higher education & training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

MARKING GUIDELINE

NATIONAL CERTIFICATE

MEDICAL PRACTICE N5
(Second Paper)

28 NOVEMBER 2018

This marking guideline consists of 8 pages.

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SECTION A

QUESTION 1

1.1 1.1.1 Not to associate with something

1.1.2 To doubt everything and wonder if it is true

1.1.3 A person who cannot resist the temptation to set fires

1.1.4 To make a forecast on the outcome of an illness

1.1.5 A neurotic reaction where a person is very worried about his/her physical condition

1.1.6 The relation between body and soul

1.1.7 High blood pressure

1.1.8 The person cannot get enough of eating

1.1.9 Skin infection under the ring due an unhappy marriage

1.1.10 Behaviour like that of a child

(10 × 2) (20)

1.2 1.2.1 False
1.2.2 True
1.2.3 False
1.2.4 False
1.2.5 False

(5 × 2) (10)

1.3
- The time lapse between moderate social drinking and alcoholism is smaller in the case of women compared to men.
- Women get drunk quicker and generally develop a greater addiction.
- A woman's psycho sex life is more involved with her addiction than is the case in men.
- Women cope easier with their problematic underlying problems.
- Suicidal attempts, as well as suicide as a result of alcoholism, appear more frequently in women than in men.
- When women's alcoholism is restricted they develop other behavioural disturbances.
- Chronic paranoia condition and Korsakoff's psychosis appear more often in women than in men.

(Any 3 × 1) (3)

1.4 1.4.1 Zoophile
1.4.2 Nymphomania
1.4.3 Idiot

(3 × 2) (6)

1.5 Environment (1)
[40]

TOTAL SECTION A: 40

SECTION B

QUESTION 2

2.1 On intellectual grounds changes also occur. The person's intellectual horizon decreases and his/her thoughts fall into a groove. His/Her communication is without content and hackneyed expressions are frequently used. He/She becomes preoccupied with the past and only remembers his/her achievements, while his/her failures are forgotten. The person's power to clear logical reason loses impact. While he/she still thinks of him/herself as intellectual, keen-witted with him/her lacking depth and penetration. In proportion as the state of affairs worsens it is especially his/her memory being affected. (10)

2.2
- Unlawful behaviour (repeatedly perform criminal acts)
- Deceitfulness (lying, using aliases, conning others for personal profit or pleasure)
- Impulsive (failure to plan ahead)
- Irritability and aggressiveness (repeated fights/assaults)
- Recklessness (disregard for safety of self or others)
- Consistent irresponsibility (failure to sustain consistent work behaviour; do not honour financial obligations; write out cheques without having money in the bank)
- Lack of remorse (being indifferent to or rationalising having hurt, mistreated or stolen from another) (Any 5 × 1) (5)

2.3 2.3.1 This person gets sexual delight by displaying his/her body, especially the sex organs, to people of the opposite sex. This is a deviation which in its pathological form is only seen by men.

2.3.2 In opposition to the sadist the masochist gets sexual stimulation by pain and humiliation to him/herself.

(2 × 2) (4)

2.4 The cretinin (1)
[20]

QUESTION 3

3.1 3.1.1 This person gets sexual stimulation by wearing clothes of the opposite sex. In most cases his/her attitude is that of a member of the opposite sex. Some authors state that this deviation is a combination of homosexualism and fetishism. Others show that unlike the homosexual the transvestite does not feel attracted to members of his/her own sex. He/She differs from the fetishes that lifeless objects holds no value for him/her, but only as far as it comes in contact with his/her own body. In other words the transvestite is not in love with a certain article or clothing, but uses it only to get sexual stimulation. Homosexualism and transvestism sometimes go together. Transvestism appears in both sexes. In most countries it is a criminal offence for the man to pose as a woman, but not in the case of a woman posing as a man.

Causes

- Castration fears: He creates a phallic woman by cross-dressing
- Learning theorists: Conditioned behaviour; the little boy received a lot of attention when he was cross-dressed
- Female clothing are seen as erotic

(A transsexual is a person who wants to be a member of the opposite sex. They desire sex change surgery.) (5)

3.1.2 The sadist gets sexual satisfaction when he/she gives his/her sexual partner pain. This can be in the form of physical injuries, such as beating, kicking, biting or it may be physical in nature, such as sarcasm, ridicule, humiliation, etc. In its pathological form there will be no sexual intercourse whereas the utmost form of this deviation leads to revolting murders. (5)

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3.2 This is the greatest single clinical variety of mental deficiency. Of all the forms of mental deficiency this shows the clearest perceptible clinical image.

The term 'mongolism' is given to this deficiency as a result of an epicanthic fold in the upper eyelid which partially covers the eye. Superficially seen, the shape of the eyes is similar to that of the Mongolian race. In accordance with the British scientist Lang Down being the first to describe this syndrome, it is in modern times referred to as Down's syndrome.

Clinical image
The Mongolian is short and can be described as a dwarf. The brain volume is below average. His/Her metabolism, blood circulation, internal organs, joints and muscular system is underdeveloped. Resistance against disease is low. The head is small and round. The fingers and toes are short and thick. The hands and feet are broad in relation to the length. The body is short and thick and the neck obviously short. The eyes have the characteristic epicanthic fold and are far apart. Slanting is a sign in most patients and the Mongolian is not often blind, but bad vision is common. Chronic inflammation of the eyes are often the case. The Mongolian's ears are often misformed and the nose runs without having a cold. The tongue is coarse with vertical splits and often hangs out of the mouth. The teeth appear late and are misformed. The chin is elastic and coarse. The hands of the Mongolian is characteristic; the short fingers give a clumsy appearance. The small finger is turned to the inside. In most cases the lines in the hands are horizontal. The joints are very pliable and double-jointed.

