



ConPharm 2020 Online

Multiple Choice questions

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Translational Approaches to Optimising Pharmacotherapy for Older People

1. Which ONE of the following statements is inconsistent with the definition of deprescribing?

- a) Deprescribing is the process of withdrawal of an inappropriate medication
- b) Improving patient outcomes is the primary goal of deprescribing
- c) The deprescribing process requires supervision by a health care professional
- d) Deprescribing includes dose reduction without aiming to withdraw a medicine

2. In older people, polypharmacy is associated with an increased prevalence of which of the following?

- a) Inappropriate prescribing
- b) Drug interactions
- c) Adverse drug reactions
- d) All of the above

3. Which ONE of the following statements regarding the Drug Burden Index (DBI) is CORRECT?

- a) DBI measures a patient's total exposure to all medications and calculates a risk score
- b) Polypharmacy with high DBI causes frailty in ageing mice, which is irreversible on deprescribing
- c) International pharmacoepidemiologic studies consistently demonstrate that high DBI is associated with impaired physical function in old age
- d) DBI only considers prescribed regular medications, not over-the-counter medications

4. Which ONE of the following statements about frailty is CORRECT?

- a) Different objective measures of frailty consistently identify the same patients as frail
- b) Gentamicin clearance is lower in frail than in robust older people
- c) Patterns of drug use are similar in robust and frail older people
- d) The frailty index defines frailty as a dichotomous variable

5. When reviewing medications of an older person it is important to ask the patient about their goals of care because:

- a) Medication use can be adjusted to help the patients achieve their realistic goals
- b) Preventative medicines should be prioritised in people whose goal is a peaceful death
- c) It helps you make decisions for the patient rather than engaging in complex shared decision making
- d) Most patients do not understand questions about their goals and are reluctant to answer them

An update on the changes to medication reviews: Comprehensive Medication Review and Quality Use of Medicines Guidelines and Program Rules

6. Which ONE of the following health professionals is NOT able to refer for a medication review funded under the Community Pharmacy Agreement?

- a) General Practitioner
- b) Psychiatrist
- c) Endocrinologist
- d) Hospital Pharmacist
- e) Palliative Care Physician

7. A follow up medication review funded under the Community Pharmacy Agreement can be performed between which time frames after the initial review?

- a) Between one and nine months
- b) Between two to three weeks
- c) Between two weeks and two months
- d) Between one week and one year
- e) Never

8. According to the Professional Guidelines how frequently should audit and feedback activities in aged care facilities be conducted?

- a) at least quarterly
- b) at least every day
- c) at least every year
- d) at least every six months

Clinical impact of antipsychotic and benzodiazepine reduction in aged care

9. Which ONE of the following statements regarding benefits or risks associated with antipsychotic and benzodiazepine use in older people is MOST APPROPRIATE?

- a) Antipsychotics increase the risk of stroke by 1.6-fold in people with dementia
- b) Benzodiazepines improve insomnia in 1 in 6 people
- c) In the short term, antipsychotics effectively manage aimless wandering in 1 in 5 people with dementia
- d) The duration of benzodiazepine use is limited by the rapid development of tolerance, dependence, and addiction

10. Which ONE of the following statements regarding inappropriate antipsychotic and benzodiazepine use in residential aged care facilities is MOST APPROPRIATE?

- a) A major barrier to the discontinuation of antipsychotic medications is the concern that the original symptoms may worsen
- b) General Practitioners never feel pressured to commence psychotropic therapy in the aged care setting
- c) Nursing staff with greater education levels are less likely to trial antipsychotic withdrawal
- d) The potential for increased workload is not considered a barrier to antipsychotic discontinuation among nursing staff

11. Which ONE of the following scenarios is an example of appropriate psychotropic prescribing?

- a) A 77-year-old patient with Alzheimer's disease is prescribed diazepam 5 mg twice daily for the long-term treatment of generalised anxiety
- b) A 78-year-old patient with Alzheimer's disease is prescribed risperidone 2 mg twice daily to reduce symptoms of calling out
- c) An 84-year-old patient is prescribed temazepam 10 mg at night when required for insomnia when non-pharmacological strategies fail
- d) A 92-year-old patient with Lewy Body Dementia is prescribed haloperidol 5 mg twice daily to manage their compulsive gambling behaviour

12. Which ONE of the following statements regarding the benefits and risks of antipsychotic and benzodiazepine dose reduction in residents of aged care facilities is MOST APPROPRIATE?

