

ASSESSMENT OF 30 MCQs

FPSC No : 90
MCQS ON GERIATRIC CARE 2021 UPDATE
Submission DEADLINE: 18 May 2021, 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

1. What factors can contribute to the emergence of BPSD?

- A. Urinary tract infection in a person with dementia
- B. Person with dementia who struggles to express thirst or hunger
- C. A depressed caregiver
- D. Person with dementia having lunch in a crowded, hot and noisy coffeeshop environment
- E. All of the above

2. Which of the following is not a form of non-pharmacological intervention to manage BPSD?

- A. Simulated Presence Therapy
- B. Memory aids/sign posting
- C. Giving the person with dementia coffee or tea to stop them from taking naps through the day
- D. Activity scheduling to set a regular routine
- E. Acupuncture

3. According to the MOH Clinical Practice Guidelines on Dementia, which is a recommended medication to treat persecutory delusions?

- A. Escitalopram
- B. Risperidone
- C. Zopiclone
- D. Sodium Valproate
- E. Memantine

4. Which of the following is not typical of delusions presenting as part of BPSD?

- A. The belief that their spouse is being replaced by an imposter
- B. Intruders coming into the home stealing their clothes and eating food from their fridge
- C. The belief that their spouse is having an affair with the domestic helper

- D. The belief that they are the chosen one by God to come save the world
- E. Accusation of children abandoning them into a nursing home

5. Depression presents in persons with dementia of what severity?

- A. Mild
- B. Moderate
- C. Severe
- D. All stages of dementia
- E. It is not seen as a type of BPSD

6. With regards to the Mental Capacity Act (in helping to determine mental capacity) affirms the default position in the law of presumed capacity

- A. In persons of age 18 and above
- B. Appearance, medical condition and behaviour are crucial factors
- C. Quality and sensibility of decisions made prior to situation
- D. Timings and place of assessment must be made convenient to the assessor
- E. An unwise decision does not exclude mental capacity

7. The Lasting Power of Attorney (LPA) is a document where

- A. It allows the family members to decide for the relative in a way they deemed fit
- B. The donor's best interest is not the most important
- C. The right to self-determination by the donor is protected in advance
- D. The donees must ask the courts to decide on all matters
- E. All donees must agree before any decision is made

8. The Mental Capacity Act

- A. Assumes that everyone will not act in the best interests of the patient/donor
- B. Advocates an approach of best interest of the person regardless of the donor's original plans
- C. Assumes that the best interest may mean restricting the donor's rights and freedom of action
- D. Includes provision of best interests for the past and present wishes, feelings, beliefs and values of the donor
- E. The 2-step test is used to decide if mental incapacity is temporary

9. The MCA states that decisions relating to care and treatment

- A. Should be decided by the donee ONLY
- B. May be inconsistent with valid decisions made by a court appointed deputy
- C. May include decisions relating to life sustaining measure
- D. Include withholding treatment that prevents deterioration of donor's medical condition
- E. Should ideally involve medical professionals in discussion with the donee with regards to best interest for the donor

10. When regards to doing an LPA for a patient (donor), which one of the following is INCORRECT?

- A. Try to do it in the evening
- B. Make donor feel comfortable and not pressured
- C. Try to ascertain if the donor understands the purpose of doing an LPA
- D. Ensure that the donor is not under any undue pressure from the relatives or family member
- E. An interpreter is needed if the patient is not conversant with the English language

11. Insomnia is defined as

- A. Not being able to fall sleep within ten minutes upon getting to bed
- B. Waking up once to pass urine at night
- C. Feeling sleepy in the daytime
- D. Difficulty falling asleep, maintaining sleep, early awakening or not feeling rested after sleeping
- E. Snoring and restlessness at night

12. A non-pharmacological method that meets the American Psychological Association criteria for empirically supported psychological treatment for insomnia is

- A. Stimulus-control therapy
- B. Light therapy
- C. Hypnotherapy
- D. Biofeedback
- E. Interpersonal psychotherapy

13. Which of the following medications should be avoided by individuals with insomnia?

- A. Desipramine
- B. Bupropion
- C. Haloperidol
- D. Trazodone
- E. Lurasidone

14. Long-acting benzodiazepines are best avoided in elderly people because

- A. They are expensive
- B. It results in tolerance in 2 to 4 weeks
- C. It results in tolerance in 4 to 8 weeks
- D. Prolonged use results in daytime anxiety
- E. It has a long half-life and may cause falls

15. The common side effect(s) seen with zolpidem is/are

- A. Daytime anxiety
- B. Psychotic reactions
- C. Amnesia, dizziness, and headache
- D. Aggressive behaviour
- E. Depression

16. Mr Low is a 77-year-old who comes to see you in clinic for a recent fall and reports that he has read about frailty on the internet and is concerned that he is frail. Which of the following may suggest that he is frail?

- A. High blood pressure
- B. Weight gain
- C. Low mood
- D. Hearing impairment
- E. Fatigue

- 17. Mr Low has a known medical history of diabetes mellitus and hyperlipidaemia. Based on the additional information provided below, which of the following would indicate that he is frail using the FRAIL instrument?**

	Fatigue	Resistance	Ambulation	Loss of weight
A	Present	Can walk up one flight of stairs	Can walk one block	Two percent loss over past six months
B	Absent	Cannot walk up one flight of stairs	Can walk one block	None
C	Absent	Can walk up one flight of stairs	Can walk one block	>Five percent loss over past six months
D	Present	Cannot walk up one flight of stairs	Can walk one block	>Five percent loss over past six months
E	Present	Cannot walk up one flight of stairs	Can walk one block	Two percent loss over past six months

- 18. What would be useful in the management of Mr Low's frailty?**

- A. Reviewing medications with a view to reduce polypharmacy where appropriate
- B. Employing a maid
- C. Starting him on fluoxetine
- D. Prescribing him flexibility exercises
- E. Encouraging him to attend social day-care

- 19. 81-year-old Mrs Lee comes to see you in clinic and reports that she has had two falls over the past one year. She screens positive for sarcopenia using the SARC-F tool.**

Which of the following associated conditions would she be at risk of?

