

## SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201802B)

These questions are based on the full text of the guidelines which may be found at [https://www.moh.gov.sg/content/moh\\_web/healthprofessionalsportal/doctors/guidelines/cpg\\_medical.html](https://www.moh.gov.sg/content/moh_web/healthprofessionalsportal/doctors/guidelines/cpg_medical.html).

**Question 1.** Regarding pharmacotherapy for stable chronic obstructive pulmonary disease (COPD):

- (a) Tiotropium should not be combined with inhaled corticosteroids.
- (b) Combination therapy comprising a long-acting beta<sub>2</sub> agonist and long-acting muscarinic receptor antagonist is a treatment option for patients with persistent breathlessness.
- (c) When a patient is prescribed with clarithromycin and theophylline, closer monitoring of side effects of theophylline is needed.
- (d) Combination inhaled corticosteroids and long-acting bronchodilators are the first choice treatment for GOLD Group A patients.

**Question 2.** Pertaining to non-pharmacological treatment of COPD:

- (a) Long-term oxygen therapy has been shown to improve survival in COPD patients with chronic respiratory failure.
- (b) There is no evidence that lung volume reduction surgery improves quality of life and survival in patients with COPD.
- (c) Annual influenza vaccination has been shown to significantly decrease COPD exacerbations due to influenza.
- (d) Both the pneumococcal polysaccharide vaccine and polysaccharide conjugate vaccine are effective in preventing invasive pneumococcal disease in adults.

**Question 3.** With regard to pulmonary rehabilitation:

- (a) 23% of COPD patients take up pulmonary rehabilitation in Singapore.
- (b) Pulmonary rehabilitation should commence once the patient is medically stable after acute exacerbation of COPD.
- (c) Pulmonary rehabilitation is ineffective in reducing anxiety, depression and psychological well-being.
- (d) Pulmonary rehabilitation improves maximal exercise capacity and endurance, but has no impact on reducing acute exacerbation and hospitalisation.

**Question 4.** With regard to comorbidities:

- (a) When treating COPD patients for hypertension, they have a higher blood pressure target as compared to non-COPD patients.
- (b) Recurrent exacerbations in COPD patients could result in worsening diabetic control.
- (c) COPD patients should undergo routine cardiovascular screening as part of their follow-up.
- (d) COPD patients with diabetes have similar targets for control as patients without COPD.

**Question 5.** For patients with Stage D with persistent breathlessness:

- (a) Advanced Care Planning should be initiated.
- (b) Eliciting both the patient's and family's values, preferences and goals of care at the end of life is important.
- (c) Opioids should not be used in patients suffering from refractory dyspnoea in advanced COPD, as they may further increase PaCO<sub>2</sub>.
- (d) Management of the physical component of refractory dyspnoea takes precedence over management of the psychological aspect.

True      False

    

    

    

    

    

    

    

    

    

    

    

    

    

    

    

    

    

    

    

    

### Doctor's particulars:

Name in full : \_\_\_\_\_

MCR number : \_\_\_\_\_ Specialty: \_\_\_\_\_

Email address : \_\_\_\_\_

### 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 April 2018 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 4 April 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: (February 2018 SMJ 3B CME programme): 12 noon, 28 March 2018.**