

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201912B)

	True	False
1. Stroke is the third commonest cause of death in developed nations and is predicted to remain as one of the top three causes of death worldwide in 2040.	<input type="checkbox"/>	<input type="checkbox"/>
2. In 2017, 7,741 stroke patients were admitted to Singapore public hospitals (about 21 per day) with 759 deaths.	<input type="checkbox"/>	<input type="checkbox"/>
3. Secondary stroke preventative measures include antithrombotic therapy, treatment of hypertension and diabetes mellitus, reduction of elevated cholesterol and triglyceride levels, anticoagulation for those with atrial fibrillation, and cessation of smoking.	<input type="checkbox"/>	<input type="checkbox"/>
4. Seizure as a complication after stroke can occur in one of 20 stroke survivors, with most occurring after two years of the index stroke.	<input type="checkbox"/>	<input type="checkbox"/>
5. Prophylactic anticonvulsant medication for the first six months is recommended for all patients with an ischaemic stroke.	<input type="checkbox"/>	<input type="checkbox"/>
6. Following stroke, 25% of patients experience urinary incontinence at discharge and 15% are still incontinent at one year.	<input type="checkbox"/>	<input type="checkbox"/>
7. Clinical management of urinary incontinence includes treating or optimising underlying reasons, particularly urinary tract infection, drugs and faecal impaction.	<input type="checkbox"/>	<input type="checkbox"/>
8. An indwelling catheter should be the last option for persistent incontinence after considering anticholinergic medications, an external catheter in men or diapers in women, and intermittent catheterisation.	<input type="checkbox"/>	<input type="checkbox"/>
9. New-onset faecal incontinence after stroke is not common, occurring at an incidence of less than 15% of patients acutely, 5% at 7–10 days and 3% at three months.	<input type="checkbox"/>	<input type="checkbox"/>
10. The impact of faecal incontinence is always devastating, including poor self-image, depression, carer stress and reduced rehabilitation participation.	<input type="checkbox"/>	<input type="checkbox"/>
11. Advice and management of faecal incontinence should include a pharmacological bowel programme and non-pharmacological skin care, pads, faecal collectors or anal plugs.	<input type="checkbox"/>	<input type="checkbox"/>
12. By preventing stroke, we can help to reduce the risk of vascular dementia in our patients.	<input type="checkbox"/>	<input type="checkbox"/>
13. Stroke patients often complain about the pain associated with musculoskeletal problems (e.g. spasticity), which may develop weeks to months later.	<input type="checkbox"/>	<input type="checkbox"/>
14. Symptoms related to spasticity are present in up to 20% of stroke patients.	<input type="checkbox"/>	<input type="checkbox"/>
15. Focal treatment of spasticity with botulinum toxin is non-selective and commonly associated with generalised weakness and functional loss.	<input type="checkbox"/>	<input type="checkbox"/>
16. Hemiplegic shoulder pain is common and typically occurs within 2–3 weeks after a stroke with hemiplegia.	<input type="checkbox"/>	<input type="checkbox"/>
17. Hemiplegic shoulder pain can be classified into four types: joint pain caused by a misaligned joint producing sharp pain on movement; overactive or spastic muscle pain; diffuse pain from altered sensation due to stroke; and reflex sympathetic dystrophy.	<input type="checkbox"/>	<input type="checkbox"/>
18. Less than 20% of stroke patients experience low mood after stroke, and only 10% show significant post-stroke depression.	<input type="checkbox"/>	<input type="checkbox"/>
19. Emotional lability, or pseudobulbar affect, presents with excessive crying and/or laughing in response to trivial or no obvious stimuli in the absence of depression.	<input type="checkbox"/>	<input type="checkbox"/>
20. Acknowledging the emotional changes (e.g. anxiety and anger) might help stroke survivors to deal with these emotions.	<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 February 2020 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 7 February 2020. (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 December 2019 issue will be credited for the month of December 2019, even if the deadline is in January 2020).

Deadline for submission (December 2019 SMJ 3B CME programme): 12 noon, 31 January 2020.