

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 202002A)

	True	False
1. Constipation is reported in nearly one-third of children.	<input type="checkbox"/>	<input type="checkbox"/>
2. The Rome IV diagnostic criteria define a thriving, fully breastfed baby as having constipation if he only passes motion 2–3 times a week on average in a month and requires a specialist assessment.	<input type="checkbox"/>	<input type="checkbox"/>
3. Constipation can be ruled out when the child passes stool daily.	<input type="checkbox"/>	<input type="checkbox"/>
4. Weaning, toilet training and starting preschool or primary school are common milestones associated with a higher risk of experiencing constipation.	<input type="checkbox"/>	<input type="checkbox"/>
5. Questions about recent travel and any increase in physical activity are not directly relevant to finding the cause of constipation for children.	<input type="checkbox"/>	<input type="checkbox"/>
6. Painful defecation may trigger withholding behaviours in children that may lead to constipation.	<input type="checkbox"/>	<input type="checkbox"/>
7. The vicious cycle of chronic constipation refers to how constipation leads to hard stools, which causes bloatedness and results in less water intake, thus worsening the hard stools.	<input type="checkbox"/>	<input type="checkbox"/>
8. The key to management of the vicious cycle of chronic constipation is prescribing adequate laxatives.	<input type="checkbox"/>	<input type="checkbox"/>
9. A rough rule of thumb is that the duration of treatment for the constipation should be about equal to the length of time the child has been constipated prior to seeking help.	<input type="checkbox"/>	<input type="checkbox"/>
10. The faecal-loaded distal rectum may compress on the bladder neck, predisposing the child to incomplete bladder emptying and increasing the risk of cystitis.	<input type="checkbox"/>	<input type="checkbox"/>
11. The pain experienced by children with constipation commonly occurs after waking up in the morning and after a meal.	<input type="checkbox"/>	<input type="checkbox"/>
12. It is important to explore the reasons for previous treatment failure before planning the management of the child's chronic constipation.	<input type="checkbox"/>	<input type="checkbox"/>
13. The Bristol stool form chart is a free tool that is useful for parents who are unable to describe their children's stools and helpful for monitoring treatment progress.	<input type="checkbox"/>	<input type="checkbox"/>
14. It may be necessary to identify the correct caregiver before taking the child's collaborative history, as many children in Singapore are cared for by childcare centres, domestic helpers or grandparents.	<input type="checkbox"/>	<input type="checkbox"/>
15. Palpable faecal masses are uncommon and usually signify an organic underlying condition that warrants a further imaging or referral to the paediatrician.	<input type="checkbox"/>	<input type="checkbox"/>
16. When examining a child with chronic constipation, the perianal region should be examined for any anal fissures and skin tags, abnormal position of the anus, anal fistulas, anal stenosis and absence of anal reflex.	<input type="checkbox"/>	<input type="checkbox"/>
17. Stimulant laxatives (e.g. bisacodyl) are preferred over osmotic laxatives (e.g. lactulose) for children with constipation.	<input type="checkbox"/>	<input type="checkbox"/>
18. Laxatives may be needed daily until the child has a daily soft stool (Bristol Type 4) and has overcome the fear of defecation before weaning the child off it.	<input type="checkbox"/>	<input type="checkbox"/>
19. Physicians should remember to prescribe osmotic laxatives for the shortest course of less than a week, to be used on an as-needed basis and at the lowest possible dose to prevent causing diarrhoea in children with chronic constipation.	<input type="checkbox"/>	<input type="checkbox"/>
20. Chronic constipation is likely to recur if the vicious cycle is not broken and the required duration of laxatives may be weeks to months, as the rectum needs time to regain its normal size and contractility.	<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 April 2020 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 10 April 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 February 2020 issue will be credited for the month of February 2020, even if the deadline is in April 2020).

Deadline for submission (February 2020 SMJ 3B CME programme): 12 noon, 3 April 2020.