

ASSESSMENT OF 30 MCQS

FPSC NO : 116
MCQS ON GERIATRIC CARE 2024
SUBMISSION DEADLINE: 7 May 2024, 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. **What factors can contribute to the emergence of BPSD?**
 - A. Urinary tract infection in a person with dementia
 - B. A person with dementia who struggles to express thirst or hunger
 - C. A depressed caregiver
 - D. A person with dementia having lunch in a crowded, hot, and noisy coffeeshop environment
 - E. All of the above
2. **Which of the following is not a form of non-pharmacological intervention to manage BPSD?**
 - A. Simulated Presence Therapy
 - B. Memory aids/sign posting
 - C. Giving the person with dementia coffee or tea to stop them from taking naps through the day
 - D. Activity scheduling to set a regular routine
 - E. Acupuncture
3. **According to the MOH Clinical Practice Guidelines on Dementia, which of the following is a recommended medication to treat persecutory delusions?**
 - A. Escitalopram
 - B. Risperidone
 - C. Zopiclone
 - D. Sodium Valproate
 - E. Memantine
4. **Which of the following is not typical of delusions presenting as part of BPSD?**
 - A. The belief that their spouse is being replaced by an imposter
 - B. Intruders coming into the home stealing their clothes and eating food from their fridge
 - C. The belief that their spouse is having an affair with the domestic helper
 - D. The belief that they are the chosen one by God to come save the world
 - E. Accusation of children abandoning them into a nursing home
5. **Depression presents in persons with dementia of what severity?**
 - A. Mild
 - B. Moderate
 - C. Severe
 - D. All stages of dementia
 - E. It is not seen as a type of BSPD
6. **Which one of the following statements is applicable with regards to the Mental Capacity Act (in helping to determine mental capacity) in affirming the default position in the law of presumed capacity:**
 - A. In persons aged 18 and above
 - B. Appearance, medical condition, and behaviour are crucial factors
 - C. Quality and sensibility of decisions made prior to situation
 - D. Timings and place of assessment must be made convenient to the assessor
 - E. An unwise decision does not exclude mental capacity
7. **The Lasting Power of Attorney (LPA) is a document where:**
 - A. It allows the family members to decide for the relative in a way they deem fit
 - B. The donor's best interest is not the most important
 - C. The right to self-determination by the donor is protected in advance
 - D. The donees must ask the courts to decide the on all matters
 - E. All donees must agree before any decision is made
8. **The Mental Capacity Act:**
 - A. Assumes that everyone will not act in the best interests of the patient/donor
 - B. Advocates an approach of best interest of the person regardless of the donor's original plans
 - C. Assumes that the best interest may mean restricting the donor's rights and freedom of action
 - D. Includes provision of best interests for the past and present wishes, feelings, beliefs, and values of the donor
 - E. The 2-step test is used to decide if mental incapacity is temporary

9. The MCA states that decisions relating to care and treatment:

- A. Should be decided by the donee ONLY
- B. May be inconsistent with valid decisions made by a Court-appointed Deputy
- C. May include decisions relating to life-sustaining measures
- D. Include withholding treatment that prevents deterioration of donor's medical condition
- E. Should ideally involve medical professionals in discussion with the donee with regards to the best interests of the donor

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

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

11. Insomnia is defined as:

- A. Not being able to fall sleep within 10 minutes upon getting to bed
- B. Waking up once to pass urine at night
- C. Feeling sleepy in the daytime
- D. Difficulty falling asleep, maintaining sleep, early awakening, or not feeling rested after sleeping
- E. Snoring and restlessness at night

12. A nonpharmacologic method that meets the American Psychological Association criteria for empirically supported psychological treatment for insomnia is:

- A. Stimulus-control therapy
- B. Light therapy
- C. Hypnotherapy
- D. Biofeedback
- E. Interpersonal psychotherapy

13. Which of the following medications should be avoided by individuals with insomnia?

- A. Desipramine
- B. Bupropion
- C. Haloperidol
- D. Trazodone
- E. Lurasidone

14. Long-acting benzodiazepines are best avoided in elderly people because:

- A. They are expensive
- B. They result in tolerance in 2 to 4 weeks
- C. They result in tolerance in 4 to 8 weeks
- D. Prolonged use results in daytime anxiety
- E. They have a long half-life and may cause falls

15. The common side effects of zolpidem is/are:

- A. Daytime anxiety
- B. Psychotic reactions
- C. Amnesia, dizziness, headache
- D. Aggressive behaviour
- E. Depression

16. Mr Tan is a 70-year-old gentleman who sees you in clinic for two near-falls in the past six 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 carrying 4.5 kg	Difficulty in walking across a room	Difficulty in transferring from a chair or bed	Difficulty in climbing a flight of stairs
A.	None	Some	None	Some
B.	None	None	None	A lot
C.	Some	None	Some	A lot
D.	Some	Some	None	None
E.	A lot	None	Some	None

