School Post-Test

Please Choose the right answer among the deviators,

Name and Surname

There is no quantitative data.

Email:

There is no quantitative data.
Your Background

- Adult Neurologist: 15
- Pediatric Neurologist: 11
- Adult Epileptologist: 3
- Pediatric Epileptologist: 6
- Fellow Pediatric Neurologist
- Fellow Pediatric Epileptologist
- Fellow Epilepsy
Your Position:

- Professor: 1
- Associate Professor: 8
- Assistant Professor: 12
- Fellow: 6
- Non-academic: 9

Your City:

There is no quantitative data.
1. What is the optimum model for epilepsy transition?

- Colombian: 2
- Canadian: 12
- German: 23
- None of the above: 0
In which one of the following models “Pediatric Neurologist” is the sole core man power?

- Canadian: 10
- French: 2
- Colombian: 25
- British: 0
3. “On-going funding” is the possible problem for which one of the following models?

- Colombian
- British
- Canadian
- French

![Bar chart showing the distribution of responses for each model. The British model has the highest response with 29, followed by the Colombian model with 6.]
Step by step progression in transitional epilepsy process is key feature of the ........ model.
Suboptimal decisions and actions that are associated with an increased incidence of unintentional injuries are mainly seen in ...
Sleep time in adolescents:

- Is the same as children:
- Is the same as adults:
- Has delayed circadian:
- Has early circadian:

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Which of the following statements is correct regarding the adult model of care?
Concerning stiripentol, all of the statements are correct except?
Chose the correct sentence about the evaluation of epilepsy in the transition clinic.

- In 10%, the diagnosis...
- In 25%, the diagnosis...
- In 40%, the diagnosis...
- In more than 50%, th.
10. Chose the wrong answer for selected syndrome remission in adolescence?
11. Which one of the following needs to be transferred?

- Benign rolandic
- West syndrome
- Childhood absence epilepsy
- All of the above

36 votes for "All of the above".
12. How many percent of adults with childhood-onset epilepsy are usually seen in the epilepsy transitional clinic?
An 11-year-old boy with short stature and developmental delay. He presents to the hospital in the setting of a gastrointestinal illness and has now developed acute blindness. His magnetic resonance image (MRI) of the brain is shown. His strength is normal, and blood work is only notable for an elevated leukocyte count and elevated lactate.

Which of the following is the most likely explanation?
A 16-year-old girl with juvenile myoclonic epilepsy has brief trains of spike-wave discharges lasting 1 to 2 seconds. Her seizures have been controlled with medications for 2 years. She was a competitive swimmer prior to epilepsy onset and would like to learn how to scuba dive. Which of the following would be appropriate in counseling her regarding these activities?
A 17-year-old male has moderate cognitive impairment with a lifelong history of intractable epilepsy including tonic seizures. Which of the following is likely to be seen on his EEG?
A 17-year-old male recently passed away from refractory seizures. Three years ago he developed quick jerking movements of his arms. These brief movements caused him to drop items or throw things across the room. He developed frequent generalized tonic-clonic seizures. He went from being a straight-A student to barely passing. His seizures became so frequent he died from status epilepticus. A periodic acid–Schiff–stained slide from a brain autopsy is shown here. Which of the following is the most likely diagnosis?
Myoclonic epilepsy w...
Medial temporal scle...
Lafora body disease
Creutzfeldt-Jakob di...
The best transitional epilepsy clinic model is obtained in which of the following situation?

- When we have guidelines.
- When it is in the teaching hospital.
- Staffed by both adult and child psychiatrists.
- In university hospital.

The correct answer is: Staffed by both adult and child psychiatrists. (28 votes)

Correct Answer: Staffed by both adult and child psychiatrists.
18. What are the commonly used strategies in successful programs in transitional epilepsy clinics?
which precision decision for using ASM (based on etiologic variant) is not correct?

- GRIN2A: Everolimus
- SCN2A: Phenytoin
- KCNT1: Quinidine
- SCN1A: Fenfluramine

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Which area is detected by WES?

- Promoters
- Bulk of intron sequence
- Exons
- Untranslated regions

Respondent Scores

Respondent Scores
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