ASSESSMENT OF 30 MCQs

FPSC NO : 44
MCQs on NEW HORIZONS IN HYPERTENSION
Submission DEADLINE: 25 November 2011

INSTRUCTIONS
- **To submit answers to the following multiple choice questions, you are required to log on to the College On-line 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 On-line Portal before the submission deadline stated above.**

1. **Which of the following is a CORRECT list of established risk factors for hypertension?**
   A. Increasing age, female sex, and diabetes.
   B. Increasing age, female sex, and menopause.
   C. Increasing age, male sex, and andropause
   D. Low socioeconomic status, male sex, and obesity.
   E. Female sex, malnutrition, and diabetes

2. **About hypertension in Singapore, which of the following statement is CORRECT?**
   A. Hypertension is the most common condition noted in hospital admissions.
   B. Hypertension is more prevalent in Singapore compared to North America or European countries
   C. Hypertension prevalence reaches a peak and plateaus off as the population gets older.
   D. Hypertension is present in about a quarter of the population aged 18 to 69 years old.
   E. ALL of the above are correct.

3. **In population surveys conducted in Singapore in the last 15 years which of the following statement about hypertension is CORRECT?**
   A. About 38% of hypertensives were previously undiagnosed in the 2004 National Survey.
   B. Undiagnosed hypertension was more common in females.
   C. Amongst the men, hypertension was most prevalent among the Malays.
   D. Amongst the women, hypertension is most common among the Indians.
   E. ALL of the above are correct.

4. **With regards to blood pressure control in Singapore, which of the following statement is CORRECT?**
   A. The 2004 National Survey showed good BP control. (<140/90mmHg) in about 37.7% of the population.
   B. The 2006 polyclinic survey showed only 25% of hypertensives had good BP control.
   C. The Chinese had better BP control than Malays and Indians.
   D. In the elderly, 90 % of them had good BP control.
   E. Elevated blood pressure is normal in the elderly and no treatment is needed.

5. **In diabetics with hypertension, there is a high prevalence of microalbuminuria so there is a value in screening for this. One local study, found that X% of hypertensive diabetics had microalbuminria. What is X?**
   A. 43.5.
   B. 48.5.
   C. 53.5.
   D. 58.5.
   E. 63.5.

6. **With regards to blood pressure (BP) variability, which of the following statement is CORRECT?**
   A. Night time BP is 10-20% higher than daytime BP. undiagnosed in the 2004 National Survey.
   B. There is a steeper increase of BP in the early night hours
   C. There is no increase of BP throughout the waking hours in normotensive subjects.
   D. Hypertensive patients who exhibit BP variability have increased risk of end organ damage.
   E. Late night surge in BP is associated with higher risk of acute myocardial infarction, sudden death and stroke.

7. **With regards to blood pressure variability in the UK-TIA & ASCOT-BPLA trials, which of the following statement best describes the results from the studies?**
   A. Late evening surge in BP is associated with a higher risk of stroke.
   B. So long as the average BP is below target, the risk of stroke is reduced.
   C. Treatment to reduce BP variability has marginal effect in reducing cardiovascular risk.
   D. Patients with normal BP in the clinic is at less risk to have pressures that spike to dangerous levels in other situations.
   E. Excessive variability in systolic BP was associated with increased risk of cardiovascular events.

8. **About Home BP monitoring (HBPM), which of the following statement is CORRECT?**
   A. HMBP does not eliminate the problem of white coat hypertension.
   B. HMBP does not require much patient participation.
   C. HMBP is not able to detect diurnal BP variation, surges and troughs.
   D. HBPM has been shown to provide better prediction of end organ damage and cardiovascular risk compared to clinic BP.
   E. HMBP is of limited use in monitoring the BP of elderly patients as BP variability decreases with age.

9. **About Ambulatory BP monitoring, (ABPM) what is its advantage over Home BP monitoring (HBPM)? about hypertension is CORRECT?**
   A. ABPM provides a complete picture of BP diurnal variation.
   B. ABPM provides day-time BP profile which is superior to night-time ambulatory BP as a cardiovasculr outcome predictor.
   C. ABPM is cheaper to do than HBPM.
   D. ABPM upper limits of normal for day-time readings is 120/70 mmHg.
   E. ABPM is more repeatable than HBPM.