- a) Antipsychotic dose reduction is associated with an increase in verbal agitation
- b) Antipsychotic dose reduction is associated with reduced staff satisfaction
- c) Benzodiazepine dose reduction is associated with deteriorations in quality of life
- d) Benzodiazepine dose reduction is not associated with an increase in the disruptiveness of night-time behaviours

Medicines Safety in Aged Care- Our role and our responsibility

13. Ways to consider preventing harms from medicine use in aged care include all of the following EXCEPT:

- a) Developing relationships with facility staff including nursing staff
- b) Taking over the supply contract for the facility from another local pharmacy
- c) Communicating and collaborating with other health professionals involved in the patient's care
- d) Building trust

14. Which of the following are examples of practices that can be reviewed and improved in aged care facilities to achieve improved patient outcomes?

- a) Frequent use of psychotropic medicines
- b) Frequent use of laxatives or proton pump inhibitors
- c) Infrequent use of skin emollients
- d) Long term and frequent use of topic antifungals
- e) All of the above

15. Research has shown that what percentage of medicines are prescribed for 'when required' use in Australian aged care facilities

- a) 10%
- b) 15%
- c) 25%
- d) 35%
- e) 40%

Deprescribing – just ask the patient!

16. A patient-centred medication review should explore what matters to the patient. Which of the following aspects is LEAST targeted towards shared decision making?

- a) Understanding of medication therapy goals
- b) Achieving biochemical/clinical targets
- c) Management of existing health problems
- d) Prevention of future health problems

17. The steps in the CEASE deprescribing framework include all of the following, except:

- a) Medication reconciliation
- b) Identify high risk medicines
- c) Assess future benefit-harm trade-offs
- d) Discontinue all unnecessary medicines at same time

18. The main aim of the Medicines Conversation Guide is to:

- a) Test a patient's knowledge of their medicines
- b) Quality improvement for Home Medicine Reviews
- c) Increase patient involvement in medicines decisions
- d) Provide pharmacists with clinical decision support aids

19. In relation to the extent of medication-related problems in Australia, which ONE of the following statements is INCORRECT?

- a) Close to 100% of aged care residents have at least one medication-related problem
- b) Annual cost to the country is \$1.4 billion
- c) 500,000 hospital admissions per year are as a result of medication-related problems
- d) Over 50% aged care residents are exposed to at least one potentially inappropriate medicine

The on-line octopus: using enabling technologies to provide patient-centred continuity of care

20. Which of the following are important when conducting a virtual Home Medicines Review consultation?

- a) Determine appropriateness
- b) Gain consent
- c) Discuss privacy
- d) All of the above

21. Which ONE of the following statements is CORRECT with respect to follow-up consultations after an initial comprehensive medication review?

- a) An accredited pharmacist needs to be granted permission from the referring medical practitioner to provide a follow-up consultation after the initial review
- b) The review report should indicate the exact date a follow-up of the identified medication-related problems will occur.
- c) The PSA 'Guidelines for Comprehensive Medication Management Reviews' list examples of situations when a follow-up to an initial review may be required
- d) If an accredited pharmacist provides a follow up less than 3 months after the initial patient interview, they will not be eligible for Government remuneration.

22. Which of the following best describes potential contributors to delirium in an older person with pre-existing cognitive decline?

- a) Urinary retention, constipation, dehydration
- b) Pain, anticholinergic medications, unfamiliar surroundings
- c) Hyponatraemia, kidney failure, pneumonia
- d) All of the above

Querying the question - Case vignettes of providing therapeutic advice in practice

23. A GP asks you if the dose of a drug needs to be altered in a patient with renal impairment. What question/s would be relevant to ask the GP?

