

ASSESSMENT OF 30 MCQs

FPSC NO : 24
ADOLESCENT HEALTH
SUBMISSION DEADLINE : 7 DECEMBER 2007

INSTRUCTIONS

- κ Attempt all the following multiple choice questions.
- κ There is only one correct answer for each question.
- κ Shade your choice on the given answer sheet using only a **2B pencil**.
- κ The answer sheet should be sent to the College of Family Physicians Singapore for marking before the submission deadline.

1. **The WHO, KKH Paediatrics and NUH Paediatrics age criteria for adolescence is:**
 - A. 10-19 years.
 - B. 14-16 years.
 - C. 17-19 years.
 - D. 12-18 years.
 - E. 11-21 years.
2. **Which one of the following statements about the Singaporean adolescent is CORRECT?**
 - A. Most Singaporean adolescents consult their family physicians for chronic medical conditions.
 - B. Conduct and oppositional disorders are the most common mental health disorders of Singaporean adolescents.
 - C. Alcoholic binges and abuse are not one of the common risk behaviours
 - D. A poll by the Straits Times on 26th July 2007 showed the average age of sexual debut was 17 years.
 - E. The 1993 SAF Smoking Survey showed the mean age at which smoking started was 15 years.
3. **About the typical behaviours in early adolescence which one of the following statements is CORRECT?**
 - A. Increased interest and curiosity about sex.
 - B. Greater awareness and responsiveness to needs of others.
 - C. There is increased argumentativeness and perception that everyone else is wrong.
 - D. More interest in gaining approval of significant others.
 - E. Increased exploration and experimentation in search for an identity.
4. **Which one of the following is a CORRECT developmental task for successful transition from childhood to adulthood?**
 - A. Continued dependence on parents/adults.
 - B. Developing and accepting an idealistic body image.
 - C. Increasing role of peer relationship to define their own sense of identity apart from that of their parents.
 - D. Experiencing pressure to act in gender inappropriate ways.
 - E. Decreasing need for self identity.
5. **Which one of the following facilitates resilience of adolescents to rebound from stressful circumstances or events?**
 - A. A traumatic, stormy relationship with an adult.
 - B. Being an atheist.
 - C. Highly competitive environment that encourages the survival of the fittest.
 - D. Family environment that gives freedom to do what the adolescent wants.
 - E. Having emotional intelligence and the ability to cope with stress.
6. **Which one of the following is LEAST likely to be regarded by the adolescent as engendering an adolescent friendly consultation?**
 - A. Shows respect to the adolescent as an individual with privileges and rights.
 - B. Being able to negotiate the adolescent's needs with the other adults' expectations.
 - C. Start speaking with the adolescent followed by separate sessions with parents (with consent of adolescent).
 - D. Having a combined interview of the whole family to observe the dynamics of family interaction.
 - E. Focussing on only one problem at a time.
7. **Which one of the following actions is LEAST likely to facilitate communication by being adolescent friendly?**
 - A. Use non verbal cues to acknowledge that you understand such as nodding or saying "uh-huh".
 - B. Use body position (e.g., lean forward) and attention to encourage the adolescent and signal your interest.
 - C. When an adolescent looks down during consultation remind him not to be rude.
 - D. Offer an email address for the adolescent to ask questions.
 - E. Understand the culture and vocabulary of adolescents.
8. **The HEADSS Assessment is a:**
 - A. Traditional face-to-face interview with the adolescent and family members.
 - B. A structured interview form.
 - C. A web based assessment protocol.
 - D. An interview instrument for finding out about issues in adolescents' lives.
 - E. A technique for establishing rapport with adolescents.
9. **Which one of the following situations is LEAST likely to be associated with increased suicide risk in the adolescent?**
 - A. Hopelessness of the situation.
 - B. Detailed planning of suicide intention.
 - C. Presence of depression associated with substance abuse and dependence.
 - D. Being a Chinese or Indian and age between 15 to 19 years.
 - E. Keeping a hammer in the drawer of the bedside cupboard.

