

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201706A)

	True	False
1. One must perform a PAP smear before the initiation of COCs.	<input type="checkbox"/>	<input type="checkbox"/>
2. If a woman reports sexual dysfunction after the initiation of COCs, switching over to newer-generation COCs containing drospirenone and ethinylestradiol, or gestodene and ethinylestradiol may improve the symptoms.	<input type="checkbox"/>	<input type="checkbox"/>
3. One must not initiate COCs in a woman > 40 years old, even if she does not have any other risk factors.	<input type="checkbox"/>	<input type="checkbox"/>
4. Treatment of acne in adolescent girls can lead to sexual dysfunction.	<input type="checkbox"/>	<input type="checkbox"/>
5. Serum hormonal profile must be evaluated in any woman with sexual dysfunction.	<input type="checkbox"/>	<input type="checkbox"/>
6. Any women with systolic blood pressure (BP) \geq 160 mmHg or diastolic BP \geq 100 mmHg should not be prescribed COCs.	<input type="checkbox"/>	<input type="checkbox"/>
7. COCs can be initiated within three weeks of delivery if the woman requires contraception and is not breastfeeding.	<input type="checkbox"/>	<input type="checkbox"/>
8. For women with no medical history, there is no need for additional barrier contraception if COCs are initiated within five days from the last menstrual period.	<input type="checkbox"/>	<input type="checkbox"/>
9. One should avoid prescribing COCs to women who have diabetic retinopathy.	<input type="checkbox"/>	<input type="checkbox"/>
10. COCs are contraindicated in women with body mass index > 30 kg/m ² .	<input type="checkbox"/>	<input type="checkbox"/>
11. Sexual history and function should be assessed before and after the initiation of COCs.	<input type="checkbox"/>	<input type="checkbox"/>
12. If baseline BP is normal before initiation of COCs, there is no need for a repeat BP measurement when the patient is on COCs.	<input type="checkbox"/>	<input type="checkbox"/>
13. COCs can cause dyspareunia.	<input type="checkbox"/>	<input type="checkbox"/>
14. Female sexual dysfunction is very rare and occurs in less than 10% of women worldwide.	<input type="checkbox"/>	<input type="checkbox"/>
15. COCs should not be initiated in a woman with a history of venous thromboembolism.	<input type="checkbox"/>	<input type="checkbox"/>
16. In women with migraine associated with aura, one should avoid initiation of COCs.	<input type="checkbox"/>	<input type="checkbox"/>
17. COCs can be used up to the age of menopause if the woman does not have other contraindications.	<input type="checkbox"/>	<input type="checkbox"/>
18. COCs should be avoided in women with a history of ischaemic heart disease or stroke.	<input type="checkbox"/>	<input type="checkbox"/>
19. Before initiation of COCs, one must perform a baseline liver function test.	<input type="checkbox"/>	<input type="checkbox"/>
20. Yearly PAP smear should be performed for a woman on COCs.	<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 August 2017 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 6 August 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: (June 2017 SMJ 3B CME programme): 12 noon, 27 July 2017.