ASSESSMENT OF 15 MCQS

FPSC NO : 101
MCQS ON PUTTING A STOP TO CKD
SUBMISSION DEADLINE: 13 September 2022, 12 NOON

INSTRUCTIONS
- **To submit answers to the following multiple choice questions, you are required to log on to the College Online Portal (https://lms.wizlearn.com/cfps/)**
- **Please contact sfp@cfps.org.sg if you have not received an email on the new LMS account.**
- **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. **Which of the following scenarios would not warrant screening for chronic kidney disease?**

    A. A 50-year-old man with a 10-year history of hypertension and obstructive sleep apnoea

    B. A 25-year-old man who came to see you for upper respiratory tract infection

    C. A 31-year-old woman who has a history of pre-eclampsia

    D. A 34-year-old man with a history of recurrent gout attacks

    E. A 20-year-old woman whose mother had end-stage kidney failure at 35 years of age

2. **A 35-year-old man was screened for chronic kidney disease as he had a 10-year history of hypertension and depression on long-term lithium. His screening investigations are as follows.**

    - **serum creatinine 150 µmol/L**
    - **urine albumin creatinine ratio 50 mg/mmol**
    - **urine microscopy 5 red blood cells per µL, 20 red blood cells per µL, 0 epithelial cells per µL**
    - **urine dipstick 1+ for glucose, 2+ for protein**

    You are seeing him for the second time. What would be your next action?

    A. Arrange for repeat tests in four months' time to confirm findings

    B. Arrange for further investigations early to determine the cause of kidney impairment

    C. Increase his angiotensin receptor blocker in view of albuminuria

    D. Inform him that he has chronic kidney disease

    E. Start him on irbesartan as there is good evidence to retard kidney disease progression

3. **A 55-year-old man with CKD stage G3b A3 secondary to hypertension asks you for advice on how he can slow the progression of his kidney disease. Which of the following dietary advice would you give him?**

    A. Use salt substitutes for cooking as a low sodium diet can improve his blood pressure control

    B. Eat only green leafy vegetables as vegetable protein is good for patients with CKD

    C. Eat foods that have high biological value protein as this is good for the kidneys

    D. Not to add salt to homecooked food and use soya sauce sparingly as condiment for taste

    E. Prescribe ketoacid analogue supplements with a restricted protein intake of 0.9 g/kg body weight

4. **A 70-year-old woman with CKD stage G4 A2 secondary to chronic glomerulonephritis sees you for a routine check-up. She is on shared care follow-up with a nephrologist once per year as her eGFR had been stable. Her manual blood pressure during your clinic follow-up visit was 192/68 mmHg. She is otherwise asymptomatic. How would you best manage her blood pressure?**

    A. Reassure her that the blood pressure level is ok for a 70-year-old and send her home

    B. Add on hydralazine 25 mg TDS to her valsartan 80 mg BD and amlodipine 10 mg OM

    C. Perform a standardised office blood pressure measurement and compare this with her home blood pressure measurement

    D. Let her rest for 10 minutes and perform another manual blood pressure

    E. Give her sublingual nifedipine to bring down the pressure in clinic

5. A 60-year-old man with CKD stage G3b A3 secondary to diabetes mellitus has just done his routine follow-up tests. His eGFR is stable at 40 ml/min/1.73 m² BSA with a UACR of 100 mg/mmol. You note that his serum potassium has been elevated at 5.4 mmol/L (three months ago) and 5.5 mmol/L this time round. He is on irbesartan 150 mg BD and amlodipine 10 mg OM. He has already stopped taking foods high in potassium. Which of the following is the least ideal next step?

A. Reduce irbesartan to 150 mg OM
B. Add on hydrochlorothiazide 12.5 mg OM
C. Stop irbesartan, add doxazosin 3 mg BD and inform him that he is no longer suitable for angiotensin receptor blockers
D. Add on sodium zirconium cyclosilicate or sodium polystyrene sulfonate as maintenance medication
E. Exclude pseudohyperkalaemia

6. With regards to common causes of chronic kidney disease and typical findings, which of the following total albumin/creatinine ratios is MOST LIKELY to be seen in diabetic kidney disease?

