

## ASSESSMENT OF 30 MCQS

**FPSC No: 79**  
**MCQS ON GERIATRIC CARE – AN UPDATE**

**INSTRUCTIONS**

- To submit answers to the following multiple choice questions, you are required to log on to the College Online Portal ([www.cfps2online.org](http://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

1. A local study in 2013 found the prevalence of Behavioural and Psychological Symptoms of Dementia (BPSD) amongst the study population suffering from dementia to be approximately:
  - a. 10%
  - b. 30%
  - c. 50%
  - d. 70%
  - e. 90%
2. When can Behavioural and Psychological Symptoms of Dementia (BPSD) present during the course of dementia?
  - a. At diagnosis
  - b. Mild stage
  - c. Moderate stage
  - d. Severe stage
  - e. All of the above
3. Which of these are the least likely cause of agitation in a person with dementia?
  - a. No fixed daily routine, with multiple hour-long naps through the day
  - b. Placing a calendar with clearly marked appointments and a large print digital clock at their bedside
  - c. Urinary tract infection
  - d. An angry caregiver who shouts at the individual for repeatedly asking how many people are coming home for dinner tonight
  - e. The individual moving between the homes of three sons on a monthly rotation
4. A comprehensive assessment for Behavioural and Psychological Symptoms of Dementia (BPSD) must include all of the following except:
  - a. Taking a history from the main caregiver
  - b. Review of the medication list
  - c. CT Brain
  - d. Monitoring of vital signs
  - e. Exploration of bowel and urinary habits
5. Which of these types of medication have been found to be associated with an increased risk of mortality when used to treat Behavioural and Psychological Symptoms of Dementia (BPSD)?
  - a. Fluvoxamine
  - b. Sodium valproate
  - c. Risperidone
  - d. Lorazepam
  - e. Donepezil
6. By 2050, the number of persons with dementia in Singapore is projected to reach:
  - a. 150,000
  - b. 155,000
  - c. 175,000
  - d. 185,000
  - e. 187,000
7. Insomnia is common in elderly; it is commonly undiagnosed and it should be screen as part of a geriatric assessment. The prevalence of insomnia in adults over 65 years of age has been estimated to be about?
  - a. 45 percent
  - b. 20 percent
  - c. 30 percent
  - d. 75 percent
  - e. 60 percent
8. A 67-year-old male was recently admitted to the hospital for leg swelling and breathlessness. A 2-D echo done showed that he has a left ventricular ejection fraction of 30 percent. He was started on medication and discharged home. He returned to the clinic complaining that he has not been able to sleep as he needs to get up frequently at night. Which of the following medication is probably causing his frequent awakenings?
  - a. Telmisartan
  - b. Frusemide
  - c. Isosorbide Mononitrate
  - d. Nifedipine LA
  - e. Aspirin
9. In the elderly, behavioural interventions are effective and recommended as an initial treatment of insomnia. Which of the following is not part of Cognitive Behavioural Therapy (CBT-I)?
  - a. Stimulus control
  - b. Sleep restriction
  - c. Sleep hygiene education
  - d. Relaxation therapy
  - e. Bright light therapy

10. 70-year-old with hypothyroidism from Hashimoto thyroiditis on thyroxine 50mcg replacement for the last 30 years. He has problem sleeping for the last four months and on behavioural therapy and Lorazepam 1mg on for insomnia. He has been slowly improving and you decided to withdrawal medical therapy. The strategy to prevent rebound insomnia in this patient would be?
- Change to zolpidem CR
  - Change to diazepam
  - Withdraw lorazepam gradually
  - Withdrawal Thyroxine gradually
  - Change to Doxepin
11. All medications used as sleeping aid has adverse effects and increases the risk of falls. If medications are needed, the lowest effective dose should be used for the shortest duration, which of the following medications is not considered the safest for use in the elderly based on consensus currently?
- Zolpidem
  - Melatonin
  - Doxepin
  - Diazepam
  - Zopiclone
12. The following are precipitating factors of insomnia except:
- Excessive time spent in bed
  - Excessive alcohol
  - Chronic pain
  - Shift work
  - Recent marriage
13. Based on the Asian Working Group for Sarcopenia, which of the following defines sarcopenia?
- |                  |                   |                        |
|------------------|-------------------|------------------------|
| a. ↑ muscle mass | ↓ muscle strength | ↑ physical performance |
| b. ↑ muscle mass | ↑ muscle strength | ↑ physical performance |
| c. ↓ muscle mass | ↑ muscle strength | ↑ physical performance |
| d. ↓ muscle mass | ↓ muscle strength | ↓ physical performance |
| e. ↓ muscle mass | ↓ muscle strength | ↑ physical performance |
14. Mrs Tan walked in to see you in the polyclinic after sustaining a fall. She has had three falls this year. She also complains of increased lethargy over the last six months with difficulty going out of her house to even do grocery shopping. She lives on the second floor and used to be able to climb the stairs to reach her flat. However, in the last six months, she has been unable to climb up and has to take the lift daily. She has also lost 6 kg over the last year from her usual weight of 46kg to 40kg now.

What is the possible reason why Mrs Tan is falling?

