

ASSESSMENT OF 30 MCQS

FPSC NO : 121

MCQS ON PERSONS WITH INTELLECTUAL DISABILITIES 3

SUBMISSION DEADLINE: 24 September 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

- Adults with intellectual disability are at an increased risk of developing which type of health condition due to challenges in communication and coping skills?**
 - Cardiovascular disease
 - Respiratory infections
 - Diabetes
 - Mental health disorders
 - Vision impairment
- Adults with Down syndrome and intellectual disability are at risk of developing which condition earlier than general population?**
 - Gout
 - Mental health disorders
 - Dementia
 - Asthma
 - Breast cancer
- What strategies can healthcare professionals use to assess hearing in adults with intellectual disability who may have difficulty communicating about auditory issues?**
 - History from caregivers
 - Visual inspection of the ears
 - Observation of responses to environmental sounds
 - Use of audiometry testing
 - All of the above
- What is a recommended approach for assessing mental health in adults with intellectual disability who have challenges expressing their emotional well-being?**
 - I: Observing or asking caregivers for changes in behaviour
 - II: Conducting in-depth interviews with the adult with intellectual disabilities
 - III: Utilising standard mental health assessments for the general population
 - Not recommended to assess as PwID who are non-verbal are unlikely to have mental health issues
 - I, II, III
- Charis is a 35-year-old woman with severe ID and quadriplegic cerebral palsy living at home. She is dependent for all basic activities of living. What medical issues may she be at risk of?**
 - Osteoporosis
 - Obesity
 - Mental health disorders
 - Constipation
 - All of the above
- Which of the following statements about behaviours of concern (BOC) in persons with intellectual disability (ID) is correct?**
 - Medications are the best way to manage BOC
 - It can be defined as “Disruptive and harmful behaviour displayed commonly by persons with ID”
 - It is inherent in persons with ID to have BOC
 - This is a serious condition and all patients with BOC should be referred to a specialist team
 - It can be defined as “Culturally abnormal behaviour(s) of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities”
- The relationship between Health and BOC can be described as:**
 - BOC is a behaviour problem that has nothing to do with Health
 - The definition of health covers predominantly biological aspects and if there are no biological factors, then BOC should not be considered a health concern
 - The World Health Organisation (WHO) defines Health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Therefore, the presence of a BOC can be regarded as a suboptimal state of physical, mental, and social well-being
 - The treatment for BOC will only require psychosocial support
 - The most important treatment plan for BOC is to support caregivers

8. How can primary care physicians approach BOC in their clinic?

- A. They will not be able to manage BOC in the primary care setting
- B. History-taking cannot be undertaken as patients with ID cannot communicate well
- C. It is dangerous to give a trial of medications as patients with ID cannot express side effects
- D. They can take a history focusing on describing the BOC, the circumstances surrounding the antecedent, the consequence, and the psychosocial-environmental situation
- E. They should let the caregivers know that patients with ID will always have BOC and they will have to learn to cope with it

9. Health conditions can present as BOC. Examples will include:

- A. Constipation presenting with agitation
- B. Toothache presenting with food refusal
- C. Otitis media presenting with self-injurious behaviour, e.g., Hitting of ears
- D. Hallucinations presenting with head-banging episodes
- E. All of the above

10. What are some of the challenges primary care doctors face in managing BOC?

- A. A lack of training
- B. Constraints with regards to consult time
- C. The biopsychosocial factors that contribute to the BOC may not be straightforward
- D. Lack of community support and resources
- E. All of the above

11. Which of the following describes reasons why people with intellectual disability have difficulty accessing healthcare in Singapore?

- A. Clinic environments often do not consider the sensory processing difficulties that people with intellectual disability may have
- B. People with intellectual disability have difficulty expressing their need for healthcare services
- C. Health professionals lack training in the health issues of PWID
- D. B only
- E. A, B, and C

12. How does the use of visual aids with a patient with intellectual disability facilitate better understanding of information?

- A. Visual aids take attention away from the speaker
- B. Visual aids help to focus the attention of the patient on the topic at hand
- C. Visual aids provide an alternate means of expressing needs
- D. Visual aids are attractive
- E. Patients with intellectual disability have poor understanding of auditory information

13. What is a common mistake made by health professionals when communicating with a patient with intellectual disability?

- A. Simplifying the language used
- B. Speaker waits too long for the patient to respond
- C. Speaking slower
- D. Asking multiple questions in quick succession
- E. Providing binary options to questions

14. What is the goal of attempting to overcome communication barriers when serving patients with intellectual disability?

- A. To get patients to talk
- B. So that consult times will be shorter
- C. To prevent complaints from caregivers
- D. To develop trust and rapport with the patients so that a long-term healthcare relationship can be established
- E. All of the above

15. Why are questions about pain difficult for patients with intellectual disability to understand and respond to?

- A. Pain is a subjective experience and an abstract concept
- B. Patients with intellectual disability do not feel pain
- C. Patients don't learn about pain in special school
- D. Because doctors use pain scales
- E. There are too many types of pain

16. What are the two broad categories of Sensory Processing Difficulties (SPD)?

- A. Sensory modulation difficulties and sensory integration difficulties
- B. Sensory issues and sensory processing
- C. Senses and systems
- D. Tactile and auditory processing
- E. There are too many categories of pain

17. What is the estimated prevalence of Sensory Processing Difficulties (SPD) in children with Autism Spectrum Disorder (ASD)?