In childhood days obesity is present and the tummy protrudes. The appearance is infantile and looks younger than his/her years.

The genitals are poorly developed. Sometimes the testicles do not move down. The sex organs are small. Secondary sex characteristics like pubic hair develops late and sometimes not at all. Sterility is common. The interest in sexual happenings is primitive.

The respiratory system of the Mongolian is very delicate and lung diseases are prevalent with the highest death rate.

In general the Mongolian is easy to handle. They have a reputation of friendliness. They are not aggressive, but outbreaks of rage and other forms of infantile behaviour are noticeable. They love copying and have a strong love for music and feeling for rhythm.

As far as intelligence is concerned the Mongolian is usually a high grade imbecile or morone. They often do not learn to write or read, but can do small tasks.

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Causes
Mongolism is a result of chromosome disorder. While the normal person has 46 chromosomes, the Mongolian has 47. Why this extra chromosome causes mongolism is unknown. Why some woman produce normal children in childbirth and then suddenly a Mongolian cannot be declared. The fact is that older women are at a greater risk of giving birth to a Mongolian. The reason is unknown. Some say it is due to the exhaustion of the womb. Others think it is a fault in the metabolism of older women.

The lifespan of the Mongolian in earlier years was seldom older than twenty. Today a normal lifespan can be expected due to good care and modern medicine. (10)
[20]

QUESTION 4

4.1 Conditions of anxiety are characterised by vague undifferentiated feelings, stress and anxiety, with no relation to a certain objects or situations. The symptoms of anxiety neuroses is physical and psychical.

Physical symptoms related to anxiety differ from person to person. The most general symptoms are heart palpitations, headache (usually in the form of pressure in the head), backache and a feeling of hunger in the stomach. Dizziness is experienced occasionally and is accompanied by paraesthesia that is a ticklish (itching) irritating sensation of the skin. Shivering of the hands and clumsiness are sometimes present. Poor digestion, nausea, a bad taste and dryness in the mouth. This person is short of breath, heaves a sigh and perspires on the hands. They have a need to urinate often. Impotence as well as ejaculation praecox is sometimes experienced by men. The menstruation cycle in women is disturbed. Sleeplessness, nightmares, irritability and hypersensitivity relating to the body functions are characteristic. (10)

4.2 4.2.1 Fear of open spaces
4.2.2 Fear of water
(2 × 2) (4)

4.3 This occurs when unknown anxiety coming from deeper conflicts unfolds and changes into a physical symptom. These symptoms are always physical in nature. There are no noticeable structural injury of the affected part of the body. Organic treatment gives no result. The symptoms of conversion hysteria can also be divided into two classes, namely sensory and motoric. (2)

4.4 Sleepwalking is a natural appearance in children. With adults it is a form of dissociation. He/She walks around in a hazy dreamy way and performs intricate activities, and on waking knows nothing about it. He/She can dress him/herself, even drive a car and will do tasks when given to him/her in a calm voice. When touched he/she will awaken. His/Her activity usually is in connection with what he/she would like to perform in his/her normal state, but does not possess the basic security to fulfil this. (4)

[20]

QUESTION 5

5.1 5.1.1 Also known as high blood pressure. This factor is the most prominent cardiovascular disturbance. Approximately half of all people above the age of 45 die as a result of some defect of the blood flow.

Stress plays a large role in relation to blood pressure, especially when emotions (rate, etc.) are involved. Research has found that most potential high blood pressure sufferers repress their emotions. The person is outwardly friendly, helpful, gentle and tends to be a perfectionist. However, underneath this facade, the person may be aggressive and filled with hate. This will naturally lead to much stress and anxiety in the person's life. The result of the body will cause blood vessel constriction, therefore the heart must work much harder to pump blood through the body, which in turn results in high blood pressure. A person's personality plays a large role in the way he/she handles stress, as well as which factors cause the stress.

5.1.2 An ulcer is a raw sore on one's stomach lining (mucous membrane). This sore is directly caused by an increased secretion of acid. The secretion of this acid is a natural process when food is present or when thinking of food. In the potential ulcer sufferer, the acid is secreted even when food is not present or thought about, therefore it starts attacking the stomach lining which is usually well-equipped against stomach acid, but if there is the slightest tear or break in the lining, the acid will make it worse and eventually form a sore.

Research has found that there is a connection between the development of a peptic ulcer and emotional factors (stress, frustration, etc.). It has even been possible to cause rats and monkeys to form ulcers after exposing them to constant stress. The individual's personality make-up once again plays an important role. Research has shown that most potential ulcer sufferers find themselves in highly competitive jobs. This leads to the conclusion that ulcers are a job-related illness found in ambitious businesspeople, however, there is no certain personality type associated with this illness.

(2 × 5) (10)

5.2
- Quarterly (15 minutes each) for regular and follow-up consultations.
- Appointments taking longer (for regular and follow-up consultations) are granted more time.
- If the doctor is fully booked and a patient must see him/her urgently, you can fit him/her into the schedule, but you must tell the patient that he/she will have to wait a while. (Any 2 × 2) (4)

5.3
- Make sure that all things that are needed, are packed in.
- When the doctor returns, replace all stock.
- Specimens must be sent to laboratories.
- Remove used instruments. Clean and sterilise them.
- Replace all articles and refill all containers that have been used.
- Make sure that all instruments are in good condition, e.g. scissors must be sharp, batteries must be charged and not flat.
- Make sure that there is sufficient stock in the doctor's case. (Any 6 × 1) (6)

[20]

TOTAL SECTION B: 60
GRAND TOTAL: 100

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