Submission Date	Submission Time	Question
05/25/2022	09:26:00	How to differentiate meningitis vs encephalitis
		these are anatomical distinctions-- meningitiis=inflammation of the meninges, encephalitis=inflammation involves the brain, menigoencephalitis=inflammation involves both.
05/25/2022	09:34:55	wouldnt it be prudent to check for flu just so she doesnt spread it?
		she doesn't fit into the categories where she would be treated and therefore there is no official guidance/recommendation (by CDC) etc to test here.
05/25/2022	09:41:56	for exam purposes are we to know indications for ritonavir for COVID?
		I wouldn't think so
05/25/2022	09:43:12	How long do you recommend patients with EBV refrain from contact sports?
		Most recommendations are around four weeks as splenic rupture after the fourth week are rare. Rupture is most likely between 2-21 days, so an answer around 3-4 weeks would be reasonable if asked
05/25/2022	09:44:45	how in depth are we going to have to know COVID? just trying to decide how much to study it
		Because recommendations/indications/length of treatment etc is so rapidly changing (based on different strains, emerging data etc) I would seriously doubt that there would be too many questions on treatment options in the outpatient setting in particular for covid19
05/25/2022	09:46:29	Do all pts with Covid need d dimer testing? What are current anticoag guidelines
		Hospitalized patients outside of the ICU for COVID that have an elevated D-dimer should get full dose AC. There is not the same evidence outside of the ICU.
05/25/2022	09:47:36	two days after the surgery or 2-5 days total of abx? for the OM that is resected if negative boarders
		After surgery-- intended to direct therapy at the surgical bed in case of residual infection.

05/25/2022	09:48:18	How to differentiate meningitis vs encephalitis
		Clinically a grey line to differentiate.
05/25/2022	09:49:25	patient with influenza symptoms more than 3 days admitted for some other cause (MI, stroke etc), positive flu test, would you still treat?
		this is likely nuance beyond what the board would likely ask-- but per guidelines hospitalized patients with influenza should be treated.
05/25/2022	09:51:20	with individuals with severe risk factors, do you treat with antivirals at any time? (ie, can give even if after 48hrs since symptoms began)
		IDSA guidelines suggest that clinicians should start antiviral treatment ASAP for adults with documented or suspected influenza who are high risk for complications from influenza including those with chronic conditions and immunocompromised patients.
05/25/2022	09:52:25	Is Nirmatrelvir-ritonavir benefitial against omicron and current subvarients? I thought it was only effective against Delta? Or was this a different antiviral?
		It is currently being used to treat COVID (which currently is mostly omicron) -- and in most settings we are not testing to determine which particular strain a patient has.
05/25/2022	09:54:03	if previous diagnosis of shingles, do you give vaccine still? If so, how long after infection do you give?
		yes, even if a patient has had shingles they should be vaccinated. In general, they would be eligible when they meet immunization guidance and would not vaccinate in the setting of an active infection.
05/25/2022	09:58:13	Can you go over how botulism is associated with canned foods / honey
		Spore based disease and in many settings don't grow but do like certain settings and in those grow and make lethal toxins- one of those settings includes anaerobic environments-- so more to show up on home canned foods when sterilization processes are not used.