10. The "E" in the HEADSS acronym is a reminder to explore history regarding:
 - A. Environment at home.
 - B. Education and Employment.
 - C. Exercise activities.
 - D. Experimenting with drugs.
 - E. Enjoyment from sex.
11. Which one of the following situations poses a risk for tobacco, alcohol and substance addiction in adolescents?
 - A. Child's father has recently died of heart attack.
 - B. Secondary 3 student who repeated one year of school, and parents are unsure where he is most of the time.
 - C. Parents complain that their child plays too much computer games but the school results are not affected.
 - D. Child is shy and not outgoing, with no friends.
 - E. Parents complain that their child listens to too much loud music.
12. Which one of the following should be of most concern when interviewing the parents for a child with addictive disorder?
 - A. Family history of colon cancer.
 - B. Sleeping well at night.
 - C. Loss of interest in a favourite hobby.
 - D. Gaining weight recently.
 - E. Stress during examinations.
13. Which one of the following is CORRECT for what the acronyms stand for as brief screening tools for addiction?
 - A. AOD – stands for Any Other Disorders screened for co-morbidity.
 - B. CRAFFT – stands for Car, Relax, Alone, Friends, Forget, Trouble.
 - C. SOGS-RA – stands for South Oregon Substance Abuse screening.
 - D. MAGs – stands for Mixed Alcohol and Gambling addiction screening.
 - E. GA 20 – stands for Gamblers Anonymous questionnaire.
14. In counselling an adolescent with substance use disorders and other addictions, which one of the following is CORRECT?
 - A. Parents should come down hard and scold the child.
 - B. Shaming the adolescent is effective.
 - C. Use empathy, be interested, and avoid being naggy or judgmental.
 - D. Accept that the person is too weak to change his own behaviour.
 - E. Put down any resistance.
15. Which one of the following statements on adolescent addiction is CORRECT?
 - A. Compared to adults, addictive behaviour risk is relatively small for adolescents.
 - B. Substance abuse in adolescents tends to be overdiagnosed so the full criteria should be met before labeling and starting treatment.
 - C. The strategy of prevention lies with the schools and teachers.
 - D. Warning signs of addiction include irritability or apathy, mood changes, poor self care, and weight loss.
 - E. Family involvement is likely to be meddlesome.
16. As an adolescent mental disorder, which one of the following is classified as a transition disorder?
 - A. Substance abuse.
 - B. Pervasive developmental disorder.
 - C. Attention deficit hypertensive disorder.
 - D. Attachment disorder.
 - E. Language and learning disorder.
17. As a behavioural problem in adolescence, which one of the following is classified as disruptive behaviour?
 - A. Crying.
 - B. Irritability.
 - C. Acting out.
 - D. Somatisation.
 - E. Aggression.
18. About adolescent depression, which one of the following statements is CORRECT?
 - A. Adolescent boys are twice as likely as girls to experience depression.
 - B. Twenty percent of adolescent attendees at the Child Guidance Clinic have a mood disorder.
 - C. Depressive moods may alternate over a period of hours or days.
 - D. Unlike adult depression, adolescent depression is easy to diagnose.
 - E. Most adolescent depressions are beyond the ability of family physicians to manage them successfully.
19. Which one of the following may draw attention to the presence of adolescent depression?
 - A. Difficulty in making decisions.
 - B. Temper.
 - C. Excessive daytime sleepiness and fatigue.
 - D. Episodes of memory loss.
 - E. All of the above.
20. Which one of the following is LEAST useful in anger management?
 - A. Change the way one thinks.
 - B. Use logic on oneself to beat the anger.
 - C. Express anger in an assertive manner.
 - D. Finding what triggers the anger immediately.
 - E. Deep breathing and relaxing imagery.
21. Which one of the following statements on the epidemiology of eating disorders is CORRECT?
 - A. Eating disorders occur most commonly in adolescents and equally in both male and female.
 - B. A 1997 study of Chinese Singaporean youths found that 80% of females wanted to be thinner.
 - C. The main types of eating disorders are anorexia nervosa and bulimia nervosa.
 - D. Mortality for anorexia nervosa is high at 25%.
 - E. The distinction between normal dieting and disordered eating is based on psychological factors.
22. Which one of the following diagnostic criteria for anorexia nervosa is CORRECT?
 - A. Maintaining body weight above the minimum normal weight for age and height.
 - B. Intense fear of losing weight or becoming underweight.
 - C. Aware of the seriousness of current low body weight.
 - D. Dysmenorrhoea occurs in postmenarchal females.
 - E. Undue influence of body weight or shape on self evaluation.

