

ASSESSMENT OF 30 MCQS

FPSC NO : 98
MCQS ON GERIATRIC CARE 2022
SUBMISSION DEADLINE: 24 May 2022, 12 NOON

INSTRUCTIONS

- To submit answers to the following multiple choice questions, you are required to log on to the College Online Portal (<https://lms.wizlearn.com/cfps/>)
- Please contact sfp@cfps.org.sg if you have not received an email on the new LMS account.
- Attempt ALL the following multiple-choice questions.
- There is only ONE correct answer for each question.
- The answers should be submitted to the College of Family Physicians Singapore via the College Online Portal before the submission deadline stated above.
- There will be NO further extension of the submission deadline

1. **Which of the following non-pharmacological interventions are not effective in the management of agitation in a person with dementia who is resistive to care and pacing about at home?**
 - A. Maintaining a regular routine with activity scheduling
 - B. Caregiver education about the symptoms of dementia and disease progression
 - C. Ignoring the person with dementia and letting them shout until they get tired
 - D. Assessing for possible unmet needs such as hunger or thirst
 - E. Playing music that the person with dementia enjoys so as to create a calming ambience
2. **What kind of sleep disturbances do we not see in persons with dementia?**
 - A. Excessive sleepiness during the day
 - B. Frequent awakenings during the night
 - C. Rapid eye movement sleep behaviour disorder
 - D. Narcolepsy
 - E. Early morning awakening
3. **The following drugs have been shown to be beneficial in managing mood lability in dementia except:**
 - A. Escitalopram
 - B. Sodium Valproate
 - C. Quetiapine
 - D. Mirtazapine
 - E. Donepezil
4. **If BPSD is not adequately managed, it could lead to:**
 - A. Less doctor visits
 - B. Premature institutionalisation
 - C. Improvement in quality of life of the person with dementia
 - D. Lower cost of care
 - E. Reduced caregiver stress
5. **What is the guiding principle to prescribing antipsychotics for management of BPSD?**
 - A. Start at the lowest effective dose, titrate as tolerated, use for shortest duration possible
 - B. Start with first generation antipsychotics
 - C. Combine two or more antipsychotics at lower doses to reduce potential side effects
 - D. Only explain risk of all-cause mortality associated with antipsychotics if the family enquires
 - E. Metabolic screening is unnecessary prior to initiation of second-generation antipsychotics
6. **The MCA states that decisions relating to care and treatment:**
 - A. Should ideally involve medical professionals in discussion with the donee with regards to the donor's best interests
 - B. Should be decided by the donee ONLY
 - C. May be inconsistent with valid decisions made by a court-appointed deputy
 - D. May include decisions relating to life-sustaining measures
 - E. Include withholding treatment that prevents deterioration of donor's medical condition
7. **The Lasting Power of Attorney (LPA) is a document that/in which:**
 - A. Allows the family members to make decisions for the relative in ways they deem fit
 - B. protects the right to self-determination by the donor in advance
 - C. The donor's best interest is not the most important
 - D. The donees must ask the courts to decide on all matters
 - E. All donees must agree upon before any decision is made

8. The Mental Capacity Act:

- A. Assumes that everyone will not act in the best interests of the patient/donor
- B. Advocates an approach of best interest of the person regardless of the donor's original plans
- C. Includes provision of best interests for the past and present wishes, feelings, beliefs, and values of the donor
- D. Assumes that the best interest may mean restricting the donor's rights and freedom of action
- E. Uses the 2-step test to decide if mental incapacity is temporary

9. With regards to the Mental Capacity Act (in helping to determine mental capacity), it affirms the default position in the law of presumed capacity:

- A. In persons aged 18 and above
- B. Appearance, medical condition, and behaviour are crucial factors
- C. Quality and sensibility of decisions made prior to situation
- D. An unwise decision does not exclude mental capacity
- E. Timings and place of assessment must be made convenient to the assessor

10. With regards to utilising an LPA for a patient (donor), which of the following is INCORRECT?

- A. The donor should feel comfortable and not pressured
- B. Ascertain that the donor understands the purpose of doing an LPA
- C. Ensure that the donor is not under any undue pressure from their relatives or family members
- D. An interpreter is needed if the patient is not conversant in the English language
- E. It should be done in the evening

11. What is the first step towards treating a 60-year-old man who comes to your office with a complaint of insomnia?

- A. Prescribe zolpidem
- B. Prescribe benzodiazepines
- C. Prescribe diphenhydramine
- D. Restrict the use of the bed to sleep and intimacy only
- E. Obtain a sleep study

12. Which one of the following answer choices is most consistent with sleep changes in the elderly?

- A. Increased REM sleep only
- B. Increased slow wave sleep only
- C. Increased REM and slow wave sleep
- D. Decreased REM and slow wave sleep
- E. Decreased slow wave sleep only

13. Which of the following changes can be seen in the sleep of elderly human subjects?

- A. Gradual phase retardation
- B. Increased REM sleep
- C. Decreased Stage I sleep
- D. Increased sleep efficiency
- E. Decreased Stage III and Stage IV sleep

14. Long-acting benzodiazepines are best avoided in elderly people because:

- A. They are expensive
- B. They result in tolerance in 2 to 4 weeks
- C. They result in tolerance in 4 to 8 weeks
- D. Prolonged use results in daytime anxiety
- E. They have a long half-life and may cause falls

15. The common side effect(s) seen with zolpidem is/are:

- A. Daytime anxiety
- B. Psychotic reactions
- C. Amnesia, dizziness, and headaches
- D. Aggressive behaviour
- E. Depression

16. Mr Tan is a 70-year-old who sees you in clinic for two falls over the past one year. You decide to screen him for sarcopenia using the SARC-F tool. Which of the following additional information would suggest that he has possible sarcopenia based on the SARC-F tool?

| Difficulty in lifting and carrying 10 pounds | Difficulty in walking across a room | Difficulty in transferring from a chair or bed | Difficulty in climbing a flight of stairs |
|--|-------------------------------------|--|---|
| A. Some | None | None | Some |
| B. Some | None | Unable to without help | Some |
| C. None | Some | None | Some |
| D. Unable to | None | None | None |
| E. None | None | Some | Some |

17. Mr Tan screens positive for possible sarcopenia using the SARC-F tool. Which of the following interventions would be the most appropriate to help with the management of his sarcopenia?

