

Internal Medicine  
February 10, 2009

# MORNING REPORT

# MKSAP Question #1

- A 63-year-old obese woman with diabetes poorly controlled despite therapy with metformin, glimepiride, and rosiglitazone is evaluated in follow-up. She refuses insulin therapy because of a fear of hypoglycemia and weight gain. She tries to watch her diet, but consultation with a nutritionist has not resulted in durable effect on glycemic control. She walks briskly two nights a week. Her fasting plasma glucose levels are in excess of 180 mg/dL (9.99 mmol/L) and her hemoglobin A<sub>1c</sub> is 8.1%.

# MKSAP Question #1

- ⦿ In addition to continuing diet and exercise, which of the following would be the most appropriate management for this patient?
  - A: Add exenatide
  - B: Add acarbose
  - C: Change from glimepiride to nateglinide
  - D: Change from rosiglitazone to pioglitazone
  - E: No change in therapy

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MKS

# Exenatide (Byetta)

- Incretin mimetic

- A 60-year-old female with a long history of type 2 diabetes mellitus is being evaluated for her diabetes therapy because of a fear of hypoglycemia and weight gain. She tries to watch her diet, but consultation with a nutritionist has not resulted in durable effect on glycemic control. She walks briskly two nights a week. Her fasting plasma glucose levels are in excess of 180 mg/dL (9.99 mmol/L) and her hemoglobin A<sub>1c</sub> is 8.1%.
- Decreases post-prandial hyperglycemia
- Approved for use with metformin and SU
- Under study in combination with TZDs
- Average reduction in HbA<sub>1c</sub> of ~1%

therapy because of a fear of hypoglycemia and weight gain. She tries to watch her diet, but consultation with a nutritionist has not resulted in durable effect on glycemic control. She walks briskly two nights a week. Her fasting plasma glucose levels are in excess of 180 mg/dL (9.99 mmol/L) and her hemoglobin A<sub>1c</sub> is 8.1%.

# MKSAP Question #1

- In addition to continuing diet and exercise, which of the following would be the most appropriate management for this patient?
  - A: Add exenatide
    - Best alternative to insulin in this case
  - B: Add acarbose
    - Very small decrease in HbA1c would be expected
  - C: Change from glimepiride to nateglinide
    - Secretagogues are generally equal in efficacy
  - D: Change from rosiglitazone to pioglitazone
    - TZDs are generally equal in efficacy
  - E: No change in therapy
    - Not at goal HbA1c

# MKSAP Question #2

- A 24-year-old woman with a history of systemic lupus erythematosus with associated arthritis presents for an annual physical examination. She has been feeling well and is contemplating her first pregnancy. She has a history of pericarditis and thrombocytopenia. She is antinuclear and anti-double-stranded DNA antibody positive. Two years ago, renal biopsy to evaluate proteinuria and hypertension revealed focal proliferative glomerulonephritis. Medications are hydroxychloroquine and mycophenolate mofetil.

# MKSAP Question #2

- Musculoskeletal examination reveals synovitis of the metacarpophalangeal and proximal interphalangeal joints and bilateral knee effusions. The metatarsophalangeal joints are tender to compression. The remainder of the examination is normal. On laboratory studies, complete blood count, complete metabolic profile, and urinalysis are normal.

# MKSAP Question #2

- In addition to prednisone, which of the following is the most appropriate management for this patient in anticipation of her pregnancy?
  - A: Methotrexate
  - B: Leflunomide
  - C: Hydroxychloroquine
  - D: Hydroxychloroquine and mycophenolate mofetil

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# M Treatment of SLE in pregnancy

- Combination therapy with prednisone and hydroxychloroquine is preferred
- Most other agents are contraindicated in pregnancy
- Will possibly need higher prednisone dosing if other agents need to be discontinued

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# MKSAP Question #2

- In addition to prednisone, which of the following is the most appropriate management for this patient in anticipation of her pregnancy?
  - A: Methotrexate
    - Contraindicated in pregnancy
  - B: Leflunomide
    - Contraindicated in pregnancy
  - C: Hydroxychloroquine
    - Safe to use for SLE treatment during pregnancy
  - D: Hydroxychloroquine and mycophenolate mofetil
    - Contraindicated in pregnancy

# MKSAP Question #3

- A 78-year-old man is brought to the office by his family for evaluation of confusion and memory problems, which have been worsening over the past 6 weeks. Initially, his symptoms were evident mainly in the morning, but they now seem to occur throughout the day. He wanders from the house and sometimes does not recognize his wife. He has visual hallucinations, and, while sitting in the kitchen, believes that he is on a bus. His medical history includes type 2 diabetes mellitus with painful peripheral neuropathy, coronary artery disease, depression, and congestive heart failure. Medications include glyburide, nortriptyline, digoxin, lorazepam, metoprolol, lisinopril, aspirin, and pravastatin. His daughter does not know how long he has been taking these medications. There is no family history of neurologic disease.

# MKSAP Question #3

- On examination, the patient has asterixis and findings consistent with peripheral neuropathy. He is mildly lethargic and inattentive, and not oriented to time or place. His score on the Mini–Mental State Examination is 13/30, and he recalls two of three words after a delay. Electrolyte levels, oxygen saturation, liver and renal function, and CT scan of the head without contrast are normal.

# MKSAP Question #3

- Which of the following conditions is most likely the cause of the patient's cognitive impairment?
  - A: Alzheimer's disease
  - B: Dementia with Lewy bodies
  - C: Depression
  - D: Cerebrovascular disease
  - E: Toxic encephalopathy

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## MKSAP Question #3

- On physical examination, the patient has tachycardia and asterixis. In addition, laboratory studies show hyponatremia and a metabolic acidosis.

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# MKSAP Question #3

- Which of the following conditions is most likely the cause of the patient's cognitive impairment?
  - A: Alzheimer's disease
    - Physical exam is suggestive of toxic-metabolic cause
  - B: Dementia with Lewy bodies
    - Physical exam is suggestive of toxic-metabolic cause
  - C: Depression
    - Physical exam is suggestive of toxic-metabolic cause
  - D: Cerebrovascular disease
    - Physical exam is suggestive of toxic-metabolic cause
  - E: Toxic encephalopathy
    - Delirium, asterixis in setting of high-risk meds

# MKSAP Question #4

◎ Name that movie: “You fought me once...”

“Honey, you got reaaaal ugly!”

- A: Tombstone
- B: Terminator 3
- C: Army of Darkness
- D: Dora and the Ice Princess



Ima

Abdominal striae associated  
with Cushing's disease



# Case Presentation

Dr. Justin Campbell

