Self-Evaluation Quiz

The questions in this self-evaluation quiz are based on the articles in this issue of the journal. Each of the questions or statements is followed by five possible answers or completions. Select all of the correct answers to each of the questions and circle the corresponding letters. The answers appear on the inside front cover of this issue.

As an organization accredited for continuing medical education, the American Academy of Pediatrics certifies that this continuing medical education activity, when used and completed as directed, meets the criteria for two hours of credit in Category 1 of the Physician's Recognition Award of the American Medical Association and two hours of PREP credit.

To earn two hours of Category 1 credit and two hours of PREP credit for this quiz, you must currently be enrolled in PREP or subscribing to PEDIATRICS IN REVIEW. You received two quiz reply cards this year along with a letter acknowledging your enrollment or subscription. Each card provides space to answer the questions from five issues of the journal. Please use CARD #1 for responses to the questions in the July through November issues and CARD #2 for the December through April issues. To receive proper credit, both cards MUST be returned by June 30, 1986.

We invite your specific comments about the relevance of each of the articles and any other comments you wish to make about the journal. You may enclose your comments with your quiz reply cards, or send them directly to: PEDIATRICS IN REVIEW, American Academy of Pediatrics, 141 Northwest Point Road, PO Box 927, Elk Grove Village, IL 60007.

1. Which one of the following is not one of the four phases of chemical dependency?
   A. Experimentation.
   B. Actively seeking drug-induced euphoria.
   C. Preoccupation with self-perceived need to get high.
   D. Progressive intolerance to the effects of the drug.
   E. Burnout (a chronic brain syndrome).

2. The adolescent who has become psychologically dependent on a drug typically:
   A. Will admit that he has lost control of the use of drugs.
   B. Experiences rebound dysphoria.
   C. Often experiments with many different psychoactive drugs.
   D. Recognizes dysphoric periods as being due to drug use.
   E. Believes that coping with emotional pain without drugs is difficult or impossible.

3. Factors associated with an increased risk for drug abuse by an adolescent include:
   A. Below average family income.
   B. Peer pressure to use drugs.
   C. High social status of family.
   D. Alcoholism in the family.
   E. Cognitive developmental disabilities.

4. Which one of the following would not be suggestive of possible drug abuse by an adolescent?
   A. Periods of prolonged isolation from immediate family.
   B. Open communication sought between self and parents.
   C. Progressive irritability.
   D. Deterioration of school performance.
   E. Repeated disappearance of money from home.

5. Parents of a 15-year-old girl suspect their daughter is using illicit drugs and asks for help. Which one of the following would be least likely to be an appropriate initial recommendation?
   A. Do not confront the girl when she is "high."
   B. Restrict contact with drug-using friends.
   C. Insist that any parties attended be supervised by a responsible adult.
   D. Try to find objective evidence of drug use.
   E. Insist that she attend a drug rehabilitation program.

6. Which one of the following statements pertaining to glycosylated hemoglobin (HbA\textsubscript{1c}) levels is not true?
   A. Accurately reflects the average blood glucose levels during the previous 2 to 3 months.
   B. More sensitive test than islet cell antibody titer in detection of prediabetes.
   C. Attempts to lower the level to normal range increases the risk for hypoglycemia.
   D. Helpful in detecting patients who are performing home glucose tests inaccurately.
   E. For good glucose control, the value should be within 30% of the upper limits of normal.

7. Exemplary medical care of the adolescent with diabetes often requires:
   A. Checking urine for ketones when the patient is feeling ill only if the blood sugar is ≥200 mg/dL.
   B. Determining HgA\textsubscript{1c} levels no more than once yearly.
   C. Two injections of insulin per day.
   D. Use of an insulin pump.
   E. Intensified glucose control if microproteinuria develops.

8. True statements regarding the long-term complications of type 1 diabetes include:
   A. If growth failure is present, it is usually due to chronic administration of too much insulin.
   B. Once neuropathy develops, it is irreversible.
   C. Good glucose control of the pregnant diabetic woman does not reduce the frequency of congenital defects.
   D. Tight glucose control has been proven to help prevent microvascular disease.
   E. Microaneurysms are frequently the first sign of retinal disease detectable by routine funduscopic examination.

