

Submission Date	Submission Time	Question
05/23/2022	09:20:07	do you think covid/ long covid be on our boards?
		The board questions usually lag behind current events/clinical updates as it takes some time for any new questions to be appropriately vetted/validated/approved for such a high stakes exam. Given this, I'm unsure if COVID in any form will be on the boards this year, but I can't say for sure as I have no knowledge of new content. I would be surprised if outpatient management of COVID will be on the boards as the indications/time frame/ for the meds have been changing so rapidly. And given there are no clear EBM practices for long covid, I would be surprised if there are questions about management of that as well.
05/23/2022	09:26:23	please clarify second drug for pertussis , as azithromycin is a macrolide
		Macrolides are the first line tx for pertussis in adolescents and adults -- either azithro or clarithro. If can't take those, then Bactrim is appropriate. Let us know if this doesn't answer your question.
05/23/2022	09:28:42	why Gabapentin for cough
		gabapentin and pregabalin are thought to ameliorate chronic cough via a central mechanism. gabapentin is recommended for unexplained chronic cough in the ACCP (american college of chest physicians) guidelines
05/23/2022	09:28:57	why is gabapentin effective for unexplained chronic cough?
		gabapentin and pregabalin are thought to ameliorate chronic cough via a central mechanism. gabapentin is recommended for unexplained chronic cough in the ACCP (american college of chest physicians) guidelines
05/23/2022	09:30:07	if there is the option to test for COVID first, would you say that it usually the right answer (if symptoms fit the typical COVID profile)?
		if covid appears on the boards, and the clinical situation suggests infectious cough and covid is a choice, then I would say it would reasonable to select that, if offered.

05/23/2022	09:32:20	What is the average duration of an acute bronchitis infection?
		As Dr. Zietlow stated, after an acute infectious cause of cough, folks can develop a post infectious cough -- and this cough itself can last sometimes several (up to) eight weeks. If cough persists after that time, other causes of chronic cough at that time should be considered (cough variant asthma etc)
05/23/2022	09:43:55	What is platypnea-orthodeoxia?
		Platypnea is shortness of breath that gets better with laying down. Orthodeoxia is O2 desaturation that occurs when sitting or standing
05/23/2022	09:45:45	What is platypnea-orthodeoxia?
		This is a relatively uncommon presentation of shortness of breath that patients experience when upright with hepatopulmonary syndrome-- thought to be due to dilation of the blood vessels in the lung resulting in decreased oxygen exchange and shunting -- worse at the base of the lung which is thought to be why worse when upright.
		Thank you. Would this be described by a patient as "I feel improvement in SOB when laying flat" for example?
		Yes-- that would be a clinical tip off-- either worse with standing or better with lying flat would be consistent with this syndrome.
05/23/2022	09:46:50	can you explain again physiology of why hepatorenal syndrome can cause dyspnea?
		Hi Christiana-- sharing this here as well. Please let us know if additional questions. This is a relatively uncommon presentation of shortness of breath that patients experience when upright with hepatopulmonary syndrome-- thought to be due to dilation of the blood vessels in the lung resulting in decreased oxygen exchange and shunting -- worse at the base of the lung which is thought to be why worse when upright.
05/23/2022	10:11:29	should you always stress test someone before sending them to cardiopulmonary rehab

