

ASSESSMENT OF 30 MCQS

FPSC NO : 112

MCQS ON CHILD AND ADOLESCENT PREVENTIVE MENTAL HEALTH CARE
SUBMISSION DEADLINE: 21 NOVEMBER 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

- When are the recommended ages for developmental screening to be done according to AAP guidelines?**
 - 6 months, 12 months, and 18 months
 - 6 months, 18 months, and 36 months
 - 18 months, 24 months, and 36 months
 - 9 months, 18 months, and 30 months
 - 12 months, 18 months, and 24 months
- Which of the following are considered red flags for a communication disorder?**
 - Speech onset at 24 months, lack of pointing to indicate needs, and poor eye contact
 - Short attention, odd intonation of speech, and poor pretend play
 - Lack of pointing to show interests or needs, poor eye contact, and reduced joint attention
 - Weak vocabulary, reduced joint attention, and poor interaction with peers
 - A tendency to spin objects, weak eye contact, and poor response to calls
- When should a child be assessed for a possible attention disorder as the primary condition?**
 - A 3-year-old who can't pay attention in class. He started speaking 6 months ago
 - A 4-year-old who walks around in class whenever it is time to sit to do colouring. She is not able to use a spoon to feed herself and has trouble drawing straight lines
 - A 5-year-old who does not look at you when you call his name and spends his time staring at the wheels of his toy car
 - A 6-year-old who reverses the "b" and "d" when writing and has trouble sounding out words in print
 - A 7-year-old who speaks well and reads fluently who cannot complete his work on time and often forgets to hand in his assignments
- Which of the following will lead one to need to consider autism spectrum disorder as a likely diagnosis?**
 - A girl spoke her first words at 14 months, enjoyed playing with Peppa Pig characters at age 2 daily. She tended to sit away from her classmates at recess at age 7 but when asked, would say she had 30 friends. She was very good at the piano and had strong knowledge of all the great composers at age 8. She entered the Gifted Education Programme at 10. At 13, she did poorly at group work, often talked about death and the afterlife, and became progressively silent
 - A boy walked at 18 months, spoke his first words at 2, and enjoyed playing Minecraft at 4 together with his friends. He participated at birthday parties. He struggled with composition writing, both for ideas and also for the efforts in writing in school, but managed an AL score of 18 and was promoted to secondary school
 - A boy walked at 13 months and was a happy child in preschool. He started speaking at 18 months but did not recognise letters and numbers consistently until 4.5 years of age. He did not read until 7. He was sometimes forgetful with instructions but did not cause disruption in school, though he was often the clown in class. He tended to not finish his work unless his parents sat with him. Nonetheless, he completed primary school with some extra time for exams and went on to secondary school
 - A girl walked at 16 months and was often clumsy though she did not fall. She would bump into things and might drop items in her hands. She disliked writing and was slow to write. She could never complete her work in class. She would shade the wrong answers on the optical answer sheet although she knew the right answers. She had trouble with mathematics throughout school but she enjoyed reading
 - A boy walked at 11 months and spoke at 16 months. He was agile and enjoyed sports. He was playful but would complete his work independently. He had many friends. However, he did not do well in the PSLE and decided eventually to take up vocational training

5. Which of the following can potentially be diagnostic at the clinic?

- A. The Ages & Stages questionnaire
- B. The Vanderbilt Rating Scale
- C. The MCHAT R/F
- D. The Goodenough Draw a Man test
The RAS Word Recall screen
- E. The RAS Word Recall screen

6. Confidentiality should be discussed with all adolescents and parents before the consult. Confidentiality may be breached in all situations below EXCEPT:

- A. Disclosure of sexual abuse
- B. Disclosure of drug abuse
- C. Disclosure of suicidality
- D. Disclosure of dropping grades
- E. Disclosure of physical abuse

7. A 14-year-old female comes into clinic for a medical certificate once a week for multiple complaints of chest pain and abdominal pain. The complaints are non-specific, and her physical examination is normal. She is quiet with poor eye contact. She states the pain is worse on school days. Her mother is concerned that her daughter is being bullied but won't talk to her. Her mother is also worried that her complaints represent an undiagnosed medical condition.

