

ASSESSMENT OF 30 MCQS

FPSC NO : 124

MCQS ON BASIC OBESITY MANAGEMENT ACCREDITATION 4

SUBMISSION DEADLINE: 14 January 2025, 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. According to global health statistics, which of the following groups has seen the largest increase in obesity rates over the last few decades?**

 - Children aged 5-19
 - Adults aged 60 or older
 - Women aged 20-39
 - Adolescents aged 10-14
 - Men aged 20-39
- 2. Which of the following statements best describes the role of epigenetics in the aetiology of obesity?**

 - Epigenetic changes can only occur due to genetic mutations inherited from parents
 - Epigenetic modifications can influence gene expression related to metabolism, potentially increasing obesity risk
 - Epigenetics play no role in obesity as it affects physical traits like hair colour
 - Epigenetic factors in obesity are entirely reversible and have no long-term effects on body weight
 - Epigenetic changes occur after puberty and does not affect childhood
- 3. Stigma associated with obesity can significantly impact individuals' health behaviour and outcomes. Which of the following statistics highlights the effect of stigma on mental health?**

 - 50% of individuals with obesity report feelings of shame and embarrassment when accessing healthcare services
 - 70% of healthcare providers believe that obesity is solely a result of personal choice
 - 30% of individuals with obesity have experienced weight-related discrimination in the life experiences
 - 60% of individuals with obesity report increase physical activity after experiencing stigma
 - Among youth, 10% of students with obesity report bullying and teasing based on their weight
- 4. A 36-year-old man has come for a clinic review to follow up on blood tests performed for a pre-employment checkup. He is not known to have any known medical conditions, though he has a family history of type 2 diabetes mellitus, hypertension, and cardiovascular disease. His screening blood tests show that his HbA1C is 6.3% and fasting glucose of 6.2 mmol/L. His other blood tests are normal. His weight is 115 kg and his BMI is 40.2 kg/m². With regards to the 5As framework for obesity counselling, what should you do NEXT?**

 - Assess him by taking an obesity-focused history
 - Advise him that he should undergo bariatric surgery for weight management
 - Agree with him on a weight loss goal to lose 5-10% of his body weight
 - Assist him by referring him to the dietician
 - Ask for permission to talk about obesity and its management by bringing up the diagnosis of prediabetes
- 5. Which of the following statements about obesity and its management is FALSE?**

 - Healthcare professionals should use a person-first language when talking to people with obesity
 - Motivational Interviewing is an effective patient-centred approach in counselling people with obesity
 - People with obesity are unable to lose weight because they lack willpower
 - People with obesity may not perceive their weight to be a significant problem
 - Obesity is a chronic complex disease that is defined by excessive fat deposits that can impair health

- 6. A 20-year-old man has a history of schizophrenia, depression, allergic rhinitis and childhood asthma. His mother noticed that he has had progressive weight gain over the past two years. Which of the following medications is MOST LIKELY contributing to weight gain?**
- Loratadine 10 mg every morning
 - Fluoxetine 20 mg every morning
 - Olanzapine 10 mg every morning
 - Salbutamol 2 puffs PRN
 - Lorazepam 0.5 mg PRN
- 7. A 30-year-old man has a medical history of type 2 diabetes mellitus (T2DM), hypertension, and metabolic-dysfunction associated steatotic liver disease (MASLD). His HbA1C is 9.2% on three oral anti-diabetic medications. His BP is 143/82 mmHg while on three anti-hypertensive medications. His weight is 103 kg and BMI is 35.4 kg/m². He previously tried to lose weight through different dietary approaches and tried various over-the-counter weight loss supplements. Through these efforts, he had managed to lose from 108 kg to 103 kg over six months and his weight loss has plateaued. Which of the following factors from the clinical assessment would most strongly suggest that early and aggressive intervention for his weight is required?**
- The patient's age of 30 years old
 - The BMI of 35.4 kg/m², indicating Class II obesity
 - The history of previous weight loss attempts through dietary interventions
 - The weight loss plateau
 - The presence of obesity-related comorbidities that are not well-controlled
- 8. The fast weight loss seen from restrictive diet is mostly contributed by the loss of _____ and _____, instead of _____.**
- Water, fat; lean muscle
 - Fat, lean muscle; water
 - Water, lean muscle; fat
 - Skin, lean muscle; fat
 - Fat, skin; lean muscle
- 9. Individuals with a high body mass index (BMI) are often predisposed to deficiencies in which of the following nutrients?**
- Vitamin A, B vitamins, Vitamin D
 - Vitamin D, Vitamin C, B vitamins
 - Iron, folate, Vitamin B12
 - Omega-3, Vitamin K, Vitamin C
 - None of the above
- 10. What are the potential nutrition risks with restrictive diets?**
- Does not affect nutrition status at all
 - Improve overall health
 - Inadequate intake of essential nutrients and vitamins
 - Rapid weight loss
 - Helps to regulate bowel movement
- 11. Which of the following best describes the factors to promoting long-term weight loss success?**
- Strict dieting and rapid weight loss, minimal exercise, and avoiding medical advice
 - Adherence to realistic weight loss goals, open communication with obesity care providers, and lifestyle changes in diet, physical activity, and behaviour
 - Relying on supplements and pharmacotherapy, use of meal replacement without making dietary changes
 - Restrictive diets, relying on supplements, and occasional exercise
 - Focus only on vigorous physical activity and eat whatever the body feels like it
- 12. Which of the following is true?**
- Exercise is a subset of physical activity that is planned, structured, and repetitive
 - For weight loss, each physical activity session should be of a minimum duration of 30 minutes
 - Moderate intensity physical activity is defined by the talk test as that in which the individual is unable to sing or talk when performing the activity
 - People with overweight or obesity should aim to drop 5-10% of their BMI over six months
 - To lose weight, plyometric exercises are recommended
- 13. Which of the following is true?**
- It is not advisable for people with overweight and obesity to do any resistance training as that increases their weight
 - Physical activity guidelines for general health for people with overweight and obesity recommend at least 150-300 minutes of moderate-intensity aerobic physical activity per week
 - Physical activity is defined as any movement of smooth muscles that results in energy expenditure
 - Sedentary behaviour is defined as performing less than 150 minutes of moderate-intensity physical activity per week
 - To fulfil physical activity guidelines, each bout of moderate-intensity aerobic physical activity should be carried out for a minimum of 10 minutes