- A. 1-5%
- B. 5-20%
- C. 25-50%
- D. 60-97%
- E. 99%

18. Which of the following factors contribute to autistic adults' preferences of accessing their home environment?

- A. Familiarity
- B. Comfort
- C. Predictability
- D. A and C
- E. A, B, and C

19. Why is self-regulation of clinicians important in supporting autistic adults during a GP visit?

- A. Clinicians understand autistic adults' medical history through caregiver reports
- B. Most clinicians have poor self-regulation skills
- C. Clinicians' state of regulation can impact the state of regulation of autistic adults being treated
- D. Most clinicians have good co-regulation skills
- E. None of the above

20. Which of the following environmental strategies can be helpful in making the consultation space sensory-friendly for autistic adults?

- A. Bright spotlights
- B. Warm lights
- C. Soothing music
- D. A and C
- E. B and C

21. Periodontal disease can be linked to all of the following conditions except:

- A. Diabetes mellitus
- B. Nasopharyngeal cancer
- C. Cardiovascular disease
- D. Cerebrovascular disease
- E. Neurodegenerative disease

22. You are planning to commence antiresorptives for osteoporosis for a person with Down's syndrome. What do you NOT NEED to include in your memo/referral to a dentist for dental clearance?

- A. Specific type of cardiac defect
- B. Medication history
- C. Intended type of antiresorptive and route
- D. Request to stop antithrombotics for extractions
- E. All of the above should be included

23. You are attending to a 38-year-old PWID who is accompanied by his 85-year-old mum. Her complaint is his recent weight loss and behavioural changes that include chewing inedible objects. Even with the mum's help, you were not able to check his mouth due to excessive head and limb movements. Mum mentioned that he flinches his head vigorously whenever she tries to brush his teeth, and has been doing so for the past three years. They have not seen a dentist for over 25 years. To exclude dental causes, you would most likely:

- A. Ask for a nurse to help stabilise the patient
- B. Refer to polyclinic dental services
- C. Refer to a general dental practice
- D. Refer to a special needs/care dental service
- E. Refer to a specialist paediatric dental service

24. Which of the following situations is not considered a barrier that impedes dental care and oral health according to the BDA case mix tool?

- A. Having financial difficulty
- B. Needing a wisdom tooth removal
- C. Inadequate brushing of only the front teeth
- D. Lacking mental capacity
- E. Cooperation difficulties

25. You are attending to a 57-year-old lady with intellectual disability and autistic traits. She is accompanied by her younger brother who is not staying with her. Their mum is the main caregiver and was recently hospitalised for a stroke. The patient presented with a swollen left cheek, and she had halitosis and visibly red gums. Her brother requested for a prescription of antibiotics and painkillers. He hopes to avoid going to the dentist.

CATEGORY OF BARRIERS	BARRIERS FACED BY 57-YEAR-OLD LADY
Ability to communicate	Single-word answers in Hokkien
Ability to cooperate	Able to sit on the consultation chair She pushes your hand away during palpation of the mouth
Medical status	Hypertension, diabetes mellitus, and hyperlipidaemia on medications
Oral disease risk	Patient was not able to answer Brother was unable to provide further details
Accessibility	Wheelchair user but able to ambulate slowly with support
Ethical-legal-social barriers	Main caregiver currently hospitalised Blue CHAS

As a family physician, your immediate approach(es) would be to:

- A. Refer to a hospital dental service
- B. Recommend social work support
- C. Discuss the brother's concerns and emphasise importance of oral health
- D. Prescribe medications for the swelling
- E. All of the above

26. The Enabling Masterplans (EMP) are:

- A. Roadmaps for Singapore to build a more inclusive society where persons with disabilities (PwDs) are empowered and enabled to realise their true potential
- B. Led by the Ministry of Social and Family Development
- C. Ongoing and now moving into the fourth EMP
- D. All of the above
- E. None of the above

27. In the EMP, persons with disability (PwDs) include those with:

- A. Autism
- B. Visual impairment
- C. Dementia
- D. All of the above
- E. A and B only

28. In Singapore, there are an estimated:

- A. 30,000 PwDs
- B. 50,000 PwDs
- C. 80,000 PwDs
- D. More than 100,000 PwDs
- E. There is no estimate

29. SG Enable is an agency that:

- A. Was established by MSF in 2013 as the focal agency for disability and inclusion in Singapore
- B. Strives to enable social service agencies and partners to provide effective and holistic support to PwDs
- C. Provides caregiver support to the families of PwDs
- D. Raises awareness and imparts knowledge about PwDs and their needs
- E. All of the above

30. Some barriers to accessing healthcare raised by PwDs include:

- A. Difficulty making appointments for persons with visual and hearing impairment
- B. Difficulty getting healthcare professionals to understand their needs for persons with intellectual disabilities
- C. Overly stimulating clinic environments for PwDs with sensory processing disorders
- D. Ageing caregivers who have difficulty bringing their adult children with disabilities for medical appointments
- E. All of the above

FPSC 119 “Continuous Glucose Monitoring”**Answers to 15 MCQs**

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