

(See page 56)

**Part
one**

**Part
two**

**Part
three**

**Part
four**

**Part
five**

1. (e). Macular degeneration is a recognised adverse effect of long-term use of high doses of hydroxychloroquine, and should be considered a high-risk factor for patients taking it for more than 5 years. (a) and (b) are less likely with this history. (c) and (d) are wrong answers.
2. (a) and (b) are the commonest cause of toxic retinopathy, although (d) and/or (e), if present, make it more likely.
3. (a), (b), and (c). All three symptoms are linked to the central impairment in vision. When patients on long-term hydroxychloroquine are having their regular reviews, it is wise to ask about any eye problems, including asking leading questions about reading and facial recognition difficulties (especially in crowds). Macular deterioration is painless, and the halo effect around lights is more likely to be linked to glaucoma or developing cataracts.
4. (c). Hydroxychloroquine is the only one of her three drugs linked to toxic retinopathy. As her arthritis was in a milder phase, when her doctor stopped the hydroxychloroquine, he decided on a 'wait and see' policy for a month, to see if its withdrawal might lead to exacerbation of her symptoms. As it did not, she continued on piroxicam and amitriptyline alone.
5. (c). Unfortunately the retinal changes are not reversible, so that the best Mrs Patel can hope for is for any further deterioration to be prevented. She is booked for cataract surgery shortly, which should improve her colour perception, but her central distortion of vision and her reading problems will persist. She has accepted this as just another of life's burdens.

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