

ASSESSMENT OF 30 MCQS

FPSC NO : 108
MCQS ON GERIATRIC CARE 2023
SUBMISSION DEADLINE: 30 MAY 2023, 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

- Which of the following is not a form of non-pharmacological intervention to manage BPSD?**
 - Aromatherapy
 - Listening and singing along to songs that the person with dementia enjoyed in their youth
 - Provision of a sensory apron for a person with dementia who is understimulated at home
 - Allowing the person with dementia to sleep whenever and wherever they feel tired through the day because they are not able to sleep at night
 - Communicating with the person with dementia who is mildly hearing-impaired through an audio amplifier such as a pocket talker
- The following are potential adverse outcomes of inadequately managed BPSD except:**
 - Reduced quality of life of the person with dementia
 - Reduced cost of care
 - Premature institutionalisation of the person with dementia
 - Increased caregiver stress
 - Frequent visits to emergency services or outpatient clinics
- Which of the following factors can contribute to the emergence of BPSD in a person with dementia?**
 - A caregiver with poor understanding of the symptoms of dementia
 - Inadequate analgesia prescribed for a pain for a flare of osteoarthritis of the right knee
 - Frequently moving between the homes of the four children due to often unpredictable caregiver schedules
 - A hearing aid that has run out of batteries
 - All of the above
- Agitation presents in persons with dementia of what severity?**
 - Mild
 - Moderate
 - Severe
 - It is not seen as a type of BPSD
 - Any stage or severity of dementia
- According to the MOH Clinical Practice Guidelines on Dementia, which is a recommended medication to treat anxiety symptoms in a person with dementia?**
 - Escitalopram
 - Sodium Valproate
 - Risperidone
 - Memantine
 - Zopiclone
- The MCA gives examples of Personal Welfare LPA that the donee can make for the donor with regards to personal welfare. Which of the following is NOT correct?**
 - Acquiring and disposal of property
 - Deciding where the donor is to live
 - Deciding on issues pertinent to day-to-day care
 - Deciding on the level of contact the donor can have with any particular person(s)
 - Prohibiting particular person(s) from coming into contact with the donor
- The MCA gives examples of Property and Affairs LPA that the donee can make for the donor with regards to property and affairs decisions. Which of the following is NOT correct?**
 - Control and management of property
 - Prohibiting particular person(s) from coming into contact with the donor
 - Making business decisions
 - Conducting banking transactions
 - Investment decisions
- With regards to the Mental Capacity Act, which of the following is CORRECT?**
 - It assumes that not everyone will act in the best interests of the patient/donor
 - It advocates an approach of best interest of the person regardless of the donor's original plans
 - It includes provision of best interests for the past and present wishes, feelings, beliefs, and values of the donor
 - It assumes that the best interest may mean restricting the donor's rights and freedom of action
 - The 2-step test is used to decide if mental incapacity is temporary

9. With regards to the Mental Capacity Act (in helping to determine mental capacity), which of the following affirms the person lacks capacity?

- A. The person's appearance of being unkempt
- B. The person makes an unwise decision more than once
- C. The person is unable to count from 1 to 10
- D. The person fails the two-step test described in Section 4(1) of MCA, 2008
- E. The person is unable to remember things every now and then

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

- A. Make the donor feel comfortable and not pressured
- B. Ascertain if the donor understands the purpose of doing an LPA
- C. Ensure that the donor is not under any undue pressure from relatives or family members
- D. Provide an interpreter if the patient is not conversant with the English language
- E. Try to do it in the evening because it is a relaxing time of the day

11. With regards to sleep in the elderly:

- A. While the total amount of sleep decreases, sleep efficiency increases
- B. Total REM time is reduced
- C. Sleep latency and REM latency increase
- D. NREM 3 and 4 increase, while REM decreases
- E. None of the above are true

