

## SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201611A)

	True	False
1. Major depression is a mood disorder that presents with either a persistent feeling of sadness or loss of pleasure, or both.	<input type="checkbox"/>	<input type="checkbox"/>
2. Major depression was found to be the most common mental illness in the Singapore Mental Health Study conducted in 2010.	<input type="checkbox"/>	<input type="checkbox"/>
3. Major depression is an episodic illness of considerable morbidity with a low rate of recurrence.	<input type="checkbox"/>	<input type="checkbox"/>
4. Many patients who suffer from major depression seek help within the first two weeks upon experiencing the early symptoms.	<input type="checkbox"/>	<input type="checkbox"/>
5. Timely screening coupled with diagnosis, early treatment and follow-up does not show better outcomes.	<input type="checkbox"/>	<input type="checkbox"/>
6. There is a bidirectional relationship between major depression and chronic disease.	<input type="checkbox"/>	<input type="checkbox"/>
7. Depressed patients in Singapore usually present to primary care clinics with insomnia and/or low energy level, rather than somatic symptoms.	<input type="checkbox"/>	<input type="checkbox"/>
8. Major depression is not commonly associated with attention deficit and poor cognitive functioning.	<input type="checkbox"/>	<input type="checkbox"/>
9. Clinicians should pay attention to life event stressors (e.g. recent loss or bereavement, abuse and incidents involving humiliation) as potential triggers for major depression.	<input type="checkbox"/>	<input type="checkbox"/>
10. The Patient Health Questionnaire-2 (PHQ-2) is a two-item tool that can be adopted by most primary care practitioners, even in the busy outpatient setting.	<input type="checkbox"/>	<input type="checkbox"/>
11. The items in the PHQ-2 are derived from the two major criteria in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) for the diagnosis of major depression.	<input type="checkbox"/>	<input type="checkbox"/>
12. The PHQ-2 can be used as a screening tool for major depression and to grade its severity when it is present.	<input type="checkbox"/>	<input type="checkbox"/>
13. Patients who obtain a score $\geq 2$ on the PHQ-2 should proceed to the nine-item Patient Health Questionnaire-9 (PHQ-9).	<input type="checkbox"/>	<input type="checkbox"/>
14. The PHQ-9 cannot be used as both a diagnostic and severity measure for major depression.	<input type="checkbox"/>	<input type="checkbox"/>
15. The Beck Depression Inventory-Fast Screen (BDI-FS; previously called BDI-Primary Care) was developed by removing the somatic components of the BDI.	<input type="checkbox"/>	<input type="checkbox"/>
16. The Geriatric Depression Scale assesses the affective and cognitive aspects of major depression as well as its somatic symptoms.	<input type="checkbox"/>	<input type="checkbox"/>
17. The DSM-5 provides a set of criteria that should be fulfilled in order to diagnose major depression.	<input type="checkbox"/>	<input type="checkbox"/>
18. Patients with bipolar disorder who present with a low mood are commonly diagnosed correctly.	<input type="checkbox"/>	<input type="checkbox"/>
19. Neurological conditions such as dementia, Parkinson's disease and multiple sclerosis do not have symptoms that overlap with those of major depression.	<input type="checkbox"/>	<input type="checkbox"/>
20. The DSM-5 defines the severity of depression based on the number of criterion symptoms, severity of those symptoms and degree of functional disability.	<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 January 2017 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 30 December 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: (November 2016 SMJ 3B CME programme): 12 noon, 23 December 2016.**