		<p>there are many indications for referring someone to CP rehab. If they just had a cardiac event (were hospitalized for acute MI, new diagnosis heart failure etc) then they should be referred post discharge. If they have COPD and are referring for pulm rehab, most places require them to have updated PFTs and are at least committed to smoking cessation. So, I would answer this question as 'no' -- we don't always stress test someone who we are referring to CP rehab</p>
05/23/2022	10:14:45	is the hearing impairment with peripheral vertigo before, during or after the DZ symptoms?
		<p>not all patients with peripheral vertigo have hearing impairment. Meniere's can present with episode hearing loss. in pure vestibular neuritis, auditory function is preserved, however when this syndrome is combined with unilateral hearing loss, it is called labyrinthitis</p>
05/23/2022	10:18:18	What is our role in a patient you suspect of factitious disorder?
		<p>best practices support addressing your concerns with the patients directly (in a supportive manner of course), and having ONE provider if possible be the patient's primary physician. addressing comorbid psychiatric conditions (and referring to mental health as appropriate), inform the patients multi disciplinary team of the patient's disorder, and consult psychiatry</p>
05/23/2022	10:56:29	Do we have access to these questions and answers after? Some of the ones from during the lecture have disappear and we may have had the same ones
		<p>Thanks for the feedback-- we have them archived and will work with the team to find a way to share these answers.</p>
05/23/2022	11:06:06	Please, why you keep mentioning "improving mortality" with end of life care when I would imagine the parameter should be improving quality of life?
		<p>You are correct that we want to focus on improving quality of life. Palliative care may improve mortality in patients with non-terminal conditions (e.g. heart failure, cura ble cancer) but I do apologize if I misspoke as the parameter we focus on is QOL. Thanks for your question!</p>

05/23/2022	11:38:42	So to clarify if > 75 and with unexpected weight loss, they may not have gotten recent cancer screenings because they aged out but given the new symptoms of unexplained weight loss they should be screened given cancer risk?
		once someone has symptoms of concern, we aren't 'screening' anymore -- we switch then to a diagnostic approach. diagnostic tests should then be used to workup the weight loss
05/23/2022	11:40:06	You said low MMA = supplement B12. Did you mean high MMA?
		Yes, I would assume she made a verbal error -- you are correct, high MMA suggests/confirms a b12 deficiency
05/23/2022	11:41:57	to confirm, always get urinalysis for first time urinary incontinence workup even if no symptoms of UTI?
		Up to Date does state that a UA should be performed for all patients presenting for incontinence workup
05/23/2022	11:48:54	Recent report that the AASM represents against the use of melatonin for insomnia. Are older adults an exception?
		Yes, I believed she mentioned its first line for older adults with dose regularly 1hr prior to bedtime
05/23/2022	11:54:50	Is there any preferred SSRI for elderly patients?
		would avoid paroxetine in the elderly due to increased anti cholinergic effects of that one in particular. for patients over age 60, the max dose of citalopram is 20 mg given concern about QT prolongation that is dose dependent. also, remember that often resolution/improvement of sx in the older adult may take longer (6-8 weeks or longer) and watch for hyponatremia after adding, esp in older adults.
05/23/2022	12:00:45	stimulants are first line before PEG?
		Yes, I believe that is what the speaker said
05/23/2022	12:09:53	How do we order a home safety evaluation? And who generally performs these (RN, SW, etc)?

		Home safety evaluation can be ordered through a visiting nurse service -- our LPNs place those orders and you can order various home services/evals -- either RN, social work, OT/PT and your note should support the need for such assessment. for home safety (fall risks, etc) a RN usually does this. For physical safety threats, that would be a social work consult/APS referral.
05/23/2022	12:11:22	wasn't there something about vitamin D supplementation reducing falls?
		for community dwelling older adults not known to have vit D deficiency, a systematic review as well as a USPSTF evidence review found that vit D supplementation has no benefit in fall prevention. for adults over age 65 with low vit D, the effect of vitamin D on falls remains unclear, based on current literature
05/23/2022	12:15:46	Our Orthopedic surgeons usually use Asa alone or DVT ppx, is there similar medical data to support this?
		ASA was included as an option in the 2012 guidelines for VTE prophylaxis post hip fracture- when used in clinical practice that decision tends to be based on surgical preference.
05/23/2022	12:23:30	Could you please comment on the PHQ-9 scoring? What is considered high? Is there a cut off number to say- yes the therapy is working
		a score of 10 or higher on the PHQ 9 means you are likely dealing with MDD. 5-9 is mild, 10-14 is moderate, 15-19 is moderately severe and 20 and greater is considered severe. the goals of treatment improve to improve functioning and alleviate depressive symptoms -- you can track the score on PHQ 9 and or assess for subjective improvement in functioning and/or symptoms.
05/23/2022	12:26:50	how long should be bisphosphonate holiday?
		There are no data to support one strategy over another for determining when to restart bisphosphonates after a drug holiday. in clinical practice, the decision to resume the drug is often based on a combination of factors -- a new osteoporotic fracture, increase in markers of bone turnover, decreased in BMD etc.

