HONG KONG MEDICAL JOURNAL 香港醫學雜誌

HKMJ August 2018 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 September 2018**.

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 6 September 2018):

College	CME points I	Passing Mark I	CME points II	Passing Mark II
Hong Kong College of Anaesthesiologists	1 (Ana-active)	50%	1 (Ana-active)	50%
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	1 (Non O&G)	0%	1 (Non O&G)	0%
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)	50%	1 (Cat. C)	50%
Hong Kong College of Otorhinolaryngologists	1 (Cat. 1.2)	80%	1 (Cat. 1.2)	80%
Hong Kong College of Paediatricians	1 (Active Cat. D)	50%	1 (Active Cat. D)	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 (SS/OL)	80%	1 (SS/OL)	80%
Hong Kong College of Radiologists	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* August 2018 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. Guidance on the management of familial hypercholesterolaemia in Hong Kong: an expert panel consensus viewpoint	*True*	*False*
A. Are the following statements regarding the diagnosis of familial hypercholesterolaemia true or false?		
1. In the Dutch Lipid Clinic Network Diagnostic Criteria (DLCNC), a total point score of >8 is considered as definite familial hypercholesterolaemia.	☑	☐
2. Familial hypercholesterolaemia is the only possible diagnosis if tendon xanthomata is present.	☐	☑
3. Adult Hong Kong Chinese patients with plasma low-density lipoprotein cholesterol (LDL-C) level of >5 mmol/L should be considered as possible cases of familial hypercholesterolaemia if secondary causes are excluded.	☑	☐
4. Based on the DLCNC, a 50-year-old man with LDL-C level of 8 mmol/L, with no physical signs and no personal or family history of coronary artery disease has definite familial hypercholesterolaemia.	☐	☑
5. A diagnosis of definite familial hypercholesterolaemia cannot be made without genetic testing.	☐	☑
B. Are the following statements concerning the management of familial hypercholesterolaemia true or false?		
1. The target LDL-C level for primary prevention of coronary heart disease in adult Hong Kong Chinese patients with familial hypercholesterolaemia is <2.5 mmol/L.	☑	☐
2. Adult patients with familial hypercholesterolaemia usually respond adequately to diet and lifestyle modification without medication.	☐	☑
3. Statins are the first-line therapy for adult and paediatric patients with familial hypercholesterolaemia.	☑	☐
4. Statins are safe to take throughout pregnancy.	☐	☑
5. In patients with familial hypercholesterolaemia who do not reach their target LDL-C level with lifestyle modification and statin monotherapy, combination therapy with ezetimibe, bile-acid sequestrants, and/or niacin should be considered.	☑	☐
II. Joint recommendations on management of anaemia in patients with gastrointestinal bleeding in Hong Kong	*True*	*False*
A. Are the following statements regarding the management of anaemia in acute gastrointestinal bleeding (GIB) true or false?		
1. In patients with acute massive exsanguinating GIB, haemoglobin level is the best indicator to guide transfusion requirement.	☐	☑
2. Blood transfusion is harmless and the risks of transmission are negligible in Hong Kong.	☐	☑
3. All patients should be transfused with red blood cells to target haemoglobin level of >9 g/dL to reduce mortality associated with bleeding.	☐	☑
4. In patients with co-existing symptomatic coronary artery disease, the target haemoglobin level should be about 9 to 10 g/dL.	☑	☐
5. Iron therapy can be given to patients with acute GIB before they are discharged from hospital.	☑	☐
B. Are the following statements concerning the management of iron deficiency anaemia from chronic GIB true or false?		
1. Blood transfusion should be promptly given to patients to achieve target haemoglobin level of ≥9 g/dL.	☐	☑
2. Intravenous iron replacement is underutilised in patients with chronic GIB due to perceived risks of anaphylaxis and unfamiliarity with the dosing and schedule of administration.	☑	☐
3. Iron requirement in patients with chronic GIB is dependent on haemoglobin level, gender, and body weight.	☑	☐
4. Intravenous iron replacement is preferred over oral replacement in patients with active inflammatory bowel disease.	☑	☐
5. Oral iron absorption can be affected by concomitant caffeine or ascorbic acid intake.	☑	☐