

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 202103A)

	True	False
1. Psoriasis is a chronic inflammatory disease with predominant skin, nail and joint involvement.	<input type="checkbox"/>	<input type="checkbox"/>
2. Most patients with psoriasis can be managed in the primary care setting with topicals and regular monitoring.	<input type="checkbox"/>	<input type="checkbox"/>
3. The diagnosis of psoriasis is usually clinical and based on the presence of typical erythematous and scaly skin lesions, which may be pruritic.	<input type="checkbox"/>	<input type="checkbox"/>
4. Psoriasis occurs in several distinct clinical forms, such as plaque psoriasis, guttate psoriasis, inverse psoriasis, pustular psoriasis and erythrodermic psoriasis.	<input type="checkbox"/>	<input type="checkbox"/>
5. Psoriatic onychodystrophy is uncommon and indicative of less severe forms of psoriasis.	<input type="checkbox"/>	<input type="checkbox"/>
6. Nail scraping for microscopy and culture can differentiate psoriatic onychodystrophy from onychomycosis.	<input type="checkbox"/>	<input type="checkbox"/>
7. Psoriatic onychodystrophy can involve the nail matrix or nail bed, which causes aesthetic and functional impairment.	<input type="checkbox"/>	<input type="checkbox"/>
8. Patients with psoriasis are at increased risk of a variety of medical conditions such as depression, anxiety, inflammatory bowel disease, malignancy, metabolic syndrome and cardiovascular disease.	<input type="checkbox"/>	<input type="checkbox"/>
9. All patients with generalised pustular psoriasis and erythrodermic psoriasis need urgent referral to the emergency department for admission.	<input type="checkbox"/>	<input type="checkbox"/>
10. An individualised treatment plan is required after incorporating the patient's preferences, the disease's impact on quality of life, and the potential benefits and adverse effects of therapies.	<input type="checkbox"/>	<input type="checkbox"/>
11. The severity of psoriasis can be determined by estimating the body surface area involved.	<input type="checkbox"/>	<input type="checkbox"/>
12. Patients with mild to moderate psoriasis can often be treated successfully with topical therapies.	<input type="checkbox"/>	<input type="checkbox"/>
13. For local, persistent lesions, potent topical steroids can be used in combination with a vitamin D analogue.	<input type="checkbox"/>	<input type="checkbox"/>
14. Phototherapy is a first-line treatment for patients with mild psoriasis.	<input type="checkbox"/>	<input type="checkbox"/>
15. For moderate to severe psoriasis, systemic therapies such as acitretin, methotrexate, cyclosporine and biologics may be considered.	<input type="checkbox"/>	<input type="checkbox"/>
16. Nonsteroidal anti-inflammatory drugs are the mainstay treatment of all patients with psoriatic arthritis.	<input type="checkbox"/>	<input type="checkbox"/>
17. Clinical characteristics of psoriatic arthritis include asymmetrical joint involvement, distal interphalangeal joint involvement, dactylitis and enthesopathy.	<input type="checkbox"/>	<input type="checkbox"/>
18. Patients with psoriatic arthritis require referral to an orthopaedic surgeon for further management.	<input type="checkbox"/>	<input type="checkbox"/>
19. Receiving regular advice on weight management, alcohol and smoking cessation can reduce cardiovascular risk factors among patients with psoriasis.	<input type="checkbox"/>	<input type="checkbox"/>
20. Moderate cases of psoriasis that are resistant to topical therapies, severe or stable erythrodermic psoriasis as well as psoriatic arthritis should be considered for early referral to specialists.	<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 May 2021 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 10 May 2021. (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 March 2021 issue will be credited for the month of March 2021, even if the deadline is in May 2021).

Deadline for submission (March 2021 SMJ 3B CME programme): 12 noon, 3 May 2021.