



Geriatric Urology Symposium Post-Test



QUESTION #1

Executive function can be best thought of as:

- A. Your ability to remember things
- B. Processing speed
- C. Problem solving abilities
- D. Language capacity



QUESTION #2

Executive function is governed by:

- A. Prefrontal subcortical circuits
- B. Hippocampus
- C. Amygdala
- D. Medulla

QUESTION #3

An example of a bedside executive function instrument is:

- A. The Executive Clock Drawing Task
- B. The Wechsler Intelligence Scale
- C. Digit Span Forwards
- D. Get up and go

QUESTION #4

What mechanism accounts for the “mitotic clock” of primary aging?

- A. Mitochondrial degeneration
- B. Telomere attrition
- C. Inflammatory mediation
- D. Apoptosis

QUESTION #5

How do senescent cells alter tissue function?

- A. Paracrine release of inflammatory mediators affect tissue dysfunction
- B. Decrease oxygen carrying capacity
- C. Diminish tissue responsiveness
- D. Degradation of the underlying cytoskeleton

QUESTION #6

Mr. J is a 91 y/o female who comes to the hospital for left nephrectomy for renal cell CA. She is very independent woman who lives alone in her apartment, and her daughter helps her with her finances and taking her to do grocery shopping. After surgery, Mrs. J becomes agitated and confused. She is then placed on restraints to avoid falls. She remains agitated. You are called to the bedside by the RN to evaluate her, your first step would be:

- A. Continue the restraints as they will avoid further complications such as falls
- B. Discontinue the restraints, perform a complete PE and chart review, evaluate her medications and treat pain adequately
- C. Discontinue the restraints, perform a complete PE and chart review, stop pain medications as they may be exacerbating her delirium
- D. Pursue w/u to include STAT head CT, ABG and infection w/u



QUESTION #7

The goals of palliative care are:

- A. To relieve physical and emotional suffering and match care to patient needs
- B. To improve patient-professional communication and decision making
- C. To coordinate continuity of care across the settings
- D. All of the above

QUESTION #8

In the US, millions of caregivers deliver care at home to a seriously ill older relative, the following statements are correct, except:

- A. 61% are women
- B. Less than 20% work full time in addition to care giving
- C. 33% are in poor health themselves
- D. 87% state that they need more help

QUESTION #9

When caring for seriously ill patients nowadays, the following statements are correct except:

- A. Current main cause of death is acute sudden illness
- B. Patients experience many untreated physical and emotional symptoms
- C. There is an increasing amount of unmet patient and family needs
- D. Health care professionals are not being trained in symptom management issues as related to chronic illnesses

QUESTION #10

A 75 y/o male with a h/o prostate CA, incontinence, HTN and depression is 1 day s/p radical prostatectomy. When you are doing your morning rounds, his wife states that she notes some apathy and withdrawal and increased somnolence. On your exam, he is arousable, but not very talkative. He is not sure of the date, but knows that he is in Texas. His VS are stable. His current medications include, his outpatient medications --HCTZ, Zoloft, Finasteride, ASA and since he has been hospitalized, he has also received Ambien, Percocet, Benadryl, Zantac, Atarax and Tylenol. Which of the following is the optimal postoperative management strategy for this patient?

- A. Explain to his wife that some cognitive impairment is common after general anesthesia and keep him in the hospital one more day for close monitoring
- B. Increase his dose of Zoloft for likely worsening depression s/p prostatectomy
- C. Stop the Ambien, Benadryl, Zantac and Atarax and keep him in the hospital for one more day for close monitoring
- D. CXR, EKG, CMP and CT of the head

QUESTION #11

What are some proven strategies to prevent postoperative delirium?

- A. Early mobilization
- B. Providing a sleep aide, i.e. Ambien
- C. IVF
- D. Improving PO intake

QUESTION #12

What assessment can you do prior to surgery and prior to discharge to help determine and appropriate discharge location?

- A. Braden Skin Scale
- B. Geriatric Depression Scale
- C. IADL and ADL Screen
- D. Wechsler Intelligence Scale

QUESTION #13

You are called to the room of your 85 y/o female one day s/p cystectomy and notice that she is holding onto the bedrail and wincing in pain. Currently, her pain regimen includes: Tylenol 1000 mg BID and Morphine PCA without a basal dose. Looking back at the history on the PCA, she has not used it effectively and has only received 4 mg of MSO4 over the last 16 hours. What management options could you recommend for improvement of her pain?

- A. Add Cyclobenzaprine 5 mg TID
- B. Add a Fentanyl patch 25 mcg q3d
- C. Bolus her 5 mg of Morphine IV and add a basal rate of 2 mg/hr on the PCA
- D. Bolus her 5 mg of Morphine IV and then d/c the PCA and schedule her MSO4 2 mg IV q2h until her pain level has improved, then decrease the intervals



QUESTION #14

A US man's lifetime risk of death from prostate CA is:

- A. 3%
- B. 7%
- C. 10%
- D. 12%



QUESTION #15

About what fraction of men have annual PSA screening in the US?

- A. 25%
- B. 33%
- C. 50%
- D. 75%



QUESTION #16

The sensitivity of a PSA cutoff of 4.0 ng/mL is about what percent for cancer detection?

- A. 90%
- B. 75%
- C. 25%
- D. 10%



QUESTION #17

Age adjusted PSA values are more likely to:

- A. Find more aggressive prostate CA in young men
- B. Increase specificity of testing of younger men
- C. Decrease specificity of testing in older men
- D. Decrease detection of potentially lethal cancers in older men

QUESTION #18

Which of the following conditions does not impact or cause urinary incontinence?

- A. Dementia
- B. Hip Fracture
- C. Diabetes
- D. None of the above

QUESTION #19

Which type of incontinence is the most common in the 70-79 age range?

- A. Stress urinary incontinence
- B. Urge urinary incontinence
- C. Mixed urinary incontinence
- D. Overflow incontinence

QUESTION #20

Regarding the surgical treatment of urge urinary incontinence:

- A. The success rates for sacral nerve modulation therapy are just as good in older patients compared to younger patients
- B. Sacral nerve modulation therapy is worth considering when the side effects of anticholinergics are intolerable
- C. The risk of retention after sacral nerve modulation therapy is higher in the elderly
- D. Sacral nerve modulation therapy cannot be used in the elderly because they often have concomitant bowel problems

QUESTION #21

Elderly patients are:

- A. More sensitive to anesthetic agents
- B. Less sensitive to anesthetic agents
- C. No more or less sensitive to anesthetic agents
- D. Always less fit for anesthesia than younger patients

QUESTION #22

Age is an independent risk factor in which of the following?

- A. ASA Physical Status Classification
- B. Respiratory risk indices
- C. ACC/AHA 2007 Guidelines
- D. Revised Cardiac Risk Index

QUESTION #23

According to the ACC/AHA 2007 Guidelines, which of the following is a low-risk procedure?

- A. Knee replacement
- B. TURP
- C. Breast mass excision
- D. Endovascular procedure under local anesthesia

QUESTION #24

A man with untreated clinical stage T3 prostate cancer has about the same life expectancy as:

- a. An average 85 year old man without cancer
- b. An average 75 year old man without cancer
- c. An average 65 year old man without cancer
- d. An average 55 year old man without cancer

QUESTION #25

Androgen deprivation therapy has been associated with exacerbation of which of the following chronic conditions:

- a. Metabolic Syndrome
- b. Osteopenia/Osteoporosis
- c. Coronary artery disease
- d. All of the above



UT Geriatric Urology Symposium 2009

- Thanks for you attendance and attention
- More to come next year!!!!!!!!!!!!