

## HKMJ December 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 31 January 2019.

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

## College CME/CPD Points (as of 28 November 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 <sup>1</sup>  | 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 | Pending  |                | Pending          |                 |
| 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 (Cat. D)   | 50%            | 1 (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  |                | il               |                 |
| College of Surgeons of Hong Kong                      | 1 (Self Study)   | 0%             | 1 (Self Study)   | 0%              |

<sup>&</sup>lt;sup>1</sup> 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 December 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. Group A Streptococcus disease in Hong Kong children: an overview                              | True                    | False |
|--|-------------------------|-------|
| A. Are the following statements regarding the characteristic features of toxic shock             |                         |       |
| syndrome caused by Group A streptococcal infection true or false?                                |                         |       |
| 1. Organ dysfunction can precede hypotension.  | $\overline{\checkmark}$ |       |
| 2. It is more commonly associated with pharyngitis than with skin infection.                     |                         | V     |
| 3. Blood culture is always positive.   |                         | ✓     |
| 4. The portal of bacteria entry is not obvious in 50% of cases.                                  | <b>✓</b>                |       |
| 5. Endotoxins produced by the bacteria are associated with disease invasiveness.                 | <b>✓</b>                |       |
| B. Are the following statements about antibiotic treatment for Group A β-haemolytic              |                         |       |
| Streptococcus (GABHS) pharyngitis in children true or false?                                     |                         |       |
| 1. All GABHS in Hong Kong are sensitive to macrolides.   |                         | V     |
| 2. Carriers of GABHS shall always be treated to prevent recurrence.                              |                         | V     |
| 3. Throat swab for rapid antigen tests has a 95% sensitivity in excluding GABHS                  |                         | ✓     |
| infection.   |                         |       |
| 4. Inadequate treatment can lead to immune-mediated late complications.                          | <b>V</b>                |       |
| 5. Broad-spectrum antibiotics are recommended for young children.                                |                         | ✓     |
| II. Medication overuse headache: strategies for prevention and treatment using a                 | True                    | False |
| multidisciplinary approach   |                         |       |
| A. Are the following statements regarding the detection and diagnosis of medication              |                         |       |
| overuse headache (MOH) true or false?  |                         |       |
| 1. Globally, MOH is among the most prevalent neurological causes of disability, and is           |                         | V     |
| more prevalent than migraine.  |                         |       |
| 2. MOH can be due to the use of simple analgesics and is then defined as headaches               | <b>V</b>                |       |
| occurring on $\geq$ 15 days per month associated with use of simple analgesics on $\geq$ 15 days |                         |       |
| per month and occurring for $\geq 3$ months.   |                         |       |
| 3. The risk of developing MOH is higher in patients using triptans than in those using           |                         | V     |
| codeine products.  |                         |       |
| 4. Overuse of simple analgesics, such as paracetamol and nonsteroidal anti-inflammatory          |                         | ✓     |
| drugs, can be easily picked up by pharmacists.   |                         |       |
| 5. Migraines can be diagnosed by asking about the impact of headache, nausea, and                | <b>✓</b>                |       |
| sensitivity to light.  |                         |       |
| B. Are the following statements concerning the management of medication overuse                  |                         |       |
| headache (MOH) true or false?  |                         |       |
| 1. The risk of relapse is highest in the first year after withdrawal.                            | ✓                       |       |
| 2. After withdrawal from the overused medication patients usually remain free of                 |                         | V     |
| headaches.   |                         |       |
| 3. Strategies to minimise the risk of MOH in migraine patients include use of prophylaxis,       |                         | V     |
| triptans for severe episodes, and paracetamol/codeine for mild headaches.                        |                         |       |
| 4. Abrupt withdrawal from overused medication with support from a multidisciplinary              | <b>✓</b>                |       |
| team is the preferred strategy.  |                         |       |
| 5. Topiramate, an antiepileptic drug, is recommended for prevention of chronic migraine.         | <b>V</b>                |       |