A. 0 mg/day
B. ≥30 mg/g
C. ≥300 mg/g
D. 0-1,000 mg/g
E. ≥1,000 mg/g

7. Based on a study of polyclinic patients in Singapore on factors associated with chronic kidney disease (CKD), which of the following CKD-associated factors has the highest multivariate odds ratio?

A. Age >65 years
B. BMI >27.5
C. Hypertension
D. Cardiovascular disease
E. Diabetes mellitus

8. With regards to a conceptual model of natural history of diabetic kidney disease, when would we expect microalbuminuria to make its appearance?

A. 0 to 1 year
B. 2 to 4 years
C. 5 to 10 years
D. 10 to 20 years
E. Beyond 20 years

9. With regards to the use of metformin as first-line therapy in diabetic kidney disease, at what eGFR level would it be necessary to give a reduced dose?

A. <45 ml/min
B. <40 ml/min
C. <35 ml/min
D. <30 ml/min
E. <25 ml/min

10. With regards to the use of SGLT2 inhibitors as first-line therapy in diabetic kidney disease, at what eGFR level would it be necessary not to initiate its use?

A. <45 ml/min
B. <40 ml/min
C. <35 ml/min
D. <30 ml/min
E. <25 ml/min

11. What are the adverse clinical outcomes of CKD?

I. Hyperkalaemia
II. Anaemia
III. Metabolic acidosis
IV. Cardiovascular disease
V. Renal diseases
VI. Mineral and bone diseases

A. I and VI only
B. IV and V only
C. I, III, and IV only
D. II and III only
E. All of the above

12. Which of the following are major risk factors of CKD?

I. Obesity
II. Diabetes (metabolic syndrome)
III. Hypertension
IV. Smoking
V. Frequent consumption of NSAIDs (non-steroidal anti-inflammatory drugs)
VI. Family history of kidney disease

A. I and VI only
B. IV and V only
C. I, II, and IV only
D. II and III only
E. All of the above

13. **CKD is defined based on the following criteria present for more than _____ months.**

    I.   eGFR <60 mL/min/1.73 m^2
    II. Albuminuria (urine albumin excretion rate ≥30 mg/24 h; urine albumin-to-creatinine ratio (UACR) ≥30 mg/g [≥3 mg/mmol])
    III. Urine sediment abnormalities
    IV. Renal tubular disorders
    V.   Pathological and structural abnormalities.

    A. 2 months
    B. 2.5 months
    C. 3 months
    D. 3.5 months
    E. 4 months

14. **CKD can be classified based on:**

    I.   GFR category (G1-G5)
    II. Albuminuria category (A1-A3)
    III. Age
    IV. Ethnicity

    A. I
    B. II
    C. I and III
    D. I and II
    E. All of the above

15. **Angiotensin-converting enzyme inhibitors (ACEIs) are the only agents to show a reduction in the risk of CKD progression in patients with and without type 2 diabetes mellitus (T2DM). True or False?**

    A. True. ACEIs are the only agents to show a reduction in the risk of CKD progression in patients with and without T2DM.
    B. False. Angiotensin-converting enzyme inhibitors (ACEIs) and angiotensin receptor blockers (ARBs) are the only agents to show a reduction in the risk of CKD progression in patients with and without T2DM.
    C. False. ACEIs, ARBs, and SGLT2i can show a reduction in the risk of CKD progression in patients with and without T2DM, with SGLT2i providing a decreased risk of all-cause mortality.
    D. False. Angiotensin receptor blockers (ARBs) are the only agents to show a reduction in the risk of CKD progression in patients with and without T2DM.
    E. False. Only SGLT2i can show a reduction in the risk of CKD progression in patients with and without T2DM.

FPSC 97 "Chronic Disease Management 2022" Answers to 30 MCQs Assessment					
1.	C	11.	B	21.	A
2.	E	12.	D	22.	A
3.	B	13.	A	23.	C
4.	D	14.	C	24.	C
5.	A	15.	B	25.	C
6.	D	16.	E	26.	C
7.	C	17.	E	27.	A
8.	B	18.	D	28.	A
9.	A	19.	D	29.	D
10.	E	20.	D	30.	B