05/25/2022	10:00:40	Remind me how PPIs increase risk of pneumonia
		Thought to allow for higher pH in the stomach which is more hospitable to bacteria and therefore increased antimicrobial burden that when stomach contents are aspirated set up for infection rather than pneumonitis the acidic contents may lead to.
05/25/2022	10:02:44	Is pneumonia severity index better than curb 65 score
		This is unlikely to be tested on the boards and pneumonia severity index is complex to remember so perhaps the better frame of reference to use if asked about hospitalization would be the CURB-65
05/25/2022	10:02:58	Can you please repeat when do we call zoster to be disseminated?
		3 or more dermatomes involved
05/25/2022	10:05:57	Why would amoxicillin-clauv not be an appropriate treatment option for Q6, if amoxicillin is a recommended treatment?
		Broader agent-- it is an option if patient has comorbidities but in that setting should be used in combination with a macrolide.
05/25/2022	10:06:32	Would you also treat kidney transplant patients without symptoms?
		No, this would be outside of guideline directed care.
05/25/2022	10:07:29	The question stem describes a man with an asymptomatic UTI. Even if he has no symptoms, wouldn't a UTI in a man require treatment?
		No-- indications for treatment of asymptomatic bacteriuria should only be treated in the setting of pregnancy and prior to urological procedures which will likely lead to mucosal bleeding
05/25/2022	10:07:53	The question stem describes a man with an asymptomatic UTI. Even if he has no symptoms, wouldn't a UTI in a man require treatment?
		In this setting it is not a UTI but instead asymptomatic bacteriuria.
05/25/2022	10:09:51	When do you give valtrex vs Valcyte

		Valtrex- (valacyclovir) used to treat shingles, genital herpes and cold sores. Valcyte (valganciclovir) is used to treat CMV.
05/25/2022	10:12:54	For asymptomatic bacteriuria, do they just involve subjective symptoms or do objective symptoms count? Does AMS count as a symptom in older folks? Also, when is pus as in pyuria ever a sign of nothing?
		yes, subjective symptoms count. AMS is a tough one -- but should make sure that clinically that you don't have an alternative explanation and when you initiate may want to continue to consider if the cause was likely UTI related (i.e., if. hospitalized and cultured and the culture is negative of brings back a resistant org and the patient is getting better) one should think about stopping therapy. **Pyuria is sensitive but not specific for UTI-- a classic board example for sterile pyuria are things like TB-- clinically not a common cause.**
05/25/2022	10:13:58	Please clarify, UTI is pyuria and irritative voiding symptoms, but UA is not necessary?
		If a patient is able to tell you symptoms align with past UTIs you can consider treating based on symptoms without the need for treatment. **You probably will not know about the pyuria presence or absence without a UA.**
05/25/2022	10:14:57	Can you explain what uncomplicated vs complicated means in terms of cystitis and pyelonephritis? What about same question in terms of men vs women? Are all men with true UTI = complicated?
		Uncomplicated UTI= Young menstruating women without other co-morbidities. Everyone else is complicated.
05/25/2022	10:15:42	when is it ok to treat pyelonephritis as outpatient?
		Hemodynamically stable, you have an oral option that you think they will tolerate, and they don't have N/V that will limit their ability to take the PO abx.

05/25/2022	10:16:27	for empiric treatments that will vary based on local resistance patterns, on a test should we pretend that local resistance doesnt exist?
		They will not ask you to differentiate two options that would both work for treatment but the clinical decision on which you might choose is dependent on your resistance patterns based on where you work.
05/25/2022	10:19:28	Do you worry about inducing bacteremia in prostatitis with prostate exam
		Would be unlikely and in this setting the clinical exam is important in making the diagnosis and impact the decision of which abx you choose and duration of therapy.
05/25/2022	10:19:48	Do you worry about inducing bacteremia in prostatitis with prostate exam
		Would be unlikely and in this setting the clinical exam is important in making the diagnosis and impact the decision of which abx you choose and duration of therapy.
05/25/2022	10:23:36	are pregnancy women repeatedly tested for asymptomatic bacteruria? eg, tested at each visit (even if at PCP for non-pregnancy related issues)
		no
05/25/2022	10:27:45	Delirious AMS older pt with + UA but without irritative voiding symptoms = asymptomatic bacreriuria?
		Depends on the clinical setting-- but would strongly consider in clinical practice that other etiologies for the AMS are on the differential and explored in order to facilitate antimicrobial stewardship.
05/25/2022	10:28:50	4 to 6 weeks for both acute and chronic prostatits?
		Yes --- for acute prostatitis, if patient is responding, can stop after four weeks. for chronic, treatment is usually at least six weeks.
05/25/2022	10:30:00	what about fosfomycin in pregnancy?
		Fosfomycin is generally considered safe in pregnancy.
05/25/2022	10:32:47	which abx to use in preg women with true PEN allergy?

