

# ENDGAMES

We welcome contributions that would help doctors with postgraduate examinations

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## FOR SHORT ANSWERS

See p 1046

## FOR LONG ANSWERS

Use advanced search at [bmj.com](http://bmj.com) and enter question details

## STATISTICAL QUESTION

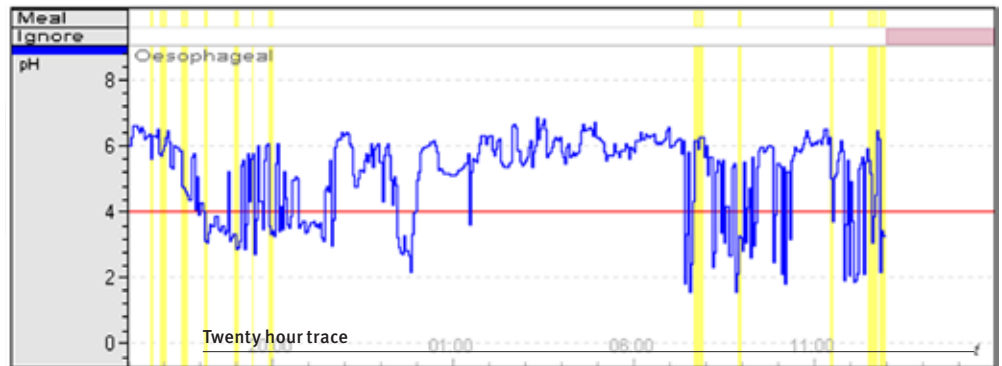
### Incidence and prevalence

The average survival after a diagnosis of multiple sclerosis is much longer than after a diagnosis of cervical cancer. They both have about the same incidence of five per 100 000 per year, although this varies with geography and demography. In a large population the prevalence of multiple sclerosis would then be expected to be:

- The same as the prevalence of cervical cancer
- Much less than the prevalence of cervical cancer
- Much greater than the prevalence of cervical cancer
- Less than the incidence of multiple sclerosis
- Greater than the incidence of multiple sclerosis

Submitted by John Fletcher

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## PICTURE QUIZ

### A 4 year old boy with recurrent wheeze and chest infections

A 4 year old boy presented with a history of recurrent wheeze and chest infections over the previous two years, which had caused him to be admitted to hospital many times. Previous chest radiographs had shown right middle and lower lobe changes. The episodes had been treated with antibiotics with limited effect. Treatment for asthma (a bronchodilator and steroid inhalers) also failed to improve the situation. He was admitted for a 24 hour investigation, a 20 hour trace of which is displayed above.

- What is the name of the investigation shown?
- What is the abnormality shown?
- What are the limitations of the test?
- How should it be treated?

Submitted by Atul Gupta, Donald S Urquhart, Sarah Donovan, and Andrew Bush

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## ON EXAMINATION QUIZ

### Infectious diseases

The answer to this question, and more questions on this topic, are available from [www.onexamination.com/endgames](http://www.onexamination.com/endgames) until midnight on Wednesday. This week's quiz is on infectious diseases and is taken from the MRCP Part 1 examination.

Deficiency of which of the following components of the complement system predisposes to infection with *Neisseria meningitidis*?

- C1q
- C1r
- C1s
- C3
- C4

## CASE REPORT

### A taxi driver with type 2 diabetes

A 56 year old male taxi driver with a four year history of type 2 diabetes visited the surgery because he was fed up with trying to control his blood glucose. Although his most recent glycated haemoglobin measurement of 7.4% a month ago indicated that glycaemic control was reasonable, he was frustrated by weight gain, several recent hypoglycaemic episodes, and the number of tablets he had to take each day. He was beginning to wonder "whether it's all worthwhile."

He had no current diabetic complications, and recent renal and liver function blood tests had been normal. His body mass index was 33.2, blood pressure was 130/80 mm Hg, total cholesterol was 3.9 mmol/l, and high density lipoprotein was 1.3 mmol/l. He was taking metformin 1 g twice a day, gliclazide 160 mg twice a day, aspirin 75 mg once a day, simvastatin 40 mg at night, ramipril 10 mg once a day, and amlodipine 10 mg once a day.

- How would you approach this consultation?
- Would it be beneficial for him to reduce his glycated haemoglobin value?
- What problems does his job pose when aiming for good glycaemic control and how should his drugs be changed because of these problems?

Submitted by Richard Brice

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