

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201509A)

| | True | False |
|--|--------------------------|--------------------------|
| 1. Hoarding is defined as an excessive acquisition of objects and inability to discard or part with possessions that appear to have little or no value. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Hoarding can lead to excessive clutter, distress and disability, which are part of the diagnostic criteria for hoarding disorder. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Hoarding behaviour is always pathological and should be treated early. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Hoarding disorder can coexist with obsessive-compulsive disorder, major depressive disorder, generalised anxiety disorder and/or schizophrenia. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Hoarding is a personal preference and rarely leads to social or environmental problems. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. A local study estimates that the prevalence of hoarding in the community is less than 0.05%. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The prevalence of hoarding among local patients with obsessive-compulsive disorder is 22.6%, approximately ten times more than the prevalence in the community. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. People with hoarding behaviour often lack insight into their own actions and are slow to seek help. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Community befriender services such as the Singapore Association for Mental Health and Singapore Anglican Community Services can conduct home assessments and counsel the individual to seek medical assistance. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The town council can clear out the premises of any hoarder under their care without the individual's agreement if they have evidence that the hoarder is being a public nuisance. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. When advice to seek medical assessment and community avenues has failed, the parties adversely affected by the hoarding behaviour may seek help from the Hoarding Task Force. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. The forceful clearing-out of a hoarder's possessions without medical treatment or sustained support may not result in a long-term change in the hoarding behaviour and situation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. The police is the only agency that can arrest the person for aggravated hoarding behaviour within their own residence. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. The Singapore Civil Defence Force (SCDF) has the legal power to intervene directly in hoarding cases in fire hazards and/or emergencies, without the consent of the hoarder. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. In providing professional help, the SCDF usually adopts the mediatory approach to find a more sustainable solution to hoarding as a behavioural problem. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Hoarders who refuse medical help are mandated to attend mediation and reach a binding consensus at their nearest Community Mediation Centres even without their consent. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. The Community Disputes Resolution Act introduces a new statutory tort to address the issue of recalcitrant offenders in neighbourly disputes by invoking the threat of criminal sanctions. | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. The new Community Disputes Resolution Act targets overt acts of unreasonable interference with a neighbour's enjoyment or use of his residence and not hoarding within one's own residence. | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. The Hoarding Task Force, consisting of multiple ministries and public institutions, was formed in late 2014 to bring together expertise and powers in their respective domains to help resolve problems related to hoarding behaviour and provide support. | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Primary care doctors, who are frequently approached as the first line of assessment and help for hoarding behaviour, should be aware of the new Hoarding Task Force and community resources that could aid in patient management. | <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 November 2015 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 2 November 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: (September 2015 SMJ 3B CME programme): 12 noon, 26 October 2015.