SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME
(Code SMJ 202103A)

1. Psoriasis is a chronic inflammatory disease with predominant skin, nail and joint involvement.  
2. Most patients with psoriasis can be managed in the primary care setting with topicals and regular monitoring.  
3. The diagnosis of psoriasis is usually clinical and based on the presence of typical erythematous and scaly skin lesions, which may be pruritic.  
4. Psoriasis occurs in several distinct clinical forms, such as plaque psoriasis, guttate psoriasis, inverse psoriasis, pustular psoriasis and erythrodermic psoriasis.  
5. Psoriatic onychodystrophy is uncommon and indicative of less severe forms of psoriasis.  
6. Nail scraping for microscopy and culture can differentiate psoriatic onychodystrophy from onychomycosis.  
7. Psoriatic onychodystrophy can involve the nail matrix or nail bed, which causes aesthetic and functional impairment.  
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.  
9. All patients with generalised pustular psoriasis and erythrodermic psoriasis need urgent referral to the emergency department for admission.  
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.  
11. The severity of psoriasis can be determined by estimating the body surface area involved.  
12. Patients with mild to moderate psoriasis can often be treated successfully with topical therapies.  
13. For local, persistent lesions, potent topical steroids can be used in combination with a vitamin D analogue.  
14. Phototherapy is a first-line treatment for patients with mild psoriasis.  
15. For moderate to severe psoriasis, systemic therapies such as acitretin, methotrexate, cyclosporine and biologics may be considered.  
16. Nonsteroidal anti-inflammatory drugs are the mainstay treatment of all patients with psoriatic arthritis.  
17. Clinical characteristics of psoriatic arthritis include asymmetrical joint involvement, distal interphalangeal joint involvement, dactylitis and enthesopathy.  
18. Patients with psoriatic arthritis require referral to an orthopaedic surgeon for further management.  
19. Receiving regular advice on weight management, alcohol and smoking cessation can reduce cardiovascular risk factors among patients with psoriasis.  
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.

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).