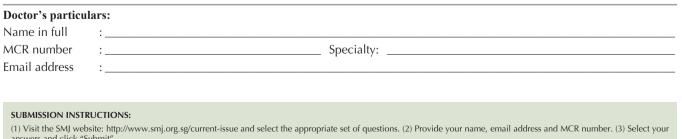
SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201609A)

		True	False
1.	Urinary tract infection (UTI) is a term that describes any infection that involves any part of the urinary tract.		
2.	Women are 30 times more likely to develop a UTI than men.		
3.	Most women have their first UTI by 24 years of age.		
4.	Patients with well-controlled diabetes mellitus are at higher risk of having complicated UTIs.		
5.	Patients on long-term catherisation are at higher risk of having complicated UTIs.		
6.	Postmenopausal women are not at increased risk of having complicated UTIs.		
7.	Recurrent UTIs are common even among young healthy women who have anatomically and physiologically normal urinary tracts.		
8.	Imaging of the upper urinary tract and cystoscopy are not routinely recommended for evaluation of women with recurrent UTIs.		
9.	Sexual intercourse and having a new sexual partner are known risk factors for recurrent UTIs in women.		
	Atrophic vaginitis in postmenopausal women does not contribute to increased risk of recurrent UTIs.		
	All cases of asymptomatic bacteriuria do not require treatment.		
12.	Uncomplicated cystitis can be confidently diagnosed with a focused history of lower urinary tract symptoms, supplemented by a urine dipstick test.		
13.	Studies show that simple (i.e. uncomplicated) cystitis treated with oral antibiotics has a poorer clinical		
1 /	outcome compared to placebo use.	_	_
14.	Early appropriate imaging is necessary for the early appropriate treatment of pyelonephritis to prevent urosepsis.		
15.	Patients with a history of previous urological procedures, recent or long-term catherisation, recent or long-term antibiotics and recent hospitalisation tend to present with complicated UTIs.		
16.	<i>Escherichia coli</i> is the predominant uropathogen isolated in acute, community-acquired complicated UTIs in adults and children.		
17.	Principles for treating recurrent complicated UTIs include early use of broad-spectrum antibiotics, with adjustment of antibiotic coverage based on culture results, and attempts to relieve any existing		
10	urinary obstruction based on results of imaging studies.	_	_
18.	All men with lower urinary tract symptoms who respond well to drug treatment still need a referral to a urologist.		
19.	Patients with UTIs who failed medical therapy or have significant urinary retention need to be referred to a urologist.		
20.	Patients with recurrent UTIs due to suspected surgically correctable causes should be referred to a urologist.		



answers and click "Submit".

RESULTS:

(1) Answers will be published online in the SMJ November 2016 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 2 November 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: (September 2016 SMJ 3B CME programme): 12 noon, 26 October 2016.