

ASSESSMENT OF 30 MCQS

FPSC NO : 113

**MCQS ON BASIC OBESITY MANAGEMENT ACCREDITATION 3
SUBMISSION DEADLINE: 12 DECEMBER 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

- Regarding obesity, which of the following statements is true?**
 - Obesity is not a chronic disease as it is the result of the individual's lifestyle choices and ill-discipline
 - Socio-economic factors and food insecurity decrease one's likelihood of consuming highly processed, energy-dense foods
 - As with management of other chronic diseases, there is no need to assess the patient's expectations and social setting before initiating therapy
 - As a chronic disease, obesity has its distinct disruption to physiology, associated with multiple aetiologies, aggravating factors, and complications
 - Weight discrimination and obesity stigma has a positive health impact on people living with obesity by motivating them to lose weight
- Which of the following is NOT a potential root cause or driver of obesity?**
 - Weight bias internalisation
 - Food insecurity
 - Disrupted sleep pattern and inadequate sleep
 - Maternal obesity during pregnancy
 - Good healthcare access
- Please select the statement that is true.**
 - Weight regain after weight loss is uncommon
 - Assessing for other lifestyle factors like stress levels and psychosocial support in the patient's life will not help to elicit contributory factors of obesity
 - During and after weight loss, there is an adaptive increase in energy expenditure, which stimulates appetite and can persist for many years
 - The release of gastro-intestinal hormones such as Amylin, CCK, and PYY is reduced after weight loss, resulting in a loss of appetite suppression and satiety
 - Patients with obesity are to be blamed for their lack of discipline in lifestyle habits as a cause of their obesity
- 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?**
 - Advise her that there are now effective pharmacological therapies for weight management
 - Assist her by referring her to internet resources on weight loss
 - Assess her by taking an obesity-focused history
 - Assist her by referring her to the dietician and exercise therapist
 - Ask for permission to talk about obesity and its management by bringing up the diagnosis of NAFLD
- Which of the following is true?**
 - People with obesity need more help because they are usually weak-willed
 - Doctors should use condition-first language when talking to people with obesity
 - Motivational Interviewing is a doctor-centred approach designed to help doctors during their consultation
 - People with obesity may not perceive their weight to be a significant problem
 - Multiple studies on people with obesity suggest that >80% of people are not willing to be helped with their weight
- 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. A 28-year-old female with BMI 37 kg/m² planning for fertility in 2 years' time
- A. A 40-year-old man with BMI 26kg/m², who has a strong family history of diabetes, recently diagnosed with prediabetes
- A. A 70-year-old female, BMI 24 kg/m², with well-controlled T2DM on insulin and osteoporosis
- A. A 21-year-old man with BMI 42 kg/m² with no known medical problems
- A. A 50-year-old female with BMI 35 kg/m² with non-alcoholic fatty liver disease

8. A weight loss of _____ achieved with diet and lifestyle intervention can significantly improve some of the obesity-related comorbidities.

- A. <5%
- B. 5-10%
- C. 10-15%
- D. 20%
- E. None of the above

9. A weight loss diet plan should:

- A. Consider diet suitability and sustainability
- B. Provide a list of "healthy" and "unhealthy" foods
- C. Be restrictive as most people overeat anyway
- D. Restrict fat intake only
- E. Restrict sugar intake only

10. Which statement about Very Low Energy Diets is TRUE?

- A. Weight regain is uncommon
- B. They rely on the use of liquid meal replacements
- C. They are suitable for everyone
- D. All of the above
- E. None of the above

11. Which is TRUE about "keto" diets?

- A. They are easy to sustain
- B. Studies have shown that "keto" diets are superior in the long term
- C. Everyone loses weight on a "keto" diet
- D. They restrict carbohydrate intake while increasing fat
- E. Constipation is an uncommon side-effect

12. Examples of Intermittent Fasting include all EXCEPT:

- A. Time restricted eating
- B. Alternate-day fasting
- C. High protein diet
- D. 5:2 Fast diet
- E. Weekly 24-hour fast

13. Which of the following is true?

- A. Overweight and obese persons should aim to achieve 120 min of exercise daily to lose weight
- B. Overweight and obese persons should aim to lose 1/5 of their baseline body weight within 6 months
- C. Physical training on its own rarely achieves weight loss of more than 3 percent initial weight
- D. Resistance exercise is the recommended modality of exercise for weight loss
- E. Vigorous intensity exercise is necessary to induce weight loss in the overweight and obese

14. Which of the following is not considered a form of sedentary behaviour?

- A. Drawing
- B. Driving
- C. Sleeping
- D. Using the computer
- E. Watching television

15. Which of the following is not a general contraindication for starting or continuing exercise?

- A. Extreme fatigue
- B. Fasted state
- C. Fever
- D. Generalised bodyache
- E. Giddiness

