

## SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201612A)

	True	False
1. Stroke is a debilitating disease that is the fourth most common cause of death in Singapore.	<input type="checkbox"/>	<input type="checkbox"/>
2. All patients diagnosed with a transient ischaemic attack (TIA) based on the reversal of focal neurological deficits within 24 hours have no evidence of cerebral infarction on neuroimaging.	<input type="checkbox"/>	<input type="checkbox"/>
3. Ischaemic strokes account for 40%–50% of strokes that occur in Singapore.	<input type="checkbox"/>	<input type="checkbox"/>
4. TIAs are early warnings that signal a need to aggressively decrease the modifiable risk factors for stroke.	<input type="checkbox"/>	<input type="checkbox"/>
5. The incidence of stroke among adults aged 25–64 years is highest among those of Chinese ethnicity compared to individuals of Malay or Indian ethnicity.	<input type="checkbox"/>	<input type="checkbox"/>
6. The median age of stroke in Singapore was 67 years in 2014.	<input type="checkbox"/>	<input type="checkbox"/>
7. Hypertension, diabetes mellitus and hyperlipidaemia are modifiable risk factors for TIA and stroke.	<input type="checkbox"/>	<input type="checkbox"/>
8. Psychosocial stress is a risk factor for stroke.	<input type="checkbox"/>	<input type="checkbox"/>
9. Smoking is not a risk factor for stroke.	<input type="checkbox"/>	<input type="checkbox"/>
10. A patient who has a suspected TIA should wait for symptoms to resolve before seeking medical attention.	<input type="checkbox"/>	<input type="checkbox"/>
11. In general, individuals who are right-handed have a dominant left hemisphere.	<input type="checkbox"/>	<input type="checkbox"/>
12. In patients suspected to have an acute stroke, capillary glucose testing should be performed.	<input type="checkbox"/>	<input type="checkbox"/>
13. Patients who are initially thought to have suffered an acute stroke, but are later found to have a stroke mimic should be referred to the hospital for appropriate further investigation.	<input type="checkbox"/>	<input type="checkbox"/>
14. FAST (face, arm, speech, time) is an easy-to-remember public education tool that has been validated for both anterior and posterior circulation strokes.	<input type="checkbox"/>	<input type="checkbox"/>
15. In general, the majority of Singaporeans are able to cite at least one of the warning signs in the FAST mnemonic.	<input type="checkbox"/>	<input type="checkbox"/>
16. The ABCD <sup>2</sup> score may be used to assess stroke risk following a TIA.	<input type="checkbox"/>	<input type="checkbox"/>
17. The time window for recombinant tissue plasminogen activator therapy in a patient with suspected ischaemic stroke is 4.5 hours from the onset of the stroke.	<input type="checkbox"/>	<input type="checkbox"/>
18. Patients who have just suffered a stroke and have acutely elevated blood pressure readings ( $\geq 200/120$ mmHg) should have their blood pressure aggressively reduced at the primary care clinic while awaiting for emergency medical services to transport the patient to hospital.	<input type="checkbox"/>	<input type="checkbox"/>
19. In Singapore, a patient with TIA or stroke should ideally have neuroimaging performed within 24 hours of the onset of symptoms.	<input type="checkbox"/>	<input type="checkbox"/>
20. The following are acceptable as first-line antiplatelet agents in patients with stroke: aspirin, dipyridamole/aspirin, or clopidogrel.	<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 February 2017 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 2 February 2017. (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: (December 2016 SMJ 3B CME programme): 12 noon, 26 January 2017.**