- a) What is the patient's renal function (e.g. creatinine clearance)?
- b) What is the patient's body weight and age?
- c) What other medicines is the patient taking?
- d) How long has the patient's renal function been impaired?
- e) All of the above

24. Which of the following drug combinations is most likely to cause prolongation of the QTc interval?

- a) Escitalopram 20 mg daily and clarithromycin 500 mg twice a day
- b) Sertraline 25 mg daily and digoxin 62.5 mcg daily
- c) Citalopram 10 mg daily and metoprolol 50 mg twice a day
- d) Clarithromycin 500 mg twice a day and rosuvastatin 20 mg daily

25. A patient asks you about trialing a preparation containing curcumin and piperine. They also take simvastatin 80 mg once a day, apixaban 5 mg twice a day, sotalol 80 mg twice a day, irbesartan 300 mg once a day, sulfasalazine 500 mg twice a day and pantoprazole 20 mg once a day. Which of the following may result from an interaction with curcumin and piperine?

- a) Decreased sulfasalazine level
- b) Decreased simvastatin level
- c) Increased apixaban level
- d) Increased sotalol level

Case study: Dizziness, vertigo or giddiness

26. Dizziness is a broad term used by patients to describe a range of conditions. Which ONE of the following statements is CORRECT?

- a) Dizziness is rarely caused by therapeutic doses of prescribed drugs
- b) Vertigo is a spinning sensation and is rarely accompanied by nausea
- c) Giddiness is not associated with tinnitus
- d) Syncope may present as a variety of dizziness or light-headedness and may be due to postural hypotension
- e) Vertigo is present only when the head is moving

27. Medications that commonly cause vertigo include all of the following EXCEPT:

- a) Hydroxychloroquine and meloxicam
- b) Pregabalin and amitriptyline
- c) Haloperidol and lithium
- d) Domperidone and promethazine
- e) Furosemide and prednisolone

28. Which of the following non-drug treatment advice for postural hypotension would be the MOST APPROPRIATE?

- a) Bed rest is the most effective non-drug treatment for postural hypotension
- b) Change posture slowly and avoid prolonged standing
- c) Reduce the amount of fluid taken per day
- d) Reduce the amount of salty foods in the diet
- e) Reduce caffeine containing fluids

29. Types of vertigo caused by peripheral vestibular disorders include all of the following EXCEPT?

- a) Benign paroxysmal positional vertigo
- b) Anxiety disorders
- c) Vestibular neuritis
- d) Double vision
- e) Tinnitus

30. In the symptomatic treatment of acute vertigo which is the MOST APPROPRIATE treatment?

- a) In the management of vestibular neuritis if the patient has nausea but is not vomiting first line therapy is oral prochlorperazine or promethazine
- b) Prochlorperazine should be used every 6 - 8 hours for up to 48 hours and then used long term to prevent reoccurrence if dizziness continues to be a problem
- c) If the patient is vomiting first line treatment is diazepam 10mg intramuscularly
- d) Ondansetron tablets 8mg orally can be used 2-3 times daily for 7 days as an option if prochlorperazine or promethazine is not tolerated
- e) Simple measures such as taking ibuprofen and paracetamol are most likely to help

Avoiding confusion with insulins- keeping up to date with the biosimilars

31. Which ONE of the following statements is INCORRECT when comparing a patented insulin to a biosimilar insulin?

- a) A biosimilar insulin is not a generic
- b) Biosimilar insulins can only be produced after an insulin company's patent expires
- c) A biosimilar insulin is a generic of the patented insulin.
- d) Biosimilar insulin costs less

32. When dispensing a biosimilar insulin to a person previously prescribed a patented insulin, which of the following describes advice you could provide to help the person during this transition?

- a) Examine their abdomen for lipohypertrophy at the counter
- b) Advise that glucose monitoring helps to check on the impact of the new insulin
- c) Advise that there is a higher risk of hypoglycaemia with biosimilar insulin
- d) Advise that glucose monitoring whilst using a biosimilar insulin is no longer required

33. While talking to a person transferred from a patented insulin to a biosimilar insulin, which of these comments prompt a referral to see a Credentialed Diabetes Educator?

- a) I have noticed more bruising at my injection sites with the new insulin
- b) My glucose readings have increased since I started the new insulin
- c) I want to change to a cartridge pen, so I don't need to have all of the disposable pens in my fridge
- d) All of the above

Pain behaviours in people with dementia: How can PainChek® help?

