ASSESSMENT OF 15 MCQS

FPSC NO : 119
MCQS ON CONTINUOUS GLUCOSE MONITORING
SUBMISSION DEADLINE: 23 July 2024, 12 NOON

INSTRUCTIONS
- **To submit answers to the following multiple choice questions, you are required to log on to the College Online Portal (https://lms.wizlearn.com/cfps/)**
- **Please contact sfp@cfps.org.sg if you have not received an email on the new LMS account.**
- **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**

1. Which of these statements regarding the limitations of HbA1c is TRUE?

A. HbA1c predicts the risk of hypoglycaemia in people with diabetes
B. HbA1c is a reliable test in people with renal failure on erythropoietin injections
C. HbA1c does not reflect day-to-day diabetes control, glycaemic variability, acute glycaemic variations, or hypoglycaemia
D. Glycation rates are constant irrespective of the ethnicity and hence HbA1c is a reliable tool to compare average glycemia across various ethnicities
E. HbA1C reflects blood glucose levels even in conditions where RBC lifespan is altered

2. Which of the following is NOT an advantage of CGM over SMBG?

A. CGM provides a wealth of glycaemic information and glucose trends to facilitate proactive management, including treatment adjustment and lifestyle modification
B. CGM stores data over time, allowing healthcare professionals and individuals to retrospectively analyse glycaemic trends and patterns
C. CGM reduces the need for frequent fingerstick, improving patient compliance
D. CGM devices require less training for PwDs to use compared with SMBG
E. RBC biology does not affect glucose levels detected by the CGM sensor

3. CGM is useful to optimise diabetes management in which of the following scenarios?

A. Type 1 diabetes
B. Type 2 diabetes on pre-mixed insulin therapy with likely mismatch of insulin and carbohydrates
C. Type 2 diabetes on multiple daily insulin injections
D. Type 2 diabetes with suspected nocturnal hypoglycaemia
E. All of the above

4. Which of these diabetes treatments is associated with the least glucose variability?

A. Premixed insulin
B. Basal bolus insulin
C. Oral glucose-lowering drugs including sulfonylureas
D. Oral glucose-lowering drugs without sulfonylureas/ meglitinides
E. Oral glucose-lowering drugs including meglitinides

5. Which is the most suitable test/metric for glucose monitoring in PwD with likelihood of high glucose variability and/or suspected nocturnal hypoglycaemia?

A. HbA1c-guided treatment
B. HbA1c- and fasting glucose-guided treatment
C. HbA1c- and detailed history to exclude nocturnal hypoglycaemia
D. HbA1c- and twice-a-day self-monitored capillary glucose
E. HbA1c- and TIR-guided treatment using a CGM

6. The accuracy of HbA1c is affected by the following:

I. Iron deficiency anaemia

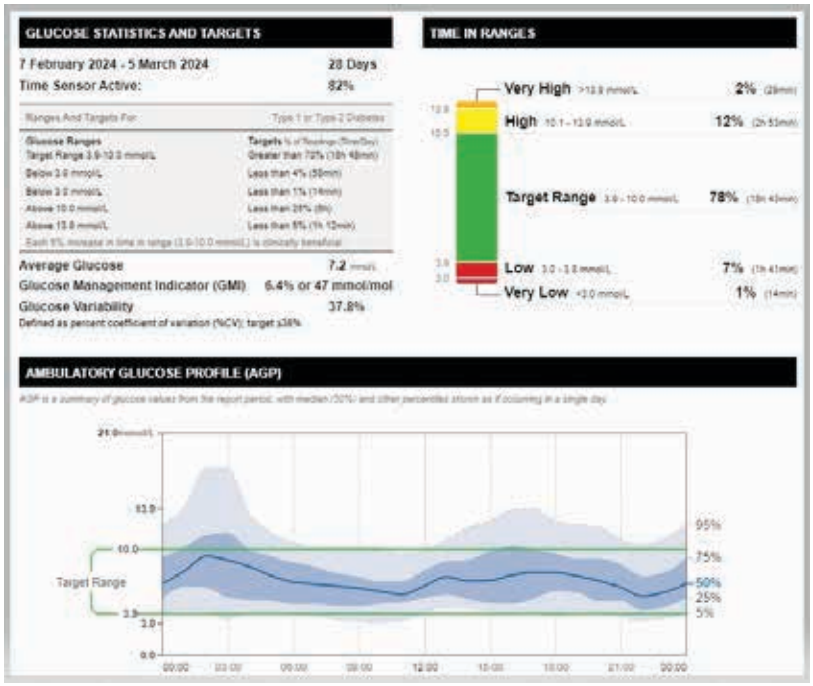
II. Use of erythropoietin in chronic kidney disease

