SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME
(Code SMJ 201708A)

1. Major depression is a mood disorder that presents with either a persistent feeling of sadness or loss of pleasure, or both.
2. The primary care physician cannot diagnose major depression without referring the patient to a psychiatrist.
3. It is estimated that over two-thirds of persons with mental health disorders do not seek help.
4. Primary care practitioners, who have long-term relationships with their patients, are in an advantageous position to manage depression.
5. Good holistic treatment for depression refers to the use of both psychotherapy and antidepressants.
6. The biopsychosocial and lifestyle model applied to depression management includes medication, psychological treatment, social treatment and lifestyle changes, as well as managing concomitant medical illnesses such as diabetes and hypertension.
7. Issues and myths regarding stigma and discrimination for patients with depression are no longer common in our communities and need not be addressed unless raised by the patient.
8. Diagnosing and legitimising depression as a diagnosis and chronic illness have been shown to increase the patient’s willingness to receive help.
9. It is important to try to involve family members or significant others in treatment and this should be done even if the patient is reluctant to give permission.
10. Exercise therapy has been shown to improve depression and can be undertaken individually or in a group.
11. In primary care, psychotherapy, also known as ‘talk therapy’, can be administered as first-line treatment or as an adjunct to antidepressants.
12. All patients are suitable for psychotherapy.
13. Cognitive behavioural therapy is considered as the first-line and most evidence-based psychological therapy for depression.
14. For mild depression, psychotherapy and a review in two weeks is not an option.
15. The choice of antidepressant treatment should be individualised according to the patient’s needs.
16. Antidepressants such as tricyclic antidepressants and monoamine oxidase inhibitors are regarded as first-line therapy.
17. The patient should be advised that antidepressants are addictive.
18. Upon achieving symptom remission, the dose of antidepressants should be gradually tapered over 6–9 weeks.
19. The primary care physician should refer the patient to a specialist if no improvement is seen after two trials of medication.
20. Patients in the third trimester of pregnancy should be treated with care and started on antidepressants immediately.

Doctor’s particulars:
Name in full: __________________________________________ MCR no.: _______________________________________
Specialty: _______________________________ Email: ____________________________________________________

SUBMISSION INSTRUCTIONS:
Visit the SMJ website: http://www.smj.org.sg/current-issue and select the appropriate quiz. You will be redirected to the SMA login page.
For SMA member: (1) Log in with your username and password (if you do not know your password, please click on ‘Forgot your password?’). (2) Select your answers for each quiz and click ‘Submit’.
For non-SMA member: (1) Create an SMJ CME account, or login with your SMJ CME username and password (for returning users). (2) Make payment of SGD 21.40 (inclusive of 7% GST) via PayPal to access this month's quizzes. (3) Select your answers for each quiz and click ‘Submit’.

RESULTS:
(1) Answers will be published online in the SMJ October 2017 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 9 October 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.