1. Stroke is the third commonest cause of death in developed nations and is predicted to remain as one of the top three causes of death worldwide in 2040.

2. In 2017, 7,741 stroke patients were admitted to Singapore public hospitals (about 21 per day) with 759 deaths.

3. Secondary stroke preventative measures include antithrombotic therapy, treatment of hypertension and diabetes mellitus, reduction of elevated cholesterol and triglyceride levels, anticoagulation for those with atrial fibrillation, and cessation of smoking.

4. Seizure as a complication after stroke can occur in one of 20 stroke survivors, with most occurring after two years of the index stroke.

5. Prophylactic anticonvulsant medication for the first six months is recommended for all patients with an ischaemic stroke.

6. Following stroke, 25% of patients experience urinary incontinence at discharge and 15% are still incontinent at one year.

7. Clinical management of urinary incontinence includes treating or optimising underlying reasons, particularly urinary tract infection, drugs and faecal impaction.

8. An indwelling catheter should be the last option for persistent incontinence after considering anticholinergic medications, an external catheter in men or diapirs in women, and intermittent catheterisation.

9. New-onset faecal incontinence after stroke is not common, occurring at an incidence of less than 15% of patients acutely, 5% at 7–10 days and 3% at three months.

10. The impact of faecal incontinence is always devastating, including poor self-image, depression, carer stress and reduced rehabilitation participation.

11. Advice and management of faecal incontinence should include a pharmacological bowel programme and non-pharmacological skin care, pads, faecal collectors or anal plugs.

12. By preventing stroke, we can help to reduce the risk of vascular dementia in our patients.

13. Stroke patients often complain about the pain associated with musculoskeletal problems (e.g. spasticity), which may develop weeks to months later.

14. Symptoms related to spasticity are present in up to 20% of stroke patients.

15. Focal treatment of spasticity with botulinum toxin is non-selective and commonly associated with generalised weakness and functional loss.

16. Hemiplegic shoulder pain is common and typically occurs within 2–3 weeks after a stroke with hemiplegia.

17. Hemiplegic shoulder pain can be classified into four types: joint pain caused by a misaligned joint producing sharp pain on movement; overactive or spastic muscle pain; diffuse pain from altered sensation due to stroke; and reflex sympathetic dystrophy.

18. Less than 20% of stroke patients experience low mood after stroke, and only 10% show significant post-stroke depression.

19. Emotional lability, or pseudobulbar affect, presents with excessive crying and/or laughing in response to trivial or no obvious stimuli in the absence of depression.

20. Acknowledging the emotional changes (e.g. anxiety and anger) might help stroke survivors to deal with these emotions.

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 log in 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 February 2020 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 7 February 2020. (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 2019 issue will be credited for the month of December 2019, even if the deadline is in January 2020).