

## SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201806A)

	True	False
1. Cognitive impairment is a hallmark symptom of Alzheimer's disease.	<input type="checkbox"/>	<input type="checkbox"/>
2. Dementia presents with a progressive and irreversible clinical syndrome of cognitive decline that is severe enough to interfere with daily function.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
5. Both acetylcholinesterase inhibitors and the N-Methyl-D-aspartate receptor antagonist are medications licensed for management of Alzheimer's disease.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
7. Donepezil has a generic version available, but is contraindicated in patients with bradycardia.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
9. The maximum 20 mg daily dose of memantine can be safely prescribed to patients whose creatinine clearance is less than 30 mL/min.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
11. Involving the family or caregiver in monitoring the drug response can supplement the physician's clinical assessment and cognitive score trend.	<input type="checkbox"/>	<input type="checkbox"/>
12. Optimising chronic disease management to decrease the risk of any new cardiovascular event is part of good management for patients with dementia.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
14. Advocating not keeping to any regular structured routine is important to stimulate the patient's mental functions and retard the progression of dementia.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
16. Reminiscing activities need not be individualised based on past hobbies, interests and occupations.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
19. Medication adherence and safety can be enhanced with the use of a pill box organiser to organise patients' long-term medications.	<input type="checkbox"/>	<input type="checkbox"/>
20. The family or caregivers should make a list of emergency contact numbers that is easily accessible to patients when they require help.	<input type="checkbox"/>	<input type="checkbox"/>

### 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 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).

**Deadline for submission: (June 2018 SMJ 3B CME programme): 12 noon, 30 July 2018.**