Quiz

MCQs: International Journal of Epilepsy

Questions

1. The Atkins diet was developed by Robert Atkins in 1970 and was later modified for use in people with refractory epilepsy. Which of the following is not a characteristic feature of the Modified Atkins Diet?
   a. Protein intake is not restricted
   b. Carbohydrate is restricted to 10–20 g/day
   c. Ketogenic ration is 3:1
   d. It has about 10% carbohydrates

2. A 70 years old gentleman presented to the Emergency Department with epilepsia partialis continua involving the right hand and thumb. Blood glucose was 700 mg/dl, serum sodium was 124 mEq/L and MRI brains including diffusion weighted images were normal. Which of the following is the most likely condition responsible for the patient's condition?
   a. Stroke
   b. Non-ketotic hyperglycemia of diabetes
   c. Diabetic keto-acidosis
   d. Hyponatremia

3. Negative motor seizures are rare and can be confused with transient ischemic attacks (TIA). Which of the following points differentiates between the two conditions?
   a. Both conditions typically occur in elderly people
   b. Spread of symptoms is characteristic of TIAs but does not occur in negative motor seizures
   c. TIAs might last for more than few minutes but negative motor seizures are brief
   d. TIAs might be associated with focal limb weakness but negative motor seizures are definitely not associated with focal limb weakness.

4. The EEG page and MRI below is of a 12 months old baby. The likely diagnosis is:

   ![EEG and MRI images]

This MCQ has been prepared from the first issue of IJEP 2014 to maintain continuity in updates in knowledge one acquired from the earlier issue.
a. Lissencephaly  
b. Hydranencephaly  
c. Double cortex syndrome  
d. Rud syndrome

5. Which of the following is not true regarding outcome in status epilepticus?
   a. Mortality is high in refractory status epilepticus  
   b. Mortality is associated with the need for mechanical ventilation  
   c. Acute symptomatic status epilepticus is associated with an excellent outcome and low mortality  
   d. Mortality depends on the time lag between onset and presentation in the Emergency Department

6. Which of the following statements is not true regarding the co-morbidity of Epilepsy and Depression?
   a. Depression is twice as common in people with epilepsy in comparison to people with asthma  
   b. Depression contributes to impaired quality of life in people with epilepsy  
   c. Major depression might occur with increased frequency in people with epilepsy on Carbamazepine, Oxycarbazepine and Lamotrigine  
   d. Poor seizure control is associated with increased incidence of major depression

7. Epilepsy with which of the following inborn errors of metabolism is exquisitely responsive to ketogenic diet?
   a. Pyruvate carboxylase deficiency  
   b. GLUT-1 deficiency  
   c. Fatty acid oxidation disorder  
   d. Porphyria

8. Fractional anisotropy is utilized in diffusion tensor imaging. Which of the following is not correct about fractional anisotropy?
   a. It refers to the degree of anisotropy of a diffusion process  
   b. It is a scalar value between zero and one  
   c. It is depended on fiber density axonal diameter and myelination of fiber tracts  
   d. A value of one means that diffusion is unrestricted

9. Features associated with inborn errors of metabolism in children with epilepsy include all of the following except:
   a. Abnormal urine odour (in GLUT-1 deficiency)  
   b. Hair and nail abnormalities in Menkes disease  
   c. Albinism in phenylketonuria  
   d. Macrosomia in GABA transaminase deficiency

10. The estimated number of people with epilepsy worldwide is
    a. 50,000,000  
    b. 100,000,000  
    c. 75,000,000  
    d. 50,000,000

**Answers key**

1. Answer – c

**Explanation:** The ketogenic ratio in modified Atkins diet is 1:1 as opposed to 3:1 or 4:1 in the classic ketogenic diet. Ref: Gulati S, Chakrabarty B. Dietary therapy in childhood epilepsy: an overview. International Journal of Epilepsy 2014; 1:27–35
2. Answer – b

Explaination: Neurological complications of non-ketotic hyperglycemia include epilepsy partialis continua and hemichorea

3. Answer – c


4. Answer – a


5. Answer – c


6. Answer – c


7. Answer – b


8. Answer – d


9. Answer – a


10. Answer – a