

## ASSESSMENT OF 30 MCQS

FPSC NO : 129

**MCQS ON BASIC OBESITY MANAGEMENT ACCREDITATION 5**  
**SUBMISSION DEADLINE: 16 December 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](mailto: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. Select the statement that is true.**

- Weight regain after weight loss is uncommon
- Assessing for other lifestyle factors like stress levels, 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, 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

**2. Which of the following is true?**

- Healthcare professionals should use condition-first language when conversing with people with obesity
- People with obesity need more help because they are usually weak-willed
- Multiple studies on people with obesity suggests that >80% of the people are not willing to be helped with their weight
- Motivational Interviewing is a doctor-centred approach designed to help doctors during their consultation
- People with obesity might not perceive their weight to be a significant problem

**3. Regarding obesity, which of the following statements is true?**

- Obesity is not a chronic disease as it is the result of a person's choice of lifestyle
- Socio-economic factors and food insecurity decrease one's likelihood of consuming highly processed, energy-dense foods
- As a chronic disease, obesity has its distinct disruption to physiology, associated with multiple aetiologies, aggravating factors, and complications
- As with other chronic disease management, there is no need to assess the patient's expectations and readiness to change before initiating therapy
- Weight discrimination and obesity stigma has a positive health impact on people living with obesity by motivating them to lose weight

**4. A 26-year-old woman presents with progressive weight gain. Which of the following clinical scenarios, if present, would most strongly warrant investigation for a secondary cause of obesity?**

- She gained 12 kg during pregnancy and has been unable to lose it despite lifestyle changes
- She started antipsychotic medication one year ago and subsequently gained 18 kg
- She transitioned to a sedentary office job three years ago and has gradually increased her BMI
- She reports frequent emotional eating during periods of stress at work
- Over six months, she gained 15 kg and developed new purple abdominal striae and proximal muscle weakness

**5. A 44-year-old man with obesity snores loudly, feels fatigued during the day, and has a neck circumference of 42 cm. What is the most appropriate next step to assess his risk of obstructive sleep apnoea (OSA)?**

- Mallampati airway score
- STOP-BANG questionnaire
- Epworth Sleepiness Scale
- Edmonton Obesity Staging System
- Pittsburgh Sleep Quality Index

**6. In the Agree step of the 5As framework, which of the following best represents the recommended approach to goal-setting?**

- Physician sets a target of 15% weight loss over six months to optimise metabolic risk
- Patient and physician agree on a SMART behavioural goal, such as reducing sugar-sweetened beverages
- Weight discussion is avoided to maintain rapport until the patient initiates it
- Pharmacotherapy is initiated first-line in all patients with BMI  $\geq 27.5$  with comorbidities
- Patient is instructed to self-monitor calories and weight daily, regardless of readiness

**7. A 27-year-old female is seeing you for newly diagnosed prediabetes. She participated in a research study, during which she underwent a 75 g oral glucose tolerance test. The test showed that her fasting glucose was 5.9 mmol/L and her 2-hr post glucose was 10.3 mmol/L. She was told that she has prediabetes and was informed to see her GP. She has been having irregular menses for the past three years, which coincided with gradual weight gain. She was evaluated by a gynaecologist two years ago and was found to have polycystic ovarian syndrome, but she has since not returned for the follow-up. She is currently not sexually active, but is planning to get married soon. On examination, her weight is 85.5 kg, BMI 34.4 kg/m<sup>2</sup>, and BP 148/92 mmHg.**

**In the assessment and management of the patient, which of the following statements is FALSE?**

- A. It is important to ask the patient about her plans for fertility as it will affect the management of her weight and other medical conditions
- B. Further history and clinic examination for evidence of glucocorticoid excess is required
- C. Weight loss with intensive lifestyle intervention will reduce the risk of progression of prediabetes to diabetes mellitus
- D. The high blood pressure measured in clinic can be assumed to be white coat hypertension, and thus is not a concern
- E. A blood test for thyroid function should be performed, if not already done

**8. 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?**

- A. Metformin
- B. Canagliflozin
- C. Valsartan
- D. Fluoxetine
- E. Risperidone

**9. What is the 3Hs concept introduced by the Dietitian to reduce overall calorie intake?**

- F. My Healthy plate, Healthy Calorie intake, Healthy cooking methods & eating out
- G. My Healthy plate, Healthy living, and Healthy physical movement
- H. My Healthy plate, Healthy home cooking, Healthy eating out
- I. Healthy Calorie intake, Healthy living, Healthy cooking methods & eating out
- J. Healthy calorie intake, Healthy food swaps, Healthy living

**10. Which of the following statements about intermittent fasting (IF) is most accurate?**

- A. IF guarantees sustainable long-term weight loss result
- B. Skipping breakfast on IF improves basal metabolic rate
- C. IF can be restrictive, may disrupt hunger/ fullness cues, and long-term safety is unknown
- D. IF eliminates the risk of hyperglycaemia in people with diabetes
- E. IF accelerates weight loss from skeletal muscle, adipose tissue, and water

