

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

Question 1. Regarding clinical benign prostatic hyperplasia (BPH):

- (a) Both large and small prostates can cause bladder outlet obstruction.
- (b) Its location at the lateral lobes of the prostate causes more severe obstruction than at the middle lobe.
- (c) Clinical BPH can cause severe obstruction without symptoms.
- (d) Clinical BPH is defined as prostatic adenoma/adenomata causing varying degrees of bladder outlet obstruction, irrespective of symptoms.

True	False
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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Question 2. Regarding the role of digital rectal examination (DRE) in evaluating male lower urinary tract symptoms (LUTS)/BPH:

- (a) The shape of the prostate can be accurately determined using DRE.
- (b) The size of a normal prostate is two fingerbreadths or less.
- (c) A hard nodular prostate suggests prostatitis.
- (d) Poor anal tone and sacral anaesthesia suggest possible neurogenic voiding dysfunction.

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Question 3. Regarding the use of a voiding diary for investigating male LUTS:

- (a) It is a 48-hour frequency volume chart that documents the date/time of fluid intake and urine voided.
- (b) The timing of dinner and lunch must be recorded.
- (c) It is recommended for patients with mainly storage symptoms.
- (d) Nocturia polyuria is defined as > 33% of the daily urine output at night.

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Question 4. Regarding medical therapy for BPH:

- (a) Alpha-1 antagonists are effective in preventing BPH progression, with significant reduction in the risks of BPH-related acute urinary retention and surgery.
- (b) Since 5-alpha reductase inhibitors decrease prostatic volume, these drugs should be routinely used as first-line treatment in BPH patients.
- (c) With the lower urinary tract being the primary target of action, the ability to cross the blood-brain barrier is not a clinical concern when using anti-muscarinic agents.
- (d) Medical therapy for BPH should have an individualised approach, taking into consideration both the clinical context and socioeconomic background of each BPH patient.

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Question 5. Regarding surgical therapy for benign prostate obstruction:

- (a) Acute retention of urine is an indication to offer surgery.
- (b) Surgery can be offered to patients who have persistent bothersome symptoms in spite of medical therapy.
- (c) Bipolar transurethral resection of the prostate has not reduced the incidence of transurethral surgery syndrome.
- (d) Transurethral enucleation procedures remove obstructing adenoma/adenomata more completely and therefore give better long-term results.

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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 log in 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.

Deadline for submission: (August 2017 SMJ 3B CME programme): 12 noon, 2 October 2017.