HONG KONG MEDICAL JOURNAL 香港醫學雜誌

HKMJ August 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 **30 September 2019**.

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 8 August 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[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	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 (AP – Cat. A)	100%	1 (AP – Cat. A)	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. D)	50%
Hong Kong College of Pathologists	1 (Self Study)	60%	1 (Self Study)	60%
Hong Kong College of Physicians	Nil		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 2019 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. Common urological problems in children: primary nocturnal enuresis	*True*	*False*
A. Are the following statements regarding evaluation of a child with urinary incontinence true or false?		
1. Primary enuresis is defined as patient has never been dry for >6 months since birth.	☑	☐
2. Secondary enuresis is defined as patient has been dry for >6 months since birth but presents with wetting again.	☑	☐
3. Apart from enuresis (night-time urinary incontinence), daytime symptoms like urinary urgency, frequency, and daytime incontinence may indicate other underlying urological problems like detrusor overactivity or neurogenic bladder.	☑	☐
4. Bowel symptoms like constipation or faecal incontinence should always be asked during evaluation of enuresis.	☑	☐
5. Patient's perineum and back should be examined during evaluation of enuresis.	☑	☐
B. Are the following statements about primary monosymptomatic nocturnal enuresis true or false?		
1. Treating concomitant constipation alone cannot help decrease the severity of enuresis.	☐	☑
2. Enuresis alarm is a behavioural therapy which works on the level of sleep arousal to sense of bladder fullness.	☑	☐
3. Drinking excessive water before sleep with the use of desmopressin can cause water intoxication.	☑	☐
4. If the patient has achieved night-time dryness with desmopressin, gradual withdrawal of desmopressin can help reduce the relapse rate of enuresis.	☑	☐
5. Patients with functional bladder capacity >70% predicted bladder capacity were 2 times more likely to respond to desmopressin.	☑	☐

II. Clinical considerations when adding a sodium-glucose co-transporter-2 inhibitor to insulin therapy in patients with diabetes mellitus	*True*	*False*
A. Are the following statements regarding sodium-glucose co-transporter-2 (SGLT2) inhibitor true or false?		
1. SGLT2 inhibitors stimulate insulin secretion and increase urinary glucose excretion.	☐	☑
2. The commonest side-effect of SGLT2 inhibitors is urinary tract infection.	☐	☑
3. SGLT2 inhibitors can reduce body weight and blood pressure.	☑	☐
4. SGLT2 inhibitors can be used as add-on therapy to dipeptidyl peptidase-4 (DPP-4) inhibitors.	☑	☐
5. SGLT2 inhibitors confer similar degree of cardiovascular benefit in patients with atherosclerotic cardiovascular disease as DPP-4 inhibitors.	☐	☑
B. Are the following statements about SGLT2 inhibitor being used as an add-on therapy to insulin true or false?		
1. Adding SGLT2 inhibitor to insulin therapy is associated with increased risk of genital tract infections.	☑	☐
2. Adding SGLT2 inhibitor to insulin therapy is associated with increased risk of hypoglycaemia.	☐	☑
3. SGLT2 inhibitors should be used with caution in patients with latent autoimmune diabetes.	☑	☐
4. Euglycaemic diabetic ketoacidosis is only seen in diabetes mellitus type 1 patients but not in diabetes mellitus type 2 patients when SGLT2 inhibitor is used as an add-on therapy to insulin.	☐	☑
5. Temporary discontinuation of SGLT2 inhibitor is advised during hospitalisation for acute illness.	☑	☐