

ASSESSMENT OF 30 MCQS

FPSC No : 78

MCQS ON CHRONIC DISEASE MANAGEMENT

Submission DEADLINE: 30 APRIL 2019, 12 NOON

INSTRUCTIONS

- To submit answers to the following multiple choice questions, you are required to log on to the College Online Portal (www.cfps2online.org)
- Attempt ALL the following multiple choice questions.
- There is only ONE correct answer for each question.
- The answers should be submitted to the College of Family Physicians Singapore via the College Online Portal before the submission deadline stated above.
- There will be NO further extension of the submission deadline

- Essential education for patients with regards to insulin therapy includes the following except:**
 - Hypoglycaemia management.
 - Sickday management.
 - Prescribing insulin.
 - Safe driving.
 - Injection techniques.
- The following are true about education for insulin therapy EXCEPT:**
 - It can only be done by nurses.
 - Different subjects to be covered at different stages of insulin therapy.
 - Improves adherence to insulin therapy.
 - It takes time.
 - It requires preparation.
- The challenges faced in insulin therapy includes the following EXCEPT:**
 - Needle phobia
 - Competence - Diabetes numeracy
 - Dexterity
 - Disruption to lifestyle
 - Pill burden
- Strategies to overcome barriers and challenges faced in insulin therapy include the following EXCEPT:**
 - Close supervision for the patient's first jab.
 - Threaten patient into adherence with insulin therapy.
 - Engage patient from the start.
 - Offer the least painful options currently available in the market.
 - Be SMART when setting goals.
- Glycaemic profiles of people with diabetes varies with all EXCEPT:**
 - Diet
 - Exercise
 - Stress
 - Monitoring of blood glucose
 - Medicines
- Which of the following is NOT associated with obesity?**
 - Non-Alcoholic Fatty Liver Disease
 - Obstructive Sleep Apnea
 - Increased mortality
 - Type 1 Diabetes Mellitus
 - Lower back pain
- Which of the following statements regarding factors leading to obesity is FALSE?**
 - The factors known to cause obesity are complex and multiple.
 - Twin, family and adoption studies show that the rate of heritability of BMI is high, ranging from 40% to 70% demonstrating a major genetic component.
 - More recent studies have identified a potential role for the microbial content of the skin.
 - Emotional factors are well-known to be potent modulators of appetite.
 - Growing use of medicines that have weight gain as side effect is also a factor.
- Which of the following statements regarding weight regulation is TRUE?**
 - Weight regain after weight loss is physiological and not necessarily due to a failure of conscious efforts (to lose weight).
 - The reward system of weight regulation is homeostatic in nature.
 - 'Liking' and 'wanting' of food are mainly conscious processes.
 - In human studies, functional MRI (fMRI) studies have shown deficiency in reward-encoding brain regions and/or over activation in cortical inhibitory networks in obese people
 - The homeostatic weight regulation circuitry centers around the corticolimbic structures of the brain.
- All of the following are broad categories of dietary approaches EXCEPT:**
 - Energy-focused
 - Macronutrient-focused
 - Dietary pattern-focused
 - Dietary timing-focused
 - Reward-focused

10. Which of the following is **NOT** an example of intermittent fasting?
- Alternate day Fasting
 - Mediterranean dieting
 - Modified fasting regimes such as the '5:2 diet'
 - Time restricted feeding
 - Religious fasting
11. Mr XYZ, a 60-year-old, smoker with DM, hypertension and CKD Stage 3 sees you for routine chronic review. He reports recurrent gout flares past five weeks of increasing intensity and duration which he assumes is due to frequent travel and lack of exercise. His current laboratory results are creatinine 106, eGFR 56, uric acid 400, HbA1c 7.3%, random hypocoount 8.5 mmol/L. He is currently taking glipizide 5mg BD, Metformin 250mg BD, Amlodipine 5mg OM.
- What is the most appropriate management in this patient?
- Offer dietary advice
 - Prescribe NSAIDs and medical certificate (MC)
 - Increased exercise frequency (e.g. jogging at least 3 times per week)
 - Initiate urate lowering therapy using allopurinol with colchicine prophylaxis
 - Stop smoking
12. Mdm Koh, a 55-year-old housewife with hypertensive nephropathy was recently started on allopurinol 50mg per day with prophylactic colchicine 500mg OM 3 weeks ago in your clinic. She is on Lasix 20mg OM, nifedipine LA 30mg OM, aspirin 100mg OM and renalvite1 tab OM. She came down with flu like symptoms 4 days ago and developed rashes after being given Amoxil by another General Physician. Today, she returns to your clinic. What should be the next step?
- Stop Amoxil and continue the chronic medications
 - Prescribe paracetamol for pain relief and switch to clarithromycin 500mg BD instead
 - Continue medications and check for Dengue serology
 - Stop Colchicine and checkfull blood count
 - Stop all medications and refer for possible SJS
13. A 58-year-old woman with chronic gout is visiting the dietitian and the correct dietary advice given is:
- To stop fried food and eat fish for better gout control
 - To increase fructose drinks as it removes uric acid from urine
 - Avoid soybeans and plant proteins
 - Stop alcohol and reduce animal protein
 - Increase mushrooms and cherry intake to control gout attack
14. A 35-year old teacher on allopurinol 200mg OM for the past year reports three recent gout attacks. BMI 27 kg/m², BP 144/94mm Hg. You notice tophi over both hands and elbows.

