SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201605A)

		True	False
1.	Hypertension is the most common chronic diagnosis in all primary care clinics in Singapore.	☐	☐
2.	Secondary hypertension is common in older adults, including primary aldosteronism, renal parenchymal disease, renal artery stenosis and obstructive sleep apnoea (OSA).	☐	☐
3.	It is important to diagnose and treat secondary causes of hypertension, as it can lead to cardiovascular and renal complications as well as increased healthcare costs if left undiagnosed.	☐	☐
4.	Coarctation of the aorta and glomerulonephritis are important causes to consider in a young hypertensive patient (< 30 years of age).	☐	☐
5.	Secondary causes of hypertension are uncommon in older patients > 50 years of age and should not be considered for diagnosis.	☐	☐
6.	The first step in treating a patient with uncontrolled hypertension is the addition of another antihypertensive medication.	☐	☐
7.	Primary aldosteronism is rare and should only be considered in young patients with hypertension and hypokalaemia.	☐	☐
8.	Primary aldosteronism presents in older adults and is asymptomatic; patients are often normokalaemic.	☐	☐
9.	Serum aldosterone and renin levels of patients with severe or resistant hypertension should be screened for the diagnosis of primary aldosteronism.	☐	☐
10.	It is paramount that only certain antihypertensive medications should be used prior to checking aldosterone and renin levels.	☐	☐
11.	Primary aldosteronism is a treatable condition, and treatment can lead to improved blood pressure control (and potential cure) and reversal of end-organ complications.	☐	☐
12.	Renal parenchymal disease and renal artery stenosis are common in hypertensive adults and a baseline serum creatinine test should be ordered.	☐	☐
13.	It is not necessary to monitor serum creatinine levels in patients initiated on an angiotensin-converting enzyme inhibitor.	☐	☐
14.	A patient with a renal bruit is unlikely to have renal artery stenosis and Doppler ultrasonography of the renal arteries is not recommended.	☐	☐
15.	Discrepant kidney sizes and recurrent flash pulmonary oedema should alert the physician to the possibility of renal artery stenosis.	☐	☐
16.	All patients with renal artery stenosis require percutaneous revascularisation.	☐	☐
17.	Obstructive sleep apnoea only occurs in obese patients.	☐	☐
18.	Obstructive sleep apnoea is common and the diagnosis should be considered in patients with excessive daytime sleepiness, nocturnal gasping or choking events, snoring, and unrefreshing sleep.	☐	☐
19.	Male gender, obesity and middle age are identified risk factors for OSA.	☐	☐
20.	Once the patient's OSA has been treated, hypertension is often cured and antihypertensive medications are no longer required.	☐	☐

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 July 2016 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 27 June 2016. (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: (May 2016 SMJ 3B CME programme): 12 noon, 20 June 2016.