

Next step when suspecting cancer?

Q1. Age over 40 + finger clubbing?

Q2. Age over 60 + nausea + weight loss?

Q3. Erectile dysfunction?

Q4. Age over 60 + persistent bone pain?

Q5. Women aged ≥ 50 + new IBS symptoms?

Q6. Rectal bleeding + abdominal pain?

Q1. Age ≥ 40 + finger clubbing?

Chest x-ray (lung)

Q2. Age ≥ 60 + nausea + weight loss?

2ww CT (pancreas)

Non-urgent endoscopy (oesophagus/stomach)

Q3. Erectile dysfunction?

PSA + DRE (prostate)

Q4. Age ≥ 60 + persistent bone pain?

FBC, calcium, ESR, protein electrophoresis, free light chains
(Myeloma)

Q5. Women age ≥ 50 + new IBS symptoms?

CA125 blood test (then ultrasound if ≥ 35 IU/ml)
(Ovarian)

Q6. Rectal bleeding + abdominal pain?

FIT test (bowel)

8 year old girl

Weight loss, polyuria, polydipsia, drowsiness

Q1. Acute diagnosis?

Q2. Management in GP?

Q3. Underlying diagnosis?

Q4. Long-term treatment?

Q5. Kit for emergency hypo treatment?

Q6. Additional self-testing during illness?

Q1. Acute diagnosis?

Diabetic ketoacidosis

Q2. Management in GP?

Emergency admission

Q3. Underlying diagnosis?

Type 1 diabetes

Q4. Long-term treatment?

Subcutaneous insulin

Q5. Kit for emergency hypo treatment?

Intramuscular glucagon

Q6. Additional self-testing during illness?

Blood ketones (3-4 hourly)

70 year old South Asian man

Fatigue, weight loss, polyuria, polydipsia

HbA1c 96

Q1. Diagnosis?

Q2. Velvety skin in axilla?

Q3. HbA1c range for diagnosis?

Q4. First-line drug?

Q5. Extra anti-diabetic drug if QRISK > 10%?

Q6. Other indications for Q5?

Q7. Common infective side effects of Q5?

Q1. Diagnosis?

Type 2 diabetes

Q2. Velvety skin in axilla?

Acanthosis nigricans

Q3. HbA1c range for diagnosis?

42 - 47: Prediabetes
48 or above: Type 2 diabetes

Q4. First-line drug?

Metformin

Q5. Extra anti-diabetic drug if QRISK > 10%?

SGLT-2 inhibitor (e.g., dapagliflozin)

Q6. Other indications for Q5?

Heart failure and chronic kidney disease

Q7. Common infective side effects of Q5?

UTIs and genital candidiasis

76 year old woman
Urinary incontinence

Q1. Types?

Q2. Detailed objective test?

Q3. Non-medical treatment for weakness?

Q4. Non-medical treatment for overactivity?

Q5. Medical options for overactivity?

Q6. Medical options for weakness?

Q1. Types?

Urge incontinence - bladder overactivity

Stress incontinence - pelvic floor weakness

Q2. Detailed objective test?

Urodynamic testing

Q3. Non-medical treatment for weakness?

Pelvic floor exercises

Q4. Non-medical treatment for overactivity?

Bladder retraining

Q5. Medical options for overactivity?

Anticholinergic drugs (e.g., solifenacin)

Mirabegron

Q6. Medical option for weakness?

Duloxetine

35 year old woman

Rapid-onset joint pain, swelling and stiffness

Symmetrically affecting small joints of hands

Q1. Suspected diagnosis?

Q2. Antibodies?

Q3. Joints most often affected in hands?

Q4. Treatment to rapidly control symptoms?

Q5. Usual first-line DMARD?

Q6. Monitoring requirement for Q5?

Q1. Suspected diagnosis?

Rheumatoid arthritis

Q2. Antibodies?

Rheumatoid factor (70%)

Anti-CCP antibodies (80%)

Q3. Joints most often affected in hands?

Metacarpophalangeal (MCP) joints

Proximal interphalangeal (PIP) joints

Q4. Treatment to rapidly control symptoms?

Corticosteroids

Q5. Usual first-line DMARD?

Methotrexate

Q6. Monitoring requirement for Q5?

FBC, U&E, LFT

Initially 2 weekly, then 4 weekly, then 12 weekly

21 year old woman

Throbbing unilateral headaches lasting hours

Sparks in vision, photophobia and nausea

Q1. Suspected diagnosis?

Q2. Drug to stop early symptoms developing?

Q3. First-line options for prophylaxis?

Q4. Contraceptive that is contraindicated? Risk?

Q1. Suspected diagnosis?

Migraine with aura

Q2. Drug to stop early symptoms developing?

Triptans (e.g., sumatriptan)

Q3. First-line options for prophylaxis?

Propranolol, amitriptyline, topiramate

Q4. Contraceptive that is CI? Risk?

Combined contraceptive pill - risk of stroke

24 year old woman

No periods for 4 months

Previously irregular periods

Acne and thick dark hairs on her chin

Q1. Suspected diagnosis?

Q2. Criteria?

Q3. Hormonal blood test findings?

Q4. ↑ risk of which cancer?

Q5. Preventative options for Q4?

Q1. Suspected diagnosis?

Polycystic ovary syndrome

Q2. Criteria?

Rotterdam Criteria: ≥ 2 of:

Oligoovulation, hyperandrogenism and polycystic ovaries

Q3. Hormonal blood test findings?

Raised LH, LH/FSH ratio, testosterone and insulin

Q4. ↑ risk of which cancer?

Endometrial cancer

Q5. Preventative options for Q4?

Mirena coil

Combined oral contraceptive pill

Cyclical progestogens every 1-3 months

3 year old boy with a non-blanching rash

Cause?

Q1. Unwell + fever?

Q2. Affecting legs and buttocks + abdo pain?

Q3. Otherwise well + low platelets?

Q4. Hepatosplenomegaly + pancytopenia?

Q5. Oliguria + anaemia + recent gastroenteritis?

Q1. Unwell + fever?

Meningococcal septicaemia

Q2. Affecting legs and buttocks + abdo pain?

Henoch-Schonlein purpura

Q3. Otherwise well + low platelets?

Idiopathic thrombocytopenic purpura

Q4. Hepatosplenomegaly + pancytopenia?

Acute lymphoblastic leukaemia

Q5. Oliguria + anaemia + recent gastroenteritis?

Haemolytic uraemic syndrome