**11. When patients are on anti-obesity medications (AOMs) with calorie restriction, what is the key nutrition strategy to help preserve muscle mass and support weight maintenance?**

- A. Focus only on reducing fat intake
- B. Ensure adequate protein intake, especially high-quality sources
- C. Recommend complete fasting to accelerate fat loss
- D. Avoid all carbohydrates to prevent energy storage
- E. Reduce calories coming from fat, sugar, and alcohol

**12. The Institute of Medicine recommends 0.8 g/kg/day minimally of protein for healthy adults. In patients on anti-obesity medications with calorie restriction, which statement best reflects current practice?**

- A. 0.8 g/kg/day is sufficient for all patients, regardless of weight loss or activity
- B. Protein needs may be higher, especially with physical activity, to preserve muscle mass
- C. Protein intake should always be restricted to avoid kidney strain
- D. Protein is only relevant for athletes, not patients with obesity
- E. Only total calories matter; protein quality and quantity are less important

**13. Individuals with obesity are vulnerable to many psychological comorbidities such as:**

- A. Depressive disorders
- B. Anxiety disorders
- C. Somatic symptom disorder
- D. Eating disorders
- E. All except C

**14. When considering socioeconomic constraints as a barrier to lifestyle change, which of these is/are least associated with overweight and obesity in Singapore?**

- A. Education
- B. Income
- C. Housing type
- D. Employment
- E. All except D

**15. Which of the following was/were identified as a factor contributing to the lack of time to pursue health and physical activity activities in Singapore?**

- A. Transportation concerns
- B. Social commitment
- C. Family and work commitment
- D. Medical appointments
- E. All of the above

**16. An example of contingency contracting includes:**

- A. A forfeit of deposit amount \$300 if the individual failed to attain a goal
- B. Referral to specialist if the individual failed to attain a goal
- C. Reward the individual with a cheat day if he attains a goal
- D. Refund the programme fee if the individual fail to attain a goal
- E. None of the above

**17. Increasing the individuals' awareness of their current behavioural pattern is less useful for individuals in which stage?**

- A. Pre-Contemplation
- B. Contemplation
- C. Preparation stage
- D. Action
- E. Maintenance

**18. In which of the following patients should pharmacotherapy NOT be recommended as an adjunctive treatment with lifestyle therapy?**

- I. A 30-year-old man, BMI 35 kg/m<sup>2</sup> with no known medical problems and at least five past attempts of weight loss
- II. A 28-year-old female, BMI 24 kg/m<sup>2</sup> with no central obesity or known medical problems, requesting medications for quick weight loss
- III. A 35-year-old female, BMI 34 kg/m<sup>2</sup> with pre-diabetes, actively planning for a family
- IV. A 28-year-old female, BMI 27.5 kg/m<sup>2</sup>, with MASLD and PCOS with no active family plans
- V. A 68-year-old man, BMI 29 kg/m<sup>2</sup> with hypertension, well-controlled type 2 diabetes mellitus and near-end stage renal failure (CKD stage 5)

- A. I and III
- B. I, II, III, V
- C. II, III, V
- D. All of the above
- E. None of the above

**19. Which of the following statements about GLP-I receptor agonists are true?**

- I. The lack of gastrointestinal side effects experienced by the patient implies that the medication has no effect on the patient
- II. Subcutaneous weekly semaglutide and tirzepatide should be stopped for at least two weeks in women planning for pregnancy
- III. In patients with established cardiovascular disease and BMI of  $\geq 30$  kg/m<sup>2</sup>, Semaglutide 2.4 mg/week can reduce the risk of major adverse cardiovascular events
- IV. Tirzepatide has been shown to reduce death from cardiovascular causes or worsening of heart failure in patients with heart failure with preserved ejection fraction (HFpEF) and obesity
- V. Caution should be practised in patients with symptomatic gall-stones when initiating GLP-I receptor agonists

- A. II, III, V
- B. I, III, IV
- C. I, II, III, V
- D. III, IV, V
- E. All of the above

**20. Ms Tan, a 28-year-old Chinese female, comes to you with oligomenorrhoea and hirsutism. She is currently on treatment via her psychiatrist for anxiety disorder and is being investigated for a thyroid nodule. You diagnose her with polycystic ovarian syndrome after a work-up, during which time she was found to have an elevated fasting plasma glucose of 6.4 mmol/dL (confirmed on repeat sample on a separate day, with a HbA1c of 6%). Her BMI is 28.5 kg/m<sup>2</sup>, waist circumference 92 cm, BP 130/77 mmHg. You counsel her that weight loss is part of the treatment of her current medical conditions. She has had obesity since adolescence. Since starting to swim three times a week six months ago, she has kept her weight stable. She is open to starting obesity medications. Which of the following on the use of obesity medications in her is false?**

