

ASSESSMENT OF 15 MCQs

FPSC No : 76
MCQS ON NUTRITION AS MEDICINE;
ADDRESSING SARCOPENIA AND DIABETES
Submission DEADLINE: 27 November 2018, 12 NOON

INSTRUCTIONS

- To submit answers to the following multiple choice questions, you are required to log on to the College Online Portal (www.cfps2online.org)
- Attempt ALL the following multiple choice questions.
- There is only ONE correct answer for each question.
- The answers should be submitted to the College of Family Physicians Singapore via the College Online Portal before the submission deadline stated above.
- There will be NO further extension of the submission deadline

- The following needs to be considered when recommending dietary interventions in a person with Type 2 Diabetes Mellitus:**
 - Dietary fat and saturated fat.
 - Dietary fibre.
 - Carbohydrate intake.
 - Portion control.
 - All of the above
- Glucose uptake in a person with Type 2 Diabetes Mellitus is increased in the following situations except:**
 - Jogging
 - Training with elastic resistance bands
 - Household chores
 - At rest
 - Stretches
- For effective use of SMBG, the patient needs to do the following:**
 - Operate meter and ensure accuracy
 - Making lifestyle decisions with data obtained
 - Know blood glucose targets
 - Keep log of SMBG records
 - All of the above
- The stressors in LSM may come from**
 - Low health literacy and numeracy
 - Financial constraints
 - Emotional distress
 - Social isolation
 - All of the above
- Lifestyle management include the following except:**
 - Smoking cessation
 - Exercise
 - Medications
 - Self-management, education and support
 - Nutrition therapy
- Which of the following is true with regards the recommended screening protocol for sarcopenia by the Asian Working Group for Sarcopenia?**
 - Test handgrip strength or usual gait speed before assessing muscle mass
 - Test both handgrip strength and usual gait speed before assessing muscle mass
 - Low handgrip strength is < 26 kg for women.
 - Low usual gait speed is < 1.0 m/s
 - Low appendicular skeletal muscle mass is < 5.4 kg/m² in men
- Which of the following is not one of the causes of sarcopenia?**
 - The use of insulin in type I Diabetes Mellitus
 - Loss of type II muscle fibres
 - Denervation of the fast-fatigable motor units
 - Increased suppression of the myogenic regulatory factors
 - Increased expression of IL-6
- The following are the consequences of sarcopenia on muscle function and clinical outcomes except for?**
 - Lower body strength has the highest correlation with recurrent falls
 - Upper body strength is related with falls risk
 - Loss of lower limb strength is the largest risk factor for falls, injury and disability
 - Low knee extension torque is associated with up to a 60% increased risk of hip fractures, dependent on pre-existing bone mineral density.
 - Low thigh muscle cross sectional area can predict future inability to perform activities of daily living and functional mobility like climbing up stairs or

walking for a quarter of a mile

9. The following are prevention strategies for sarcopenia except?

- A. A daily protein intake of 0.8 to 1.0 g per kg per day
- B. Structured resistive training exercises
- C. Testosterone therapy in hypogonadal young men
- D. Maintaining a serum vitamin D level of > 20 to 40 micrograms/L
- E. Early detection of sarcopenia in community dwelling older people at risk of sarcopenia

10. Which of the following is based on evidence-based recommendations for treatment of sarcopenia?

- A. The use of growth hormone as an anabolic agent to increase muscle mass and strength
- B. Testosterone therapy in older men with hypogonadism to increase muscle strength
- C. The use of growth hormone releasing hormone to increase muscle strength
- D. The use of IGF-I in high doses
- E. The use of IGFBP-III in isolation

11. Which of the following does not describe sarcopenia?

- A. The loss of muscle strength (dynapenia).
- B. Progressive and generalized loss of skeletal muscle mass
- C. It correlates to physical disability, poor quality of life and death
- D. Consequences of sarcopenia can be reversible.
- E. It increases basal metabolic rate and calorie needs.

12. The nutrition-related laboratory parameter associated with sarcopenia is:

- A. Albumin
- B. Vitamin D
- C. Triacylglyceride
- D. Ferritin
- E. C-Reactive Protein

13. Which of the following is the most accurate way of assessing the risk of sarcopenia?

- A. Computed Tomography (CT)
- B. Frailty score
- C. Braden score
- D. Malnutrition Universal Screening Tool
- E. 6 minute walk test

14. Overweight or obese individuals with diabetes can better manage their blood sugar levels by doing the following:

- A. Eat a very low carbohydrate diet and taken with sulfonylureas
- B. Add 1 serving of diabetes-specific oral nutritional

supplements per day

- C. Supplementation with omega-3 fatty acid (1g/day)
- D. Protein intake of 1.2g/kg body weight and 30 minutes of daily activity
- E. Avoid fruits that are high in sugar e.g. bananas

15. A 66 year old man presents to clinic today for a yearly physical examination. Which of the following is the least important during your assessment?

- A. Unintended weight loss
- B. Monitoring of liver function test
- C. Completion of a validated nutritional screening tool
- D. Eating ability and food tolerances
- E. Functional ability