

## SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 202111A)

	True	False
1. Acne is common in adolescents and young adults owing to an increased level of circulating oestrogen.	<input type="checkbox"/>	<input type="checkbox"/>
2. Acne lesions develop from the sebaceous glands associated with hair follicles and are commonly located over the face, shoulder and upper torso area.	<input type="checkbox"/>	<input type="checkbox"/>
3. Pimples are accepted as part of puberty, usually resolve with age and do not result in complications or need active treatment.	<input type="checkbox"/>	<input type="checkbox"/>
4. Comedonal acne is more prevalent in adults, while cystic acne occurs more frequently in adolescents.	<input type="checkbox"/>	<input type="checkbox"/>
5. Drug-induced acne can be related to medications such as rifampicin, isoniazide and anti-epilepsy medications.	<input type="checkbox"/>	<input type="checkbox"/>
6. Blackheads form as a result of completely clogged follicles and dirty skin; thus, increased cleaning of the face will reduce blackheads and acne lesions.	<input type="checkbox"/>	<input type="checkbox"/>
7. Acne can be reduced by frequent washing of the face.	<input type="checkbox"/>	<input type="checkbox"/>
8. Eliciting occupational history is essential, as men who work as mechanics or engineers have an increased prevalence of acne, otherwise known as acne mechanica.	<input type="checkbox"/>	<input type="checkbox"/>
9. Patients with a high risk of psychological issues due to acne should be identified. Clues include poor eye contact, limited speech, angry or belligerent remarks, poor personal hygiene and verbal self-depreciation.	<input type="checkbox"/>	<input type="checkbox"/>
10. The Cardiff Acne Disability Index is a clinician-administered, five-question scale to use in routine clinical practice to assess a patient's psychosocial function.	<input type="checkbox"/>	<input type="checkbox"/>
11. Assessment of acne severity and acne management should be guided by only physical findings such as the type of lesions and the area affected.	<input type="checkbox"/>	<input type="checkbox"/>
12. Clinicians may grade acne as severe when the entire area is covered with comedones, pustules and papules, and a few nodules and cysts.	<input type="checkbox"/>	<input type="checkbox"/>
13. Steroid acne can be differentiated from acne vulgaris, where the former presents as monomorphic lesions and the latter as polymorphic lesions.	<input type="checkbox"/>	<input type="checkbox"/>
14. Superficial pustules or large nodules around the mouth or nose are suggestive of pityrosporum folliculitis.	<input type="checkbox"/>	<input type="checkbox"/>
15. Soap-free cleansers, oil-free cosmetics, sunscreens and topical creams have no role in severe acne, and clinicians should treat it with oral antibiotics only.	<input type="checkbox"/>	<input type="checkbox"/>
16. Cotrimoxazole is recommended only as a third-line treatment for acne, as it may be effective but can cause serious adverse events.	<input type="checkbox"/>	<input type="checkbox"/>
17. Clinicians should warn patients about the dose-dependent adverse effects of isotretinoin, such as dryness, skin peeling, dry eyes and headache upon initiation.	<input type="checkbox"/>	<input type="checkbox"/>
18. Skin irritation and redness from benzoyl peroxide cream used for acne treatment is an allergic reaction, and its use should be discontinued permanently.	<input type="checkbox"/>	<input type="checkbox"/>
19. Topical antibiotics have limited use in acne treatment. They may be an option for patients who are unable to tolerate oral antibiotics, and should be used in combination with other topical agents to avoid bacterial resistance.	<input type="checkbox"/>	<input type="checkbox"/>
20. Referral to a specialist is warranted if there is severe scarring, psychological distress and/or physical distress due to acne.	<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 January 2022 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 31 January 2022. (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 November 2021 issue will be credited for the month of November 2021, even if the deadline is in January 2022).

**Deadline for submission (November 2021 SMJ 3B CME programme): 12 noon, 24 January 2022.**