05/23/2022	12:30:02	Do you mind touching briefly on addressing driving ability evaluation in the elderly? Thank you
		it depends on local resources -- you can ask for a driving evaluation from the secretary of state office (availability depends on the state/capacity) and some institutions offer these evaluations through occupational therapy
05/23/2022	12:32:08	As an ER+/PR+ premenopausal cancer survivor, new evidence now has us on GNRH agonist + aromatase inhibitor -- is this because I am Stage II or has the Questions not caught up with the data?
		I also believe this has been the case for several years now as well
05/23/2022	12:40:14	Do you mind touching briefly on addressing driving ability evaluation in the elderly? Thank you
		Secretary of state in MI -- analogous to the dept of motor vehicles in other states :)
05/23/2022	12:42:14	Re first Q with the apical lung mass and supraclav nodes with right answer being sample a supraclav node- what if you had two cancers going on? If you only sample nodes, could catch a H&N SCC and be fooled and miss and second lung primary adeno?
		While this may happen in rare clinical situations it is not something you would see on the boards and in that setting a question stem like this is asking about a single malignancy.
05/23/2022	12:59:06	is there an age where q5 year surveillance for colon cancer stops?
		This is not directly addressed in guidelines and often in clinical practice depends on an individual patient's life expectancy and other co-morbidities
05/23/2022	13:05:45	why do we add prednisone to abiraterone?
		Abiraterone suppresses cortisol production in patients with metastatic castration resistant prostate ca. Low dose pred serves as glucocorticoid replacement, lowers CTH and decrease risk of mineralocorticoid related adverse events.

05/23/2022	13:16:44	Will we be tested on specific chemo-immunotherapy meds? If not just classes
		This can be challenging to anticipate-- it may be good to be familiar with classes and broad overview but might anticipate nuances of therapy are beyond the scope of the boards.
05/23/2022	13:22:14	why do we add prednisone to abiraterone?
		Abiraterone is a CYP17 inhibitor which is implicated in androgen synthesis so causes androgen deprivation therapy in a different mechanism
05/23/2022	13:23:52	Suppose If you are thinking about Lymphoma, Is FNA first step in testing or excisional biopsy?
		Excisional or core biopsy is preferred in lymphoma in order to get architectural information. Often times it is not clear whether lymphoma or something else. Starting with FNA is not incorrect, but proceeding to core or excisional biopsy if not diagnostic is key.
05/23/2022	13:27:04	Can you go over Gleason scoring
		Gleason score is a pathologic determination based on various factors on multiple core biopsy evaluations. The score helps determine low, intermediate or high risk disease and can guide treatment options.
05/23/2022	13:29:33	I see prostate MRI being used more for prostate cancer. Is that more for staging, preop planning, etc.? Is this established enough to be on the exam?
		It can be used to follow disease or high suspicion of disease as well as preop planning. I don't suspect specific questions on this topic as it is evolving.
05/23/2022	13:41:27	At what age do you recommend screening with PAP smear + or - HPV testing in a young person who has had HPV vaccine series.
		Vaccination status does not impact the timing/recommendations for cervical cancer screening-- patient who are vaccinated or unvaccinated follow the same screening guidance.