34. Which ONE of the following is NOT a category of common pain behaviours in people with cognitive impairment as listed by the American Geriatric Society?

- a) Verbalisation
- b) Physiological changes
- c) Mental status changes
- d) Body movement changes

35. Failure to display which ONE of the following behaviours would rule out the possibility that a person with dementia did not have pain?

- a) Sitting quietly
- b) Blank face
- c) Being mute
- d) None of the above

36. In people with dementia it is important to assess their pain at both rest and post movement because?

- a) Movement may elicit pain through nociception
- b) People at rest are not in pain, otherwise they could not rest
- c) People at rest usually show no facial features of pain
- d) It is more important to treat people's pain with movement than at rest

37. Which ONE of the following is NOT a feature of PainChek®?

- a) Automated facial analysis
- b) Internet dependent technology
- c) Binary scoring system
- d) Excellent validity, reliability, and accuracy

Residential medication management reviews in Australian aged care facilities: findings from a national cohort study

38. What proportion of individuals receive an HMR in the year prior to RACF entry?

- a) 27%
- b) 10.5%
- c) 4.5%
- d) 2%

39. Which of the following factors increases the likelihood that a resident will receive an RMMR in the 90 days after entering permanent residential aged care?

- a) Taking multiple medications
- b) Requiring assistance from RACF staff with medication administration
- c) Diagnosis of dementia
- d) All of the above

40. Which ONE of the following statements is CORRECT?

- a) Individuals living in RACFs in non-metropolitan areas are more likely to receive an RMMR within 90 days of first entering permanent residential aged care
- b) 1 in 5 residents receive an RMMR within 90 days of first entering permanent residential aged care
- c) 88% of residents receive more than one RMMR during their RACF stay
- d) The percentage of residents who receive an RMMR within 90 days does not vary between RACFs

41. In relation to Aged Care in Australia, which ONE of the following statements is INCORRECT?

- a) Just over one quarter of a million people receive residential aged care annually
- b) There is a high burden of medication use in RACFs
- c) There is a median of 13 medications prescribed for regular use
- d) 98% of residents experience at least 1 medication-related problem

“Chemical restraint” or appropriate use of psychotropic medication?

42. In the Royal Commission interim report what was the ratio of residents who had documented evidence of consent for use of a medication for chemical restraint?

- a) 1:5
- b) 1:10
- c) 1:13
- d) 1:15

43. What is the number of additional cerebrovascular events seen if 1000 people with BPSD were treated with an antipsychotic for 12 weeks?

- a) 12
- b) 18
- c) 24
- d) 30

44. Which ONE of the following is NOT an aim for using antipsychotics?

- a) Reduction on stress for the person with dementia
- b) To protect the person with dementia
- c) To protect the other residents in the home from harm
- d) To prevent the person with dementia from leaving their room

45. Which ONE of the following would not be considered a way in which we can support our homes in tackling the problem of chemical restraint?

- a) Ask the GPs to stop all antipsychotics
- b) Understand the ACQSC standards
- c) Educate care staff
- d) Encourage the GPs to regularly review their prescribing of antipsychotics

The evolving role of the clinical pharmacist in residential aged care

46. Which ONE of the following is NOT seen as a key part of the role of the Goodwin Facility Pharmacist?

- a) Liaison with local GPs, facility residents and their representatives
- b) Education of facility staff on the Quality Use of Medicines
- c) Dispensing and supply of medications to the facility residents
- d) Contribution to governance committees such as the Medication Advisory Committee

47. The Goodwin Facility Pharmacist chairs which ONE of the following committees which meets every three months?

- a) The Board of Directors
- b) The Antimicrobial Stewardship Committee
- c) The Relatives and Residents Committee
- d) The Quality and Safety Committee

48. Which ONE of the following was a key finding from the pilot project which investigated the feasibility of employing a facility-based pharmacist, conducted by Goodwin Aged Care Services and University of Canberra?

