



لجنة الطب البشري
رؤية تنير دروب تميزكم

Hope academic team

Family miniosce

- 40 yo F has DM type 2. Hx & examination is unremarkable. plan?
- 50 yo M headache. red flags?
- 55 yo with lower back pain. physical exam?
- 5 steps of ebm?
- 18 month baby comes for routine check up. what do you do?
- same baby gets diarrhea for 3d started 10 days ago. history?
- 60 year old smoker... how do you assess his nic dependence?
- 40 yo F has 4m of cough, Br Asthma & has symptoms 2 times per week & wakes up once every 10d. she does NOT want you to prescribe her a daily medicine. what do you give her?
- 37 yo with high bp measurements in more than 2 occasions over 3 months. do physical exam
- 22 year old married wants to start contraception using the method in the image (21 white pills & 7 blue pills) her LMP was 10 days ago. explain to her how she should take this drug & when she should start.
- 17 yo tawjihi student wants you to give Abx bc he has a sore throat. on examination, you find enlarged erythematous tonsils, with exudate, enlarged anterior lymph nodes. What is the plan?
- 6 year old child has varicella & rash, his mother is pregnant in her 10th week & never got varicella infection or vaccine. how do you manage her?
- 50 year old man, smoker, has xanthelesmas & his bmi is 31.... which of these puts him at risk of CVD?

تعريف ال ebm

و ال skills تاعت ال primary care

و كان بده ال lower back pain ل red flags

و في كيس انه الام ب الاسبوع ٢٦ (كانت جايبة تاريخ و بالحساب بتعرف انه ب ٢٦) شو الشغلات الي بدي اشوفلها ياهم بالزيارة هاي

و في ست بدها تترك الدخان بس الادوية تاعت النيكوتين بتعملها مشاكل او شي هيك ف كيف بتساعدها لتترك

و في طفل كان معه blood diarrhea / jelly like شو بكون ال Dx و شو ال micrograms الي بسببها

و امجد جاب كيس مريض سكري و سأل كيف لتتأكد انه السكري عنده عالي

: في كيس عن ال asthma

: كانت توخذ low dose ICS LABA مع SABA as needed

كانت uncontrolled

?What is the managment

Q1 Define EBM , cohort study

**Q2 case of child 3 year old with diarrhia , sunken eyes , reduced skin turgor and reduced urine output
▪ mangement ▪ Preventive care for a child in his age**

Q3 faking back pain how you know it

Q4 case about mild croup mangement and mother is smoker what are coping strategies to deal with it ?

Q5 pregnant women in her 32 weeks her blood pressure 150/100 how you deal with her , and if she want to take contraception after delivery what is the contraindicated type

Q6 red flags for headache

Q7 case about asmtha

Q8 care for diabetic foot

Q9 pt with ejection fraction 35% and hypertensive pt what drug you give him

Q10 dose and explain to diabetic patient how to take his drugs , signs of hypothyroid

Family medicine A6,66

- 1- definition of ebm
- 2- a case low frequency hearing loss vertigo and heaviness
 - a. Dx : meniere's
 - b. Mx : mannitol
- 3- 3- case of a woman on 3 drugs for htn What will you do for her
 - a. After your management her bp became controlled and she wants to get pregnant now what will you do on her first ANC visit
- 4- a case of a child with moderate dehydration due to diarrhea how will you manage him what are the indications for stool studies in pediatric diarrhea
- 5- take full history for cough
- 6- when will you consider an hba1c of 7.5 a controlled reading in a dm patient

Family medicine – A2,22

1. Migraine management
2. metabolic syndrome definition
3. first visit antenatal care
4. smoking complication for pregnant
5. back pain red flag
6. mild dehydration management

Family medicine

Questions of mini osce | B3\B33

1-red flages of headache

2-steps of EBM

3- charachtersrie of primary health care?

4-12 years old child with sore throat for 2 day,
how to manage him ?

5- male patient with low back pain and has
prostate cancer ,how to manage him?

6-9 months years old pts , without signs of
dehydration, or sunken eyes, blood test
normal, 10kg

Management?

Screening tests?

7- 27 years old patient, cough for 3 month
duration

a) take a prior history

she want to post pone pregnancy for 3 months

b)what are the important factors you should consider before giving contraception?

