

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME (Code SMJ 201810A)

	True	False
1. Dementia is a temporary condition marked by acute cognitive decline that is often reversible if the cause is identified and treated.	<input type="checkbox"/>	<input type="checkbox"/>
2. Behavioural and psychological symptoms of dementia (BPSD) can present as agitation, insomnia, restlessness, hallucinations, anxiety and depressed mood.	<input type="checkbox"/>	<input type="checkbox"/>
3. Clinicians must first assess whether a recent-onset behavioural issue is due to BPSD or delirium.	<input type="checkbox"/>	<input type="checkbox"/>
4. BPSD can cause significant distress to families and caregivers, and may lead to premature institutionalisation of the patient.	<input type="checkbox"/>	<input type="checkbox"/>
5. The management approach for patients presenting with BPSD should consist of assessment and management of BPSD and supporting the needs of the family or caregiver.	<input type="checkbox"/>	<input type="checkbox"/>
6. Neuropsychiatric symptoms are uncommon in dementia, with one population-based study showing 8% exhibiting at least one symptom from the onset of cognitive symptoms.	<input type="checkbox"/>	<input type="checkbox"/>
7. In Singapore, factors such as duration of care; presence of delusions, hallucinations, depression, insomnia, incontinence and agitation; and behavioural problems are correlated with the stress and burden on family caregivers of Chinese patients with dementia.	<input type="checkbox"/>	<input type="checkbox"/>
8. It is a common mistake to assume that patients with dementia are likely to develop delirium after relatively minor insults, such as a sedating antihistamine, constipation or the common cold.	<input type="checkbox"/>	<input type="checkbox"/>
9. BPSD can be triggered or worsened by unmet needs, including physical discomfort such as pain.	<input type="checkbox"/>	<input type="checkbox"/>
10. In Singapore, family members rarely believe that patients who display BPSD are being 'naughty' or behaving badly on purpose.	<input type="checkbox"/>	<input type="checkbox"/>
11. Caregivers are encouraged to develop a meaningful relationship with their ward and see the real person beyond the age or the disease, which can help to make caring less challenging.	<input type="checkbox"/>	<input type="checkbox"/>
12. Caregivers are encouraged to look for triggers for agitation and aggression, and store away dangerous items while patients are properly restrained until they calm down.	<input type="checkbox"/>	<input type="checkbox"/>
13. When the patient with BPSD repeats a word, statement, question or activity over and over again, it may be helpful to use memory aids, distraction, simple tasks and scheduled exercises.	<input type="checkbox"/>	<input type="checkbox"/>
14. Paranoia includes the perception that a household member is stealing patients' misplaced items or trying to harm them, and can worsen when there is a change of environment or caregiver.	<input type="checkbox"/>	<input type="checkbox"/>
15. Engaging the wandering patient with BPSD in another activity or keeping keys and bags away from sight are not recommended, as they were proven to be ineffective.	<input type="checkbox"/>	<input type="checkbox"/>
16. Dementia day care centres offer some respite for the family during the day with activities for the patient that may decrease the severity or frequency of the BPSD and improve their sleep at night.	<input type="checkbox"/>	<input type="checkbox"/>
17. First-generation antihistamines are the first-line medications for insomnia or itch due to their sedation and anticholinergic effects, with an acceptable small increase in risk for falls.	<input type="checkbox"/>	<input type="checkbox"/>
18. Commonly used drugs for managing BPSD are mostly 'off-label' without a strong evidence base and should be considered only in the patient's best interests after weighing risks and benefits, with the consent of the patient or family.	<input type="checkbox"/>	<input type="checkbox"/>
19. Unidentified fatigue and stress of caregivers and people living with the person with dementia may lead to strained relationships, poor standard of care, neglect or even abuse of the dementia patient.	<input type="checkbox"/>	<input type="checkbox"/>
20. We can report suspected elder abuse that puts the health or well-being of an elderly person at risk, but have no recourse for elder neglect and other emotional and psychological abuse.	<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 December 2018 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 7 December 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: (October 2018 SMJ 3B CME programme): 12 noon, 30 November.