III. Recent blood transfusions

IV. Pregnancy

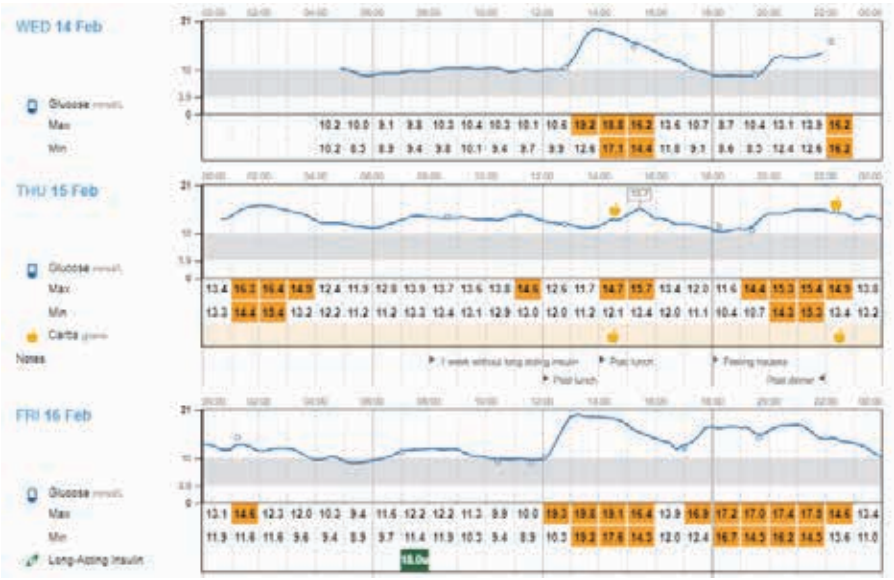
A. I and II only
B. I, II, and III only
C. I and IV only
D. II, III, and IV only
E. All the above

7. Based on the Ambulatory Glucose Profile (AGP) below, what should the main priority in the discussion with the patient be?



A. Reducing Time Below Range (TBR) or hypoglycaemia exposure
B. Improving Time in Range (TIR) to >80%
C. Reducing Glucose Variability to ≤36%, particularly between 12mn to 3am
D. Reducing Time Above Range (TAR)
E. Maintaining glycaemic control, which is excellent

8. A 46-year-old lady with Type 2 Diabetes was diagnosed three months ago with HbA1c 11.8%, BMI 21.3 kg/m². She was started on oral Metformin, a DPP4-inhibitor, and had purchased a CGM system to view her own glucose profiles. She has increased thirst and polyuria and a significant history of having had Gestational Diabetes for her previous 2 pregnancies. Her daily profile is as follows:



What can be advised to her?

A. Add a GLP1-receptor agonist
B. Add a basal insulin
C. Add an SGLT2 inhibitor
D. Add an alpha glucosidase inhibitor
E. Persist with Metformin and DPP4-inhibitor

9. The advantages of CGM include the following except:

A. Direct observation of glycaemic trends and profiles
B. Ability to detect nocturnal hypoglycaemia
C. Presence of alarms for hypoglycaemia or impending hypoglycaemia in select systems
D. The need for finger-stick calibrations for select systems
E. Detect post-prandial hyperglycaemia to guide dietary modification

10. Which statement is true about Time-in-Range (TIR) on the Ambulatory Glucose Profile?

A. TIR is the amount of time spent between 3.9-10 mmol/L and is the same for all patients with diabetes
B. TIR is the amount of time that a person spends in the hypoglycaemia range <3.9 mmol/L
C. TIR is the amount of time that a person spends in the hyperglycaemia range >10 mmol/L
D. TIR correlates well with HbA1c and risk of diabetes complications
E. TIR provides limited information and does not correlate with risk of diabetes complications

11. Which of the following statements accurately reflects the role of CGM in primary care for individuals with diabetes?

A. CGM aims to completely replace traditional blood glucose monitoring methods
B. CGM has no significant impact on healthcare costs for diabetes management
C. CGM is primarily utilised for diagnosis rather than treatment monitoring
D. CGM implementation in primary care can potentially reduce hospitalisations for individuals with diabetes and lower healthcare costs
E. CGM usage in primary care has negligible effects on the engagement and motivation of individuals with diabetes in lifestyle changes

12. In evaluating the integration of CGM into clinical workflow, which of the following factors is NOT typically considered?

A. The level of expertise of HCPs with CGM technology
B. The personal preference of PwD visiting the clinic
C. The availability of diabetes educators or staff for training and troubleshooting
D. Existing knowledge about CGM amongst PwD
E. Availability and reimbursement of CGM devices

13. When integrating CGM systems into the clinical workflow, which of the following steps is NOT recommended?

A. Establishing a well-qualified team
B. Ensuring unanimous agreement on CGM and its integration into the clinical practice
C. Assigning clearly delineated roles and responsibilities to each team member
D. Standardising workflows for interpreting CGM data and making treatment decisions
E. Relying on self-training without seeking assistance from a CGM company representative for setup if required

14. How often do PwD need to scan their isCGM devices for optimal data collection?

A. Every hour
B. Every four hours
C. Every eight hours
D. Every 12 hours
E. Every 24 hours

15. Which is true regarding sensors for CGM devices?

A. Can be re-used
B. Cannot be re-used
C. Can be used regardless of x-ray, MRI, or CT
D. Should be re-inserted if dislodged
E. Skin irritation is expected, no need to remove the sensor

FPSC 117 "Mental Health 2024" Answers to 30 MCQs

1.	D	11.	D	21.	E
2.	E	12.	A	22.	B
3.	A	13.	A	23.	B
4.	A	14.	D	24.	E
5.	E	15.	B	25.	D
6.	A	16.	E	26.	B
7.	D	17.	D	27.	A
8.	B	18.	E	28.	E
9.	D	19.	E	29.	D
10.	C	20.	E	30.	C