8- 69 years old smoker male since 30 years

a)what are the first line drugs for smoking cessation

b)prevention and screening test?

9- 30 years old hypertensive female patient

take 3 types of HTN drugs and still uncontrolled

a)what you should do?

After 6 month she went to ANC (first visit)

b)mention investigation and screening tests?

10- case about DM coming for follow up what should you do?

mini-osce

Q-1) 58 years old male patient ,present to the clinic complainig from headache ,on physical exam his blood pressure was 185/85, what is the next step for his blood pressure mangement ?

-we must confairm the diagnosis of HTN ,by taking another 2 readings seperated by one week at least ..

-if the readings were above 130/80 then diagnosis is confairmed and we must start treatment for HTN with Thiazide , CCBs ,ACE inhibitors or ARBs

Q-2) what is family medicine ?

-medical specialty that provides continuing and comprehensive health care in a personalized manner to all ages and families regardless of the presence of disease or nature of the presenting complaint

Q-3) difference between central and peripheral vertigo..

Table 43.3 Differences Between Peripheral and Central Vertigo*

Symptom	Anatomic Source of Vertigo†	
	Peripheral Vestibular System	Central Vestibular System
Vertigo severity	Varies; usually more severe	Varies; usually less severe
Nausea and vomiting	Severe	Moderate
Speed of compensation¶	Rapid	Slow
Hearing loss	Common	Rare
Oscillopsia‡	Mild	Severe
Neurological symptoms§	Rare	Common
Imbalance	Mild	Severe

Q-4) Case of 2 years old child irritable, sunken eyes ...
(mild to moderate dehydration signs) , his weight is 20
kg

A-what's your management?

-deficit repletion.. give him 50-100mg/kg of ORS over 4 hours..

-maintenance fluid.. give him 1500mg orally over 24 hour..

-ongoing looses.. give him 10mg/kg for each episode of diarrhea on the(next
hour dose)..

-zinc supplementation

The boy presented 2 days after with cough and nasal
symptoms , you discovered its URTI , gave medication ,
what symptoms you should warn the mother about to bring
the child back to you ?

-Fever (new onset fever or if fever decreased then increased again) ..

-If nasal symptoms stay for more than 14 days..

-If cough for more than 10 days..

-fits and if more than one time then go to emergency department..

Q-5) diabetic patient present to the clinic complaining from retinopathy he already takes 2 medications .. his HbA1C were 9

what is the next step for mangment of his DM ..

Check compliance , if yes then give a 3rd drug or insulin

Q-6) what will you do for pregnant women at 28th week of gestation ?

-screen for

- 1) Gestational diabetes
- 2) RBC antibodies in RH-D negative women
- 3) Hemoglobin or hematocrit

-Routine assessments

- 1- Measurement of BP
- 2- measurement of weight
- 3- urinedipstick for protein.
- 3- assess fetal growth.
- 4- documentation of fetal heart rate
- 5- assessment of maternal perception of fetal activity (in the 2nd & 3rd trimesters)
- 6- assessment of fetal presentation
(in the third trimester)
- 7- assessment of significant events since prior visit, such as recent travel, illness, stressors, or exposure to infection.

Q-7) How do you know the patient is really in pain and is not acting?

-flexion of the knee relive the pain

-dorsiflexion of the foot increase pain

Q-8) patient education for migrene..

- keep away from triggers
- stay in a quite dark room
- massage
- heat or ice applied to neck or head

write 6 benefits for smoking cessation ?

- decrease risk of CVD
- decrease risk of lung cancer
- decrease risk of fetal loss or preterm delivery in pregnant women
- decrease risk of stroke
- reduce risk of DM type 2
- Lowering the rate of developing postoperative complications
- Decline in the risk of developing periodontal disease
- Reduction in the risk of developing PUD and acceleration in the rate of healing in established disease
- Reduction in the risk of several types of infections
- Reversal in the loss of BMD and reduction in the risk of hip fracture

case of asthma ... score 18/25..
how you manage it ?

Make sure pt. is compliant if yes
stepping-up ..

Oral

Difference between cluster headache and migraine?

