

ASSESSMENT OF 30 MCQS

FPSC NO : 103
MCQS ON BASIC OBESITY MANAGEMENT
SUBMISSION DEADLINE: 13 DECEMBER 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. Regarding obesity, which of the following statements is true?

- A. Obesity is not a chronic disease as it is the result of a person's choice of lifestyle
- B. Socio-economic factors and food insecurity decrease one's likelihood of consuming highly processed, energy-dense foods
- C. As a chronic disease, obesity has its distinct disruption to physiology, associated with multiple aetiologies, aggravating factors, and complications
- D. As with other chronic disease management, there is no need to assess the patient's expectations and readiness to change before initiating therapy
- E. Weight discrimination and obesity stigma has a positive health impact on people living with obesity by motivating them to lose weight

2. Which of the following is true?

- A. Losing initial weight is more challenging than keeping the weight off as weight regain is not often encountered after weight loss
- B. Assessing for other lifestyle factors like sleeping patterns, stress levels, psychosocial support, food security in the patient's life will not help to elicit contributory factors
- C. The release of hormones such as Amylin, CCK, PYY is reduced after weight loss, resulting in a loss of appetite suppression and satiety and increasing one's appetite
- D. During and after weight loss, there is an adaptive increase in energy expenditure, which stimulates appetite and can persist for many years
- E. PwOs are to be blamed for their lack of discipline in lifestyle habits as a cause of their obesity

3. Mdm Siti, a 42-year-old Malay lady, came to you for a routine Pap smear and you found out that she was recently diagnosed with non-alcoholic fatty liver disease (NAFLD) by the gastroenterologist. Her weight is 87 kg (BMI 34 kg/m²). What should you do NEXT?

- A. Advise her that there are now effective pharmacological therapies for weight management
- B. Assist her by referring her to internet resources on weight loss

- C. Assess her by taking an obesity-focused history
- D. Assist her by referring her to the dietician and exercise therapist
- E. Ask for permission to talk about obesity and its management by bringing up the diagnosis of NAFLD

4. Which of the following is true?

- A. People with obesity need more help because they are usually weak-willed
- B. Doctors should use condition-first language when talking to people with obesity
- C. Motivational Interviewing is a doctor-centred approach designed to help doctors during their consultation
- D. People with obesity may not perceive their weight to be a significant problem
- E. Multiple studies on people with obesity suggests that >80% of the people are not willing to be helped with their weight.

5. A 32-year-old female seeks medical advice for weight loss. She has difficulty losing weight gain despite dietary restriction and regular exercise. At your clinic visit, her weight is 80 kg, BMI is 30.5 kg/m², BP 130/85 mmHg, HR 60 bpm. Further history reveals she has had lethargy and irregular menstrual bleeding. Which of the following would be part of your clinical evaluation of this patient?

- A. Weight history evaluating lifestyle, underlying medical conditions, and secondary causes of weight gain
- B. Menstrual history
- C. Thyroid examination and checking a thyroid function test
- D. Screening for metabolic co-morbidities related to obesity
- E. All of the above