10. **About the choice of drugs for BP control, which of the following statement is CORRECT?**
    A. ARB-CCB is an "average" combination in treating high BP.
    B. ACE-inhibitor-Diuretic is a "preferred" combination in treating high BP.
    C. Beta-blocker/ thiazide combination is more effective than calcium channel blocker / ACE-inhibitor in reducing systolic BP variability.
    D. ACE inhibitor-beta-blocker is a 'preferred' combination in treating high BP.
    E. ACE inhibitor-ARB is a "preferred" combination in treating high BP.

11. **About risk factors for cerebrovascular diseases, which of the following statement is CORRECT?**
    A. About 54% of strokes worldwide are attributable to hypertension.
    B. Increasing age is most important single modifiable risk factor.
    C. Blood pressure level and risk of stroke is not consistent and continuous.
    D. Hypertension increases the risk of haemorrhagic strokes but not ischaemic strokes.
    E. Hypertension plays a key role in large artery atherosclerosis but not lacunae strokes.

12. **In Singapore, with regards to the diagnosis of cerebrovascular accidents which of the following statement is CORRECT?**
    A. A patient with an acute onset of neurological symptoms persisting for more than 12 hours has a stroke.
    B. Neurological symptoms from impaired cerebrovascular perfusion that recovers within 1 hour is by definition a stroke.
    C. The Face, Arm, Speech Test (FAST) is a validated tool to screen for diagnosis of stroke or transient ischaemic attack (TIA).
    D. Initial diagnosis of cerebrovascular accident is made by ultrasound scan.
    E. It is important to exclude hyperglycaemia in all patients presenting with sudden onset of neurological symptoms

13. **In patients suspected of having a transient ischaemic attack (TIA), which of the following statement on management is CORRECT?**
    A. A patient with ABCD2 score of 4 and above should be started on aspirin 100mg daily immediately.
    B. Patients with 2 or more TIA's in a week should be treated as high risk only if the ABCD2 score is above 3.
    C. Patients suspected of TIA but low risk score of 3 or below should be referred within 2 weeks to a specialist.
    D. Patients who present to you with TIA symptoms that occurred more than 1 week ago should be referred to a specialist within 48 hours.
    E. A patient with ABCD2 score of 4 and above should be referred to a specialist within 24 hours of onset of symptoms.

14. **With regards to Peripheral vascular Disease (PVD), which of the following statement is CORRECT?**
    A. The risk of PVD is independent of blood pressure.
    B. The presence of PVD increases the risk of cardiovascular events.
    C. In PVD, the risk of intermittent claudication is high.
    D. About half of patients with PVD have hypertension.
    E. Ankle brachial index is a highly specific (91%) and sensitive (99%) for PVD.

15. **About the management of Peripheral vascular Disease (PVD), which of the following is useful?**
    A. Decreasing exercise.
    B. Lowering LDL to less than 4mmol/L.
    C. Avoiding ACE inhibitors.
    D. Prescribing pentoxifylline because it benefits 80% of patients.
    E. Controlling blood pressure

16. **With regards to changing unhealthy behaviours which of the following statement is CORRECT?**
    A. Unhealthy behaviours cause more than 60% of premature deaths.
    B. Just telling patients that they are at risk of developing diseases is usually sufficient to change behaviour.
    C. Most consultations about changing unhealthy behaviours are heart sink experiences.
    D. The usual consultation taking place at the clinic is the main source of behaviour change.
    E. Patients are changing their behaviour more readily nowadays compared to before.

17. **In the process of changing unhealthy behaviours, patients usually go through a series of stages. Which of the following statement about these stages is CORRECT?**
    A. There are usually six stages that a person navigates or goes through in the transtheoretical model of change.
    B. During the course of change, the person usually moves forward from one stage to the next stage.
    C. In the action stage, relapse is uncommon.
    D. Patients relapse only once or twice before behavior change is complete and stable.
    E. A framework that describes the natural sequence of behaviour change is the Trans-theoretical Model (TTM) or Stages of Change model.

18. **About behaviour change, which of the following statement is CORRECT?**
    A. Behaviour must be visible if durable change is to take place.
    B. The patient must listen to the doctor in order to change.
    C. The patient decides when he or she is ready for change.
    D. The doctor should decide for the patient when is best time for change.
    E. The patient who is motivated to change usually jumps over several stages.

19. **With regards to relapse after a behaviour has succeeded in changing, which of the following statement is CORRECT?**
    A. Relapse is uncommon.
    B. Relapse is an indicator for failure to change.
    C. Relapse is reduced by inducing fear of complications.
    D. It is seldom necessary to go through several cycles of changes before relapse is eliminated.
    E. Relapse is an excellent opportunity to learn about the patient's own life circumstances.