- 14. Which of the following conditions should individuals who are physically inactive routinely seek medical clearance prior to starting moderate-intensity aerobic physical activity?**
- Diabetes mellitus on diet control
 - Mild osteoarthritis
 - Obesity
 - Well-controlled dyslipidaemia
 - Well-controlled hypothyroidism
- 15. For the intention of weight loss, which of the following is the most appropriate initial exercise prescription for an individual who is physically inactive, has obesity with no other medical problems?**
- Three sets of 20 repetitions of leg presses five times a week
 - 20 minutes of brisk walking five times a week
 - 30 minutes of calf stretches five times a week
 - 20 minutes of sit ups five times a week
 - 30 minutes of jumping rope five times a week
- 16. Which of the following is true?**
- Individuals intending to lose weight should avoid strengthening and flexibility exercises
 - Individuals on beta-blockers should measure their heart rate rather than use the talk test to monitor exercise intensity when doing vigorous exercise
 - Individuals with hypertension should consider daily bouts of at least moderate-intensity aerobic physical activity to benefit from post-exercise hypotension
 - Individuals with diabetes mellitus should exercise with open-toed footwear to prevent ulcers
 - Individuals with knee osteoarthritis should avoid lower limb strengthening exercises as this causes an increase in weight
- 17. In which of the following patients should pharmacotherapy NOT be recommended as an adjunctive treatment with lifestyle therapy?**
- A 35-year-old female, BMI 37 kg/m² actively planning for a family
 - A 30-year-old man, BMI 32 kg/m² with no known medical problems and at least five past attempts of weight loss
 - A 65-year-old man, BMI 35 kg/m² with hypertension, type 2 diabetes mellitus, and near-end stage renal failure (CKD stage 5)
 - A 28-year-old female, BMI 27.5 kg/m², with MASLD and PCOS with no active family plans
 - A 28-year-old female, BMI 24 kg/m² with no known medical problems, requesting medications for quick weight loss
- None of the above
 - I, III
 - I, III, V
 - I, II, IV, V
 - All of the above
- 18. Ms ABC, a 38-year-old lady, has a history of obesity, hypertension, and depression (not on medications). She reports cravings when she is stressed or upset and may get insomnia from time to time.**
- During her visit, her parameters are: BMI 30.5 kg/m², BP 150/102 mmHg, HR 75 bpm reg. Acanthosis nigricans of her neck is noted with no Cushingoid features. She is keen for obesity medications as she tends to experience weight regain after “dieting” (for at most a month) and has tried “many times” to lose weight with “no success”. In addition to counselling her on behavioural management, you discuss with her the use of obesity medications. Which of the following statement regarding use/choice of obesity medications is false?**
- Phentermine should be avoided at present until her blood pressure is better controlled.
 - Further evaluation of her mental health is required, namely to screen for severe depression and anxiety
 - Naltrexone/bupropion may be beneficial for her, in view of her cravings and history of depression
 - GLPI-receptor agonists may have beneficial effects in managing her cravings
 - She should not be considered for obesity medications as she has not undergone proper dietary counselling and is having too many cravings

