

## SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201605A)

	True	False
1. Hypertension is the most common chronic diagnosis in all primary care clinics in Singapore.	<input type="checkbox"/>	<input type="checkbox"/>
2. Secondary hypertension is common in older adults, including primary aldosteronism, renal parenchymal disease, renal artery stenosis and obstructive sleep apnoea (OSA).	<input type="checkbox"/>	<input type="checkbox"/>
3. It is important to diagnose and treat secondary causes of hypertension, as it can lead to cardiovascular and renal complications as well as increased healthcare costs if left undiagnosed.	<input type="checkbox"/>	<input type="checkbox"/>
4. Coarctation of the aorta and glomerulonephritis are important causes to consider in a young hypertensive patient (< 30 years of age).	<input type="checkbox"/>	<input type="checkbox"/>
5. Secondary causes of hypertension are uncommon in older patients > 50 years of age and should not be considered for diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>
6. The first step in treating a patient with uncontrolled hypertension is the addition of another antihypertensive medication.	<input type="checkbox"/>	<input type="checkbox"/>
7. Primary aldosteronism is rare and should only be considered in young patients with hypertension and hypokalaemia.	<input type="checkbox"/>	<input type="checkbox"/>
8. Primary aldosteronism presents in older adults and is asymptomatic; patients are often normokalaemic.	<input type="checkbox"/>	<input type="checkbox"/>
9. Serum aldosterone and renin levels of patients with severe or resistant hypertension should be screened for the diagnosis of primary aldosteronism.	<input type="checkbox"/>	<input type="checkbox"/>
10. It is paramount that only certain antihypertensive medications should be used prior to checking aldosterone and renin levels.	<input type="checkbox"/>	<input type="checkbox"/>
11. Primary aldosteronism is a treatable condition, and treatment can lead to improved blood pressure control (and potential cure) and reversal of end-organ complications.	<input type="checkbox"/>	<input type="checkbox"/>
12. Renal parenchymal disease and renal artery stenosis are common in hypertensive adults and a baseline serum creatinine test should be ordered.	<input type="checkbox"/>	<input type="checkbox"/>
13. It is not necessary to monitor serum creatinine levels in patients initiated on an angiotensin-converting enzyme inhibitor.	<input type="checkbox"/>	<input type="checkbox"/>
14. A patient with a renal bruit is unlikely to have renal artery stenosis and Doppler ultrasonography of the renal arteries is not recommended.	<input type="checkbox"/>	<input type="checkbox"/>
15. Discrepant kidney sizes and recurrent flash pulmonary oedema should alert the physician to the possibility of renal artery stenosis.	<input type="checkbox"/>	<input type="checkbox"/>
16. All patients with renal artery stenosis require percutaneous revascularisation.	<input type="checkbox"/>	<input type="checkbox"/>
17. Obstructive sleep apnoea only occurs in obese patients.	<input type="checkbox"/>	<input type="checkbox"/>
18. Obstructive sleep apnoea is common and the diagnosis should be considered in patients with excessive daytime sleepiness, nocturnal gasping or choking events, snoring, and unrefreshing sleep.	<input type="checkbox"/>	<input type="checkbox"/>
19. Male gender, obesity and middle age are identified risk factors for OSA.	<input type="checkbox"/>	<input type="checkbox"/>
20. Once the patient's OSA has been treated, hypertension is often cured and antihypertensive medications are no longer required.	<input type="checkbox"/>	<input type="checkbox"/>

### Doctor's particulars:

Name in full : \_\_\_\_\_  
 MCR number : \_\_\_\_\_ Specialty: \_\_\_\_\_  
 Email address : \_\_\_\_\_

### SUBMISSION INSTRUCTIONS:

(1) Log on at the SMJ website: <http://www.sma.org.sg/publications/smjcurrentissue.aspx> and select the appropriate set of questions. (2) Provide your name, email address and MCR number. (3) Select your answers and click "Submit".

### RESULTS:

(1) Answers will be published in the SMJ July 2016 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 27 June 2016. (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.

**Deadline for submission: (May 2016 SMJ 3B CME programme): 12 noon, 20 June 2016.**