6. A 40-year-old woman has a history of type 2 diabetes mellitus, hypertension, and schizophrenia. She noticed progressive weight gain over the past year. Which of the following medication most likely contributes to weight gain?
- Metformin
 - Canagliflozin
 - Valsartan
 - Fluoxetine
 - Risperidone
7. Which of the following patients would probably not benefit from a >5-10% weight loss?
- A 28-year-old female with BMI 37 kg/m² planning for fertility in 2 years' time
 - A 40-year-old man with BMI 26kg/m², who has a strong family history of diabetes, recently diagnosed with prediabetes
 - A 70-year-old female, BMI 24 kg/m², with well-controlled T2DM on insulin and osteoporosis
 - A 21-year-old man with BMI 42 kg/m² with no known medical problems
 - 50-year-old female with BMI 35 kg/m² with non-alcoholic fatty liver disease
8. The following is a consideration when selecting an anti-obesity medication (AOM) for a patient with obesity:
- The choice of AOM should take into consideration the patient's history of mental disorder
 - All patients with a BMI ≥ 30 kg/m² should be recommended an AOM
 - A patient with a more severe stage of obesity (e.g., BMI 33kg/m² with severe OSA) should only be recommended an AOM after he is unable to attain $\geq 5\%$ weight loss with lifestyle therapy
 - The presence of obesity-related comorbidities regardless of BMI should be used to decide when AOM is to be started
 - Potential side-effects of the AOM should not influence the choice of medication since these are mild
9. Anti-obesity medications should be stopped in the following situations except:
- When the patient has attained a normal BMI
 - When the patient develops severe side effects
 - When the patient has lost 3% of weight after 12 weeks of maximal doses
 - When the patient has lost 10% of his initial weight and is keen to maintain this weight
 - When the patient plans to get pregnant in the next 3 months or becomes pregnant
10. Mr B is a 35-year-old man with dyslipidemia, type 2 diabetes mellitus (DM), and obstructive sleep apnea (OSA). His BMI is 27.4 kg/m² and his blood pressure is 135/78 mmHg. His most recent HbA1c is 8.5% on metformin and empagliflozin for the last three months. He is not keen to start on continuous positive airway pressure (CPAP) treatment now as he wants to lose some weight first. He has lost 3% of his weight in the last three months through reducing overall caloric intake and increasing physical activity, with improvement of his HbA1c to 7.8%. He is keen to lose more weight with pharmacotherapy. Which of the following consideration is the most reasonable in Mr B?
- AOM should not be considered yet as he has lost 3% of his weight with improvement in his DM
 - For OSA improvement, he will need at least 7-10% weight loss. Hence AOM can be considered
 - Once an AOM is started, he does not have to be as strict with his dietary intake and exercise since these measures are not as effective as an AOM
 - A combination of orlistat, phentermine, and liraglutide should be considered in him since this will result in the greatest amount of weight loss
 - He should be considered for bariatric surgery instead of the use of AOM since his DM is poorly controlled on two glucose-lowering medications
11. For Mr B, the following consideration in the use of a glucagon-like peptide 1 (GLP-1) receptor agonist is true:
- Increasing liraglutide from 1.8 mg/day to 3.0 mg/day will significantly reduce his HbA1c further
 - Liraglutide should be stopped once his weight stagnates after losing 10% of his weight
 - Liraglutide should be stopped if he fails to lose 4% of his initial weight on Liraglutide 2.4 mg/day in 12 weeks
 - Gastrointestinal side-effects can occur in up to 65% of people using liraglutide for weight loss but these are usually mild and self-limiting
 - Liraglutide should be increased to 3.0 mg/day as tolerated and monitored for at least four weeks on this dose before deciding if treatment should be continued on or not
12. Which of the following is true of the FITT principle of exercise prescription?
- F refers to Fitness Level
 - I refers to Indication
 - I refers to Intensity
 - T refers to Terrain
 - T refers to Total Daily Step Count

13. Which is true of pre-participation screening in physical activity?

- A. An individual with newly diagnosed dyslipidaemia should undergo an exercise stress test prior to beginning any exercise to assess for occult cardiovascular disease
- B. An individual with type 2 diabetes mellitus, who has been brisk walking five days a week, should seek medical clearance first prior to undergoing high intensity interval training
- C. Any individual who has been physically inactive should undergo routine exercise stress testing prior to starting a brisk walking exercise regime
- D. Medical clearance for exercise refers to the administration of symptom-limited exercise stress testing to assess the risk of suffering an exertion-related cardiac event
- E. Obtaining medical clearance for exercise ensures that the medically cleared individual will not suffer an exertion-related cardiac event in the next one year

14. Which of the following is true of physical activity in obese and overweight persons?

- A. A minimum of 300 minutes of moderate intensity aerobic exercise a week is required for an overweight or obese person to benefit from physical activity
- B. Improvement of cardiorespiratory fitness is a goal when prescribing physical activity to obese and overweight individuals
- C. Overweight and obese persons should aim for a weight loss of 5-10 kg over six months
- D. Overweight and obese persons should avoid weightbearing exercises so as not to injure their knees due to their increased weight
- E. Overweight and obese persons should undergo exercise stress testing prior to beginning exercise to assess for occult cardiovascular disease

15. Which of the following is true?

- A. Current physical activity guidelines suggest that adults aged 18 years and above should participate in a minimum of 150 to 300 minutes of moderate-intensity structured aerobic exercise per week
- B. In general, one minute of vigorous-intensity aerobic physical activity is considered equivalent to three minutes of moderate-intensity aerobic physical activity
- C. Physical inactivity is defined by the amount of time an individual engages in sedentary behaviour
- D. Resistance exercise is as effective as moderate-intensity aerobic exercise in reducing an individual's BMI level
- E. Sedentary behaviour is defined as any waking behaviour characterised by an energy expenditure of 1.5 metabolic equivalents (METs) or less, while in a sitting, reclining, or lying posture