- A. Urinary incontinence
- B. Needing help in activities of daily living
- C. Constipation
- D. Dementia
- E. Depression

- 20. What type of exercises would you prescribe Mrs Lee to help with her sarcopenia?**

- A. Resistance exercises
- B. Balance exercises
- C. Aerobic exercises
- D. Anaerobic exercises
- E. Flexibility exercises

- 21. An 80-year-old lady comes to your clinic in a wheelchair with complaints of chronic constipation and difficulty sleeping for several years. She also admits that she is feeling low in her mood. When you examine her, you notice that she has mild cogwheel rigidity, more evident on the right and her movements are slow especially when trying to get up from her wheelchair. Which medication would be most appropriate for her?**

- A. Levodopa/benserazide 62.5mg TDS

- B. Amantadine 200mg BD
- C. Amitriptyline 12.5 mg ON
- D. Selegiline 5mg OM
- E. Ropinirole 0.5 mg TDS

- 22. A 72-year-old man with Parkinson's disease for the last eight years has a shuffling gait and has been increasingly more unsteady and reports difficulty initiating gait. He has had several falls at home recently. He also has difficulty sleeping. He is currently taking Madopar 125mg tds. The following strategies may help except:**

- A. Increase dose of madopar
- B. Add on entacapone
- C. Add on ropinirole
- D. Consistent and progressive exercise regime
- E. Reduce need to walk in view of falls risk

- 23. A 74-year-old lady with Parkinson's Disease has had long standing constipation for the last 20 years. The following strategies may be helpful except for:**

- A. Regular probiotics
- B. Increasing fluid intake
- C. Regular exercise
- D. Daily Fybogel (ispaghula husk)
- E. Regular Macroglol

- 24. A 75-year-old man with a ten-year history of Parkinson's Disease has been getting progressively dizzy on standing up. His has significant postural blood pressure drop of more than 30mmHG when standing up. The following recommendations may be useful except for:**

- A. Increasing water and salt intake
- B. Sleeping with head of bed elevated by 15-20 cm
- C. Leg exercises to reduce lower body blood pooling
- D. Regular warm shower
- E. Compression stockings

- 25. Which one of the following medications is most suited for a patient with Parkinson's Disease with symptoms of agitation and paranoia?**
- Olanzapine
 - Risperidone
 - Haloperidol
 - Quetiapine
 - Chlorpromazine
- 26. A 60-year-old patient with history of right sided hemiplegia secondary to a left thalamic haemorrhage six weeks ago comes for a routine medical check-up. He says that he has had intense persistent pain the right upper limb that disturbs his sleep for the past few weeks. There is no history of fall. You noticed that the hand is swollen, erythematous and tender to touch. His upper limb strength on manual muscle testing is antigravity grossly. He is afebrile with no biochemical evidence of infection. What is your top most concern?**
- Complex regional pain syndrome
 - Cellulitis
 - Venous thrombosis
 - Colles fracture
 - Dependent oedema
- 27. A 65-year-old female patient with a left middle cerebral artery infarct attended your clinic for a routine follow up for risk factor management. She has underlying ischaemic heart disease and diabetes mellitus. She lives alone. You noticed that she appears depressed. On further questioning, she has poor appetite and anhedonia. You are concerned that she has post stroke depression. What is the most appropriate pharmacological management?**
- Haloperidol 1mg on
 - Escitalopram 5mg on
 - Methylphenidate 15mg bd
 - Amitriptyline 5mg on
 - Risperidone 2mg on
- 28. A 55-year-old man came to your clinic with a known history of stroke. He does not have atrial fibrillation. He has a nasogastric tube in-situ. You have some difficulty understanding him as his speech is slurred. On examination, he has sensory loss of the left face and right limb with left limb ataxia. What is the likely site of the infarct?**
- Left middle cerebral artery territory
 - Left lateral medullary
 - Right anterior cerebral artery territory
 - Left cerebellum
 - Multi-territorial infarct
- 29. A 65-year-old taxi driver came to your clinic for a medical examination for vocational licence holders. He has a stroke nine months ago and has made good functional recovery after intensive rehabilitation. On examination he has very mild residual weakness of the affected side. He is not ataxic and his gait is normal. Examination of the rest of the body systems is otherwise normal. What is your next course of action?**
- Pass his medical assessment
 - Refer him to the Driving Assessment and Rehabilitation Program at Tan Tock Seng Hospital as soon as possible
 - Inform Traffic Police to cancel his licence
 - Advise him that he is not suitable for vocational driving but he is medically and functionally fit to return to personal driving
 - Inform him that he has to be assessed by a specialist and attended the Driving Assessment and Rehabilitation Program at Tan Tock Seng Hospital
- 30. You are seeing a 65-year-old man in your clinic for the Lasting Power of Attorney. You noticed that he has problem releasing his grip on the pen after signing the form. He has a history of stroke one year ago and after examining him, your clinical impression is that he has focal post stroke spasticity involving his finger flexors. It is affecting his function. What is your next most appropriate pharmacological course of action?**
- Start baclofen 5mg tds and then titrate to effect
 - Start diazepam 5mg on
 - There is no role for pharmacological option
 - Refer to rehabilitation physician for consideration of botulinum toxin injection
 - Start Anarex two tablets tds