SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201507A)

		True	False
1.	The 'problematic' asthma group includes all patients with asthma and asthma-like symptoms that remain uncontrolled despite treatment with high-dose inhaled corticosteroids (ICS) combined with a second controlling medication (e.g. long-acting beta agonist [LABA], leukotriene receptor antagonist and theophylline).	☐	☐
2.	The 'difficult' asthma group can refer to patients with incorrect diagnosis of asthma, allergic rhinitis that aggravates asthma, poor compliance to medications or persistent exposure to triggers causing poor asthma control.	☐	☐
3.	The 'severe refractory' asthma group can refer to patients with incorrect diagnosis of asthma, allergic rhinitis that aggravates asthma, poor compliance to medications or persistent exposure to triggers causing poor asthma control.	☐	☐
4.	'Problematic' asthma patients represent < 1% of the asthma population but account for a disproportionately higher share of healthcare demand, with poor outcomes.	☐	☐
5.	There is no benefit in distinguishing 'difficult' asthma from 'severe refractory' asthma, as patients of both categories should have early referrals for specialist care.	☐	☐
6.	The clinical algorithm found in the Singapore Ministry of Health clinical practice guidelines for problematic asthma is a useful approach in managing 'problematic' asthma.	☐	☐
7.	A study by the National Institute for Health and Care Excellence showed that about 5% of clinical diagnoses of asthma are misdiagnoses.	☐	☐
8.	There is currently no gold standard test available to diagnose asthma.	☐	☐
9.	Atypical symptoms, such as cough with haemoptysis or progressive shortness of breath, should raise suspicion of alternative diagnosis.	☐	☐
10.	Serial peak flow measurements are used to support the diagnosis of asthma in the primary care setting by demonstrating variable airflow limitation.	☐	☐
11.	Vocal cord dysfunction is an example of a structural cause that might present with asthma-like symptoms.	☐	☐
12.	Mild-to-moderate asthma can be misdiagnosed as severe asthma due to the influence of exogenous or endogenous aggravating factors, such as allergic rhinitis and gastro-oesophageal reflux disease.	☐	☐
13.	Common reasons for not taking prescribed asthma inhalers include complex treatment regime, perception of side effects and cost.	☐	☐
14.	Incorrect inhalation technique is a common cause of poor asthma control.	☐	☐
15.	Checking for compliance, providing asthma education and checking inhaler techniques are important in identifying and helping patients with 'problematic' asthma.	☐	☐
16.	Common medications that can exacerbate symptoms of asthma include beta blockers, aspirin and nonsteroidal anti-inflammatory drugs.	☐	☐
17.	A stepwise increase in the dose of ICS in combination with LABA is as effective as using ICS alone in patients with poorly controlled asthma.	☐	☐
18.	An example of high-dose ICS is beclomethasone dipropionate > 1600 metered-dose inhaler or DPI.	☐	☐
19.	Referral for a respiratory specialist is indicated if there is persistent poor asthma control despite employing the 'ACE' approach.	☐	☐
20.	Referral for an occupational specialist is indicated if there is a suspected occupational trigger prohibiting good asthma control.	☐	☐

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 September 2015 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 4 September 2015. (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: (July 2015 SMJ 3B CME programme): 12 noon, 28 August 2015.