05/23/2022	14:38:36	Are AML / APLM not high yield leukemias to know as well for the exam?
		We will touch on AML when we review the hematology slides on Friday-- as a disease to think about with eosinophilia and management of neutropenic fevers.
05/23/2022	14:44:06	What in question 9 made it Lynch syndrome instead of FAP syndrome?
		in question 9, the family had documented CRC which suggests Lynch. FAP is characterized by the presence of 100 or more adenomatous colorectal polyps which isn't suggested in the stem of the question.
05/23/2022	14:48:30	If genetic testing for lynch syndrome is negative, do you still perform colonoscopy at 20?
		for FDR (first degree relatives) start at 40 or 10 years prior to diagnosis, whichever is earlier in one FDR with dx age less than 60 or if you have two FDRs diagnosed at any age
05/23/2022	14:50:47	how often and what age are colonoscopies done for Lynch?
		for folks with confirmed Lynch, do colonoscopy every 1-2 years starting at age 20-25 or starting 2-5 years prior to earliest age of CRC diagnosis in the family (whichever comes first)
05/23/2022	14:52:07	If the patient has a central line or PICC would you also add vancomycin in febrile neutropenia
		Would add vanco to the therapy if there is erythema at the site of a PICC/port/catheter and concern for blood stream infection.
05/23/2022	14:53:09	If the patient has a central line or PICC would you also add vancomycin in febrile neutropenia
		If evidence of skin and soft tissue or severe sepsis would also be indications.
05/23/2022	14:53:43	if patient did not have a known AML diagnosis, but presents to hospital with neutropenia & fever, we treat the same way (broad spectrum antibiotics), correct?
		yes
05/23/2022	15:01:39	in practice we would still do rule out DVT

		I agree. Not a fair question.
05/23/2022	15:05:00	Are these questions taken from MKSAP or are they new questions made just for this lecture?
		These are unique questions for the board review
05/23/2022	15:09:06	Do they use Haldol instead of Olanzapine sometimes for n/V? Or is that not recommended
		Haloperidol is included on the treatment options for breakthrough emesis
05/23/2022	15:13:41	is there a slide with all of the drugs she just mentioned for the different types of nausea and what drug choice
		slide 55, 56 and 57 cover acute, breakthrough and anticipatory emesis.
05/23/2022	15:17:27	Is promethazine a treatment for n/v related to chemotherapy?
		yes, promethazine can be a very effective breakthrough antiemetic in targeting dopamine receptors. we often use either promethazine or prochlorperazine in that class.
05/23/2022	15:18:34	should we refer to oncologist for genetic testing?
		Most centers have a genetics/cancer genetics specialist that work in conjunction with a genetic counselor. That is where oncologists refer to as well!
05/23/2022	15:39:27	Since GINA just made that update on 2021, would you expect the ICS/SABA v SABA question to come up already?
		board basics the newest one still says SABA for exercise induced asthma. so would we be wrong in picking ICS/SABA
05/23/2022	15:39:41	is there a slide with all of the drugs she just mentioned for the different types of nausea and what drug choice
		my slide 55 is chronic venous insufficiency
05/23/2022	16:40:15	how much weight you need to loose to see a difference? for OSA
		ATS offers guidance that losing 5-10% of body weight can offer benefit
05/23/2022	16:42:50	is menopause a risk factor for OSA?

		The frequency of OSA does increase after menopause although unclear there is established causation from menopause.
05/23/2022	16:46:17	How does acromegaly relate to OSA?
		The cause of airway obstruction in acromegaly is thought to be related to bone and soft tissue changes that surround the airway leading to narrowing and collapse during sleep.
05/23/2022	16:47:39	Can dental appliance be used for Obesity hypoventilation syndrome (like for OSA)?
		Yes, for mild to moderate OSA if intolerant of CPAP
05/23/2022	16:56:27	How is the home sleep study performed?
		once you order it, the machine is sent to the patient's home, they wear it one night and then return it and a sleep physician reads the test. fewer physiologic variables are measured with the home test than the traditional PSG and so should only be used in high pre test prob patients. often, the insurance company will require a home PSG before an in lab one. some home tests measure PAT (peripheral arterial tonometry), oximetry, heart rate, snoring and body position and then device can provide an AHI (apnea hypopnea index) and RDI (resp disturbance index) based on the PAT signal.
05/23/2022	16:57:25	How is the home sleep study performed?
		At least for Cleveland Clinic we mail a little device box to the patient with leads and instructions that teach them how to hook themselves up, then they mail the device back the next day to be read.
05/23/2022	16:57:42	Is a CPAP titration study always necessary, despite most machines having an auto-titration setting?
		no, an in lab CPAP titration study is not always necessary and often now insurance will require starting with a trial of autoPAP and will reject an order for an in lab CPAP titration.
05/23/2022	17:01:33	do you know the indications and effectiveness of the implantable respiratory pacemaker for OSA?