Type of Headache	Migraine	Tension	Cluster
Onset	Gradual (hours)	Gradual (hours)	Rapid (minutes)
Duration	4 to 72 hours	Hours	15 min to 3 hours
Quality	Dull, throbbing	Waxing and waning pressure or tightness	Deep, burning, and stabbing pain
Location	70% unilateral, 30% bilateral	Bilateral	Unilateral; around eyes and temple
Severity	Moderate to severe	Mild to moderate	Extremely severe
Autonomic symptoms	Yes	No	Yes ^a
Nausea or vomiting	Yes	No	No
Photophobia	Yes	No	No
Phonophobia	Yes	No	No
Triggers	Yes	No	No
Other	Premonitory symptoms (30%) and aura (15%)	No	No

^a Eyes: ipsilateral redness, lacrimation, and Horner's syndrome; nose: rhinorrhea and nasal congestion; other: sweating and pallor.

- How to prevent common cold ?
- Breastfeeding
- Give vaccine
- Good hygiene

-Mention 5 causes for secondary hypertension?

- Renal Causes, OSA, COA
- OTC medications: OCP, corticosteroids, NSAID, Anti-depressants
- Illicit drug use: Cocaine ..
- Cushing, primary aldosteronism, Pheochromocytoma
- Other Endocrine: Hyper/Hypothyroidism, CAH

-Mention 5 drugs that cause hypertension?

- OCP
- NSAID
- Anti-depressants
- Corticosteroids
- Tacrolimus
- Erythropoietin
- Weight loss medications

Mention 4 methods of contraception using only progesterone?

- DMPA injectio
- Progesterone only pills
- LNG - IUS
- Implants

- Mention 2 uses of progesterone other than contraception ?

- Prevent endometrial ca
- Decrease blood amount (menorrhagia)

- Investigations for pregnant women in her first visit ?

- Take detailed Hx + PE ..
- Confirm intrauterine pregnancy + # of fetuses ..
- Estimate EDD..
- Lab evaluation:
 - Rhesus type and antibody screen
 - Hematocrit or hemoglobin and MCV
 - Document rubella/varicella immunity
 - Urine protein/culture
 - HBV/HIB/Syphilis/Chlamydia
 - Cervical cancer screening
- Schedule ANC visits: for nulliparous without complications:
 - every 4 w until 28 w of gestation
 - every 2 w from 28-36 w
 - then weekly till delivery
- Discuss screening tests for aneuploidy
- 2nd, 3rd trimester visits to assess fetal growth & maternal well-being

- When to test gestational DM & what are the tests ?

-between 24th and 28th week of gestation

- two-step approach (50-gram oral glucose challenge, followed by 100-gram three-hour oral GTT in screen positive women)

Or one step approach (75gm sugar after 8 hours fasting followed by screening blood glucose 2 hours later .

- When do we suspect and screen for secondary causes of HTN?

-Drug resistant or druginduced HTN

-An acute rise in BP over a previously stable value

-Age of onset before puberty or < 30 y, with no FHx

-Onset of diastolic HTN in older adults > 65 years old

-Disproportionate TOD to the degree of HTN

-Unprovoked or excessive hypokalemia

- Mention the possible microvascular and macrovascular complications of DM?

Macrovascular Complications of Diabetes

- (a) Coronary artery disease
- (b) MI with sudden death
- (c) C.V.A
- (d) Peripheral vascular dis.
- (e) Intestinal ischemia
- (f) Renal artery stenosis

Microvascular Complications of Diabetes

- (a) Diabetic nephropathy
- (b) Peripheral neuropathy
- (c) Autonomic neuropathy
- (d) Diabetic retinopathy

- What are the causes of peripheral vertigo and presyncope?

causes of peripheral vertigo..

- B. paroxysmal positional vertigo
- Vestibular neuronitis
- Meniere's disease
- Perilymph fistula
- Physiologic (motion sickness)

causes of presyncope

1-NEURO

(Epilepsy, Trauma, CVA)

2-METABOLIC

(Hypoglycemia, HypoNa, K, Ca)

3-Hypotension

-Orthostatic hypotension (THE MOST COMMON)(e.g., hypovolemia, autonomic neuropathy, including diabetic neuropathy)

-Carotid sinus syndrome-

-Anemia; acute blood loss

-Cardiac arrhythmia

-Cardiac valvular disorders including aortic stenosis

- Causes of hypothyroidism ?

