

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201607B)

	True	False
1. Non-alcoholic fatty liver disease (NAFLD) is the accumulation of more than 5% fat in the liver that is not due to alcohol or drugs.	<input type="checkbox"/>	<input type="checkbox"/>
2. The global prevalence of NAFLD has been estimated at around 24%.	<input type="checkbox"/>	<input type="checkbox"/>
3. NAFLD is commonly associated with metabolic syndrome.	<input type="checkbox"/>	<input type="checkbox"/>
4. NAFLD only occurs in obese patients.	<input type="checkbox"/>	<input type="checkbox"/>
5. NAFLD encompasses a clinical spectrum ranging from simple steatosis, also known as non-alcoholic fatty liver (NAFL), to non-alcoholic steatohepatitis (NASH).	<input type="checkbox"/>	<input type="checkbox"/>
6. All NAFLD patients will progress to liver cirrhosis and liver cancer.	<input type="checkbox"/>	<input type="checkbox"/>
7. The most important predictor of long-term outcome in NAFLD patients is the stage of liver fibrosis.	<input type="checkbox"/>	<input type="checkbox"/>
8. Patients with NASH tend to develop fibrosis at a faster rate than patients with NAFL.	<input type="checkbox"/>	<input type="checkbox"/>
9. Abdominal ultrasonography is the first-line screening tool for NAFLD in clinical practice.	<input type="checkbox"/>	<input type="checkbox"/>
10. Abdominal ultrasonography can differentiate patients with NAFL from those with NASH.	<input type="checkbox"/>	<input type="checkbox"/>
11. Patients with NASH can have normal transaminase levels.	<input type="checkbox"/>	<input type="checkbox"/>
12. Noninvasive tests such as fibrosis scoring systems or transient elastography (FibroScan®) can be used as a screening tool to identify high-risk NAFLD patients.	<input type="checkbox"/>	<input type="checkbox"/>
13. Lifestyle modifications involving weight loss, diet restriction and increased physical activity are the cornerstone of first-line treatment in NAFLD patients.	<input type="checkbox"/>	<input type="checkbox"/>
14. Overweight patients with NAFLD should aim for between 5% and 10% weight loss to treat NAFLD.	<input type="checkbox"/>	<input type="checkbox"/>
15. Relative to normal table sugar, sweeteners containing fructose (particularly high-fructose corn syrup) are beneficial for NAFLD patients.	<input type="checkbox"/>	<input type="checkbox"/>
16. Coffee (without sugar) can be used as an adjuvant in NAFLD treatment.	<input type="checkbox"/>	<input type="checkbox"/>
17. Optimising concurrent metabolic risk factors is beneficial for NAFLD.	<input type="checkbox"/>	<input type="checkbox"/>
18. No medication has shown consistent effectiveness and benefits in the treatment of NAFLD.	<input type="checkbox"/>	<input type="checkbox"/>
19. High-dose vitamin E supplementation has been shown to improve NAFLD but potential side-effect profiles need to be considered.	<input type="checkbox"/>	<input type="checkbox"/>
20. Pharmacological treatment of NAFLD should ideally be reserved for patients with biopsy-proven NASH.	<input type="checkbox"/>	<input type="checkbox"/>

Doctor's particulars:

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

SUBMISSION INSTRUCTIONS:

(1) Visit the SMJ website: <http://www.smj.org.sg/current-issue> 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 September 2016 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 2 September 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: (July 2016 SMJ 3B CME programme): 12 noon, 26 August 2016.