# Chronic

**Medical Council of Canada Qualifying Examination (MCCQE, formerly MCCQE Part I)**

9 sections · the MCC's Qualifying Examinations Blueprint

The MCC describes chronic illness as illness of long duration, including but not limited to illness that progresses slowly. Questions follow a patient over months or years, usually in family practice, clinic, home care or long-term care. You must confirm the diagnosis correctly, set targets, choose first-line and add-on drugs, and screen for complications. Many questions test Canadian guideline steps for diabetes, hypertension, lipids, COPD, asthma and kidney disease. Others test older adults with many conditions and many drugs, chronic pain and opioids, dementia, palliative care and the law on medical assistance in dying.

**You should be able to:** After this guide, you should be able to confirm a chronic diagnosis, set a target, choose the next Canadian guideline step, and plan care that fits the patient's goals over time.

## Every section: the key point and the trap

### 1. Type 2 diabetes

Diagnosis: fasting plasma glucose 7.0 mmol/L or more, A1C 6.5% or more, or a 2-hour glucose of 11.1 mmol/L or more on an oral glucose tolerance test. Without clear symptoms, repeat to confirm.

**Trap:** Do not choose a drug only by its effect on glucose. On the exam, heart and kidney benefit often decides the answer.

### 2. Hypertension

Confirm the diagnosis with readings outside the office: ambulatory monitoring is preferred, home readings are an option.

**Trap:** Do not diagnose hypertension from one office visit when the reading is only mildly high and there is no organ damage.

### 3. Cardiovascular risk and lipids

Screen lipids in men and women 40 and over, or earlier with risk factors such as diabetes, smoking or family history.

**Trap:** Do not use a risk calculator for a patient who already has heart disease. They need a statin already.

### 4. COPD and asthma

COPD is confirmed by spirometry: after a bronchodilator, FEV1/FVC stays below 0.70.

**Trap:** Do not step up treatment before checking technique, adherence and triggers. This is often the best first answer.

### 5. Chronic kidney disease

CKD means eGFR below 60 mL/min/1.73 m2, or kidney damage such as albuminuria, for more than 3 months.

**Trap:** Do not stop an ACE inhibitor for a small rise in creatinine (under about 30%). A small rise is expected.

### 6. Chronic pain and opioids

For chronic non-cancer pain, optimize non-opioid drugs and non-drug treatment first, such as exercise, physical therapy and psychological therapy.

**Trap:** Do not choose 'stop all opioids today' for a stable patient on a high dose. A slow, supported taper is safer.

### 7. Dementia

Take a history from the patient and from someone who knows them well. Ask about function: money, medications, driving, cooking.

**Trap:** Do not assume a diagnosis of dementia removes all capacity. Assess each decision on its own.

### 8. Multimorbidity, deprescribing and frailty

Older adults often have several diseases and take many drugs. Each new symptom may be a drug side effect.

**Trap:** Do not add a new drug to treat the side effect of another drug. Look for the cause in the medication list.

### 9. Palliative care and medical assistance in dying

A palliative approach can start early in any serious illness, alongside treatment aimed at control or cure.

**Trap:** Do not withhold opioids at the end of life out of fear of hastening death. Proper dosing relieves suffering safely.

## Key terms

**A1C:** A blood test that shows average glucose over about 3 months.

**SGLT2 inhibitor:** A diabetes drug that makes the kidneys pass glucose into the urine. It also protects the heart and kidneys.

**Ambulatory monitoring:** A device that measures blood pressure many times over 24 hours.

**LDL:** Low-density lipoprotein cholesterol, the main target of lipid treatment.

**Albumin to creatinine ratio:** A urine test that measures albumin and shows early kidney damage.

**Morphine equivalent:** An opioid dose converted to the matching dose of oral morphine, to compare drugs.

**Deprescribing:** Planned reduction or stopping of drugs that may cause more harm than good.

**MAID:** Medical assistance in dying, legal in Canada under the Criminal Code with strict criteria.

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