- a) A significant reduction in the proportion of inappropriate dosage forms
- b) An increase in the length of medication rounds
- c) A reduction in reported medication incidents
- d) No change in the quality of allergy reporting

Antimicrobial Stewardship - Pharmacists As Leaders

49. An 85-year-old female resident has been identified as having another urinary tract infection. Her creatine clearance is estimated at 55ml/min. Two months ago, she was successfully treated with trimethoprim 300mg daily. According to *Therapeutic Guidelines*, which ONE of the following antibiotic choices would be considered first choice?

- a) Trimethoprim 300mg daily for 7-days
- b) Trimethoprim 300mg daily for 3-days
- c) Nitrofurantoin 100mg QID for 5-days
- d) Cefalexin 500mg Q12h for 5-days

50. Which ONE of the following statements about achieving Quality Use of Medicine outcomes is CORRECT?

- a) Individual Quality Use of Medicine activities have been shown to improve outcomes to patient care
- b) Identifying multiple aspects of Antimicrobial Stewardship and applying a single education session to these issues, is more likely to result in an overall improvement in patient outcomes over a number of issues rather than focusing on one aspect alone
- c) Identifying individual care outcomes and applying a multi-faceted approach to improving this care outcome is more likely to be successful
- d) Only one quality use of medicine activity should be delivered each quarter for quality outcomes

51. Which ONE of the following statements is CORRECT?

- a) The 2018 NAPS report did not include information about poor documentation
- b) The Loeb criteria states that you must have at least one localising symptom in addition to acute dysuria before a UTI is suspected
- c) The Aged Care Standards only refers to Antimicrobial Stewardship under Standard 3, clinical care
- d) Antimicrobial resistance is forecast to be the leading cause of death by 2050

52. In regard to penicillin allergy

- a) 90% of people who are truly allergic to penicillin are likely to lose that allergy status after 10 years
- b) 1% of people report a penicillin allergy
- c) A score of 3 from the PEN-FAST Penicillin Allergy Clinical Decision Tool would indicate that a person has a 20% chance of a positive penicillin allergy test
- d) Unverified penicillin allergy, is unlikely to pose an adverse health burden for people in care

A new era for Asthma Management

53. Which ONE of the following statements about the key findings from Australian surveys on use of relievers for asthma is INCORRECT?

- a) Nearly half of adults with asthma are not well controlled
- b) About one-third of patients with uncontrolled asthma do not use a preventer
- c) About three-quarters of people with asthma take their preventer regularly
- d) People with poorly controlled asthma taking relievers only have increased healthcare utilisation

54. According to the Australian Asthma Handbook most adults and adolescents with asthma symptoms two or more times a month should be taking:

- a) Salbutamol as needed
- b) ICS (low dose) as needed
- c) Budesonide-formoterol (low dose) regularly
- d) Budesonide-formoterol (low dose) as needed

55. Regarding the results of the SYGMA1 trial, which ONE of the following statements is INCORRECT?

- a) As-needed budesonide-formoterol provided superior asthma-symptom control compared to as-needed terbutaline
- b) As-needed budesonide-formoterol was equally effective asthma-symptom control compared to budesonide maintenance therapy
- c) As-needed budesonide-formoterol results in substantially lower inhaled corticosteroid exposure than budesonide maintenance therapy
- d) Exacerbation rates were similar between budesonide groups and lower than terbutaline prn

56. Bob, a 34-year-old local builder has mild asthma and has become increasingly reliant on his short-acting beta-2-agonist. Which ONE of the following dosage regimens is now TGA approved as anti-inflammatory reliever therapy in patients with mild asthma?

- a) Symbicort Rapihaler 100/3 ONE inhalation as needed
- b) Symbicort Rapihaler 200/6 ONE inhalation as needed
- c) Symbicort Turbuhaler 200/6 ONE inhalation as needed
- d) Symbicort Turbuhaler 200/6 TWO inhalations as needed

Opioids, chronic pain and the bigger picture

57. Which ONE of the following is a first-line treatment for chronic non-cancer pain?

- a) Referral to a pain specialist
- b) Non-pharmacological treatment
- c) Tramadol
- d) Oxycodone

