SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201803A)

	True	False
 Some forms of cognitive impairment are recognisable as an early manifestation of dementia. Healthcare staff will not see more young (< 65 years of age) people with dementia in the future. No interventions are effective in the early stages of dementia. 		
4. Patients who are diagnosed in the prodromal or mild cognitive impairment (MCI) stages of Alzheimer's disease should be encouraged to talk with their loved ones about their personal beliefs and goals of care.		
 Screening for dementia can be done through simple cognitive tests such as the Mini-Mental State Examination, abbreviated mental test or the Montreal Cognitive Assessment. 		
 History-taking is still the most important aspect of identifying a patient with dementia or other cognitive impairment. 		
 The clinician need not consider reversible causes before considering dementia or other cognitive impairment disorders. 		
8. Other than dementia, the other possible diagnosis of chronic forgetfulness is MCI and depression (i.e. pseudodementia).		
9. In dementia, the long-term memory is affected first before the short-term memory.		
10. Medication review is not useful in diagnosis of cognitive impairment.		
11. Diagnostic imaging studies are commonly performed to exclude stroke, intracranial bleeding or a malignant lesion.		
12. Any language barrier, uncooperativeness or low mood, hearing impairment, receptive/expressive dysphasia and possible effects of the patient's highest attained education level need not be documented together with cognitive test scores.		
13. Vascular dementia is the most common form of dementia.		
14. Lewy body dementia is dementia with some elements of parkinsonism, fluctuating cognition, vivid visual hallucinations and rapid eye movement sleep disorders.		
15. Frontotemporal dementia usually occurs at a younger age of 40–60 years.		
16. It is helpful for the patient to attend the consultation alone during the assessment.		
17. Early diagnosis will confer the sick role on the patient, allaying personal frustrations and/or providing an explanation for events, which is helpful for the patient and caregivers.		
18. Referral for a Lasting Power of Attorney and Advance Care Planning should be left until the later stages.		
19. Referring a patient to a memory clinic at a hospital allows for a multidisciplinary team approach to dementia.		
20. It is important to acknowledge and recognise the caregiver at every consultation.		
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 May 2018 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 7 May 2018. (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: (March 2018 SMJ 3B CME programme): 12 noon, 30 April 2018.