		It depends on the infection you are treating, and where they are in pregnancy. for example, bactrim use is typically limited to mid pregnancy (avoided in the first trimester). We shouldn't be using tetracyclines and fluroquinoles in pregnancy. Fosfomycin is generally considered safe in pregnancy.
05/25/2022	10:34:43	Men with a new presentation of LUTS--they will get a UA---should we do a urine culture as part of the work-up (I know each clinical presentation will be a little different--wondering about the BOARDS answer)--Maybe more of a urology question
		UA is performed yes. Urine culture is not recommended routinely but should be done of course if there is pyuria present or otherwise if there is suspicion for UTI.
05/25/2022	10:36:13	What is difference between complicated and uncomplicated in terms of pyelo?
		by definition, pyelo is considered to be a complicated UTI
05/25/2022	10:37:48	What is difference between complicated and uncomplicated in terms of pyelo?
		Slide 20 mentions uncomplicated pyelo treatment with quinolones. What is uncomplicated pyelo then?
05/25/2022	10:39:06	In the table, where do physicians (like us) fall for TST? >5mm or >10mm? Or does it vary?
		for most cases, for healthcare workers, would use the 10 mm read, but if you know you've had exposure to an active/contagious person, would use the 5 mm cutoff
05/25/2022	10:41:27	What is difference between complicated and uncomplicated in terms of pyelo?
		would consider 'complicated' pyelo in folx with underlying structural or functional abnormality of the urinary tract, or underlying disease (preg, DM, immunocompromised) that increases the risk of treatment failure
05/25/2022	10:42:01	what are examples of highly bioavailable oral Abx for osteomyelitis?
		an example would be fluroquinolones

05/25/2022	10:43:18	which oral Antibiotic for Osteo?
		this is dependent on whether you have culture data to help you tailor care-- an example of an abx that has good oral bioavailability would be fluororquinolones.
05/25/2022	10:44:16	Can we use/trend esr crp to monitor response to treatment of osteo?
		You can-- it is important to be aware of the limitations of these tests and other factors that may impact them.
05/25/2022	10:44:28	Did you say cavity is primary or reactivation TB?
		reactivation
05/25/2022	10:45:03	Did you say cavity is primary or reactivation TB?
		he mentioned, primary is like CAP
05/25/2022	10:46:56	For boards the answer for c diff question should be metronidazole or fidaxomicin, as the change is new.
		Would answer the clinical question presented based on current guidelines and let the boards manage the removal of questions that are outdated/need updated.
05/25/2022	10:49:16	Chronic osteo needs longer treatment than acute per slide 56? I thought you don't treat chronic osteo
		Chronic OM is going to be VERY hard to clear-- and in general don't treat chronically infected bone if clinically not causing problems. If causing symptoms and the duration of the infection is longer you are going to need to consider longer treatment.
05/25/2022	10:50:20	Oral vanco has been so expensive that patients won't pay. Same for Fidaxomicin. Alternative Tx for patients on fixed income??
		Clinically a very challenging situation-- not something you will have to navigate on the board style questions.
05/25/2022	10:50:30	if board question gives oral vanco vs metronidazole, we pick Vanco??
		Yes
05/25/2022	10:53:33	when do you use INH + rifapentine one a week vs daily for 3 months?

