

## SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201606A)

	True	False
1. Failure to thrive (FTT) in a child is defined as 'lack of expected normal physical growth', 'failure to gain weight' or 'lack of growth'.	<input type="checkbox"/>	<input type="checkbox"/>
2. The internationally accepted objective consensus definition for FTT is based on two measurements, taken at least two weeks apart, to confirm nutritional growth delay.	<input type="checkbox"/>	<input type="checkbox"/>
3. Weight-for-age, weight-for-height and height-for-age, used in our growth charts and health booklets, are the acceptable parameters to assess for FTT.	<input type="checkbox"/>	<input type="checkbox"/>
4. In infants, a daily weight gain that is less than expected for their age may already be suggestive of FTT.	<input type="checkbox"/>	<input type="checkbox"/>
5. FTT is suspected when a single measurement showing weight percentile is markedly discrepant from the other parameters (height or head circumference); for example, when weight-for-height is < 10th percentile.	<input type="checkbox"/>	<input type="checkbox"/>
6. Children who are the shortest in their kindergarten classes for two consecutive years should always be investigated for FTT.	<input type="checkbox"/>	<input type="checkbox"/>
7. Some normal children may experience 'catch-down' growth, where growth decreases by $\leq 2$ major percentiles between six and 18 months of age to match their genetic programming and then begins to follow new, lower percentile curves.	<input type="checkbox"/>	<input type="checkbox"/>
8. Children may have more severe and prolonged 'catch-down' growth, growing along a low growth percentile curve and having a low preadolescent growth rate and delayed pubertal development.	<input type="checkbox"/>	<input type="checkbox"/>
9. Children who experience 'catch-down' growth typically will not experience 'catch-up' growth when they go through puberty, resulting in shorter adult stature.	<input type="checkbox"/>	<input type="checkbox"/>
10. Children with constitutional growth delay should be thoroughly evaluated with further scans and hormonal blood tests at regular intervals.	<input type="checkbox"/>	<input type="checkbox"/>
11. The projected adult height of children is independent of their parental heights, and is only influenced by nutritional and environmental factors in their childhood.	<input type="checkbox"/>	<input type="checkbox"/>
12. For children with constitutional growth delay, it is more accurate to use bone age, rather than chronological age, to determine their projected height.	<input type="checkbox"/>	<input type="checkbox"/>
13. Children with familial short stature have bone age consistent with their chronological age and require no further evaluation.	<input type="checkbox"/>	<input type="checkbox"/>
14. Malnutrition or inadequate caloric intake is not among the top three common causes of FTT in Singapore over the last decade.	<input type="checkbox"/>	<input type="checkbox"/>
15. Malnutrition or inadequate caloric intake firstly affects the child's weight, then head circumference and, lastly, height.	<input type="checkbox"/>	<input type="checkbox"/>
16. The family doctor working in the community is best placed to detect FTT in children when they present for illnesses or health monitoring.	<input type="checkbox"/>	<input type="checkbox"/>
17. The family doctor may need to refer the child or family to a paediatrician, a dietitian or social services, as appropriate, to deliver holistic care.	<input type="checkbox"/>	<input type="checkbox"/>
18. Age-appropriate, nutritional counselling for parents or carers, including advice on food preparation, might be required for management of FTT.	<input type="checkbox"/>	<input type="checkbox"/>
19. Evidence supports the use of authoritative feeding styles for fussy eaters.	<input type="checkbox"/>	<input type="checkbox"/>
20. If a child is not taking or unable to take a nutritionally complete milk formula, physicians should consider checking for iron deficiency.	<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 online in the SMJ August 2016 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 10 August 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: (June 2016 SMJ 3B CME programme): 12 noon, 3 August 2016.**