- 19. The use of a glucagon-like peptide I (GLP-I) receptor agonist is not recommended in the following patients with BMI >30kg/ m²:**
- I. A patient with type 2 diabetes mellitus and renal impairment
 - II. A patient with long-standing type 2 diabetes mellitus and frequent vomiting after food
 - III. A patient with a thyroid nodule of undetermined origin
 - IV. A patient with history of severe pancreatitis of unknown aetiology
 - V. A patient with known heart failure (HFpEF) and a history of myocardial infarction
- A. I, III, IV
 - B. I, II, III
 - C. II, III, IV
 - D. I, II, III, IV
 - E. All of the above
- 20. A 47-year-old male patient comes to see you five years after Roux-en-Y gastric bypass surgery for metabolic syndrome. His weight loss outcomes are good and his BMI is currently 25.4 kg/m² from 42 kg/m². He has frequent abdominal pain that worsens after eating. What are the possible causes?**
- A. Dumping syndrome
 - B. Internal bowel herniation
 - C. Anastomotic ulcers
 - D. B and C
 - E. All of the above
- 21. After metabolic bariatric surgery, a patient should be reviewed by a multi-disciplinary team under the following circumstance(s) except for:**
- A. Mr H is now eight years after a sleeve gastrectomy maintaining a total weight loss 30% since surgery (BMI now 22.5 kg/m²) and his type 2 diabetes has been in remission since surgery
 - B. Mdm T had a gastric bypass three years ago with remission of her type 2 diabetes and has just found out she is pregnant
 - C. After maintaining a weight loss of 15% ~18 months after his sleeve gastrectomy, Mr Y now returns with a weight gain of 10% over the last six months
 - D. Ms A has been able to maintain her 25% weight loss three years after her sleeve gastrectomy and has been having gastric reflux symptoms intermittently
 - E. Ms W is 24 months after her gastric bypass. She has been having frequent episodes of tremulousness and sweating after food and numbness of both her legs for the past month
- 22. Which of the following procedures does not require lifelong follow-up for mineral and vitamin deficiencies?**
- A. Sleeve gastrectomy with duodeno-jejunal bypass
 - B. Roux-en-Y gastric bypass
 - C. One-anastomosis gastric bypass
 - D. Bilo-pancreatic diversion
 - E. Endoscopic sleeve gastroplasty
- 23. What is the most common cause of obesity in children?**
- A. Type 2 diabetes
 - B. Prematurity
 - C. Low birth weight
 - D. Obesity of polygenic origin
 - E. Primary hypothyroidism
- 24. Sweetened beverages:**
- A. Do not provide a feeling of satiety and hence should be avoided
 - B. Provide a feeling of satiety because the volume is higher than that of fruits
 - C. Can be used as a substitute for water as they contain sweeteners, not sugar
 - D. Can be used if they are made from pure fruit juice
 - E. Should be introduced before the age of one
- 25. What are some possible reasons that might lead to excessive energy intakes in children and adolescents?**
- A. Portion sizes at meals
 - B. Eating between meals
 - C. Unstructured eating patterns
 - D. Eating in front of a screen
 - E. All the above
- 26. What is the main World Health Organisation physical activity recommendation for children and youth aged 5-18 years?**
- A. Three hours per day of physical activity
 - B. One hour of activity three times a week
 - C. 60 minutes per day of moderate-to-vigorous physical activity
 - D. 30 minutes per day of moderate-to-vigorous physical activity
 - E. 15 minutes per day of moderate-to-vigorous physical activity

27. Which of the statement is not true of paediatric obstructive sleep apnoea?

- A. Severity of OSA increases with the degree of obesity
- B. Risk of developing OSA is greater if there is a family history of it
- C. Unlike in adults, sleep-disordered breathing is not associated with insulin resistance and cardiometabolic risk
- D. OSA is documented in 1-5% of children
- E. Bed-wetting may be a symptom of OSA

28. Which of the following treatment of obesity can lead to muscle loss?

- I. Lifestyle modification with high-protein diet and exercise**
 - II. GLPI-RA**
 - III. Bariatric surgery**
- A. None of the above
 - B. III only
 - C. II and III
 - D. I and II
 - E. All of the above

29. Mr A is a 70-year-old sedentary man with sarcopenic obesity. Which of the following lifestyle advice would you recommend?

- I. Rapid weight loss with very-low-calorie-diets**
 - II. Hypocaloric, high-protein diet, aiming for 1.0-1.5 g/kg body weight**
 - III. High-intensity interval training**
 - IV. Low-to-moderate intensity physical activity consisting of resistance and aerobic exercise**
- A. All of the above
 - B. II, III, and IV
 - C. I, II, and IV
 - D. II and IV
 - E. None of the above

30. Which of the following is not a suitable assessment method for sarcopenia?

- A. 5 x Sit-to-stand test
- B. Body composition using bio-impedance analysis machine
- C. Handgrip strength
- D. Bicep circumference
- E. Calf circumference

**FPSC 122 "Lifestyle Medicine"
Answers to 15 MCQs**

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

**FPSC 123 "Pandemic to Endemic, Myths,
Long COVID, and Vaccine Hesitancy"
Answers to 15 MCQs**

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