

Self-assessment questions (Single best response)

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Question 1

A 68-year-old man comes to the medical clinic with spells that are described as episodes in which he goes blank and has repetitive grasping movements of the left hand. He is confused for 2 hours following these episodes. He has been diagnosed with Alzheimer's disease and is on rivastigmine and is also on warfarin for atrial fibrillation.

Which anti-seizure medication would you choose for this patient?

- a) Carbamazepine
- b) Lamotrigine
- c) Phenytoin
- d) Topiramate
- e) Valproate

Question 2

A 78-year-old man comes to the accident and emergency department with clonic movements of the left arm (focal motor-onset seizure). He has had a right middle cerebral artery stroke 8 months ago and has mild residual weakness of his left arm.

Which of the following is the most appropriate in his management?

- a) A diagnosis of epilepsy can be made, and anti-seizure medication (ASM) can be initiated.
- b) ASM for a period of 6 months and careful taper thereafter is recommended.
- c) Since this is a new onset seizure, the chance of recurrence is low, and a period of watchful waiting is recommended.
- d) The presenting seizure is most likely a provoked seizure and does not require long term ASM.
- e) Treatment with ASM cannot be recommended until an abnormal EEG is obtained.

Question 3

A 37-year-old overweight woman presents following an attack of severe migraine that began two days ago but has resolved now. She started developing migraine 2 years ago and has not identified any triggers. She averages about six migraines per month, each lasting 1 to 2 days which interferes with her work.

Which is the best choice of treatment at this point, assuming there are no contraindications?

- a) Prescribe a triptan and a non-steroidal anti-inflammatory drug (NSAID) to take immediately today.
- b) Prescribe a preventative agent.
- c) Give her a dihydroergotamine (DHE) infusion to prevent recurrences.
- d) Follow her over the next couple of months before prescribing any medication.
- e) Prescribe a triptan to use as needed, as well as a preventative agent.

Question 4

A 23-year-old overweight woman presents to the emergency department with increasing frequency of headaches. She has been diagnosed with migraine. Other medical history is unremarkable except for mild asthma and longstanding constipation. The recent episodes occur 4 days per week and last the entire day.

Which would be the best preventive medication to start in this patient?

- a) Amitriptyline
- b) Propranolol
- c) Sumatriptan
- d) Topiramate
- e) Verapamil

Question 5

Which of the following least favours a diagnosis of AIE ?

- a) 28-year-old women presenting with poor verbal response, social isolation and on and off twitching in her face
- b) A 60-year-old man with recently diagnosed lung cancer presenting with 1 month history of altered behaviour
- c) A 19-year-old man with a 2 day history of fever, headache and new onset seizures
- d) 50-year-old women with new onset sleep apnoea, agitated behaviour and repeated stereotypic hand movements
- e) 45-year-old women with difficulty in walking, rigidity and altered behaviour for 6 weeks

Question 6

Which of the following is the most appropriate first step in the management of suspected AIE?

- a) Start IV methyl prednisolone
- b) Start IV immunoglobulin or plasma exchange
- c) LP and CSF evaluation
- d) Brain MRI
- e). EEG to confirm encephalopathy

Question 7

Which of the following statement is FALSE regarding long-term management of AIE?

- a. Recurrences are observed when tailing off steroids
- b. MMF can be used as a maintenance immunotherapy
- c. There is no clear consensus on duration of long-term treatment as the data is largely case based and on expert opinion.
- d. No further screening for malignancy is necessary if the initial malignancy screen with whole body PET is negative.
- e. Rehabilitation and symptomatic treatment may be needed for residual symptoms after the recovery.

(Answers on page 82)