		for latent tb
05/25/2022	10:54:12	How much flexibility is there on the sourcing for fecal microbiota transplants? Can I get my sample from Tom Brady? What screening do donors need to complete?
		Whole Foods Donors are top notch
05/25/2022	10:55:01	Ok to treat c diff as outpatient if hemodynamically stable?
		Yes-
05/25/2022	10:59:18	Is Covid spread through stool? Or droplet? Or aerosolized?
		Respiratory
05/25/2022	11:02:25	many patients with dementia could not communicate their symptoms and instead they may become more confused instead if they have UTI. Still not to treat?
		Clinically these are difficult decisions -- the guidance would be consideration for other etiologies that may explain the AMS. This type of nuance is likely outside the scope of the boards.
05/25/2022	11:24:43	how high should our index of suspicion be for chlamydia pharyngitis.
		also how do we test? pharyngeal swab?
		This depends on the clinical scenario-- and for the purposes of the board information thayr may lead to this consideration would be present in the question stem. **Yes, would be swab to test**
05/25/2022	11:25:47	when checking for chlamydia/ghonorrhea with swabbing, are we also swabbing in areas that do not appear infected? ie, should we swab mouth, genitals when checking for it?
		This would depend on the clinically history that you obtain for the patients.
05/25/2022	11:26:57	So confirmed Chlamydia: no need for Neisseria (even if not excluded?) vs confirmed Neisseria: need to treat Chlamydia too if not excluded? How exactly do you define “not excluded”. Slide 12 question

		tested for and negative would be excluded
05/25/2022	11:28:16	What's up with not screening sexually active males under 25yo? I never understood that. I guess the teaching is that they typically present with symptoms, but I'm sure that is not always the case.
		the current guidelines don't support screening men, except in certain populations.
05/25/2022	11:29:01	Did you say disseminated Gonorrhea can be on palms and soles?
		Yes -- DGI can present with pustules on the palms/skin
05/25/2022	11:44:49	When should we screen for neurosyphilis with LP?
		In pts with known syphilis, a LP should be done in certain clinical situations --- any neurologic or opthalmic signs or sx, evidence of tertiary syphilis affecting other parts of the body, or treatment failure at any stage.
05/25/2022	11:46:25	Can you go over PCN allergy and syphillis, along with pregnancy and neuro syphillis
		would consider PCN densensitization with an allergist for PCN allergic patients.
05/25/2022	12:12:56	Do you ever treat candida found in stool culture?
		I don't think we treat candida if its positive just at one site unless if its positive from blood cultures.
05/25/2022	12:17:17	Do we offer airborne precaution in Immunocompetent patients with Herpes zoster having single dermatome affected?
		No.
05/25/2022	12:17:28	Do you ever treat candida found in stool culture?
		No.
05/25/2022	12:19:02	No review of tick borne illnesses in ID lecture - low yield for exam?
		I think so
05/25/2022	12:19:23	No review of tick borne illnesses in ID lecture - low yield for exam?

		The education team at ACP has made decisions about material to be covered and given we can't cover all possible material, some material is left out.
05/25/2022	12:20:45	Best treatment for pseudomonas in urine test outpatient?
		fosfomycin, or fluroquinolone depending on if isolate is susceptible
05/25/2022	12:24:01	So confirmed Chlamydia: no need for Neisseria (even if not excluded?) vs confirmed Neisseria: need to treat Chlamydia too if not excluded? How exactly do you define “not excluded”. Slide 12 question
		So confirmed Chlamydia: no need for Neisseria (even if not excluded?) vs confirmed Neisseria: need to treat Chlamydia too if not excluded?
05/25/2022	12:24:13	Do you automatically get Cx if suspecting CAUTI? i know some hosp were discouraging getting Cx when testing UA
		if you suspect infection, the urine sample should be sent for culture. ideally, urine culture should be obtained by removing the indwelling catheter and obtaining a midstream specimen. if ongoing catherization is needed, the catheter should be replaced prior to collecting a urine specimen to avoid culturing bacteria present in the biofilm of the catheter and not in the bladder
05/25/2022	12:32:09	Why not B in Q3 iliotibial band syndrome. Will also have tenderness?
		IT band syndrome classically presents with pain over the lateral femoral epicondyle. this patient had non radiating pain over the trochanter so the illness script more fits with trochanteric pain syndrome
05/25/2022	12:33:27	whats the last part of FADIR test again?
		internal rotation
05/25/2022	12:34:41	How do we differentiate greater trochanteric pain syndrome from IT band syndrome
		IT band syndrome classically presents with pain over the lateral femoral epicondyle whereas pts with trochanteric pain syndrome present with non radiating pain over the trochanter

