SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201704A)

		True	False
1.	Obstructive sleep apnoea (OSA) is a sleep-related breathing condition characterised by episodes of complete or partial upper airway obstruction during sleep, leading to repetitive oxygen desaturation and sleep fragmentation.	☐	☐
2.	The presence of symptoms or signs such as witnessed habitual snoring, excessive daytime sleepiness, unrefreshing sleep and hypertension is absolutely necessary to make a diagnosis of OSA.	☐	☐
3.	An apnoea-hypopnea index of ≥ 5/hr without symptoms from a sleep study can be used to diagnose OSA.	☐	☐
4.	As much as 30.1% of OSA patients had Type 2 diabetes mellitus (DM), while up to 20% had impaired glucose tolerance in an epidemiological study.	☐	☐
5.	A meta-analysis of prospective studies found that mild-to-moderate OSA was associated with an increased incidence of Type 2 DM.	☐	☐
6.	OSA may worsen DM control and contribute to DM-related complications.	☐	☐
7.	Hypertension is a prominent common risk factor for DM and OSA.	☐	☐
8.	Side effects of continuous positive airway pressure (CPAP) treatment are usually minor and can be adequately addressed.	☐	☐
9.	Intermittent hypoxia has been suggested to be a pathophysiological link between OSA and DM.	☐	☐
10.	OSA prevalence was shown to have increased from 14% to 55% over the past two decades in a United States community study.	☐	☐
11.	The local prevalence of DM was found to be 12.3% in 2013.	☐	☐
12.	OSA is associated with hypertension, stroke, depression and cognitive impairment.	☐	☐
13.	OSA has been identified to be the most common cause of primary drug-resistant hypertension in one study.	☐	☐
14.	CPAP is the standard treatment for OSA.	☐	☐
15.	CPAP treatment should be offered to all patients with OSA.	☐	☐
16.	Blood pressure reduction through CPAP treatment is comparable to that produced by pharmacotherapy.	☐	☐
17.	Weight management through dietary and lifestyle modifications plays an important role in the holistic management of the obese OSA patient.	☐	☐
18.	Poor glycaemic control was found to be associated with the frequency of obstructive respiratory events during rapid eye movement sleep.	☐	☐
19.	There is strong evidence that CPAP treatment improves glycaemic control in Type 2 DM.	☐	☐
20.	Evidence suggests that screening all diabetic patients for OSA using validated questionnaires is beneficial.	☐	☐

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 June 2017 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 31 May 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: (April 2017 SMJ 3B CME programme): 12 noon, 24 May 2017.