

## SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201602A)

	True	False
1. Common causes of chronic cough with a normal chest radiograph in the local setting include postnasal drip syndrome (PNDS), postinfectious cough, gastro-oesophageal reflux disease (GERD) and cough variant asthma (CVA).	<input type="checkbox"/>	<input type="checkbox"/>
2. The absence of wheezing and dyspnoea rules out CVA.	<input type="checkbox"/>	<input type="checkbox"/>
3. Spirometry may be normal in CVA.	<input type="checkbox"/>	<input type="checkbox"/>
4. A negative methacholine challenge test almost always rules out CVA.	<input type="checkbox"/>	<input type="checkbox"/>
5. GERD cannot be the cause of cough in the absence of classical symptoms such as acid brash or heartburn.	<input type="checkbox"/>	<input type="checkbox"/>
6. 24-hour pH monitoring is always required to diagnose GERD-induced cough.	<input type="checkbox"/>	<input type="checkbox"/>
7. Angiotensin-converting enzyme inhibitor (ACEI)-induced cough can last up to a few months after stopping medication.	<input type="checkbox"/>	<input type="checkbox"/>
8. The onset of ACEI-induced cough ranges from instantaneous to a few months after the initiation of ACEI.	<input type="checkbox"/>	<input type="checkbox"/>
9. The posterior pharynx has a cobblestone appearance in postinfectious cough.	<input type="checkbox"/>	<input type="checkbox"/>
10. Nonasthmatic eosinophilic bronchitis (NAEB) is associated with a positive methacholine challenge test.	<input type="checkbox"/>	<input type="checkbox"/>
11. Postinfectious cough usually subsides within eight weeks.	<input type="checkbox"/>	<input type="checkbox"/>
12. Postinfectious cough is believed to be the result of transient laryngeal hyperresponsiveness.	<input type="checkbox"/>	<input type="checkbox"/>
13. A thorough history-taking and physical examination can often provide a diagnosis for chronic cough.	<input type="checkbox"/>	<input type="checkbox"/>
14. In the absence of any specific diagnostic clues, experts suggest that empiric treatment with nasal steroids and antihistamines can be started for PNDS, GERD or CVA.	<input type="checkbox"/>	<input type="checkbox"/>
15. The treatment for CVA is the same as that for classical asthma.	<input type="checkbox"/>	<input type="checkbox"/>
16. Chronic cough due to <i>Mycoplasma</i> or pertussis responds well to macrolide therapy.	<input type="checkbox"/>	<input type="checkbox"/>
17. Inhaled corticosteroids can be used to treat both NAEB and CVA.	<input type="checkbox"/>	<input type="checkbox"/>
18. Chronic cough cannot cause serious cardiovascular complications.	<input type="checkbox"/>	<input type="checkbox"/>
19. PNDS is now referred to as upper airway cough syndrome.	<input type="checkbox"/>	<input type="checkbox"/>
20. GERD is always caused by acid reflux.	<input type="checkbox"/>	<input type="checkbox"/>

### 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 April 2016 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 4 April 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: (February 2016 SMJ 3B CME programme): 12 noon, 28 March 2016.**