05/25/2022	12:35:23	So why was IT band syndrome incorrect for the question? Because it was not the best answer, and greater trochanteric pain syndrome includes other etiologies?
		IT band syndrome classically presents with pain over the lateral femoral epicondyle. this patient had non radiating pain over the trochanter so the illness script more fits with trochanteric pain syndrome
05/25/2022	12:36:17	what is the B in FABER
		the AB is for ABduction
05/25/2022	12:36:20	what is the B in FABER
		ABduction
05/25/2022	12:39:19	what is the sensitivity/specificity of straight leg test?
		this isn't something you would be asked on the board exam. its most helpful for folks with radic at L5/S1 however
05/25/2022	12:42:02	is MSK etiologies included in the "nonspecific back pain" here?
		yes
05/25/2022	12:46:54	Would you get a plain xray if the patient with acute LBP is age > 50?
		guidelines from ACP and APS say that we should not be routinely obtaining imaging in patients without red flags and age alone is not a reason
05/25/2022	13:04:51	How to differentiate fracture from plantar fasciitis?
		history and physical -- trauma of calcaneus is rare unless trauma, repetitive stress (long distance runner) etc. plantar fascitis is often worse with first few steps in AM
05/25/2022	13:06:29	would you have pain with movement with both IT band pain syndrome vs greater trochanteric? or can that be used to differentiate the two (eg, more pain with the IT pain)
		again -- the pain with trochanteric syndrome is non radiating over the lateral hip classically and IT band can

		radiate but often focal /most intense pain is over the lateral knee
05/25/2022	14:53:18	For Q6, why not rule out pregnancy withbHCG first before endometrial biopsy
		urine pregnancy test was negative
05/25/2022	15:00:40	the overactive bladder meds reviewing during the "mens health" section also apply for women, correct?
		yes
05/25/2022	15:18:24	Can you comment on finasteride for hair loss, thanks
		yes, finasteride is effective for men with androgenetic alopecia
05/25/2022	15:22:04	What were the symptoms for urgent ophtho referral for Q1?
		The history and ocular examination provide guidance in the decision about whether to refer the patient for ophthalmologic evaluation. Unilateral red eye with pain, nausea, and vomiting, hyphema or hypopyon, visual deficit, corneal opacity or infiltrate that stains with fluorescein, severe ocular pain should prompt referral urgently
05/25/2022	15:34:38	For common cold, can u give examples of antihistamine and decongestant combinations? Is using claritin alone wrong?
		Not wrong-- depends on patient and symptoms. Decongestants can help with congestion. **Ex: Diphenhydramine/pseudoephedrine**
05/25/2022	15:37:54	so if the symptoms in q 3 are more than 1 week would you consider antibiotics ?
		Suspect what you are thinking about here is when to initiate treatment for acute bacterial sinusitis-- guidelines differ on when to initiate which we are covering now.
05/25/2022	16:00:46	i see a lot of substance abuse in my patient population -- can i still prescribe intranasal steroids for known cocaine use?

		there is no reason you can't prescribe these here
05/25/2022	16:22:49	For a while single dose decadron was all the rage for symptom relief for pharyngitis--is this ever the answer on boards or it would just say "supportive care"
		this isn't an evidence based approach. We suggest not using glucocorticoids on a routine basis for the relief of pain associated with an acute sore throat.
05/25/2022	16:48:43	tPA within 3 or 4.5 hours of known symptom onset of ischemic stroke? which would the test use?
		A high stakes exam like the boards is not going to ask you to tease these two options apart.
05/25/2022	17:11:35	to clarify, carotid edarterectomy if 70% and revascularize if 80%?
		70% is the cutoff with TIA (due to symptoms) 80% is the cut off for primary prophy-- no sx yet.
05/25/2022	17:12:12	Regarding question 3– the stem said 70%. The material mentioned greater than 70%— so could you please clarify the cut off number for carotid artery stenosis? Thanks
		Great point-- right on the line and perhaps moving the number up a bit more in the question stem would be helpful.
05/25/2022	17:26:53	Regarding question 3– the stem said 70%. The material mentioned greater than 70%— so could you please clarify the cut off number for carotid artery stenosis? Thanks
		yes, that also tripped me up
05/25/2022	17:37:42	What was name of trial for DAPT for TIA (without any stents)
		trial names aren't really fair game for a board exam.
05/25/2022	17:43:47	if someone present to ED with stroke like symptoms and we know nothing about patients history, tPA not given correct?
		You must know when they were last normal before you can make a decision to administer t-PA
05/25/2022	17:51:33	What about seroquel in delirium in elderly?