12. The most common anxiety disorder in later life is:

- A. Posttraumatic stress disorder
- B. Agoraphobia
- C. Panic disorder
- D. Social phobia
- E. Generalised anxiety disorder, which may be comorbid with major depression

13. The following statements regarding stimulus control therapy in the treatment of insomnia in the elderly are true EXCEPT:

- A. It is a type of behavioural therapy
- B. It serves to re-programme the mind, so that the mind will associate the bed with sleep and not with activities that are incompatible with sleep
- C. The person is asked to go to bed only when he is sleepy and just about to fall asleep
- D. The person should exercise vigorously at night
- E. It is advisable to stick to a regular sleep-wake schedule

14. What is the first step towards treating a 60-year-old man who comes to your office with a complaint of insomnia?

- A. Prescribe lemborexant
- B. Prescribe benzodiazepines
- C. Prescribe diphenhydramine
- D. Restrict the use of the bed to sleep and intimacy only
- E. Obtain a sleep study

15. 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

16. Mr Tan is a 70-year-old gentleman who sees you in clinic and complains of some difficulty in carrying a 5 kg bag of rice when he goes grocery shopping for the past 3 months. You decide to screen him for sarcopenia using the SARC-F tool. Which of the following additional information would suggest that he has possible sarcopenia based on the SARC-F tool?

	Difficulty in walking across a room	Difficulty in transferring from a chair or bed	Difficulty in climbing a flight of stairs	Falls in the past year
A.	Some	None	Some	0
B.	None	None	A lot	0
C.	None	A lot	Some	1
D.	Some	None	None	2
E.	None	Some	None	2

17. Mr Tan screens positive for possible sarcopenia using the SARC-F tool. Which of the following interventions would be most appropriate to manage his sarcopenia?

- A. Advise him to use a walking aid to prevent falls
- B. Prescribe him a high caloric diet
- C. Encourage him to perform flexibility exercises
- D. Screen for diabetes mellitus
- E. Start on testosterone supplements

18. Mr Tan has possible sarcopenia. His son wants to know what the implications are. Which of the following conditions would he be most at risk of developing?

- A. Cognitive decline
- B. Mobility impairment
- C. Hip fracture
- D. Appetite loss
- E. Pressure ulcer

19. Madam Low is a 68-year-old lady who comes to clinic for a health check-up. Her daughter is worried that she has frailty. Which of the following best suggests that Madam Low is frail?

- A. List of 8 prescription medications
- B. Low mood for two weeks
- C. Poor appetite for three days
- D. Sensation of feeling tired for one month
- E. Unintentional weight loss of >5% over six months

20. You screen Madam Low for frailty and she scores 3 points on the FRAIL instrument. What would be most useful in the management of her frailty?

- A. Advising her to take regular walks
- B. Counselling her on appropriate vaccinations
- C. Encouraging her to attend activities at the community centre
- D. Giving her vitamin D supplements
- E. Reviewing her medications

21. An 82-year-old gentleman with Parkinson's disease of three years comes in for an early review, complaining of worsening of his speech and increased drooling. Which of the following is not true?

- A. Botulinum toxin injections is a treatment for excessive drooling
- B. Frequent drooling is a sign of impaired swallowing
- C. Dysphagia is rare in Parkinson's disease
- D. Dysphagia can lead to weight loss and malnutrition
- E. There are disease-specific speech therapy exercises for Parkinson's disease

22. Regarding dopamine replacement therapy (DRT) in Parkinson's disease, which of the following is not true?

- A. 3 out of 4 patients with Parkinson's disease do not receive DRT on time when hospitalised
- B. Levodopa should be taken on an empty stomach
- C. Pyrexia-hyperparkinsonism syndrome is a life-threatening condition
- D. Abrupt stopping of DRT for as short as 6-12 hours can lead to an acute akinetic state
- E. There are no parenteral routes of DRT