- A. Treatment with orlistat and liraglutide in the long term can reduce her risk of developing diabetes mellitus
- B. Orlistat can help her lose about 4-5% of her weight in addition to lifestyle
- C. Phentermine is a good option for her as it will not worsen her anxiety
- D. GLP-I receptor agonists should not be started until the thyroid nodule is fully investigated
- E. Regardless of choice of medication, she must practise active contraception and discontinue the medication immediately should she get pregnant

- 21. Which of the following treatment of obesity can lead to significant muscle loss?**
- I. Lifestyle modification with high-protein diet and exercise
  - II. GLPI-RA
  - III. Bariatric surgery
- A. III only
  - B. II and III
  - C. I and II
  - D. All of the above
  - E. None of the above
- 22. A 47-year-old male patient comes to see you five years after Roux-en-Y gastric bypass surgery for metabolic syndrome. His BMI is currently 32.4 kg/m<sup>2</sup> from 48 kg/m<sup>2</sup>. He has frequent abdominal pain that worsens after eating. A recent oesophagogastroduodenoscopy done shows the presence of marginal ulcers. What are some treatment options available in the clinic setting?**
- A. Start anti-obesity medications
  - B. Smoking cessation
  - C. Acid suppression (PPIs)
  - D. B and C
  - E. All of the above
- 23. The recent international guidelines states that bariatric surgery can be considered in patients with:**
- A. BMI  $\geq 27.5$  kg/m<sup>2</sup> or BMI  $\geq 23$  kg/m<sup>2</sup> in patients with obesity-related co-morbidities (minus 2.5 BMI points for Asians)
  - B. BMI  $\geq 25$  kg/m<sup>2</sup> for all patients regardless of obesity-related co-morbidities (minus 2.5 BMI points for Asians)
  - C. BMI  $\geq 35$  kg/m<sup>2</sup> or BMI  $\geq 30$  kg/m<sup>2</sup> in patients with medically uncontrolled Diabetes (minus 2.5 BMI points for Asians)
  - D. BMI  $\geq 45$  kg/m<sup>2</sup> or BMI  $\geq 40$  kg/m<sup>2</sup> in patients with obesity-related co-morbidities (minus 2.5 BMI points for Asians)
  - E. BMI  $\geq 40$  kg/m<sup>2</sup> or BMI  $\geq 35$  kg/m<sup>2</sup> in patients with obesity-related co-morbidities (minus 2.5 BMI points for Asians)
- 24. Which of the following procedures has the highest risk of gastroesophageal reflux?**
- A. Sleeve gastrectomy
  - B. Roux-en-Y gastric bypass
  - C. One-anastomosis gastric bypass
  - D. Bilo-pancreatic diversion
  - E. Endoscopic sleeve gastroplasty
- 25. After metabolic bariatric surgery, the following patients should be reviewed by a multi-disciplinary team except for:**
- A. Mr H is now six years after a sleeve gastrectomy with an average weight loss 25% 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 last one month
- 26. According to Singapore's Health Promotion Board guidelines, a child aged 10 years with a BMI at the 95th percentile would be classified as:**
- A. Normal weight
  - B. Overweight
  - C. Severely overweight (obesity equivalent)
  - D. Requiring immediate bariatric surgery referral
  - E. Requiring immediate pharmacological intervention
- 27. Which of the following is the most appropriate initial screening test combination for a 14-year-old with obesity presenting to primary care?**
- A. Full blood count, urea and electrolytes, thyroid function tests
  - B. Fasting lipids, glycated haemoglobin, alanine aminotransferase
  - C. Oral glucose tolerance test, insulin levels, cortisol
  - D. Echocardiogram, chest X-ray, pulmonary function tests
  - E. Complete metabolic panel, growth hormone levels, bone age
- 28. A 13-year-old patient with obesity has been following lifestyle modifications for eight months without significant improvement and has developed MASLD. Which medication would be most appropriate to consider as an adjunct to lifestyle interventions?**
- A. Metformin
  - B. Orlistat
  - C. Liraglutide
  - D. Topiramate
  - E. Phentermine

**29. According to the 24-hour activity guidelines mentioned in the article, which recommendation is INCORRECT for children and adolescents?**

- A. At least 60 minutes of moderate-to-vigorous activity per day
- B. At least nine hours of sleep for 7–13 year olds
- C. Limit recreational screen time to maximum four hours per day
- D. Avoid sugar-sweetened beverages including fruit juices
- E. Encourage regular family mealtimes

**30. A primary care doctor should refer a child with obesity to tertiary care in all of the following situations EXCEPT:**

- A. A 12-year-old with BMI at 92nd percentile whose parents are concerned about weight
- B. An 8-year-old showing increase in weight with slowing height growth
- C. A 15-year-old with severe obesity and newly diagnosed type 2 diabetes
- D. A 10-year-old who has lost 3 kg per month after starting dietary changes
- E. A 14-year-old with suspected Prader-Willi syndrome

FPSC 128 “Ageing with Vitality” Answers to 15 MCQs					
1.	B	6.	E	11.	C
2.	C	7.	C	12.	D
3.	A	8.	D	13.	A
4.	B	9.	E	14.	C
5.	C	10.	C	15.	D