



# The Maryland Family Doctor, Fall, 2011

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**Answers: [www.mdafp.org](http://www.mdafp.org); publications and news tab; Fall, 2011**

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### INDICATE EACH CORRECT ANSWER

#### Questions Article #1:

1. All of the following tests are recommended by the American Society of Clinical Oncology (ASCO) after breast cancer treatment except:
  - A. Mammogram yearly
  - B. MRI yearly
  - C. Education about the symptoms of recurrence
  - D. Counseling about self-examinations
2. "Chemobrain" is the term used to describe:
  - A. The occurrence of metastases to the brain
  - B. The anger that patients experience during chemotherapy
  - C. The cognitive problems associated with chemotherapy
  - D. Neurofibrillary lesions found in the brain after chemotherapy

3. Tamoxifen is associated:
  - A. Increased risk of breast cancer if used for more than one year
  - B. Increased risk of peripheral neuropathy
  - C. Increased risk of cardiomyopathy
  - D. Increased risk of venous thromboembolism

4. The shared-care model can be improved by all of the following except:
  - A. Patients being responsible for their medical documents
  - B. Use of electronic medical records
  - C. Survivorship care plans
  - D. Physician education

#### Questions Article #2:

5. First trimester abortions are associated with a high rate of future complications including ectopic pregnancy, infertility, miscarriage, preterm or low birth weight deliveries.
  - A. True
  - B. False
6. Of providers who identified themselves as physician offices, fifty-three percent (53%) are performing fewer than 30 abortion procedures yearly (rough 2-3 procedures per month).
  - A. True
  - B. False
7. Which of the following is true?
  - A. Sixty percent (6 out of 10) unintended pregnancies are terminated by abortion
  - B. Yearly, 5% of women aged 15-44 have an abortion
  - C. Almost all of the women presenting for an abortion have had a previous abortion
  - D. Nearly half of pregnancies among American women are unintended

#### Questions Article #3:

8. The majority of women will bring up problems with sexual functioning with their doctor when:
  - A. They begin to experience pain
  - B. Their partners start to complain
  - C. It interferes with conception
  - D. Most women will not bring up problems with sexual functioning unless asked

9. Which patients should not be screened for sexual dysfunctions and concerns?
- Sexually active adolescents and young adults because most dysfunctions have a higher age of onset
  - Geriatric patients because they generally are less interested in sex
  - Pregnant women because pregnancy is evidence of intact sexual functioning
  - Lesbian women because they are not engaging in vaginal intercourse
  - All women should be screened without making assumptions about who may be experiencing problems.
10. Before asking patients about sexual dysfunctions, it is necessary to have a thorough understanding of all the treatments for these disorders.
- True
  - False

#### Questions Article #4:

11. A 16 yo female cross country runner is referred to your office for evaluation after a DEXA scan that she had as a part of a research study. She was told her Z-score is -1.0, your next course of action is to
- Reassure the patient and her mother that she is not at significant risk for a fracture
  - Refer her to a registered dietitian for nutritional counseling
  - Refer her to a sports psychologist for therapy
  - Take a thorough history of including previous stress fracture, menstrual history, and exercise history
12. After a thorough history and examination, you discover that patient in the previous question does not have an eating disorder and has regular menstrual periods that last 4 days every 30 days. She reports that she has increased her training over the summer in an attempt to get ready for the upcoming season. She has gradually increased her distance over the summer adding 10% per week. You advice her that she needs to
- Decrease her training by 50%
  - Meet with a registered dietitian for recommendations for nutritional supplements and increased energy intake.
  - Start Vitamin D and Calcium supplements
  - All of the above
13. The key condition of the female athlete triad is
- Low energy available
  - Menstrual Irregularity
  - Low bone density
  - All of the above
14. Upon reevaluation 1 year later, the patient in the previous question has lost 10 lbs. She denies eating indiscretions or fear of gaining weight. She still has regular periods. On further questioning, she reports an increase in her class load leading to often missed lunches and quick dinners. What is the most likely diagnosis?
- Inadvertent disordered eating
  - Anorexia Nervosa
  - Bulimia
  - Eating Disorder NOS
15. An athlete presents with only menstrual dysfunction but does not report an eating disorder and has a normal BMD. At this time, no intervention is necessary. Prevention is not key.
- True
  - False

#### Questions Article #5:

16. A 25 year old female presents to your office complaining of chronic pimples that she have not been treatable with over the counter salicylic acid wash and benzoyl peroxide cream. She has had acne since the age of 13 and has tried topical and oral antibiotics, as well as tretinoin (Retina-A) in the past with poor results. Upon examining her you see that she has multiple ice pick scars on her cheeks and forehead, multiple nodules on her chin and cheeks, and several open comedones on her cheeks, chin, forehead, back, and chest. Of note, she is not currently planning a pregnancy and she has no history of smoking or blood clots. Which medication would best treat her acne?
- Clindamycin 0.1% gel and Benzoyl Peroxide 10% Wash
  - Doxycycline 100 mg PO qday
  - Minocycline 50 mg PO TID and topical tretinoin 0.05% gel
  - Oral Isotretinoin
17. A 17 year old male presents to you office for a follow up visit for his acne. His current treatment regimen is topical clindamycin gel in the morning and Tretinoin 0.01 % gel at night. He has been on this regimen for the last 13 weeks and today he presents with multiple tender erythematous nodules and cysts on his forehead, cheeks, nose, and chin. He also has multiple open comedones on his back, upper arms, and shoulders. What is the next best step in his treatment regimen?
- Change his clindamycin gel to erythromycin gel
  - Start him on tazarotene 0.1% cream
  - A series of salicylic acid chemical peels
  - Start him on an oral antibiotic
18. A 35 year old female who has been a long time patient of yours presents to your office for treatment of her acne. She has oily skin and has been using tazarotene gel at night along with a combination

benzoyl peroxide and clindamycin gel in the morning. She has had great results and notices very few pimples anymore. Her main concern today is that she has had acne since her teenage years but never sought medical treatment until the age of 29. She now has an extensive amount of deep ice pick scars all over her face that don't seem to improve at all with her skin care regimen. What type of treatment is the next best step in the improvement of her acne?

- A. Acne scar surgery
- B. Oral contraceptives
- C. Change her tazarotene to adapalene gel
- D. She should receive an oral antibiotic in addition to the topical medications

19. A 31 year old female presents to your office 6 weeks after an uncomplicated pregnancy and delivery of her first child. She has decided not to breast feed and is not planning anymore pregnancies for a few years. She has mild comedonal acne that she has always noted to be worse with her menstrual cycle. She is currently using the same benzoyl peroxide wash that she used throughout her pregnancy. Which acne treatment regimen will be the best addition to her current regimen?

- A. Tazarotene gel
- B. Yaz
- C. Isotretinoin
- D. Minocyclin

20. A 14 year old girl is brought in by her mother to have her skin evaluated. From your exam you note that she has multiple flesh tone papules on her forehead and 2 closed comedones on her cheek. She is not particularly bothered by it but wouldn't mind if her skin was smoother. She has never used anything besides soap and water on her face. Which treatment would be best to start her on?

- A. Ortho-tri-cyclen
- B. Tazarotene cream
- C. Benzoyl peroxide Wash
- D. Yaz