20. **About motivational Interviewing (MI), which of the following statement is CORRECT?**
    A. The patient has generally no motivation for change and needs to be motivated
    B. MI is a doctor-centred and oriented directive method to elicit change.
    C. In MI, the doctor acts as guide, facilitator and collaborator to elicit and strengthen motivation for change.
    D. The doctor usually allows the patient to control and submits to patient's autonomy and wishes.
    E. Openly challenging the patient is a core MI skill.

21. **About core communication skills that the practitioner needs to employ in MI, which of the following is CORRECT?**
    A. Asking, exploring, and challenging.
    B. Asking, directing, and listening.
    C. Challenging, listening, and guiding
    D. Asking, challenging, and directing.
    E. Asking, listening, informing

22. **According to the Global Burden of Disease 2000 study, X% of all ischaemic heart disease is attributable to high blood pressure. What is X?**
    A. 32
    B. 37
    C. 42
    D. 47
    E. 52

23. Figures on hypertension causes, deaths, and effect size of treatment are now available. About these figures, which of the following statement is CORRECT?

A. Reduction of 10 to 20 mm Hg systolic for a few years confers a relative risk reduction 16% for stroke.

B. Reduction of 5 to 6 mm Hg diastolic for a few years confers a relative risk reduction 38%% for coronary heart disease.

C. Blood pressure control in most countries is now optimal.

D. Essential or idiopathic hypertension accounts for 75% of all hypertension cases in a population

E. About half of BP-attributable deaths occur between systolic BP 115mmHg and 140mmHg.

24. About single pill combination therapy, which of the following statement is CORRECT?

A. A combination of 4 or more agents is often needed to achieve target control of BP.

B. JNC 6 was the first guideline to advocate first line combination therapy.

C. Single pill combination therapies are becoming more commonly used in achieving target control of BP.

D. Combination therapies almost always involve the older generation classes of drugs.

E. Single pill combinations always give more side effects than the individual drugs used by themselves.

25. About the effects of antihypertensives, which of the following is CORRECT?

A. In patients with high cardiovascular risk, ARB is contraindicated.

B. In patients with high cardiovascular risk, ARB is better than ACE inhibitors in giving CV protection.

C. Short acting calcium channel blockers protect against major cardiovascular events.

D. Diuretics activates renin-release and hence ACEI which is a blocker of the renin-angiotensin system is a good antihypertensive to be combined with it.

E. The ACE/ARB combination potentiates the antihypertensive effect of one another.

26. About prevalence of hypertension treatment in the United States, X% were receiving pharmacologic treatment. What is X?

A. 30
B. 40
C. 50
D. 60
E. 70

27. A 60-year-old patient with hypertension and diabetes mellitus of 15 years duration is now in stage 5 chronic kidney disease. His estimated GFR (eGFR) is expected to be less than Xml/min/1.73m^2. What is X?

A. 5
B. 10
C. 15
D. 20
E. 25

28. Based on the National Health and Nutrition Examination Survey (NHANES) III, conducted between 2005 and 2008, 17.3% of the population had an albumin-creatinine ratio of more than 30 mg/g if they are hypertensive compared to X% if they not hypertensive. What is X?

A. 6.9
B. 7.9
C. 8.9
D. 9.9
E. 10.9

29. In the management of hypertension in chronic kidney disease, which of the following is a preferred initial antihypertensive?

A. Thiazide diuretic.
B. Angiotensin converting enzyme inhibitor.
C. Beta blocker.
D. Calcium channel blocker.
E. Loop diuretic.

30. With regards to the use of a diuretic as adjunct antihypertensive, you would choose a loop diuretic if the GFR is less than X ml/min. What is X?

A. 30
B. 35
C. 40
D. 45
E. 50

FPSC No. 37
"Primary Care Mental Health"
Answers to 30 MCQ Assessment

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

FPSC No. 40
"Online Notifications & E-Services Platform"
Answers to 30 MCQ Assessment

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

FPSC No. 38
"Management of Family Violence"
Answers to 30 MCQ Assessment

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

FPSC No. 41
"Management of Functional Decline in Older Adults"
Answers to 30 MCQ Assessment

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

FPSC No. 39
"Oral Health in Primary Care"
Answers to 30 MCQ Assessment

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