You will now:

- Stop the allopurinol during this acute gout attack
 - Start hydrochlorothiazide 25mg OM for BP control
 - Continue allopurinol despite the attack and aim to reduce uric acid < 300 umol/L
 - Advise to rest and avoid exercise for 3 months as he is having acute pain
 - Start Losartan 50mg OM and aspirin 100mg for cardio protection
15. Which feature is not suspicious for allopurinol- induced SCAR?
- Generalised itch within 24 -48 hours
 - Sore throat
 - Transaminitis
 - Conjunctivitis
 - Fever
16. Which of the following condition has low risk of progression to liver cirrhosis:
- Hepatic steatosis
 - Hepatic steatohepatitis
 - Hepatic steatohepatitis with fibrosis
 - Chronic hepatitis B
 - Alcoholic steatohepatitis
17. Which of the following is not associated with non-alcoholic fatty liver disease?
- Diabetes mellitus
 - Lung cancer
 - Pre-diabetes mellitus
 - Hyperuricemia
 - Colon cancer
18. Which of the following medication is recommended for all patients with NAFLD in improving liver histology?
- Statins
 - Aspirins
 - Ursodeoxycholic acid
 - Vitamin E
 - None of the above
19. Which of the following investigations cannot be performed easily at General Physician clinic for assessment of NAFLD patients?
- BMI
 - Waist-Hip ratio
 - MR Elastography
 - Fasting lipid
 - Fasting glucose
20. Which of the following is not complication associated with NAFLD?
- Ischemic heart disease
 - Cerebrovascular accident
 - Colon cancer
 - Hepatocellular carcinoma
 - All of the above

21. In the ACC/AHA 2017 Guideline for Hypertension, what is the cut off for hypertension diagnosis?

- A. 120/70 mmHg.
- B. 130/80 mmHg.
- C. 135/85 mmHg.
- D. 140/90 mmHg.
- E. 150/90 mmHg.

22. In Home BP monitoring, which of the following readings show a normal night-time BP?

- A. 140/90 mmHg.
- B. 135/85 mmHg.
- C. 130/80 mmHg.
- D. 125/75 mmHg.
- E. 120/70 mmHg.

23. A 79 year old woman is told by his GP that she has postural hypertension. Which of the following BP is she likely to be having?

- A. A drop of 15 mmHg/10 mmHg within 3 minutes of standing
- B. A drop of 17 mmHg/10 mmHg within 3 minutes of standing.
- C. A drop of 21 mmHg/10 mmHg within 3 minutes of standing.
- D. A rise of 5 mmHg/10 mmHg within 3 minutes of standing.
- E. A rise of 10 mmHg/10 mmHg within 3 minutes of standing.

24. A 45 year old man, BMI 35 but otherwise healthy and normotensive has an urinary albumin excretion of 30 mg in 24 hours. Which is the correct action to take?

- A. Reduce weight.
- B. It can be observed over 3 months for improvement.
- C. Refer him to a nephrologist.
- D. Treatment is required.
- E. Leave it alone.

25. A 50 year old man has a BP of 160/100 mmHg despite being on 10 mg Lisinopril om. Which of the following is not a good choice?

- A. Diuretic.
- B. Calcium channel blocker.
- C. Bisoprolol.
- D. Losartan.
- E. Increase Lisinopril to 15 mg om.

26. Madam Lim 79 years old is functionally independent and lives in the community. She has osteoarthritis of the knee and hypertension. What would you set her target BP to be?

- A. <120/80 mmHg.
- B. <130/80 mmHg.
- C. <135/85 mmHg.
- D. <140/90 mmHg.
- E. <150/90 mmHg.

27. About special considerations in the management of hypertension in older patients, which of the following is the correct answer?

- A. Systolic hypertension – DBP should be <70 mmHg.
- B. Dementia – Target SBP should not be <150/90 mmHg.
- C. Care home residents – SBP <130 mmHg
- D. Frailty – Target BP not <140/90mmHg.
- E. Leave them alone.

28. About the mineralocorticoid antagonists (MRAs) which of the following is correct?

- A. Patiromer is a new MRA.
- B. Losartan is a MRA.
- C. MRAs can cause hypokalemia.
- D. MRAs are only moderately efficacious for further reducing albuminuria.
- E. Finerenone is a novel nonsteroidal MRA.

29. Mr Tan aged 50 years old has a blood pressure of 160/100 mmHg taken on waking up and 140/90 mmHg at night. He also has a UAE of 200 mg/24 hours. He has type 2 diabetes. Which of the following actions will be most likely reduce the UAE to normal?

- A. Get the patient to lose 10% of his body weight.
- B. Prescribe a SGLT2 e.g. empagliflozin.
- C. Control the blood pressure to 130/80 mmHg.
- D. Get the patient to exercise 150 minutes a week.
- E. Prescribe nifedipine LA 60 mg om.

30. At what pressure goal can we optimally slow CKD progression in diabetic nephropathy?

- A. Less than 125/70 mmHg.
- B. Less than 125/80 mmHg.
- C. Less than 130/80 mmHg.
- D. Less than 135/80 mmHg.
- E. Less than 140/90 mmHg.

FPSC 75 “Update in Asthma Management” Answers to 15 MCQs Assessment				
1. B	2. E	3. C	4. C	5. D
6. C	7. E	8. E	9. C	10. C
11. D	12. C	13. C	14. B	15. D

FPSC 76 “Nutrition as Medicine; Addressing Sarcopenia and Diabetes” Answers to 15 MCQs Assessment				
1. E	2. D	3. E	4. E	5. C
6. B	7. A	8. D	9. A	10. C
11. E	12. B	13. A	14. D	15. B