The next best step in management is:

- A. Referral to tertiary hospital to rule out organic cause
- B. HEADSS or other psychosocial screening
- C. Referral for counselling
- D. Reassurance that nothing is wrong
- E. Issue a medical certificate with no further questions

8. A 15-year-old boy presents with fatigue to the clinic. He reports that he is unable to wake up in the mornings and is missing a lot of school. On further questioning he reveals that he has some thoughts of suicide, but requests that the information be withheld from his parent who is in the waiting room. On examination he is noted to be obese with acanthosis.

The next best step is to ensure his safety is:

- A. Refer to peds medicine for workup of obesity
- B. Breach confidentiality to inform his parent about the adolescent's suicidal thoughts
- C. Refer to school for counselling
- D. Reassurance and diet and exercise advice
- E. Prescribe Melatonin to improve sleep

9. Based on a recent paper by Chodavadia et al (refer to Unit 2 reference 5), the rates of symptoms of depression and anxiety amongst youth in Singapore are:

- A. 2%
- B. 7%
- C. 10%
- D. 16%
- E. 27%

10. Adolescents often cite barriers for discussing psychosocial issues with their physician. If confidentiality is addressed, which of the following do adolescents NOT cite as a barrier:

- A. Non-judgemental approach of physician
- B. Personal embarrassment towards discussing sensitive topics
- C. Physician seems rushed
- D. Physician did not ask about sensitive topics
- E. Adolescents' perception that physician would not understand their problems

11. The most common eating disorder seen in patients presenting to hospital in Singapore is:

- A. Anorexia Nervosa
- B. Bulimia Nervosa
- C. Binge-Eating Disorder
- D. ARFID
- E. Pica

12. In Anorexia Nervosa (AN), which of the following is a characteristic clinical feature?

- A. Intense fear of gaining weight
- B. Intense desire to binge eat
- C. Intense desire to vomit
- D. Intense desire to keep themselves busy
- E. Intense need to feel loved

13. In Avoidant/Restrictive Food Intake Disorder (ARFID), which of the following is a characteristic clinical feature?

- A. Do not prefer foods with strong smells
- B. Do not prefer bland foods
- C. Do not have weight concerns
- D. Do not prefer solid foods
- E. Do not prefer to be fat

14. In refeeding syndrome that develops during nutritional rehabilitation of a patient with eating disorder, what is the most important biochemical change?

- A. Hypomagnesemia
- B. Hyponatremia
- C. Hypokalaemia
- D. Hypoglycaemia
- E. Hypophosphatemia

15. Which of the following is the first-line treatment for Anorexia Nervosa?

- A. Family-Based Therapy
- B. Cognitive Behavioural Therapy
- C. Psychodynamic therapy
- D. Humanistic therapy
- E. Pharmacotherapy

16. Which of the following should be considered in the assessment of oppositional behaviours in children?

- A. Peer relationships
- B. Child's developmental stage
- C. Behaviours exhibited at home
- D. Family history
- E. All of the above

17. Which of the following is not a common characteristic of oppositional behaviour?

- A. Saying "no" to requests
- B. Accepting responsibility for mistakes
- C. Unwilling to accept changes to routines or environments
- D. Refusing to follow instructions
- E. Breaking pre-established rules

18. What is not the primary evidence-based approach to managing oppositional behaviour in children?

- A. Cognitive-behavioural intervention
- B. Psychosocial intervention
- C. Pharmacological intervention
- D. Family therapy
- E. Parent training

19. Which of the following is not a psychiatric condition commonly associated with oppositional behaviour in children?

- A. Attention Deficit/Hyperactivity Disorder
- B. Conduct Disorder
- C. Post-Traumatic Stress Disorder
- D. Autism Spectrum Disorder
- E. Anxiety Disorders