58. Which ONE of the following is NOT an adverse effect of opioids?

- a) Hyperalgesia
- b) Hormonal effects
- c) Peripheral oedema
- d) Depression

59. How long is an opioid trial for chronic non-cancer pain?

- a) Up to 8 weeks
- b) Up to 12 weeks
- c) Up to 6 months
- d) Up to 12 months

60. Which ONE of the following statements is INCORRECT?

- a) Opioid analgesia attenuates with time, while the harm persists or increases with time and increasing doses
- b) Recent evidence suggests that tapering opioids improves pain, function, and quality of life
- c) Patients at increased risk of harm from opioids should be advised to stop their treatment immediately
- d) Opioid tapering can be stopped and re-challenged as often as required

Evidence for the benefits and harms of continuing or deprescribing Cholinesterase Inhibitors and Memantine

61. Which ONE of the following is the MOST APPROPRIATE to conduct in the development of a clinical practice deprescribing guideline?

- a) Systematic review of the evidence ONLY
- b) Systematic review of the evidence and grading the quality/certainty of the evidence
- c) Systematic review of the evidence, grading the quality/certainty of the evidence and consideration of economic implications
- d) Systematic review of the evidence, grading the quality/certainty of the evidence and consideration of economic implications and consumer (patient) values, preferences, and attitudes

62. In which group is it MOST APPROPRIATE to recommend a trial of deprescribing cholinesterase inhibitors?

- a) People with a MMSE (Mini-Mental State Exam) score of less than 10
- b) People with AD who have been on the medication for less than 12 months
- c) People with AD who have been taking the medication for greater than 12 months and cognition and/or function has significantly worsened over the past six months
- d) People with Lewy Body Dementia regardless of how long they have been on the medication

63. Which ONE of the following statements is MOST APPROPRIATE regarding the deprescribing of cholinesterase inhibitors and memantine?

- a) Adverse drug withdrawal reactions are most likely to occur within the first week of stopping
- b) Cholinesterase inhibitors and memantine can be stopped abruptly (no tapering is needed)
- c) Cholinesterase inhibitors and memantine should not be tapered (dose reduced) by more than 25% at a time
- d) Monitoring and follow-up is only needed 3 months after deprescribing

The roles and responsibilities of community pharmacists supporting older populations with palliative care needs: a rapid review of the literature

64. While there are a number of geographical and cultural influences that contribute to where Australians with palliative care needs die, a third of Australians will die in:

- a) An aged care home
- b) A hospital setting
- c) A Hospice
- d) Their own private dwelling

65. Which ONE of the following statements about older Australians is TRUE?

- a) 7.5% of Australians are currently older than 65 years of age
- b) 15% of Australians are currently older than 65 years of age
- c) 30% of Australians are currently older than 65 years of age
- d) 45% of Australians are currently older than 65 years of age

66. Which ONE of the following statements relating to the role of End of Life Directions for Aged Care (ELDAC) is CORRECT? The role of ELDAC is to:

- a) Support carers to find palliative care and advance care planning information, services, and resources
- b) Provide grants to improve the palliative care focus of a community-based organisation
- c) Encourage collaborations and partnerships between aged care providers (residential and community), primary care and specialist palliative care

67. The following types of studies were able to be included in the rapid review of the pharmacist's role in the community setting:

- a) Qualitative papers only
- b) Quantitative papers only
- c) Both Qualitative and Quantitative papers

68. Which ONE of the following statements about Commonwealth-funded medication reviews is CORRECT?

- a) Most reviews are funded as MedsChecks
- b) Most reviews are funded as Home Medication Reviews
- c) Most reviews are funded as Residential Medication Management Reviews

Advance Care planning and the role of an Accredited Pharmacist

69. The purpose of an advance care plan is to ensure that which ONE of the following will NOT occur?

- a) My future health care needs will be respected
- b) I will receive treatments against my will
- c) A pre-determined plan for my personal care will be in place
- d) A family member knows how to proceed if communication is hindered

70. It is advantageous to discuss an advance care plan during a HMR interview because

- a) An accredited pharmacist can play a vital role in a person's healthcare journey including managing chronic disease
- b) Accredited pharmacists are trusted health professionals and have effective communication skills
- c) It is an appropriate time to broach the subject as accredited pharmacists have knowledge of a person's chronic diseases and the patient may be open to discussing their healthcare needs
- d) Options B and C
- e) All of the above

