1. It is acceptable for a child to be overweight as they will outgrow their weight when they are older.
2. Obesity can impact children both physically and psychologically.
3. Obesity is solely due to genetics and is therefore not modifiable.
4. Type 2 diabetes mellitus only affects overweight individuals if they are adults.
5. All children who are at risk for obesity should be referred for specialist management.
6. The caregiver’s description is a reliable way to assess a child’s weight and height in place of clinical measurements.
7. Children above the age of two years should have their weight, height and body mass index (BMI) measured every 6–12 months.
8. A child with a BMI-for-age above the 90th percentile is considered overweight based on local reference growth charts.
9. Most cases of obesity in early childhood are due to endogenous causes.
10. One aim of management of obesity in early childhood is to reduce excessive energy intake and increase energy expenditure so as to achieve controlled weight loss.
11. Active unstructured play has multiple benefits for a child, such as motor skills development and increased energy expenditure.
12. Screen time should be limited to one hour per day of high-quality monitored content with educational value for children aged 18 months and above.
13. It is recommended that children above the age of 12 months switch to low-fat whole cow’s milk to prevent the risk of early childhood obesity.
14. The benefits of breastfeeding are especially crucial in the first 6–8 weeks to boost the child’s immunity.
15. After the first six months, the World Health Organization recommends complementary food with breastfeeding until the child is aged two years and older.
16. Natural fruit juices that are not artificially sweetened can be offered to children above 12 months as alternatives to fresh whole fruits.
17. Eating meals as a family is one of the recommendations for the prevention of early childhood obesity.
18. The first 1,000 days – the period from conception to two years of age – is a period when interventions can potentially affect an individual’s risk for developing obesity in adulthood.
19. Aside from orthopaedic complications such as slipped capital femoral epiphysis, pes planus and Blount disease, early childhood obesity commonly predisposes one to stunted growth and short stature.
20. The primary physician should use a family-centred approach to manage early childhood obesity, rather than a patient-focused approach.

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’.
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RESULTS:
(1) Answers will be published online in the SMJ June 2021 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 10 June 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 April 2021 issue will be credited for the month of April 2021, even if the deadline is in June 2021).