

## SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 202008A)

	True	False
1. Diabetic kidney disease (DKD) is the leading cause of end-stage kidney disease in Singapore.	<input type="checkbox"/>	<input type="checkbox"/>
2. Key pathways in the pathogenesis of DKD include chronic hyperglycaemia and renin-angiotensin system activation.	<input type="checkbox"/>	<input type="checkbox"/>
3. All patients with Type 2 diabetes mellitus should undergo regular screening for albuminuria.	<input type="checkbox"/>	<input type="checkbox"/>
4. Urine dipsticks are appropriate for albuminuria screening in diabetic patients.	<input type="checkbox"/>	<input type="checkbox"/>
5. A normal serum creatinine level excludes the possibility of DKD.	<input type="checkbox"/>	<input type="checkbox"/>
6. A 50-year-old man who is newly diagnosed with Type 2 diabetes mellitus and moderate albuminuria is unlikely to have DKD, as the pathogenesis of DKD requires the presence of longstanding diabetes mellitus.	<input type="checkbox"/>	<input type="checkbox"/>
7. In patients with DKD and hypertension, the first antihypertensive agent of choice is an angiotensin-converting enzyme inhibitor (ACE-I) or angiotensin receptor blocker (ARB).	<input type="checkbox"/>	<input type="checkbox"/>
8. A female patient with Type 2 diabetes mellitus, a urinary albumin-creatinine ratio of 50 mg/mmol and a blood pressure of 124/80 mmHg will benefit from an ACE-I or ARB.	<input type="checkbox"/>	<input type="checkbox"/>
9. Serum potassium and creatinine should be checked two weeks after initiation of an ACE-I or ARB.	<input type="checkbox"/>	<input type="checkbox"/>
10. ACE-I or ARB is contraindicated in a patient with estimated glomerular filtration rate (eGFR) < 45 mL/min/1.73 m <sup>2</sup> .	<input type="checkbox"/>	<input type="checkbox"/>
11. A patient with Type 2 diabetes mellitus and persistent albuminuria despite maximal doses of ACE-I will benefit from the addition of ARB.	<input type="checkbox"/>	<input type="checkbox"/>
12. A patient with Type 1 diabetes mellitus who has persistent albuminuria despite maximal doses of losartan and a glycated haemoglobin level of 8.0% while on metformin and glipizide may benefit from sodium-glucose cotransporter 2 (SGLT-2) inhibition.	<input type="checkbox"/>	<input type="checkbox"/>
13. SGLT-2 inhibitors should not be started in patients who have Type 1 diabetes mellitus, eGFR < 45 mL/min/1.73 m <sup>2</sup> , a history of diabetic ketoacidosis, frequent urinary tract infections or the risk of lower limb amputations.	<input type="checkbox"/>	<input type="checkbox"/>
14. Non-pharmacologic aspects of DKD management include a low-salt, low-potassium diet, avoidance of nephrotoxic drugs and supplements, smoking cessation, vaccinations and weight management.	<input type="checkbox"/>	<input type="checkbox"/>
15. In DKD patients, it is common for the glomerular filtration rate (GFR) to decline at a rate of 10 mL/min/1.73 m <sup>2</sup> per year.	<input type="checkbox"/>	<input type="checkbox"/>
16. A 45-year-old woman with established Type 2 diabetes mellitus and albuminuria is found to have persistent haematuria, inflammatory joint pain, leucopenia and thrombocytopenia. She should be referred to a specialist for further workup.	<input type="checkbox"/>	<input type="checkbox"/>
17. Patients with DKD who are asymptomatic should be referred for initiation of renal replacement therapy only when eGFR falls to 15 mL/min/1.73 m <sup>2</sup> .	<input type="checkbox"/>	<input type="checkbox"/>
18. In a patient with GFR < 30 mL/min/1.73 m <sup>2</sup> , thiazide diuretics should be replaced by loop diuretics.	<input type="checkbox"/>	<input type="checkbox"/>
19. Iron supplementation has little role in the treatment of anaemia in a patient with DKD.	<input type="checkbox"/>	<input type="checkbox"/>
20. Fleet enema should be avoided in patients with advanced DKD.	<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 October 2020 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 9 October 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 August 2020 issue will be credited for the month of August 2020, even if the deadline is in October 2020).

**Deadline for submission (August 2020 SMJ 3B CME programme): 12 noon, 2 October 2020.**