HONG KONG MEDICAL JOURNAL 香港醫學雜誌

HKMJ October 2015 CME/CPD for Fellows and non-Fellows

The *Hong Kong Medical Journal* has introduced CME/CPD for Fellows of the Hong Kong Academy of Medicine (HKAM), and registrants of the MCHK CME Programme under the HKAM or the Hong Kong Medical Association can also participate. It is based on published articles in the Journal, and the Editorial Board aims at selecting topics of more general interest to a wide range of specialties. For HKAM Fellows, decision of whether any of the selected article(s) is/are appropriate for CME/CPD exercise rests with the CME/CPD committee of their representative Colleges. Answer sheets sent by Fellows of College(s) that do not assign CME/CPD points will not be processed.

The amount of CME/CPD points awarded (for specialist CME/CPD) to each of the articles by the specific Colleges is indicated at the bottom of this page. Fellows of the specific Colleges can either participate by returning the answer sheet to the quizzes by mail/fax to the Academy or doing the quizzes online at iCMECPD (http://www.icmecpd.hk). If Fellows choose to do a quiz online, their answer sheet for the same quiz sent to the Academy by mail/fax will not be processed.

For the MCHK CME Programme, one CME point has been accredited per article by the Academy. Registrants of the MCHK CME Programme must mail or fax the completed answer sheet to their respective Administrator. **Registrants of the Academy must return the answer sheet to the Academy, similarly registrants of the Medical Association must return it to the Association.** The Academy and the Association, who are both appointed as Administrators for the MCHK Programme, will not be responsible for re-directing answer sheets sent to the wrong Administrator by mistake to each other.

Instructions:
1. Fill in the personal particulars in the answer sheet.
2. Shade the correct answer square for each question.
3. Mail or fax the Answer Sheet to the Academy or the Medical Association by **30 November 2015**.

Category	*Answer sheet to be mailed/faxed to:*
Academy Fellows; *OR* Registrants for the MCHK CME Programme **under the Academy**	Ref: CMECPD Hong Kong Academy of Medicine, 10/F, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong; fax: (852) 2505 5577
Registrants for the MCHK/HKMA CME Programme **under the Medical Association**	The Hong Kong Medical Association Duke of Windsor Social Service Bldg., 5/F, 15 Hennessy Road, Hong Kong; fax: (852) 2865 0943

College CME/CPD Points (as of 15 October 2015):

College	CME points I	Passing Mark I	CME points II	Passing Mark II
Hong Kong College of Anaesthesiologists	Nil	Nil	Nil	Nil
Hong Kong College of Community Medicine[1]	CME/CPD points already accredited for reading articles in the *Hong Kong Medical Journal* under "Self study". No additional CME/CPD points to be granted for the two specified articles.			
College of Dental Surgeons of Hong Kong	1 (Self Study)	50%	1 (Self Study)	50%
Hong Kong College of Emergency Medicine	1 (Self Study)	50%	1 (Self Study)	50%
Hong Kong College of Family Physicians	1 (Cat. 5.1)	50%	1 (Cat. 5.1)	50%
Hong Kong College of Obstetricians and Gynaecologists	Nil	Nil	Nil	Nil
College of Ophthalmologists of Hong Kong	0.5 (Self Study)	50%	0.5 (Self Study)	50%
Hong Kong College of Orthopaedic Surgeons	1 (Cat. C)	100%	1 (Cat. C)	100%
Hong Kong College of Otorhinolaryngologists	1 (Cat. 1.2)	80%	1 (Cat. 1.2)	80%
Hong Kong College of Paediatricians	1 (Cat. D)	50%	1 (Cat. E)	50%
Hong Kong College of Pathologists	1 (Self Study)	60%	1 (Self Study)	60%
Hong Kong College of Physicians	1 (Active)	0%	1 (Active)	0%
Hong Kong College of Psychiatrists	1 (Self Study)	80%	1 (Self Study)	80%
Hong Kong College of Radiologists	Nil	Nil	Nil	Nil
College of Surgeons of Hong Kong	1 (Self Study)	0%	1 (Self Study)	0%

[1] The *Hong Kong Medical Journal* is already included in the list of the College's approved journals for self-study. One hour of self-study is awarded 1 point