23. A 78-year-old lady diagnosed with Parkinson's disease for the last eight years complains of a shuffling gait, which has been progressively worsening. She suffers from recurrent falls at home and reports that she has difficulty initiating gait, especially towards the end of each medication dose. She is currently taking Madopar 125 mg tds. The following strategies may help except:

- A. Avoiding ambulation in view of fall risk
- B. Cueing techniques
- C. A consistent and progressive exercise regime
- D. Increasing the dosage of madopar
- E. Identifying reversible factors like environmental conditions and postural hypotension

24. Regarding orthostatic hypotension (OH) in Parkinson's disease, which of the following is true?

- A. OH, regardless of symptoms, is associated with increased risk of falls
- B. The neurotransmitter responsible for dysautonomia is serotonin
- C. Dopaminergic therapy should be discontinued in the event of OH
- D. The majority of patients with OH are symptomatic
- E. OH only occurs in advanced stages of disease

25. Which one of the following is not a non-motor manifestation of an OFF state of Parkinson's disease?

- A. Pain
- B. Sweating
- C. Abdominal discomfort
- D. Psychosis
- E. Anxiety

26. For a typical stroke patient, the following statements on the general pattern of recovery are true except:

- A. Upper limb recovery lags behind that of lower limb recovery
- B. For the limbs, distal function usually recovers first before proximal function
- C. Persistent flaccidity of the limb more than two months post-stroke is a poor prognostic sign for motor recovery
- D. The greatest degree of motor recovery occurs during the first 3-6 months after stroke onset
- E. The patient is usually able to move his shoulder and forearm before he regains useful hand function

27. In the approach to the patient with post-stroke spasticity, which of the following statements is incorrect?

- A. Spasticity can cause pain and increase disability
- B. Signs of spasticity include weakness, increased muscle tone, and hyperreflexia
- C. Spasticity must always be treated because it always affects the patient's function adversely
- D. Spasticity is a common complication seen in the stroke patient living in the community
- E. Regular ranging and proper positioning of the limb can reduce the risk of joint contracture

28. Mdm Ng, who is 75 years old, suffered a stroke three months ago, which resulted in (L) hemiparesis. She now consults you for pain and stiffness of her (L) shoulder of two weeks' duration. This coincided with the arrival of her new helper. How would you manage her initially?

- A. Advise her to rest and ice the painful area regularly
- B. Immobilise her shoulder joint in a sling for two weeks
- C. Refer her for a course of acupuncture
- D. Examine her to determine the cause and severity of the pain and arrange an X-ray of the shoulder to exclude an occult lesion, such as fracture or space-occupying lesion
- E. Refer her to the orthopaedic surgeon for further management

29. Subluxation of the shoulder on the hemiparetic side is a common post-stroke complication. The following statements are true except:

- A. Subluxation can be associated with shoulder pain and stiffness
- B. Risk factors for shoulder subluxation include significant motor and sensory impairments of the limb
- C. The affected shoulder should be immobilised in a sling to prevent the joint from dislocating
- D. Proper positioning and handling of the affected upper limb is important to prevent shoulder subluxation
- E. Functional electrical stimulation is one modality which can prevent worsening of the subluxation

30. Mr Lim, who is 68 years old, is currently able to walk independently with a walking stick after a stroke one year ago. He asks you for advice about doing exercise training. The following statements are true except:

- A. He should be discouraged from exercising as this may increase his risk of falls
- B. Regular exercise participation can improve muscle strength, endurance, and quality of life
- C. Current guidelines on aerobic exercise recommend 150-300 minutes of moderate-intensity exercise per week for adults
- D. Exercises should include both aerobic and resistance types
- E. Ratings of perceived exertion and the talk test can be used to monitor exercise intensity

FPSC 106 "Family Medicine in 2023 and Beyond" Answers to 15 MCQs Assessment

1.	B	6.	A	11.	A
2.	E	7.	A	12.	D
3.	E	8.	E	13.	B
4.	D	9.	B	14.	E
5.	E	10.	A	15.	C