HONG KONG MEDICAL JOURNAL 香港醫學雜誌

HKMJ October 2022 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 2022**.

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 27 September 2022):

College	CME points I	Passing Mark I	CME points II	Passing Mark II
Hong Kong College of Anaesthesiologists	1 (Non-Ana)	50%	1 (Non-Ana)	50%
Hong Kong College of Community Medicine	0.5 (Self Study)	50%	0.5 (Self Study)	50%
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.5.01)	50%	1 (Cat.5.01)	50%
Hong Kong College of Obstetricians and Gynaecologists	1 (Self Study)	60%	1 (Non O&G)	60%
College of Ophthalmologists of Hong Kong	0.5 (Self Study)	50%	0.5 (Self Study)	50%
Hong Kong College of Orthopaedic Surgeons	1 (PP-Cat B)	80%	1 (PP-Cat A)	80%
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.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	
College of Surgeons of Hong Kong	1 (Self Study)	0%	1 (Self Study)	0%

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

Answer Sheet – *Hong Kong Medical Journal* October 2022 Issue

Name: _____

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

I. Perinatal mortality rate in multiple pregnancies: a 20-year retrospective study from a tertiary obstetric unit in Hong Kong	*True*	*False*
A. Are the following statements concerning the comparison of the perinatal mortality rate in this public obstetric unit between the first (2000-2009) and second (2010-2019) decades true or false?		
1. There is significant reduction in the overall stillbirth rate in multiple pregnancies in the second decade.	☐	☐
2. In the second decade, there is significant reduction in the late neonatal death rate but not in early neonatal death rate in multiple pregnancies.	☐	☐
3. Fetal growth restriction was the most common cause of stillbirth multiple pregnancies in the second decade.	☐	☐
4. Significant improvement is seen in the neonatal death rate in the second decade among babies of multiple pregnancies with maturity 31-33 weeks, but not in the other gestational groups.	☐	☐
5. Prematurity remains to be the most common cause of neonatal death in multiple pregnancies.	☐	☐
B. Are the following statements regarding the comparison between monochorionic (MC) and non-MC multiple pregnancies true or false?		
1. MC and non-MC multiple pregnancies have similar stillbirth rates and neonatal death rates.	☐	☐
2. Twin-to-twin transfusion syndrome is more commonly seen in MC multiple pregnancies than in non-MC counterparts.	☐	☐
3. Fetal growth restriction is a more common cause of stillbirth in MC multiple pregnancies than in non-MC counterparts.	☐	☐
4. Neonates of MC multiple pregnancies has a higher neonatal death rate than non-MC neonates mainly because of prematurity.	☐	☐
5. Neonates of MC multiple pregnancies has a higher neonatal death rate than non-MC neonates mainly because of congenital malformations.	☐	☐
II. Frailty and sarcopenia—from theory to practice	*True*	*False*
A. Are the following statements regarding assessment of frailty and sarcopenia true or false?		
1. Routine screening of frailty in community is recommended as evidence-based practice because it enables early detection and treatment.	☐	☐
2. Clinical Frailty Scale is better than other scales such as FRAIL (Fatigue, Resistance, Ambulation, Illness, and Loss of weight) scale and Edmonton Frail Scale in assessing frailty.	☐	☐
3. The choice of frailty screening tool is largely dependent on the purpose of the assessment and the population characteristics.	☐	☐
4. The use of dual-energy X-ray absorptiometry or bioelectrical impedance analysis is not needed to label an older person probable sarcopenia.	☐	☐
5. Chair Stand Test is a simple tool and requires the person to stand up and sit down 20 times from a chair as fast as possible.	☐	☐
B. Are the following statements concerning management of frailty and sarcopenia true or false?		
1. There is no specific drug treatment for frailty at this moment.	☐	☐
2. Androgen can be used to treat sarcopenia without dose-limiting side-effects.	☐	☐
3. Medication review and reduction in polypharmacy is indicated for managing and preventing frailty.	☐	☐
4. Comprehensive geriatric assessment should be coupled with frailty assessment to identify stressors and perpetuating factors.	☐	☐
5. Fat persons with high body mass index seldom have sarcopenia as their muscle mass is usually quite adequate.	☐	☐