23. Which one of the following diagnostic criteria for bulimia nervosa is **CORRECT** ?
- Recurrent episodes of eating that are controlled and not excessive.
 - Associated alcohol and gambling addiction.
 - Inappropriate compensatory behaviour to prevent weight gain such as self induced vomiting.
 - Two episodes of binge eating are considered sufficient for diagnosis.
 - Undue influence of body height on self evaluation.
24. Which one of the following is seen in anorexia nervosa?
- Tachycardia.
 - Hypertension.
 - Alopecia areata.
 - Russell's sign.
 - Xanthelasma.
25. In which one of the following cases of eating disorder would you consider inpatient admission?
- Active suicidal plans.
 - Weight decline in excess of 5 kg.
 - Patients who suffer from obsessive compulsive disorder.
 - On the third episode of binge eating.
 - Family request.
26. Which one of the following is **MOST** likely to be part of normal puberty in the female?
- Breast development at 8 years .
 - Menarche occurs at 9 years.
 - Absence of menses by age 16 years in the presence of normal secondary sexual characteristics.
 - Absence of breast development by age 14.
 - Persistent oligomenorrhoea with intervals of up to six months in the early teens.
27. Which one of the following statements about delayed puberty in females is **CORRECT**?
- Absence of breast development by age 16 years.
 - Onset of period before age 16.
 - Absent uterus or absent vagina can be a cause and such females usually have normal secondary sexual characteristics.
 - Constitutional delay can be a cause which can be confirmed by a low FSH level.
 - It is not associated with eating disorders.
28. Which one of the following statements about male sexual development is **CORRECT**?
- Male sexual development begins at average age of 10.6 years.
 - The first ejaculation of a boy does not contain any sperms.
 - Wet dreams are experienced by every boy.
 - Size of penis has a bearing on virility.
 - Median age for establishment of spermatogenesis is 13.4 years.
29. Which one of the following statements about sexuality is **CORRECT**?
- Sexual drives and behaviours increases dramatically during adolescence largely because of modern social values.
 - The average age of initiation of intimate sexual behaviour among adolescence does not differ between countries and cultural groups.
 - Homosexual explorations are frequent in early adolescence.
 - Hormonal abnormalities are frequently found in young people with gender identity disorder.
 - The "raging hormones" of puberty driving irresistible sexual urge during adolescence is a proven concept.
30. About irregular periods (both oligomenorrhoea and polymenorrhoea) which one of the following statements is **CORRECT**?
- Oligomenorrhoea and polymenorrhoea are usually ovulatory.
 - Polycystic Ovarian Disease may be a cause of irregular periods.
 - Oligomenorrhoea of up to 6 months between periods is normal in adolescence.
 - That athletic training causes oligomenorrhoea is a myth.
 - Irregular periods are fairly common in the first 4 years after menarche.

Distance Learning Module – FPSC No: 22
"Function and Disability in Primary Care"
Answers to 30 MCQ Assessment

Q1. E	Q11. B	Q21. D
Q2. B	Q12. C	Q22. B
Q3. B	Q13. C	Q23. C
Q4. C	Q14. B	Q24. D
Q5. D	Q15. B	Q25. C
Q6. B	Q16. A	Q26. D
Q7. D	Q17. C	Q27. A
Q8. D	Q18. A	Q28. C
Q9. E	Q19. B	Q29. B
Q10. D	Q20. C	Q30. A

Distance Learning Module – FPSC No: 23
"Value of Vaccination"
Answers to 30 MCQ Assessment

Q1. D	Q11. D	Q21. B
Q2. A	Q12. A	Q22. A
Q3. D	Q13. C	Q23. C
Q4. B	Q14. E	Q24. A
Q5. C	Q15. D	Q25. C
Q6. B	Q16. C	Q26. C
Q7. A	Q17. B	Q27. B
Q8. D	Q18. B	Q28. B
Q9. A	Q19. E	Q29. A
Q10. E	Q20. E	Q30. E