

## SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201610A)

|  | True                     | False                    |
|--|--------------------------|--------------------------|
| 1. The Montreal definition proposed that gastro-oesophageal reflux disease (GERD) is a condition that develops when the reflux of gastric contents into the oesophagus causes troublesome symptoms and/or complications. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Heartburn and regurgitation are typical symptoms of GERD, while non-cardiac chest pain, unexplained chronic cough and throat symptoms are atypical symptoms.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The prevalence of GERD is rising in North America and Western Europe, but is decreasing in Asia due to changing dietary patterns.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Current guidelines recommend the use of antacids, when necessary, as the first line of treatment for GERD, and acid-suppressive therapy with proton pump inhibitors (PPIs) as the second-line approach.               | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. PPIs suppress gastric acid secretion but have limited efficacy in oesophageal mucosal healing.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Despite the high efficacy of PPIs, up to 30% of patients continue to experience GERD-like symptoms even when adequately dosed.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Gastroscopy is useful to exclude any sinister conditions, especially in patients who have additional risk factors such as smoking, older age and a family history of upper gastrointestinal cancers.                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Ambulatory oesophageal reflux monitoring is useful to confirm or reject the diagnosis of GERD when it remains doubtful.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. GERD can be a costly disease, especially when treatment failure leads to a longer or higher dose, or different course of PPIs.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Compared to patients with erosive oesophagitis, patients with non-erosive reflux disease have a 20% reduction in therapeutic gain from PPIs.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. 15%–30% of patients with persistent GERD symptoms report an impaired quality of life.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Failure to respond to PPIs can be due to a variety of causes that may be related or unrelated to GERD.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Heartburn is described as a backflow of gastric contents into the chest or mouth.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. In clinical trials, PPIs are more efficacious for relieving symptoms of regurgitation compared to heartburn.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Underlying anxiety and psychological comorbidities are frequently reported in patients with PPI-refractory symptoms; patients with high anxiety levels have been reported to have persistent reflux-like symptoms.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Functional gastro-oesophageal disorders require symptom onset of at least three months prior to diagnosis and symptoms of at least two weeks' duration.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Language barriers, complexities in symptom description and cross-cultural differences are the main difficulties preventing the widespread use of GERD questionnaires in our local population.                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. A symptomatic response to a 1–2-week course of high-dose PPI in patients with GERD symptoms remains one of the most specific predictors of GERD and is useful in the primary care setting.                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. The majority of patients with refractory reflux symptoms will have normal endoscopy results.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Once the diagnosis of functional oesophageal disorder has been made, appropriate treatment should be instituted, with continued use of PPIs to prevent recurrence of symptoms.                                       | <input type="checkbox"/> | <input type="checkbox"/> |

### Doctor's particulars:

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

### SUBMISSION INSTRUCTIONS:

(1) Visit the SMJ website: <http://www.smj.org.sg/current-issue> 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 December 2016 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 5 December 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: (October 2016 SMJ 3B CME programme): 12 noon, 28 November 2016.**