16. Which of the following is false?

- A. Medical clearance may be given without a screening exercise stress test
- B. Overweight and obese persons should do the PAR-Q+ questionnaire prior to doing physical activity to prevent sudden cardiac events during exercise
- C. Overweight and obese persons who are already regularly active should seek medical clearance before embarking on vigorous-intensity physical activity
- D. Overweight and obese persons with breathlessness should seek medical clearance prior to starting an exercise programme
- E. Overweight and obese persons with no medical problems and are well can start light- to moderate-intensity exercise without undergoing an exercise stress test

17. Which of the following is false?

- A. Any duration of moderate-intensity aerobic physical activity can be beneficial and contributes to the total duration of aerobic physical activity as per guidelines
- B. Increased glucose uptake by muscles following a bout of prolonged aerobic physical activity helps to reduce blood glucose levels
- C. Overweight and obese persons on beta-blockers should use rating of perceived exertion to monitor exercise intensity rather than heart rate when doing vigorous exercise
- D. Overweight and obese persons with diabetic foot ulcers should go swimming to avoid impact activities
- E. Overweight and obese persons with knee osteoarthritis requiring analgesia should continue their medications and time their exercise to the peak onset of analgesia

18. Before starting an anti-obesity medication (AOM) in a patient, the following should be considered:

- A. Potential side-effects of the AOM should not influence the choice of medication since these are usually mild
- B. All patients with a BMI $>30\text{kg/m}^2$ should be recommended an AOM
- C. A patient with a more severe stage of obesity (e.g., BMI 33kg/m^2 with severe OSA) should only be recommended an AOM after he is unable to attain $>5\%$ weight loss with lifestyle therapy
- D. The patient's preference of and past experience with AOMs should not be factored in
- E. The choice of AOM should take into consideration the patient's history of mental illness

19. Mr B is a 35-year-old man with dyslipidaemia, type 2 diabetes mellitus (DM), and obstructive sleep apnea (OSA). His BMI is 27.4 kg/m^2 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 initial 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 approach is the most reasonable in Mr B?

- A. AOM should not be considered yet as he has lost 3% of his weight with improvement in his DM
- B. For OSA improvement, he will need at least 7-10% weight loss. Hence AOM can be considered in addition to his lifestyle therapy

- C. 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
- D. A combination of orlistat, phentermine, and liraglutide should be considered in him since this will result in the greatest amount of weight loss
- E. He should be considered for bariatric surgery instead of the use of AOM since his DM is poorly controlled on two glucose-lowering medications

20. The following are indications for discontinuing an anti-obesity medication (AOM) in an eligible patient with obesity except for:

- A. When the patient has attained a normal BMI
- B. When the patient develops intolerable side effects to the AOM
- C. When the patient has lost 3% of weight after 12 weeks on maximal doses of the AOM
- D. When the patient has lost 10% of his initial weight and is keen to maintain this weight
- E. When the patient plans to get pregnant in the next 3 months or becomes pregnant

21. A 47-year-old male patient comes to see you 2 weeks after bariatric surgery. He is vomiting daily. Which of the following should you administer first?

- A. Saline
- B. Thiamine
- C. Dextrose
- D. Vitamin B12
- E. Vitamin D

22. The most important factor leading to long-term weight loss after bariatric surgery is:

- A. Exercise
- B. Meditation
- C. Fasting
- D. Small meals
- E. Frequent meals

23. The following is not a recognised treatment for morbid obesity:

- A. Sleeve gastrectomy
- B. Roux-en-Y gastric bypass
- C. One-anastomosis gastric bypass
- D. Total gastrectomy
- E. Endoscopic sleeve gastroplasty

24. Lifelong vitamin and mineral supplementation is essential for ALL patients after which of the following procedures?

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

25. Which of the following does not improve after bariatric surgery?

- A. Type 2 diabetes mellitus
- B. Fatty liver
- C. Hypertension
- D. Obstructive Sleep Apnoea
- E. Suicide

26. The following are some of the complications of childhood obesity except:

- A. Type 2 diabetes
- B. Non-alcoholic fatty liver disease
- C. Blount disease
- D. Depression
- E. Primary hypothyroidism

27. Motivational interviewing:

- A. Is not feasible in childhood obesity counselling
- B. Has been found to be effective in behaviour change for obesity counselling
- C. Consist of prescribing the right behavioural changes for families with overweight children
- D. Involves use of judgemental questions and reflective listening
- E. Cannot be used in patients that are not ready to make lifestyle behaviour changes

28. What are some possible reasons to consider use of pharmacotherapy in children with obesity?

- A. Severe obesity
- B. Presence of Type 2 Diabetes Mellitus
- C. Presence of dyslipidaemia
- D. Poor Quality of Life
- E. All of the above

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

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

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

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