CME Points for MCHK CME Programme: 1 CME point per article

Answer Sheet – *Hong Kong Medical Journal* October 2015 Issue

Name: _____

Hong Kong Academy of Medicine	**Hong Kong Medical Association**
For Academy Fellows:	HKMA Membership or CME No.: _____
College: _____ Fellowship No: _____	HKID No: __ __ - __ __ __ __ X X (X)
For MCHK CME Registrants:	Contact Telephone No.: _____
MCHK Reg. No._____	Signature: _____

I. Paracetamol overdose in Hong Kong: is the 150-treatment line good enough to cover patients with paracetamol-induced liver injury?	*True*	*False*
A. Which of the following statement(s) concerning paracetamol overdose in Hong Kong is/are true?		
1. Paracetamol is the most commonly overdosed therapeutic agent in Hong Kong.	☑	☐
2. The Rumack-Matthew treatment nomogram is useful if a timed serum paracetamol concentration is measured between 4 and 24 hours after acute paracetamol overdose.	☑	☐
3. Intravenous and oral forms of N-acetylcysteine (NAC) are commonly used in Hong Kong for treatment of paracetamol overdose.	☐	☑
4. NAC treatment is a risk-free therapy and is indicated in all patients with paracetamol overdose.	☐	☑
5. A full course of intravenous NAC in Hong Kong typically last over 20 hours with in-hospital observation.	☑	☐
B. Which of the following statement(s) regarding the treatment of paracetamol overdose is/are true?		
1. The reported amount of paracetamol ingested is the best guide for treatment in acute overdose.	☐	☑
2. Treatment lines are designed to be used in both acute and staggered paracetamol overdose.	☐	☑
3. The Hong Kong Poison Information Centre currently recommends the use of 150-treatment line in Hong Kong.	☑	☐
4. Both 150-treatment and 100-treatment lines cannot 100% protect against liver injury.	☑	☐
5. Changing the treatment threshold from 150-treatment line to 100-treatment line can cover more patients with potential liver injury, at the cost of increasing the incidence of NAC adverse drug reaction, and additional health care expenses.	☑	☐
II. Avoiding hypoglycaemia: a new target of care for elderly diabetic patients	*True*	*False*
A. Which of the following statement(s) about the increased risk of hypoglycaemia and the impact of hypoglycaemia in elderly people with diabetes is/are true?		
1. Blood glucose level for the occurrence of neuroglycopenic symptoms is higher than that of neurogenic symptoms of hypoglycaemia.	☐	☑
2. Hypoglycaemic symptoms become less intense and the glycaemic threshold gap between the development of neurogenic and neuroglycopenic symptoms becomes narrower in older people with or without diabetes.	☑	☐
3. In elderly people with a longer history of diabetes, glucose counter-regulatory mechanisms are further compromised by recent hypoglycaemia, which can lead to recurrent hypoglycaemia.	☑	☐
4. Hypoglycaemia induces prolonged QT interval that precipitates ventricular arrhythmia and sudden death can occur in patients without a history of cardiovascular disease.	☑	☐
5. Hypoglycaemia increases the subsequent risk of dementia and the demented people are at increasing risk of hypoglycaemia.	☑	☐
B. Which of the following statement(s) concerning the management of hypoglycaemia in the elderly is/are true?		
1. We should follow the international guideline which was based on the studies on younger patients to set haemoglobin target level at 7% for all the elderly diabetic patients because stringent glycaemic control is always benefit.	☐	☑
2. Studies revealed that it takes time for both macrovascular and microvascular benefits to occur with stringent glycaemic control, it also takes more time for the macrovascular benefit to occur than the microvascular benefit.	☑	☐
3. Long-acting sulfonylurea should be avoided in the elderly people with diabetes and thiazolidinedione should also be avoided, especially in those with heart failure or at high fracture risk.	☑	☐
4. Metformin is regarded as the first-line treatment for elderly people with diabetes.	☑	☐
5. There is no need to step down the glycaemic control for a short period of time in order to prevent recurrent hypoglycaemia in patients with recent hypoglycaemia if their overall glycaemic control is not satisfactory.	☐	☑