

## SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME (Code SMJ 201609A)

	True	False
1. Urinary tract infection (UTI) is a term that describes any infection that involves any part of the urinary tract.	<input type="checkbox"/>	<input type="checkbox"/>
2. Women are 30 times more likely to develop a UTI than men.	<input type="checkbox"/>	<input type="checkbox"/>
3. Most women have their first UTI by 24 years of age.	<input type="checkbox"/>	<input type="checkbox"/>
4. Patients with well-controlled diabetes mellitus are at higher risk of having complicated UTIs.	<input type="checkbox"/>	<input type="checkbox"/>
5. Patients on long-term catheterisation are at higher risk of having complicated UTIs.	<input type="checkbox"/>	<input type="checkbox"/>
6. Postmenopausal women are not at increased risk of having complicated UTIs.	<input type="checkbox"/>	<input type="checkbox"/>
7. Recurrent UTIs are common even among young healthy women who have anatomically and physiologically normal urinary tracts.	<input type="checkbox"/>	<input type="checkbox"/>
8. Imaging of the upper urinary tract and cystoscopy are not routinely recommended for evaluation of women with recurrent UTIs.	<input type="checkbox"/>	<input type="checkbox"/>
9. Sexual intercourse and having a new sexual partner are known risk factors for recurrent UTIs in women.	<input type="checkbox"/>	<input type="checkbox"/>
10. Atrophic vaginitis in postmenopausal women does not contribute to increased risk of recurrent UTIs.	<input type="checkbox"/>	<input type="checkbox"/>
11. All cases of asymptomatic bacteriuria do not require treatment.	<input type="checkbox"/>	<input type="checkbox"/>
12. Uncomplicated cystitis can be confidently diagnosed with a focused history of lower urinary tract symptoms, supplemented by a urine dipstick test.	<input type="checkbox"/>	<input type="checkbox"/>
13. Studies show that simple (i.e. uncomplicated) cystitis treated with oral antibiotics has a poorer clinical outcome compared to placebo use.	<input type="checkbox"/>	<input type="checkbox"/>
14. Early appropriate imaging is necessary for the early appropriate treatment of pyelonephritis to prevent urosepsis.	<input type="checkbox"/>	<input type="checkbox"/>
15. Patients with a history of previous urological procedures, recent or long-term catheterisation, recent or long-term antibiotics and recent hospitalisation tend to present with complicated UTIs.	<input type="checkbox"/>	<input type="checkbox"/>
16. <i>Escherichia coli</i> is the predominant uropathogen isolated in acute, community-acquired complicated UTIs in adults and children.	<input type="checkbox"/>	<input type="checkbox"/>
17. Principles for treating recurrent complicated UTIs include early use of broad-spectrum antibiotics, with adjustment of antibiotic coverage based on culture results, and attempts to relieve any existing urinary obstruction based on results of imaging studies.	<input type="checkbox"/>	<input type="checkbox"/>
18. All men with lower urinary tract symptoms who respond well to drug treatment still need a referral to a urologist.	<input type="checkbox"/>	<input type="checkbox"/>
19. Patients with UTIs who failed medical therapy or have significant urinary retention need to be referred to a urologist.	<input type="checkbox"/>	<input type="checkbox"/>
20. Patients with recurrent UTIs due to suspected surgically correctable causes should be referred to a urologist.	<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 November 2016 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 2 November 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: (September 2016 SMJ 3B CME programme): 12 noon, 26 October 2016.**