		Unlikely to be the right answer for ABIM-- antj-psychotics for dementia related psychosis have been associated with increased mortality-- would be very careful to read the question stem with this in mind.
05/25/2022	17:52:14	is aspirin used indefinitely if it was added after a stroke?
		Yes-- for the boards would think about that as the right answer-- in clinical medicine changes may lead to the need to reconsider that decision.
05/25/2022	17:53:12	what sleep enhancement do you give for delirum? melatonin?
		melatonin is a generally safe medication to help with sleep in the elderly and would be a good first line agent-- this relates a bit back to the geriatrics talks from Monday.
05/25/2022	17:53:56	As to modifiable risk factors for dementia, exercise is key. Does walking around (not aerobic) climbing stairs, other continuous home chores, and other continuous motion count as exercise? (not pure aerobic and/or weight lifting).
		Any movement is better than no movement and clinically this often depends on what your patient is able to do-- for the boards they will likely just ask you about "exercise" as an option.
05/25/2022	17:55:06	Why check Vit D level in Dementia test?
		There have been association between low Vit D levels and dementia.
05/25/2022	17:56:30	Why are barbituates not given for seizure but ok in alcohol withdrawal
		First line is benzos for alcohol withdrawal --
05/25/2022	17:57:09	Why do we need to check vitamin D as part of dementia work up?
		There have been association between low Vit D levels and dementia.
05/25/2022	17:58:18	Should we refrain in doing MOCA for patients with active depression? or just redo the quiz after their depression is better controlled?

		This is likely not something that would be testable on a high stakes exam-- but in the setting of depression would definitely work to treat the depression before establishing a formal diagnosis of cognitive impairment or dementia.
05/25/2022	17:58:54	if something does turn out positive in the dementia testing (eg, Vit D deficiency, sleep apnea), I assume we cannot dx as dementia until these are treated?
		Correct-- treat reversible things first.
05/25/2022	18:01:36	when does cognitive impairment (poor SLUMS score) become concerning for Alzheimers?
		Depends on the patients. highest level of education-- for those with HS degree-- 21-26 mild CI and 1-20 is dementia, less than high school degree 20-24 mild CI and 1-19 dementia
05/25/2022	18:03:17	Can you explain how MMSE scores are used for evaluation/treatment of dementia?
		They assign severity scores-- 20-24 mild dementia, 13-20 moderate severity and 12 or below is severe dementia.
05/25/2022	18:04:14	so seizure work up if MRI and EEG is given, we pick MRI as answer?
		A high stakes exam such as ABIM is unlikely to ask you to choose between these two tests and in clinical medicine one would very likely do both.
05/25/2022	18:22:51	We had witness seizure in outpatient, but no IV treatment on hand .... what other treatment options do you recommend in such a situations?
		just turning patient on their side if possible to avoid aspiration, but otherwise if there are no meds to give, then there are no meds to give. if sustained seizure, calling 911/EMS would be prudent
05/25/2022	18:38:20	are we going to have to know some of those mabs for MS?
		Difficult to fully know what questions the boards may ask but this level of question may be beyond the scope of ABIM.

05/25/2022	18:40:30	for board purposes how to differentiate GB syndrome from MS
		for the boards would expect a question looking at MS to have brain or spinal cord lesions and GB would need to tell you information that targets a more peripheral nerve lesion.