20. Which of the following is true regarding the management of oppositional behaviours in children?

- A. There are no circumstances in which oppositional behaviours are considered typical and expected of children
- B. Assessment of oppositional behaviours should consider individual, dyadic, systemic, and familial risk factors
- C. Psychosocial and pharmacological treatments are found to be equally effective in the management of oppositional behaviours
- D. Parenting involvement and training are not required in the management of oppositional behaviours
- E. Antipsychotic medication and mood stabilisers are effective in managing oppositional behaviours and can be prescribed without a comprehensive assessment

21. To help communicate epidemiological trends amongst youth, a family doctor can refer to a typical Secondary School class of 33 students. In explaining to a parent, how many students would you estimate to report clinically significant symptoms of depression in one such class?

- A. 1
- B. 4
- C. 9
- D. 13
- E. 17

22. According to the Diagnostic and Statistical Manual, 5th Edition (DSM-5), how many symptoms should be present for at least two weeks before a diagnosis of adolescent depression is made?

- A. 2
- B. 3
- C. 4
- D. 5
- E. 6

23. Which of the following are behaviours that may be associated with adolescent depression?

- A. School refusal
- B. Social withdrawal
- C. Reduced self-care
- D. Maladaptive coping behaviours
- E. Lying to authorities

24. Which of the following is NOT a suitable place for a family doctor outside the polyclinic to refer an adolescent patient for psychotherapy/counselling?

- Local Social Service Office
- Nearby polyclinic
- Patient's school
- A reputable restructured hospital
- Family Service Centre near the patient's home address

25. Which of the following medications would NOT be recommended for prescription by a Family Doctor for a depressed adolescent who also has panic attacks?

- Sertraline
- Amitriptyline
- Propranolol
- Lorazepam
- Hydroxyzine

26. Disability is:

- More common in low-income region of the world
- Found in 16% or 1.3 billion people worldwide
- More common in males
- Not inclusive of mental health conditions
- Found in 1.2% of children and youth

27. People with disabilities (PWD):

- Have higher mortality rate due to their underlying bodily impairments
- Are able to access disease prevention initiatives as well as the general population
- In the UK had lower infection and mortality rate during the Covid pandemic
- Have lesser secondary functional loss when they fall sick
- Have a thinner margin of health compared to general population

28. In Singapore, MSF-funded disability services for preschool children:

- Serve those with congenital, physical, sensory, developmental, and behavioural disorders
- Are all centre-based
- Provided by charity and public hospitals only
- Are overseen by the Early Childhood Developmental Agency (EDCA)
- Are multi-disciplinary and therapist-led

29. In Singapore, children and youth with disability in school age:

- Are rare at prevalence of less than 1%
- Receive services that are governed and funded by MSF only
- Are at higher risk of developing mental health conditions than typical children
- Need to have confirmed diagnosis before they can receive support in schools
- Are mostly educated and supported in special schools

30. Health Services for disabilities in children and youth:

- Are provided by HPB and the Child Development Programmes only
- Are inclusive and equitable
- Are well-integrated with social services
- Ought to include caregiver support and be family-centred
- Caregiver support services are mandated in MSF and MOH-funded programmes

FPSC 110 "The Evolution of Pneumococcal Vaccines" Answers to 15 MCQs Assessment

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

FPSC 111 "Persons with Intellectual Disabilities 2" Answers to 30 MCQs Assessment

1.	D	11.	C	21.	E
2.	B	12.	E	22.	B
3.	D	13.	D	23.	D
4.	C	14.	A	24.	A
5.	E	15.	E	25.	A
6.	E	16.	C	26.	C
7.	C	17.	B	27.	E
8.	C	18.	D	28.	A
9.	D	19.	A	29.	D
10.	E	20.	D	30.	C