

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201606B)

These questions are based on the full text of the guidelines, which may be found at <http://www.hpb.gov.sg/cpg-obesity>.

Question 1. When diagnosing and assessing obesity:

- (a) The measure used to define obesity in childhood and adolescence is BMI-for-age.
- (b) BMIs of 23 kg/m² and 27.5 kg/m² have been recommended as cut-off points for public health action in Asian adults.
- (c) Adult patients should be assessed for comorbid conditions and stratified according to health risk, in particular for neuromuscular disorders.
- (d) Waist circumference is the most practical anthropometric measurement for assessing a patient's abdominal fat content before and during weight loss treatment.

True False

Question 2. With regard to diet and physical activity for treating obesity:

- (a) An effective weight loss diet is one with reduced fat and total calorie intake, and the ability to maintain prolonged dietary compliance.
- (b) With regard to the impact of calorie restriction on weight loss, daily energy intake reduction of 24 kcal/day will eventually lead to an approximately 1 kg weight loss with half occurring in about one year.
- (c) Current National Physical Activity Guidelines state that to gain sufficient health benefits, adults need to accumulate 100 minutes of moderate intensity aerobic physical activity per week.
- (d) Physical activity alone can help in the prevention and control of obesity, but physical activity combined with diet can lead to greater weight loss.

Question 3. With regard to medication and surgery for treating obesity:

- (a) Long-term clinical trials suggest that orlistat may produce a weight loss of 2.9 kg compared to placebo.
- (b) Reducing carbohydrates is the only way to reduce weight.
- (c) Bariatric surgery may be considered for the treatment of obese individuals suffering from diabetes mellitus with poor glycaemic control.
- (d) After bariatric surgery, patients do not need any medical follow-up.

Question 4. When diagnosing and treating obesity in children and adolescents:

- (a) Weight maintenance or slower weight gain is not an acceptable approach for pre-pubertal children with obesity.
- (b) BMI-for-age percentile charts for boys and girls are used to classify children and adolescents, where overweight status is defined by 90–95th percentile, and severely overweight (obesity equivalent) is defined as ≥ 95th percentile in Singapore.
- (c) A child with recent onset of weight gain and slow linear growth should be referred for assessment of endocrinopathy.
- (d) Obese Asian children should be screened for Type 2 diabetes if they are pubertal and have acanthosis nigricans.

Question 5. When screening for and managing obesity in pregnant women:

- (a) Weight loss is recommended for the morbidly obese women with BMI > 30 kg/m².
- (b) A 50 g glucose challenge test is recommended at 24–28 weeks of gestation.
- (c) Post-natal mechanical and pharmacological thromboprophylaxis is necessary for these women after Caesarean section.
- (d) For post-natal care, overweight and obese women should be encouraged to lose weight before considering a future pregnancy.

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 online in the SMJ August 2016 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 28 July 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: (June 2016 SMJ 3B CME programme): 12 noon, 21 July 2016.