

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 202005A)

	True	False
1. Hypertension, diabetes mellitus and smoking are known risk factors for heart failure.	<input type="checkbox"/>	<input type="checkbox"/>
2. Heart failure patients must all be followed up by a cardiologist at the hospital.	<input type="checkbox"/>	<input type="checkbox"/>
3. Heart failure patients can present with cold extremities, hypotension and altered mentation.	<input type="checkbox"/>	<input type="checkbox"/>
4. Electrocardiography should be performed for patients with new signs and symptoms suggestive of heart failure.	<input type="checkbox"/>	<input type="checkbox"/>
5. Regular aerobic exercise can improve heart failure symptoms.	<input type="checkbox"/>	<input type="checkbox"/>
6. When a patient goes into fluid overload but is still clinically stable, the physician should increase his/her diuretic dose temporarily and reassess frequently.	<input type="checkbox"/>	<input type="checkbox"/>
7. Heart failure patients should receive influenza and meningococcal vaccines.	<input type="checkbox"/>	<input type="checkbox"/>
8. Bisoprolol is recommended for patients with heart failure with reduced ejection fraction (HFrEF).	<input type="checkbox"/>	<input type="checkbox"/>
9. A heart failure patient with left ventricular ejection fraction (LVEF) 30% is on lisinopril 2.5 mg om (every morning) and has an average blood pressure of 125/80 mmHg. His lisinopril dose should be kept at 2.5 mg om.	<input type="checkbox"/>	<input type="checkbox"/>
10. Sacubitril/valsartan has greater mortality benefit than enalapril in HFrEF.	<input type="checkbox"/>	<input type="checkbox"/>
11. A patient with atrial fibrillation on maximum beta-blocker dose and with heart rate persistently > 70 beats per minute should receive ivabradine.	<input type="checkbox"/>	<input type="checkbox"/>
12. Nonsteroidal anti-inflammatory drugs should not be given to heart failure patients as they could precipitate a heart failure decompensation episode.	<input type="checkbox"/>	<input type="checkbox"/>
13. All heart failure patients should receive an automated implanted cardioverter-defibrillator device to prevent sudden cardiac death.	<input type="checkbox"/>	<input type="checkbox"/>
14. A heart failure patient with LVEF 45% will not benefit from cardiac resynchronisation therapy.	<input type="checkbox"/>	<input type="checkbox"/>
15. Eplerenone is indicated in all HFpEF patients.	<input type="checkbox"/>	<input type="checkbox"/>
16. For accuracy, heart failure patients should have their weight measured at the clinic visit only.	<input type="checkbox"/>	<input type="checkbox"/>
17. Depression is rare among heart failure patients.	<input type="checkbox"/>	<input type="checkbox"/>
18. Heart failure is classified into HFrEF, HFmrEF (heart failure with mid-range ejection fraction), and HFpEF (HF with preserved ejection fraction) based on echocardiographic findings.	<input type="checkbox"/>	<input type="checkbox"/>
19. Renal function should be monitored in patients who are on angiotensin-converting enzyme inhibitor, angiotensin receptor blocker, angiotensin receptor-neprilysin inhibitor or mineralocorticoid receptor antagonist.	<input type="checkbox"/>	<input type="checkbox"/>
20. All heart failure patients should be advised to stop smoking.	<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 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 July 2020 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 8 July 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 May 2020 issue will be credited for the month of May 2020, even if the deadline is in July 2020).

Deadline for submission (May 2020 SMJ 3B CME programme): 12 noon, 1 July 2020.