9. Blood glucose level self-monitoring:
   A. Helps in deciding insulin dosage.
   B. Helps to differentiate a decrease in blood glucose from true hypoglycemia.
   C. Usually makes the requirement for twice-daily insulin injections in the child younger than 5 years of age unnecessary.
   D. Is no more accurate than urine tests for sugar if "doub-ble-voided" specimens are used.
   E. Avoids the problems of high or low renal threshold for glucose.

10. A viral upper respiratory tract infection developed 2 weeks ago in a 4-year-old boy. Which one of the following signs/symptoms (if persistent and unimproved) would be least suggestive of sinusitis?
    A. Daytime cough.
    B. Cough occurring only at night.
    C. Nasal discharge.
    D. Low-grade fever.
    E. Fcted breath.

11. Which one of the following bacteria is least likely to be isolated from sinus aspirates of patients with acute sinusitis?
    A. Nontypable Haemophilus influenzae.
    B. Streptococcus pneumoniae.
    C. An anaerobe.
    D. Branhamella catarrhalis.
    E. Staphylococcus aureus.

12. True statements pertaining to sinusitis in children include:
    A. Nasopharyngeal cultures are recommended to help determine appropriate antibiotic therapy.
    B. If sinus roentgenograms demonstrate the width of the mucous membrane to be greater than 4 mm, then sinusitis is likely.
    C. Transillumination is clinically very dependable.
    D. Physical examination is usually not very helpful in making a specific diagnosis of acute sinusitis.
    E. Patients with chronic sinusitis should be treated with antimicrobial therapy for at least 3 weeks.

13. Which one of the following antimicrobial agents is recommended in the initial management of a child with uncomplicated acute maxillary sinusitis?
    A. Amoxicillin.
    B. Sulfamethoxazole-trimethoprim.
    C. Cefaclor.
    D. Erythromycin-sulfisoxazole.
    E. Dicloxacillin.

pediatrics in review • vol. 7 no. 5 November 1985 PIR 159
<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1985</td>
<td>November</td>
<td>CME—Dermatology</td>
<td>White Sulphur Springs, West Virginia</td>
</tr>
<tr>
<td></td>
<td>December</td>
<td>CME—Pediatric Advances</td>
<td>Williamsburg, Virginia</td>
</tr>
<tr>
<td>1986</td>
<td>January</td>
<td>CME—Infectious Diseases</td>
<td>Vail, Colorado</td>
</tr>
<tr>
<td></td>
<td>February</td>
<td>CME—Pediatric Advances</td>
<td>Las Vegas, Nevada</td>
</tr>
<tr>
<td></td>
<td>March</td>
<td>CME—Dermatology</td>
<td>Washington, DC</td>
</tr>
<tr>
<td></td>
<td>April</td>
<td>Spring Session</td>
<td>Orlando, Florida</td>
</tr>
<tr>
<td></td>
<td>June</td>
<td>CME—Infectious Diseases</td>
<td>Vancouver, British Columbia</td>
</tr>
<tr>
<td></td>
<td>June</td>
<td>CME—Connective Tissue Disease, Pulmonology, and Intensive Care</td>
<td>Hilton Head, South Carolina</td>
</tr>
<tr>
<td></td>
<td>July</td>
<td>International Congress of Pediatrics</td>
<td>Annual Meeting</td>
</tr>
<tr>
<td></td>
<td>November</td>
<td>Annual Meeting</td>
<td>Washington, DC</td>
</tr>
<tr>
<td>1987</td>
<td>May</td>
<td>Spring Session</td>
<td>San Francisco, California</td>
</tr>
<tr>
<td></td>
<td>October</td>
<td>Annual Meeting</td>
<td>New Orleans, Louisiana</td>
</tr>
<tr>
<td>1988</td>
<td>May</td>
<td>Spring Session</td>
<td>New York, New York</td>
</tr>
<tr>
<td></td>
<td>October</td>
<td>Annual Meeting</td>
<td>San Francisco, California</td>
</tr>
</tbody>
</table>

These programs feature subject matter which is coordinated with the PREP curriculum and are eligible for PREP credits.

For further information, contact: CME, Department of Education, American Academy of Pediatrics, PO Box 927, Elk Grove Village, IL 60007. (800) 433-9016. In Illinois (800) 421-0589.