		<p>the INSPIRE device (or hypoglossal nerve stimulator) is appropriate for folx with moderate to severe OSA who have failed CPAP with a BMI less than 32 (or 35 in some centers). data shows it can be effective in the right patients, hence the approval for use and coverage by some insurers</p>
05/23/2022	17:07:48	How do you tell difference between complicated parapneumonic effusion and an empyema?
		<p>By the numbers they are very similar. Frank pus aspirated is considered empyema-- otherwise, called a complicated parapneumonic effusion.</p>
05/23/2022	17:09:52	What were the indications for placing chest tube again?
		<p>Complicated parapneumonic effusion and empyema are important to get fully drained and placement of a chest tube are helpful. The other setting chest tube placement was discussed is in the setting of a loculated effusion where you aren't able to fully sample the collection.</p>
05/23/2022	17:13:10	What were the indications for placing chest tube again?
		<p>He had mentioned some specific fluid characteristics after thoracentesis.</p>
05/23/2022	17:22:05	Could I please request clarification regarding the treatment of exercise induced asthma for the purpose of the 2022 ABIM board exam. If we are asked this question should we answer PRN SABA per pre-2021 guidelines or ICS + LABA per 2021 guidelines? Thank you.
		<p>Would answer using the information from the 2021 guidelines if the question comes up. You should use the 2021 guidance to answer this question (ICS + LABA). Often high stakes exams will remove questions on a topic in a period of transition while they vet new questions that apply to this topic area. Alternatively, there are questions on the exam that are not scored but are part of the vetting process for creating new questions-- as a test take you are not able to tell these questions from the scored questions.</p>
05/23/2022	17:28:03	Is there a guideline to order CT of chest for pts 50 or older with history of smoking? With or without IV contrast?

		Yes-- we will cover lung cancer screening tomorrow in the Gen Med session on screening and prevention-- an annual low dose CT is recommended for those aged 50-80, > or equal to 20 pack year smoking history and current smoker or quit in the past 15 years. Discontinue screening when they have stopped smoking for 15. years, if they have a limited life expectancy or unwilling to have curative lung surgery
05/23/2022	17:50:50	are ventilator management questions generally asked in IM boards?
		They could be-- we suspect if so the most likely scenario would be ARDS and low tidal volume ventilation-- or a blood gas where you may need to identify options to correct respiratory alkalosis or acidosis.
05/23/2022	18:10:47	are we tested on differential diagnosis of Sepsis in terms of low cardiac output, PCWP etc ?
		We will talk further about the ABIM blueprint on Thursday morning-- septic shock is present on that list.
05/23/2022	18:12:43	What did you mean by double gram negative coverage on slide 29
		Antibiotics from two different classes that cover gram negatives-- as an example pip/tazo and an aminoglycoside. The use of the second agent is intended to cover an organism that may be resistant.
05/23/2022	18:15:58	for serotonin syndrome do we not treat with cyproheptadine anymore?
		First line would be supportive care and benzodiazepines-- if those fail there is anecdotal evidence for cyproheptadine-- but for boards would expect the right answer to be benzos if a drug is administered.
05/23/2022	18:18:24	why IM epi and not IV epi for anaphylaxis? is it due to ease of access?
		IV epi comes with more complications and dosing errors -- and must be administered slowly if it is used. If IM fails and in the setting of ongoing hypotension you may need to use IV-- but would not be considered first line.

05/23/2022	18:28:42	If I have to choose between IV fluids vs Epinephrine for Anaphylaxis, what should I pick initially?
		Would treat with IM epi and if hypotensive also give IVF.