- Chronic autoimmune thyroiditis (Hashimoto):
- Iatrogenic: Thyroidectomy, Radioiodine therapy or external irradiation.
- Drugs: thionamides, lithium, amiodarone.
- Infiltrative diseases : hemochromatosis, sarcoidosis.
- Transient hypothyroidism: thyroiditis.
- Congenital thyroid agenesis, dysgenesis, or defects in hormone synthesis.

- Symptoms of hypothyroidism ?

- fatigue.
- cold intolerance.
- weight gain.
- constipation.
- myalgias.
- menstrual irregularities.

- Risk for osteoporosis and age of screening?

- All women ≥ 65 years.
- Postmenopausal women < 65 years with risk factors for osteoporosis .
- Men with
 - ① Clinical manifestation of low bone mass
 - ② History of low trauma fracture
 - ③ Risk factors for fracture:
 - ✓ Androgen deprivation
 - ✓ therapy for prostate cancer
 - ✓ Hypogonadism Primary
 - ✓ hyperparathyroidism
 - ✓ Intestinal disorders.

- History of dizziness ?
- Red flags of headache ?
- After a trauma
- Sudden onset
- >50 years of age
- Increased severity and frequency
- Systemic manifestations → fever
, stiff neck
- Papilledema
- Neurological manifestation
- new onset in person with
expected cancer or HIV

Family Medicine

Q1:

- **A. A 10 days neonatal baby presented to the well-baby child clinic?**

- What will you do for him?

Answers include prick test

(hypothyroidism/G6P/Phenylketonuria)

Bilirubin check/ hearing & pulse oximeter.

Q1

- **B. The baby's grandma present to the clinic complaining from headache ,on physical exam his blood pressure was 185/85, what is the next step for his blood pressure management ?**

-

Ans: we must confirm the diagnosis of HTN ,by taking another 2 readings separated by one week at least

- if the readings were above 130/80 then diagnosis is confirmed and we must start

Q2

- **Mention the indications & CI for antimicrobial agents use in children in diarrhea?**
- Not indicated for most children with acute watery diarrhea; suspected cholera is an important exception .
- Antibacterials should be avoided when enterohemorrhagic E-coli infection is suspected clinically.

Q3

- **A child is complaining of barking cough?**

- **What are the ddx?**

Croup

Laryngotracheobronchopneumonitis

Acute epiglottitis

Q4

- **A pregnant women wants to do Contraception & decided to use COC what do you tell her?**
 - *initiation Method
- **What are the tests to be done?**
 - Exclude pregnancy
 - BMI
 - BP

Q5

- **A pregnant women comes to clinic for check-up her LMP was on 04/07/2019, now we're 17/10/2019, what do u do for her?**
 - * You must firstly calculate the trimester & then write routine & specific tests.
 - **Here its in 3rd

Q6

- **Case of asthma, troublesome asthma symptoms most days; or waking due to asthma once a week, score 18/25, Pt is on low dose ICS.**

Answer: Make sure pt. is compliant if yes
stepping-up= shift to Med- ICS

Q7 Thyroid

Definition

- **Overt hypothyroidism:** High thyroid-stimulating hormone (TSH) and low free T4 and/or free T3.
- **Primary hypothyroidism:** High TSH and low free T4 (95% of all cases).
- **Secondary hypothyroidism (central):** Low free T4 and a TSH level not appropriately elevated.
- **Subclinical hypothyroidism:** Normal free T4 in the presence of an elevated TSH.

**These are important, they brought a question as a table including TSH T4 & symptoms & identify the dx in each*

Q8

- **Charstarstics of primary care**
6A's 3 C's

Q9

- **A well controlled diabetic patient, his best friend's lower limb was amputated, he is panic & worried.
What will you do for him?**
- Answers would be all about diabetic foot care.

Q10

A 25 years old female is complaining about headache which is unilateral often spreading bilaterally, Pulsating quality and moderate or severe intensity of pain. There is Nausea and photophobia.

how to manage?

Management includes Acute & Prophylactic

Oral Questions

- **Question 45:**
Cause of hypothyroidism, Signs & Symptoms of hypothyroidism