16. Which of the following is true?

- A. Individuals on beta-blockers should omit their medication prior to exercise as it will interfere with the monitoring of their exercise intensity using heart rate
- B. Individuals on metformin should omit their medication prior to exercise to prevent hypoglycaemia
- C. Individuals with diabetes mellitus should undergo medical clearance prior to starting a moderate-intensity exercise regime
- D. Individuals with diabetic foot ulcers should swim instead of run as running can cause the ulcer to progress
- E. Individuals with knee osteoarthritis should stop all analgesia prior to exercise to avoid masking of symptoms

17. Standard calorie deficit recommended for weight loss:

- A. <250 cal
- B. 500 cal
- C. >1,000 cal
- D. Depends on the healthcare professional
- E. None of the above

18. Which statement about VLEDs is false?

- A. They provide less than 800 calories per day
- B. They can be carried out without medical supervision
- C. They rely on the use of meal replacements
- D. They should only be used in the short term
- E. They require gradual food reintroduction

19. Which statement is true about low carbohydrate ("keto") diets?

- A. They vary in their carbohydrate, protein, and fat content
- B. Low carbohydrate diets are easy to sustain
- C. Studies have shown that very low carbohydrate diets are superior in the long term
- D. Everyone loses weight on a "keto" diet
- E. All of the above

20. Which of the following statements BEST describes the AIM of bariatric surgery?

- A. To prevent people from eating
- B. To increase resting metabolic rate
- C. To reduce body fat levels
- D. To enable satiety with a small meal
- E. To reduce the absorption of nutrients

21. After which procedure(s) will ALL patients need to take lifelong vitamin and mineral supplements?

- A. Endoscopic sleeve gastroplasty
- B. Vertical sleeve gastrectomy
- C. One-anastomosis gastric bypass
- D. A and B
- E. B and C

22. After metabolic bariatric surgery, a patient should be reviewed by a multi-disciplinary team under the following circumstance(s) except for:

- A. Mr H is now six years after a sleeve gastrectomy with an average weight loss 25% and his type 2 diabetes has been in remission since surgery
- B. Mdm T had a gastric bypass three years ago with remission of her type 2 diabetes and has just found out she is pregnant
- C. After maintaining a weight loss of 15% ~18 months after his sleeve gastrectomy, Mr Y now returns with a weight gain of 10% over the last six months
- D. Ms A has been able to maintain her 25% weight loss three years after her sleeve gastrectomy and has been having gastric reflux symptoms intermittently
- E. Ms W is 24 months after her gastric bypass. She has been having frequent episodes of tremulousness and sweating after food and numbness of both her legs for the last one month

23. What is the commonest cause of obesity in children?

- A. Type 2 diabetes
- B. Prematurity
- C. Low birth weight
- D. Obesity of polygenic origin
- E. Primary hypothyroidism

24. Sweetened beverages:

- A. Do not provide a feeling of satiety and hence should be avoided
- B. Provide a feeling of satiety because the volume is higher than that of fruits
- C. Can be used as a substitute for water as they contain sweeteners, not sugar
- D. Can be used if they are made from pure fruit juice
- E. Should be introduced before the age of one

25. What is the main World Health Organisation physical activity recommendation for children and youth aged 5-18 years?

- A. Three hours per day of physical activity
- B. One hour of activity three times a week
- C. 60 minutes per day of moderate-to-vigorous physical activity
- D. 30 minutes per day of moderate-to-vigorous physical activity
- E. 15 minutes per day of moderate-to-vigorous physical activity

26. Which of the statement is not true of paediatric obstructive sleep apnoea?

- A. The severity of OSA increases with the degree of obesity
- B. The risk of developing OSA is greater if there is a family history of it
- C. Unlike in adults, sleep-disordered breathing is not associated with insulin resistance and cardiometabolic risk
- D. OSA is documented in 1-5% of children
- E. Bed-wetting may be a symptom of OSA

27. What is the prevalence of NAFLD in patients with T2DM?

- A. 10%
- B. 20%
- C. 30%
- D. 40%
- E. 50%

28. Which of the following is not associated with PCOS?

- A. Infertility
- B. NAFLD
- C. OSA
- D. Hypertension
- E. Pancreatic cancer

29. Which of the following is useful in the screening of NAFLD or early liver fibrosis?

- A. Perform an ultrasound liver in all patients with T2DM
- B. Raised liver transaminases
- C. Regular fibroscan
- D. Calculation of FIB-4 score
- E. Liver biopsy

30. How much weight loss is recommended to improve NAFLD or early fibrosis?

- A. Any amount of weight loss
- B. 3-5%
- C. 10-15%
- D. >30%
- E. >50%