- A. Address any secondary causes of sarcopenia
- B. Start him on testosterone supplements
- C. Prescribe him a high-caloric diet
- D. Prescribe him with flexibility exercises
- E. Advice on proper walking aids to prevent falls

- 18. Mr Tan has possible sarcopenia. His son wants to know what the possible associated conditions are. Which of the following conditions would he be most at risk for?**
- Having urinary incontinence
 - Needing help with reading the newspaper
 - Needing help with his basic daily activities
 - Progressive loss of appetite
 - Progressive loss of memory
- 19. Madam Zee is a 68-year-old who sees you in clinic for a health check-up. Her daughter is concerned that Madam Zee has frailty. Which of the following best suggests that Madam Zee is frail?**
- Having 10 types of prescription medication
 - Severe hearing impairment
 - Low mood over the two weeks
 - Unintentional weight loss of >5 percent over six months
 - Poor appetite for the past three days
- 20. You screen Madam Zee for frailty and she scores four points on the FRAIL instrument. What would be most useful in the management of her frailty?**
- Encouraging her daughter to visit her regularly
 - Encouraging her to attend activities at the community centre
 - Prescribing her mindfulness exercises
 - Reviewing her medications and deprescribe where appropriate
 - Reviewing her for appropriate vaccinations
- 21. An 80-year-old lady who has had Parkinson's disease for the past three years comes in complaining of worsening of her speech and increased drooling. Which of the following is not true?**
- There are disease-specific speech therapy exercises for Parkinson's disease
 - Frequent drooling is a sign of impaired swallowing
 - Botulinum toxin injections is a treatment for excessive drooling
 - Dysphagia can lead to weight loss and malnutrition
 - Dysphagia is uncommon in Parkinson disease
- 22. A 72-year-old man with Parkinson's disease for the last eight years has a shuffling gait and has been increasingly more unsteady. He has had several falls at home recently. He reports that he has difficulty initiating gait, especially towards the end of each medication dose. He is currently taking Madopar 125 mg TDS. The following strategies may help except:**
- Increasing the dosage of Madopar
 - Cueing techniques
 - Identifying reversible factors like environmental conditions and postural hypotension
 - A consistent and progressive exercise regime
 - Reducing the need to walk in view of falls risk
- 23. Regarding dopamine replacement therapy (DRT) in Parkinson's disease, which of the following is not true?**
- Abrupt stopping of DRT for as short as 6-12 hours can lead to an acute akinetic state
 - Pyrexia-hyperparkinsonism syndrome is a life-threatening condition
 - Three out of four patients with Parkinson's disease do not receive DRT on time when hospitalised
 - There are no parenteral routes of DRT
 - Levodopa should be taken on an empty stomach
- 24. Regarding orthostatic hypotension (OH) in Parkinson's disease, which of the following is true:**
- The majority of patients with OH are symptomatic
 - OH only occurs in advanced stages of disease
 - Dopaminergic therapy should be discontinued in the event of OH
 - OH, regardless of symptoms, is associated with increased risk of falls
 - The neurotransmitter responsible for dysautonomia is serotonin
- 25. Which one of the following is not a non-motor manifestation of an OFF state of Parkinson's disease?**
- Psychosis
 - Pain
 - Sweating
 - Abdominal discomfort
 - Anxiety
- 26. During the post-stroke hyper-acute phase, all the following are true except:**
- Muscle tone of involved limbs is decreased
 - Deep tendon reflexes are hyperactive
 - Flexor synergy of the weakened limb is not present
 - Urinary retention of bladder function is involved
 - The Babinski sign may or may not be present

27. During post-stroke recovery, the typical recovery pattern of affected limbs (is):

- A. Hand recovery is best in a MCA distribution infarct
- B. Results in a flexor synergy pattern in the lower limbs
- C. Recovery from proximal muscles first then distally
- D. Results in an extensor synergy pattern in the upper limbs
- E. None of the above are true

28. A 68-year-old sustained a left thalamic haemorrhagic stroke two months ago that left him with mild residual hemiparesis. Functionally, he is fully independent at home and in the community. He complains of a constant burning pain on the right hemiparesis affected side that is progressively worse. You would suspect:

- A. Malingering
- B. Hand and shoulder syndrome
- C. Chronic regional pain syndrome
- D. Central pain post-stroke
- E. Pain due to spasticity

29. A 72-year-old grandmother who sustained a R MCA territory infarct four months ago is now walking at home with supervision and performs bADLs with setup. She is unable to care for her grandchildren compared to prior stroke. According to the ICF (International Classification of Function) model, this would be considered:

- A. Participation restriction due to her stroke
- B. Impaired bodily function due to her stroke
- C. Poor rehabilitation outcome
- D. An activity restriction due to her stroke
- E. A disability

30. Common post-stroke complications include:

- A. Scar epilepsy
- B. Development of spasticity
- C. Development of limb contracture
- D. Depression
- E. All of the above