- 17. You suspect Mr Tan has sarcopenia based on a positive screen using the SARC-F tool. Which of the following would help you confirm the diagnosis of possible sarcopenia?**
- Hand grip strength of 26 kg and 5-times sit to stand time of 10.5 seconds
 - Hand grip strength of 26 kg and 5-times sit to stand time of 12.5 seconds
 - Hand grip strength of 30 kg and 5-times sit to stand time of 14.5 seconds
 - Hand grip strength of 26 kg and Short Physical Performance Battery score of 10
 - Hand grip strength of 30 kg and Short Physical Performance Battery score of 8
- 18. Mr Tan has possible sarcopenia. What intervention would be most appropriate to advise for further management of his sarcopenia?**
- Advise him to use a walking aid to prevent falls
 - Encourage him to perform walking exercises
 - Prescribe him a high-calorie diet
 - Review his list of medications
 - Start on testosterone supplements
- 19. Madam Low is a 68-year-old lady who comes to your clinic for a health checkup. Her daughter is worried that she has frailty. Which of the following best suggests that Madam Low is frail?**
- Body mass index of 17 kg/m²
 - Fear of falling
 - Having a list of 15 medications
 - Inability to shower herself
 - Unintentional weight loss of >5% over 6 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?**
- Advising her to take oral nutritional supplements
 - Counselling her on age-appropriate vaccinations
 - Encouraging her to attend activities at the community centre
 - Referring her to the social worker
 - Screening her for hypothyroidism
- 21. A 77-year-old lady with Parkinson's disease of four years comes in for an early review, complaining of worsening of her speech and increased drooling. Which of the following is not true?**
- Botulinum toxin injections is a treatment for excessive drooling but may cause facial palsy
 - Impaired swallowing leads to frequent drooling
 - PD patients may suffer from weight loss and malnutrition because of dysphagia
 - She may benefit from speech therapy
 - Dysphagia is rare in Parkinson's disease
- 22. Regarding dopamine replacement therapy (DRT) in Parkinson's disease, which of the following is not true?**
- Levodopa should be taken at least 40 to 60 minutes before meals
 - 3 out of 4 patients with Parkinson's disease do not receive DRT on time when hospitalised
 - There are no parenteral routes of DRT
 - Pyrexia-hyperparkinsonism syndrome can be life-threatening
 - Abrupt discontinuation of DRT for 6-12 hours can lead to an acute akinetic state
- 23. An 87-year-old gentleman diagnosed with Parkinson's disease for the last eight years complains of a shuffling gait, which has been progressively worsening. He suffers from recurrent falls at home and reports that he has difficulty initiating gait, especially toward the end of each medication dose. He is currently taking Madopar 187.5 mg tds. The following strategies may help except:**
- Visual and/or auditory cueing
 - Regular physiotherapy
 - Identifying reversible factors like postural hypotension
 - Up-titrating the dosage of madopar
 - Ambulation should not be allowed in view of fall risk
- 24. Regarding orthostatic hypotension (OH) in Parkinson's disease, which of the following is not true?**
- OH, regardless of symptoms, is associated with increased risk of falls
 - The neurotransmitter responsible for dysautonomia is serotonin
 - Dopaminergic therapy can be continued in the event of OH
 - The majority of patients with OH are asymptomatic
 - OH may occur in any stage of disease
- 25. Which one of the following is not a non-motor manifestation of an OFF state of Parkinson's disease?**
- Pain
 - Diaphoresis
 - Abdominal discomfort
 - Panic attack
 - Hallucination
- 26. The following statements on principles of neural plasticity are true except:**
- Task-specific
 - Multiple repetitions
 - Fewer repetitions
 - High-intensity training
 - Early rehabilitation

27. A 50-year-old male with a 6-month history of mild right-sided hemiparesis secondary to a pure motor stroke comes for a routine medical check-up and asks you whether he can return to drive his car (non-vocational driving license). He is currently independent in his basic and instrumental activities of daily living but requires a single point walking stick to ambulate long distances. What will your advice and management be?

- He is not able to return to drive since he had suffered a stroke
- He needs to resit for the basic theory test
- He needs to be weaned off the walking stick before he returns to drive
- He needs to wait for one year after his stroke
- You advise him that he has to be referred to a specialist for assessment and referred to a certified driver-assessor occupational therapist at one of the hospitals

28. Which of the following statements is correct about stroke?

- Globally, stroke is the third leading cause of death and the fourth leading cause of disability
- In Singapore, cerebrovascular diseases remain as the fourth leading cause of death
- The estimated annual direct and indirect costs of stroke in Singapore amounted to USD1 billion
- Hypertension, current smoking, abdominal obesity, diet, and physical inactivity accounted for less than 80% of the global risk of both ischaemic and haemorrhagic strokes
- Treatment of post-stroke cognitive impairment is primarily via pharmacological intervention such as the use of donepezil

29. A 42-year-old male presents to you with a 6-week history of left-hand pain after a right MCA infarct four months ago. Prior to the left-hand pain, he had a fall and sustained a left scaphoid fracture. He had been treated conservatively with a long thumb spica cast and was immobilised for six weeks. Repeat imaging had showed appropriate bone fusion and healing. After removal of the cast, he still has persistent left hand-pain. What is the most appropriate management at this point?

- Repeat X-ray of left hand
- Order an MRI of left hand
- Assess for swelling, new muscle spasms, hypersensitivity to touch, and range of motion
- Refer to an orthopaedic surgeon
- Start a non-steroidal anti-inflammatory

30. A 40-year-old male who sustained a left-sided basal ganglia haemorrhagic stroke three years ago reports that he is unable to run or walk at speed comfortably with his right thigh feeling a "pulling sensation" across to the left and right foot unable to place fully flat on the ground. He not able to sleep well as he is woken up often by the knee and calf pain; he rates the pain as moderate to severe in intensity, and he is feeling exhausted. Your clinical impression is that he has focal post-stroke spasticity affecting his lower limb. What is the next most appropriate course of action?

- Order an X-ray of the left knee
- Start gabapentin 300 mg ON
- Start diazepam 5 mg ON
- Refer to physiotherapy for gait retraining
- Refer to rehabilitation physician for consideration of botulinum toxin injection

FPSC 114 "Genomic Medicine: Clinical Primer" Answers to 30 MCQs

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