SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME
(Code SMJ 201508A)

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

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/en/currentissue.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.