

Syllabus Content Corrections & Updates

Allergy & Immunology: Page 12, Asthma — “Rule of 2s”

Text currently reads:

- **Impairment:** Symptom frequency
 - $\leq 2\times$ daily symptoms per week
 - $\leq 2\times$ nightly symptoms per month
 - $\leq 2\times$ need for short-acting β -agonist
- **Risk:** Morbidity
 - < 2 emergency department visits or hospitalizations per year

Text should read:

- **Impairment:** Symptom frequency
 - $> 2\times$ daily symptoms per week
 - $> 2\times$ nightly symptoms per month
 - $> 2\times$ need for short-acting β -agonist
- **Risk:** Morbidity
 - > 2 emergency department visits or hospitalizations per year

Dermatology:

Page 20, Herpes Zoster

Text currently reads:

- Gabapentin (postherpetic neuralgia **prophylaxis**)

Text should read:

- Gabapentin (postherpetic neuralgia **treatment**)

Endocrinology: Page 9, AR 9

Text currently reads:

AR 9

- 53-year-old with poorly controlled HTN on 5 BP meds

Text should read:

AR 9

- 53-year-old with poorly controlled HTN on 5 BP meds **including an ACE inhibitor**

Gastroenterology: Pages 15–16, AR 13 and Treatment of Infectious Diarrhea; Page 39, Gastroenterology Audience Response Answers and Explanatory Information

AR 13 and content regarding infectious diarrhea have been deleted from the Gastroenterology presentation to omit conflicting information versus the Infectious Disease section. Please see the Infectious Disease syllabus pages 28 and 29 for content regarding infectious diarrhea.

AR 13

Which 2 causes of invasive diarrhea do not need to be treated with antibiotics?

- A. *Salmonella* and *E. coli* O157:H7
- B. *Shigella* and *Salmonella*
- C. *Campylobacter* and *E. coli* O157:H7
- D. *Shigella* and *Campylobacter*

Answer: _____

Treatment of Infectious Diarrhea (More in ID Section)

- **Invasive diarrhea** — often treat with antibiotics, depending on organism
- *Campylobacter* — often use macrolides due to possible quinolone resistance
- **Amebiasis** — metronidazole
- ABX sometimes withheld for ***Salmonella*** (may prolong infection), but may be needed in some cases, including more severe infections, e.g., immunocompromised, young, old
- ***E. coli* O157:H7 (EHEC)** — treat symptomatically, ABX contraindicated due to risk of TTP/HUS

General Internal Medicine: Page 12, Important Screening Exams to Know

Text currently reads:

- Statin for primary prevention of CVD: Adults 40–75 years of age with no history of CVD, 1 or more CVD risk factors, and calculated 10-year ASCVD event risk of **10% or greater**

Text should read:

- Statin for primary prevention of CVD: Adults 40–75 years of age with no history of CVD, 1 or more CVD risk factors, and calculated 10-year ASCVD event risk of **7.5% or greater**

Infectious Disease:

Page 5, Case 4 — History and Physical

Text currently reads:

Hx: A 29-year-old man is hospitalized with worsening neurologic symptoms over 8 weeks, which include confusion, dysarthria, **and left hemiparesis poor vision.**

Text should read:

Hx: A 29-year-old man is hospitalized with worsening neurologic symptoms over 8 weeks, which include confusion, dysarthria, **left hemiparesis, and poor vision.**

Page 15 and Page 31, Tetanus – Wound Management

Text currently reads:

*Crush, dirt/feces, puncture, missiles; **Give Tdap 1 time**

Text should read:

* Crush, dirt/feces, puncture, missiles

Give Tdap 1 time in adulthood

Give Tdap during each pregnancy (weeks 27–36)

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Page 34, Case 25 — Labs and Initial Care

Text currently reads:

Receives IVF, **insulin constant infusion**, K⁺ and phos with resolution of her DKA and improvement in her mental state; CT scan of orbits and sinuses performed

Text should read:

Receives IVF, **insulin bolus and constant infusion**, K⁺ and phos with resolution of her DKA and improvement in her mental state; CT scan of orbits and sinuses performed

Page 45, Influenza Treatment and Prevention

Text currently reads:

- Influenza vaccine
 - Annually > 6 months old
 - **Inactivated only**
 - High-dose vaccine?
 - ≥ 65 years of age
 - Statin use

Text should read:

- Influenza vaccine
 - Annually > 6 months old
 - **Inactivated only**
 - High-dose vaccine?
 - ≥ 65 years of age
 - Statin use

Page 45, AR 36A

Text currently reads:

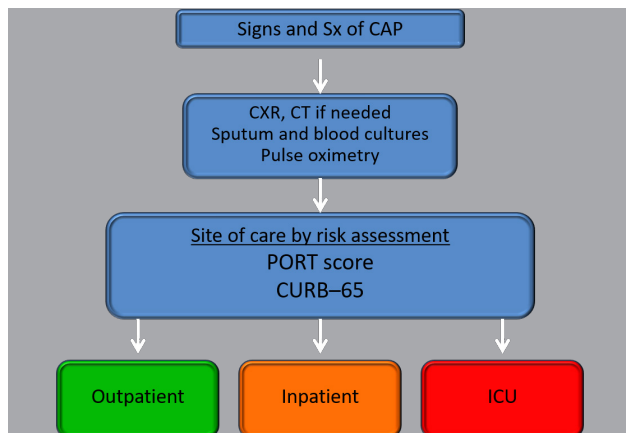
- A. 3 NRTIs
 B. **2 NRTIs and an rPI**
 C. An NRTI, an rPI, and an NNRTI
 D. An NRTI, an rPI, and an integrase inhibitor

