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CLUSTER HEADACHE

1. **What is the primary feature of a cluster headache?**
   a. dull pain that feels like a band or vise around the head
   b. bilateral pain, pressure, and fullness in the cheeks, eyebrows, or forehead
   c. unilateral head pain with accompanying ipsilateral cranial autonomic features
   d. severe stabbing pain in the back of the head or behind the ears

2. **Cluster headaches are classified under which of the major of primary headache categories?**
   a. trigeminal autonomic cephalalgias
   b. migraine headache (with or without aura)
   c. tension-type headache
   d. inflammatory headaches

3. **The pooled lifetime prevalence of cluster headache is**
   a. 0.012%
   b. 0.12%
   c. 1.2%
   d. 12%

4. **The ICHD-3 describes the frequency and duration of cluster headaches as**
   a. frequency of more than five times/day and duration of 2 to 30 minutes.
   b. frequency of at least once per day and duration of 1 to 600 seconds.
   c. frequency of every other day to eight times/day, and duration of 15 to 180 minutes.
   d. frequency is constant (with exacerbations) and duration of more than 3 months.

5. **The AHS gives a positive level A recommendation for which acute treatment of cluster headache?**
   a. subcutaneous zolmitriptan
   b. sumatriptan nasal spray
   c. verapamil
   d. supplemental oxygen

NONALCOHOLIC FATTY LIVER DISEASE

6. **Which statement is correct about NAFLD?**
   a. It is an independent predictor for cardiovascular disease and is estimated to be associated with more than 68% of cardiovascular-related deaths.
   b. It is estimated to be associated with 38% of all cancers.
   c. NASH is a benign subset of NAFLD.
   d. It is a spectrum of varying degrees of fatty infiltration, from hepatic steatosis without secondary causes for fat accumulation to cirrhosis.

7. **Which statement is correct about the prevalence of NAFLD?**
   a. NAFLD is never found in children.
   b. Prevalence peaks in patients who are age 30 to 50 years, then declines.
   c. In patients under age 50 years, NASH is more common in men than women.
   d. The incidence decreases in women after age 50 years, perhaps because of postmenopausal hormone changes.

8. **Which statement is correct about the initial presentation of NAFLD?**
   a. Obesity, specifically truncal adiposity, is the most common and often only physical sign of NAFLD.
   b. Most patients are symptomatic with right upper quadrant pain at initial presentation.
   c. Hepatomegaly is present in about 40% of patients.
   d. Jaundice is commonly seen at the initial presentation.

9. **Which imaging modality is most useful in the initial evaluation of NAFLD?**
   a. liver CT
   b. MRI
   c. abdominal ultrasound
   d. flat plate radiograph of the abdomen

10. **Which statement is correct about the treatment of NAFLD?**
    a. Several FDA-approved medications are available to treat NAFLD.
    b. A modest weight loss of 5% has been shown to reduce steatosis; a weight loss of 10% can improve necroinflammation that leads to fibrosis.
    c. Trials comparing the Mediterranean diet with a high-fat, low-carbohydrate diet found that patients had no change in weight loss and demonstrated no improvement in steatosis after 6 weeks.
    d. Studies investigating histologic changes in patients with probable or definite NASH found no benefit to bariatric surgery at 1 year and 5 years postoperatively.