1. Cognitive impairment is a hallmark symptom of Alzheimer’s disease.
2. Dementia presents with a progressive and irreversible clinical syndrome of cognitive decline that is severe enough to interfere with daily function.
3. Optimal dementia care remains a challenge in primary care, as diagnosis and management in the primary care setting is complex and often involves a multidisciplinary approach.
4. The aim of primary care management of dementia is to start and optimise the dose of cholinesterase inhibitors, and does not involve monitoring quality of life or minimising caregiver stress.
5. Both acetylcholinesterase inhibitors and the N-Methyl-D-aspartate receptor antagonist are medications licensed for management of Alzheimer’s disease.
6. Before starting medication for patients with Alzheimer’s disease, it is essential to have a thorough discussion with the patient and the family, to ensure that they have a good knowledge of the illness and understand the pros and cons of pharmacological and non-pharmacological treatments.
7. Donepezil has a generic version available, but is contraindicated in patients with bradycardia.
8. If rivastigmine is stopped due to side effects such as nausea, vomiting and diarrhoea, the clinician should never consider re-challenging the patient with rivastigmine.
9. The maximum 20 mg daily dose of memantine can be safely prescribed to patients whose creatinine clearance is less than 30 mL/min.
10. Supplements for dementia, such as Gingko biloba, vitamin E, multivitamins, Omega 3, noni juice and organic virgin coconut oil, have all demonstrated some significant benefits for patients with dementia.
11. Involving the family or caregiver in monitoring the drug response can supplement the physician’s clinical assessment and cognitive score trend.
12. Optimising chronic disease management to decrease the risk of any new cardiovascular event is part of good management for patients with dementia.
13. Primary care physicians should provide information on non-pharmacological interventions to patients and their caregivers, as it is part of the first-line management for dementia.
14. Advocating not keeping to any regular structured routine is important to stimulate the patient’s mental functions and retard the progression of dementia.
15. Active screening and management of other illnesses, such as gastric reflux with heartburn, respiratory disease and psychological illness, will improve sleep quality for patients with dementia.
16. Reminiscing activities need not be individualised based on past hobbies, interests and occupations.
17. Cognitive impairment can result in safety risks for both patients and their families, such as patients wandering out of the house, or leaving a lighted stove on and leaving the house.
18. A simple tip for family members to manage patients’ wandering issue includes giving them clear words or symbols to re-orientate or remind them of common destinations and locations.
19. Medication adherence and safety can be enhanced with the use of a pill box organiser to organise patients’ long-term medications.
20. The family or caregivers should make a list of emergency contact numbers that is easily accessible to patients when they require help.

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.

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RESULTS:
(1) Answers will be published online in the SMJ August 2018. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 6 August 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. (6) SMC credits CME points according to the month of publication of the CME article (i.e. points awarded for a quiz published in the December 2017 issue will be credited for the month of December 2017, even if the deadline is in January 2018).