71. What qualities should a substitute decision maker possess? They should be:

- a) An adult who has a close and continuing relationship with the person
- b) Available and readily contactable
- c) Prepared to advocate and make decisions clearly and confidently on the person's behalf when talking to doctors, other health professionals and family members if needed
- d) Comfortable with encouraging the person to talk through their values and healthcare preferences with their family and others.
- e) All of the above

72. What is an Advance Care Directive?

- a) A formalised version of the person's advance care plan. It outlines preferences for their future care along with their beliefs, values, and goals
- b) A process of planning for future health and personal care, whereby the person's values and preferences are made known so they can guide decision-making at a future time
- c) A document that outlines how the person wishes to die
- d) A list of medicines that the person does not wish to receive in their final days

Risk Management for Accredited Pharmacists

73. Which ONE of the following is NOT considered a risk factor for an accredited pharmacist conducting a home medication review?

- a) Accidental privacy breach when speaking to a patient's neighbour
- b) Being unaware that the patient has a large dog
- c) Not being able to locate the patient's front door
- d) Tripping over a loose tile in the doorway
- e) Poor documentation and communication

74. Regarding risk minimisation, which ONE of the following actions is the MOST important action when conducting HMRs or RMMRs?

- a) Ensure you retain currency of practice by undertaking up to 30 reviews per month
- b) Ensure you present and behave in a professional manner
- c) Ask for a witness to be present
- d) Back up your reports and documents to the cloud (for reliable and secure storage location)
- e) Ask about grandchildren to make the patient feel more comfortable

75. Which ONE of the following responses BEST summarises appropriate online resources for accredited pharmacists?

- a) PSA website, PPA website, Google
- b) PPA website, OAIC website, PDL website
- c) PGA website, Facebook, AACP website
- d) AACP website, PSA website, PGA website
- e) Both (b) and (d)

76. Regarding the COVID-19 pandemic, which ONE of the following strategies would be LEAST likely to reduce risk of infection for an accredited pharmacist?

- a) Social distancing
- b) Asking a family member to be present during the interview
- c) Screening patient for illness prior to making appointment
- d) Telehealth consultation
- e) Using hand sanitizer

77. Which ONE of the following responses BEST addresses responding to an incident involving a RMMR or HMR patient?

- a) Consider a sincere and genuine apology
- b) Ensure an incident report and other documentation is available
- c) Communicate with both the patient and prescriber in a timely manner
- d) Contact your professional indemnity insurance provider
- e) All of the above

Individualising the Use of Antihypertensive Drugs in Older Persons

78. In community-living older patients with hypertension, what proportion demonstrate orthostatic hypotension?

- a) 10%
- b) 15%
- c) 20%
- d) 40%

79. In community-living older patients with hypertension, what is the optimal SBP for those who are fit and have had a previous stroke?

- a) 180 mmHg
- b) 160 mmHg
- c) 140 mmHg
- d) 130 mmHg

80. In community-living older patients with hypertension, what is the optimal SBP for those who are moderately frail?

- a) 180 mmHg
- b) 160 mmHg
- c) 140 mmHg
- d) 130 mmHg

81. Which of the following factors are important considerations when measuring BP in an older person?

- a) Use of correct cuff size
- b) Need to measure BP in both arms
- c) Need for adjustment for any co-existing arrhythmias
- d) All of the above

82. Which ONE of the following antihypertensive drugs should be avoided in older patients?

- a) Atenolol
- b) Candesartan
- c) Prazosin
- d) Quinapril

83. Which of the following adverse events have been reported in those participating in deprescribing trials?

- a) Headache
- b) Palpitations
- c) Oedema
- d) All of the above

84. In which ONE of the following circumstances should deprescribing of antihypertensive drugs be considered?

- a) A 65-year-old man who has suffered a previous stroke
- b) A moderately frail 82-year-old lady with stable BP
- c) An active 70-year-old man with type 2 diabetes and stage 3 CKD with proteinuria
- d) A fit and healthy 75-year-old lady with labile blood pressure hovering around 160mmHg SBP