Text should read:

- A. 3 NRTIs
 B. **2 NRTIs and an integrase inhibitor**
 C. An NRTI, an rPI, and an NNRTI
 D. An NRTI, an rPI, and an integrase inhibitor

Page 51, Empiric Rx of Community-Acquired Pneumonia

In the graphic below, arrows should be included as shown:



Page 56: Audience Response Answers, AR 36A

Text currently reads:

B. **2 NRTIs and an rPI**

Text should read:

B. **2 NRTIs and an integrase inhibitor**

Nephrology: Page 14, JNC 8 — Treatment of HTN

Text currently reads:

- Drug Therapy
 - Recommendation based on **race and CKD**
 - **Race:** (General population < 60 or > 60 years and diabetic without CKD)
 - Black (including those with diabetes):
Thiazide or CCB
 - Nonblack (including those with diabetes):
ACEI or ARB, CCB, or thiazide diuretics
 - **CKD** (regardless of race or diabetes, population > 18 years): Treatment should include ACEI or ARB

Text should read:

- Drug Therapy
 - Recommendation based on **CKD and race**
 - **CKD** (regardless of race or diabetes, population > 18 years): Treatment should include ACEI or ARB
 - **Race:** (General population < 60 or > 60 years and diabetic without CKD)
 - Black (including those with diabetes):
Thiazide or CCB
 - Nonblack (including those with diabetes):
ACEI or ARB, CCB, or thiazide diuretics

Neurology: Page 3, Focal Neuropathy

Text currently reads

Disorder	Associations
Median neuropathy — carpal tunnel	Sensory involvement of first 4–5 digits ; Nocturnal symptoms; Tinel’s and Phalen’s signs; More severe cases with weakness ± atrophy of thenar eminence; EMG helpful to localize and grade cases; Milder cases, bracing at night initially; Steroid injection as an intermediate option; More significant cases, surgery

Text should read:

Disorder	Associations
Median neuropathy — carpal tunnel	Sensory involvement of first 1–3 digits ; Nocturnal symptoms; Tinel’s and Phalen’s signs; More severe cases with weakness ± atrophy of thenar eminence; EMG helpful to localize and grade cases; Milder cases, bracing at night initially; Steroid injection as an intermediate option; More significant cases, surgery

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Psychiatry:

Page 2, Major Depressive Disorder — Assessment

Text currently reads:

- Medication reconciliation: β -blockers, corticosteroids, benzodiazepines, anti-Parkinson medications, hormones, stimulants, statins, anticonvulsants, **protein pump inhibitors** and H_2 blockers, interferons

Text should read:

- Medication reconciliation: β -blockers, corticosteroids, benzodiazepines, anti-Parkinson medications, hormones, stimulants, statins, anticonvulsants, **proton pump inhibitors** and H_2 blockers, interferons

Page 3, SSRIs Zibras

Text should read:

SSRIs Zebras

Page 9, Antipsychotic Zibras

Text should read:

Antipsychotic Zebras

Page 11, Opiates

Text currently reads:

Opiates

- Psychotherapy
 - Alcoholics Anonymous
 - Cognitive behavioral therapy

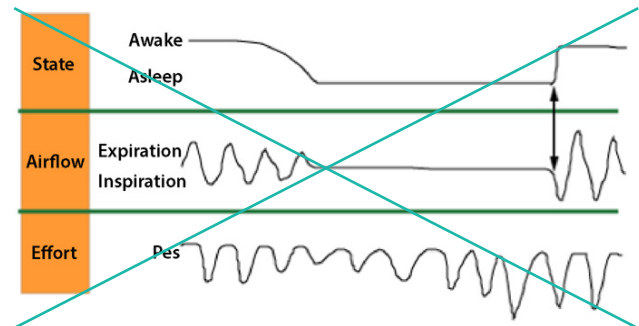
Text should read:

Opiates

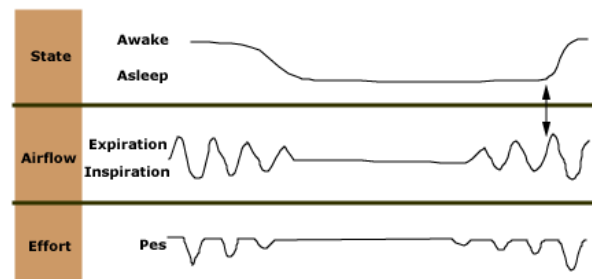
- Psychotherapy
 - Narcotics Anonymous
 - Cognitive behavioral therapy

Pulmonary Medicine: Page 44, Central Sleep Apnea

Currently shows the following figure:



Should show the following figure:



Rheumatology:

Page 11, Gout — Chronic Treatment

Text currently reads:

- Febuxostat (Uloric): Monitor LFTs, **okay for GFR > 30 mL/min** — Choose this if SEs with allopurinol

Text should read:

- Febuxostat (Uloric): Monitor LFTs, **okay for GFR < 30 mL/min** — Choose this if SEs with allopurinol

Page 17, Inclusion Body Myositis

Text currently reads:

- Slow onset of **symmetrical** weakness (years)

Text should read:

- Slow onset of **asymmetrical** weakness (years)