- Depression
- Frailty
- Hypothyroidism
- Malignancy
- Strokes disease

15. What of the following association is she also at risk of?
- Constipation
  - Dementia
  - Incontinence
  - Institutionalisation
  - Swallowing impairment

16. Which of the following management would be most useful for her?

- Adequate protein supplementation in her diet
- Enrolling in social day care
- Employing a maid
- Progressive aerobic exercises
- Prescribing anti-depressants

17. You received a copy of Mrs Tan's Vitamin D levels:  
 25-OH Vit D (total) 20ug/L  
 At risk of deficiency: < 12 ug/L  
 At risk of inadequacy: 12-19 ug/L  
 Sufficient: 20-50 ug/L  
 Possibly harmful: > 50ug/L

What would you do?

- Check calcium and phosphate levels
- Check PTH levels
- Do nothing
- Replace with calcium et vit d
- Replace with cholecalciferol

18. The SARC-F screen for sarcopenia includes the following except:

- Difficulty in lifting and carrying 10 pounds
- Difficulty walking across a room
- Difficulty climbing a flight of 10 stairs
- Number of falls in the past six months
- Difficulty transferring from a bed or chair

19. Which of the following is true of cognitive impairment in Parkinson's disease (PD)?

- The presence of dementia is an exclusion criteria for PD.
- Cognitive impairment is associated with the presence of orthostatic hypotension in PD.
- Memantine is an approved treatment for PD dementia.
- Rivastigmine is recommended for nondementia cognitive impairment.
- The preferred test for global cognition in PD is the Mini-Mental State Examination.

20. Which if the following is required for the diagnosis of Parkinson's disease (PD)?

- Limb bradykinesia
- Limb rigidity
- Unilateral onset of motor symptoms
- Postural instability
- Rest tremor

21. The management of orthostatic hypotension in

**Parkinson's disease (PD) should NOT include:**

- a. Avoidance of autonomic stressors (e.g. alcohol, hot showers)
- b. Use of physical counter-manoevres
- c. Stopping or reducing anti-hypertensive medications
- d. Starting midodrine
- e. Stopping or reducing dopaminergic medications

**22. Which of the following is true of gait and balance in Parkinson's disease (PD)?**

- a. Falls are a marker of advanced disease and are only seen in late stages of PD.
- b. Falls are best managed by increasing the dose of levodopa.
- c. The best predictor of a fall is the patient's age.
- d. Gait freezing frequently occurs when PD patients are navigating doorways or narrow passages.
- e. Falls in PD are mainly a result of serotonergic deficit.

**23. Parkinson's disease (PD):**

- a. Is a disease of the elderly.
- b. Can be differentiated from atypical parkinsonian disorders using radionuclide imaging of presynaptic dopaminergic function.
- c. Results from neuronal loss in the ventrolateral substantia nigra.
- d. Progresses in a linear fashion through the different stages of disease.
- e. Is more common in females.

**24. Non-pharmacological methods for management of orthostatic hypotension in PD patients include the following except:**

- a. Increasing water intake
- b. Using physical counter-manoevres (e.g. leg crossing, squatting)
- c. Sleeping with head of bed elevated
- d. Avoiding autonomic stressors (e.g. large meals, hot showers)
- e. Increasing calorie intake

**25. The mechanisms of stroke rehabilitation are:**

- a. reconditioning, adaptation and modulation
- b. restoration, compensation and modification
- c. repetition, accommodation and modulation
- d. compensation, readaptation and maximization
- e. reconnection, acceptance and multidisciplinary

**26. The most crucial period for stroke rehabilitation initialization is:**

- a. hyperacute
- b. acute
- c. subacute
- d. community re-integration
- e. all

**27. A 74-year-old patient with history of right sided hemiplegia secondary to a pure motor stroke suffered one year ago presents at your clinic complaining of pain at the shoulder that has been worsening over the past two months. You should:**

- a. Prescribe paracetamol and NSAIDS if needed for immediate pain relief
- b. Direct the patient to an occupational therapy unit to order an arm sling
- c. Examine the patient to identify the pathology and do a check X-ray to rule out occult fracture
- d. Suggest the patient try a course of acupuncture for pain relief
- e. Refer the patient to orthopaedic surgery for further work up

**28. A 65-year-old patient with increased tone of the left upper and lower limbs secondary to a sensori-motor stroke three months prior mentions that he keeps tripping and has had several near falls in the past few days. On examination of his gait, you notice that his left foot tends to invert and plantarflex when he walks. You could consider treatment of**

- a. Paracetamol and NSAIDS for pain relief
- b. refer the patient to physiotherapy to issue a quadstick
- c. advise the patient to buy better fitting shoes
- d. initiate treatment of spasticity with baclofen
- e. recommend that the patient undergo left lower limb tibial nerve neurolysis with phenol

**29. Post-stroke depression affects roughly \_\_\_\_\_ of stroke survivors and should be screened for if patients report fatigue, reduced motivation, loss of confidence, and attention and concentration difficulties for more than two weeks prior.**

- a. 5-10 percent
- b. 10- 20 percent
- c. 20-40 percent
- d. 30-50 percent
- e. 80 percent

**30. Treatment options for spasticity in stroke include the following except:**

- a. Baclofen
- b. Nerve blocks with phenol
- c. Botulinum toxin injections
- d. Anarex
- e. Intrathecal baclofen devices