

### HKMJ April 2019 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 May 2019**.

| Category   | Answer sheet to be mailed/faxed to:   |
|--|---|
| Academy Fellows; <i>OR</i> Registrants for the MCHK CME Programme <b>under the Academy</b> | Ref: CMECPD<br>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 <b>under the Medical Association</b>           | The Hong Kong Medical Association<br>Duke of Windsor Social Service Bldg., 5/F, 15 Hennessy Road, Hong Kong; fax: (852) 2865 0943 |

#### College CME/CPD Points (as of 8 April 2019) :

| 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 <i>Hong Kong Medical Journal</i> 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             | NIL   |                | NIL              |                 |
| Hong Kong College of Otorhinolaryngologists           | 1 (Cat.1.2)   | 80%            | 1 (Cat.1.2)      | 80%             |
| Hong Kong College of Paediatricians                   | 1 (Cat.E)   | 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 (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%              |

<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 April 2019 Issue**

Name: \_\_\_\_\_

| <b>Hong Kong Academy of Medicine</b>  | <b>Hong Kong Medical Association</b>  |
|---|---|
| <i>For Academy Fellows:</i><br>College: _____ Fellowship No: _____<br><i>For MCHK CME Registrants:</i><br>MCHK Reg. No. _____ | HKMA Membership or CME No.: _____<br>HKID No: __ __ - __ __ __ __ X X (X)<br>Contact Telephone No.: _____<br>Signature: _____ |

| <b>I. Non-surgical treatment of knee osteoarthritis</b>  | <i>True</i>                         | <i>False</i>                        |
|--|-------------------------------------|-------------------------------------|
| <b>A. Are the following statements regarding knee osteoarthritis (OA) true or false?</b><br>1. Education, weight management, and exercise should always be considered as part of the management for knee OA. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. Either paracetamol or non-steroidal anti-inflammatory drugs (NSAIDs) can be suggested as first-line treatment for knee OA, after considering the patient's risk of co-morbidities.                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. It is generally recommended that a walking cane is suitable for all single-joint knee OA or multiple-joint OA.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4. Topical NSAIDs show fewer side-effects yet similar efficacy when comparing with oral NSAIDs.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 5. Intra-articular hyaluronic acid and glucosamine are generally accepted for the management of knee OA.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>B. Are the following statements about exercise programmes for knee OA true or false?</b><br>1. Exercise programmes may decrease the need for arthroplasty.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. There is still no evidence showing that exercise programmes can improve patient quality of life.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Exercise programmes have beneficial effects for knee OA but not for hip OA.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4. Exercise programmes are intensive programmes that usually last only 1 to 2 weeks so as to realise the maximal benefit.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Exercise programmes are comprehensive programmes that should include education session, supervised exercise session, psychological support, occupational therapy, and disease coping strategies.          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>II. Consensus statements on diagnosis and management of chronic idiopathic constipation in adults in Hong Kong</b>  | <i>True</i>                         | <i>False</i>                        |
| <b>A. Are the following statements regarding diagnosis of chronic idiopathic constipation (CIC) true or false?</b><br>1. Types 6 and 7 stool consistency as measured by the Bristol Stool Scale suggest CIC. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. Chronic constipation can be classified as normal-transit, slow-transit, or defaecatory disorder.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. CIC and constipation-predominant irritable bowel syndrome are distinct disease entities which are distinguished by the presence of abdominal pain.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4. Rome IV criteria have to be fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis of CIC.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 5. Colon cancer screening is warranted in individuals >50 years with recent onset constipation and/or other alarming features.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>B. Are the following statements concerning management of CIC true or false?</b><br>1. There is insufficient evidence to recommend probiotics as an effective remedy for CIC.                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. Long-term use of bulking agents, especially insoluble fibre, is discouraged because of their propensity to cause bloating and discomfort.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. Polyethylene glycol should not be used as a first-line treatment for CIC.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4. Linaclotide, a secretagogue, can be considered as second-line treatment for CIC.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 5. Surgery is generally ineffective for the management of refractory CIC and is associated with significant morbidity.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |