

1. On the acute take, what percentage of patients over the age of 70 have:

	< 5%	5 – 9%	10 – 14%	15 –19%	> 20%
Delirium					
Depression					
Dementia					
Dementia and delirium					

2. Estimate the one year mortality for an average 70 year old woman with:

	< 5%	5-9%	10-24%	> 25%
Duke's C colorectal carcinoma				
Non-ST elevation myocardial infarction with troponin of 15				
Delirium in association with UTI				
Bleeding duodenal ulcer from NSAID use				
Three admissions for infective exacerbation of COPD in the last six months				
Delirium with pre-existing cognitive impairment				
Subarachnoid haemorrhage and GCS 13				
Fractured neck of femur				
A Barthel score of 5/20, in a care home				

3. According to DSM-IV criteria, which of the following features are required to make a diagnosis of delirium?

disorientation in time	T / F	visual hallucinations	T / F
agitation	T / F	altered sleep-wake cycle	T / F
inattention	T / F	altered mood	T / F
acute onset	T / F	disorganised thinking	T / F
altered arousal	T / F		

4. I have used validated delirium assessment tools such as the Confusion Assessment Method (CAM) T / F

5. What is the relative risk of the following outcomes in the first year after an episode of delirium in a community-dwelling, non-demented patient over the age of 70?

	1x	2x	3x	5x	10x
Dementia					
Institutionalisation					
Death					

6. Please rate your relative agreement with the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have a good working knowledge of the diagnostic criteria for acute coronary syndromes					
I have a good working knowledge of the diagnostic criteria for pneumonia					
I have a good working knowledge of the diagnostic criteria for acute pancreatitis					
I have a good working knowledge of the diagnostic criteria for delirium					
I have had adequate training on delirium					
I routinely undertake serial cognitive assessments in patients at risk of delirium					
The responsibility for making a formal diagnosis of delirium in medical inpatients lies primarily with psychiatrists					
Delirium is an independent prognostic marker					
Delirium is under-recognised in acute medical settings					
Delirium can be prevented in 30% of inpatients					
Benzodiazepines are the first-line treatment for delirium					
Delirium is distressing for patients					
Delirium is distressing for relatives					
I am confident that I can manage delirium					
Delirium is a treatable condition					
Staffing constraints often result in the over-use of drug treatments for delirium					
Doctors working in acute medical settings should have a good working knowledge of delirium					
Patients with delirium most commonly display reduced motor activity and lethargy					

7. In a 70 year old man with delirium and severe agitation in whom behavioural management is unsuccessful and the oral route for drugs is unavailable, what would you consider an appropriate first dose of haloperidol (assuming no contra-indications)?

0.5mg i.m.	1mg i.m.	2.5mg i.m.	5mg i.m.	10mg i.m.
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Date

Centre

Grade

Year of qualification

Number of months postgraduate experience in:

Neurology	
Geriatrics	
Psychiatry	

Current subspecialty post

Career plans