Nystagmus

B. Tinnitus

C. Vomiting

D. Hearing loss

E. Ataxia

82528

Correct Answer: E. Ataxia

22-An 83-year-old woman is hospitalized after a mechanical fall at home and undergoes surgery for a femoral neck fracture. She has a past medical history of mild cognitive impairment but is still able to live alone, with family nearby who assist with chores and errands. Her hypertension has been well-controlled on amlodipine for many years. On her third day of hospitalization, her daughter alerts the patient’s team that she has marked somnolence which her family members state is not her baseline. She is arousable but confused and quickly goes back to sleep. Later in the day she is awake but withdrawn and interacts very little with visitors and staff. Her nurse states the night before she kept attempting to climb out of bed and needed frequent redirection. Vital signs: blood pressure 147/83, heart rate 86, temperature 99.5° F, oxygen saturation 100%.

Physical exam is unrevealing. On neurologic exam, she is oriented only to person and is minimally cooperative with the remainder of the exam.

An infectious work up is negative, including a urinalysis and chest X-ray. Her BMP, CBC and thyroid function are within normal limits. CT head is pending.

Which of the following is the most likely cause of this patient’s altered mental status?

A. Dementia

B. Stroke

C. Delirium

D. Non-convulsive seizure

82524

Correct Answer: C. Delirium

23-A man is admitted with a severe infection. Two days after admission, the physician forgets to order antibiotics, which results in the patient missing 3 doses of his 6-week course of antibiotics. The patient's condition does not change, and he is successfully treated within the 6-week timeframe. Which of the following is the most appropriate next step?

A. Report the medical error to the patient and reassure him.

B. There is a legal requirement to report this medical error to the patient.

C. Do not report the medical error to the patient because it did not result in harm.

D. Refer the patient to another health care provider.

48628

Correct Answer: A. Report the medical error to the patient and reassure him.