

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201508A)

	True	False
1. Vitamin D deficiency is uncommon among elderly patients in temperate countries as there is usually sufficient sun exposure during the four seasons.	<input type="checkbox"/>	<input type="checkbox"/>
2. The prevalence of vitamin D deficiency is high in elderly patients with fragility fractures.	<input type="checkbox"/>	<input type="checkbox"/>
3. A recent local study in sunny Singapore has shown that the prevalence of vitamin D deficiency is lower than 34.5%.	<input type="checkbox"/>	<input type="checkbox"/>
4. Vitamin D deficiency results in abnormalities in calcium, phosphorus and bone metabolism.	<input type="checkbox"/>	<input type="checkbox"/>
5. Vitamin D deficiency causes a decrease in the efficiency of intestinal calcium and the phosphorus absorption of dietary calcium and phosphorus.	<input type="checkbox"/>	<input type="checkbox"/>
6. Vitamin deficiency results in a decrease in parathyroid levels.	<input type="checkbox"/>	<input type="checkbox"/>
7. In secondary hypoparathyroidism, serum calcium is maintained at the normal range at the expense of mobilising calcium from the skeleton and increasing phosphorus wasting in the kidneys.	<input type="checkbox"/>	<input type="checkbox"/>
8. Secondary hyperparathyroidism causes a generalised decrease in bone mineral density.	<input type="checkbox"/>	<input type="checkbox"/>
9. The phosphaturia caused by secondary hyperparathyroidism results in a low or low-normal serum phosphorus level.	<input type="checkbox"/>	<input type="checkbox"/>
10. In young children with little mineral in their skeleton, the phosphaturia caused by secondary hyperparathyroidism results in rickets.	<input type="checkbox"/>	<input type="checkbox"/>
11. Adults with osteomalacia can present with symptoms of isolated or generalised aches and pains in their bones and muscles.	<input type="checkbox"/>	<input type="checkbox"/>
12. Vitamin D deficiency causes increasing sway and frequent falls in the elderly, thereby increasing their risk of fracture.	<input type="checkbox"/>	<input type="checkbox"/>
13. Screening for vitamin D deficiency should only be done by endocrinologists in tertiary centres managing patients with complex osteoporosis.	<input type="checkbox"/>	<input type="checkbox"/>
14. Adequate vitamin D replacement is important while a patient is on antiosteoporosis treatment.	<input type="checkbox"/>	<input type="checkbox"/>
15. Vitamin D replacement regimes need to be customised according to the severity of the patient's deficiency and tolerability of the medication.	<input type="checkbox"/>	<input type="checkbox"/>
16. Checking of serum vitamin D levels is recommended within two weeks of supplementation.	<input type="checkbox"/>	<input type="checkbox"/>
17. Vitamin D supplementation is recommended for a patient with a serum 25-hydroxyvitamin D [25(OH)D] concentration of 40 µg/L.	<input type="checkbox"/>	<input type="checkbox"/>
18. Mild vitamin D deficiency [serum 25(OH)D 10–19 µg/L] or vitamin D insufficiency (20–29 µg/L) can be treated with cholecalciferol 25–50 µcg (1,000–2,000 IU) daily.	<input type="checkbox"/>	<input type="checkbox"/>
19. Moderate-to-severe vitamin D deficiency (serum 25(OH)D < 9 µg/L) can be treated with cholecalciferol 50–75 µcg (2,000–3,000 IU) daily for approximately four weeks.	<input type="checkbox"/>	<input type="checkbox"/>
20. Patients who have persistently low serum vitamin D levels despite taking high-dose supplements for adequate durations should be referred to specialists and may need complex therapeutic regimens that include calcitriol.	<input type="checkbox"/>	<input type="checkbox"/>

Doctor's particulars:

Name in full : _____
 MCR number : _____ Specialty: _____
 Email address : _____

SUBMISSION INSTRUCTIONS:

(1) Log on at the SMJ website: <http://www.sma.org.sg/publications/smjcurrentissue.aspx> and select the appropriate set of questions. (2) Provide your name, email address and MCR number. (3) Select your answers and click "Submit".

RESULTS:

(1) Answers will be published in the SMJ October 2015 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 2 October 2015. (3) Passing mark is 60%. No mark will be deducted for incorrect answers. (4) The SMJ editorial office will submit the list of successful candidates to the Singapore Medical Council. (5) One CME point is awarded for successful candidates.

Deadline for submission: (August 2015 SMJ 3B CME programme): 12 noon, 25 September 2015.