MCHK CME Programme Self-assessment Questions

Please read the article entitled “On Gastro-oesophageal Reflux-Induced Diseases” by Dr. Ambrose CP Kwan, and complete the following self-assessment questions. Participants in the MCHK CME Programme will be awarded 1 CME credit under the Programme for returning completed answer sheets via fax (2865 0345) or by mail to the Federation Secretariat on or before 31 March 2008. Answers to questions will be provided in the next issue of The Hong Kong Medical Diary.

Questions 1-10: Please choose the best answer:

1. Which of the following symptoms or condition is not associated with GERD:
   a. Chronic cough
   b. Hoarseness of voice
   c. H.pylori
   d. Dental erosions
   e. Globus

2. The pathophysiology of GERD may involve the following conditions except:
   a. Excessive exposure of the oesophagus to acid and pepsin during transient lower oesophageal sphincter relaxation
   b. Delayed oesophageal motility
   c. Hiatus hernia
   d. Accelerated gastric emptying
   e. Decreased lower oesophageal sphincter pressure

3. The followings are new investigations or treatment for GERD except:
   a. 48 hour wireless Bravo pH study
   b. Oesophageal capsule endoscopy
   c. 24 hour multi-channel intraluminal impedance for measurement of non acidic reflux
   d. MRI oesophagus
   e. Endoscopic photodynamic therapy for Barrett's oesophagus with high grade dysplasia

4. Potential benefits of endoscopy in GERD patients include:
   a. Detect malignancy especially in patients with alarming signs and symptoms like anaemia, dysphagia or weight loss
   b. Assess the severity of reflux oesophagitis
   c. Diagnose Barrett's oesophagus
   d. Narrow band imaging may detect areas of high grade dysplasia in patients with Barrett's oesophagus
   e. All of the above

5. For GERD patients who do not respond to daily dose of proton pump inhibitors, the following actions are appropriate except:
   a. Combine two proton pump inhibitors (PPI)
   b. Add H2 blocker at nite time
   c. Consider 24 hr pH study or Bravo wireless 48 hour pH study
   d. Change the morning dose of PPI to 30 minutes before dinner
   e. Step up the dose of PPI to b.d.

6. The following drugs are associated with oesophagitis except
   a. Alendronate
   b. Iron supplements
   c. Aspirin
   d. Potassium
   e. Calcium

7. The following statements on relationship between H.pylori and GERD is correct except:
   a. H.pylori infection is not associated with GERD.
   b. Eradication of H.pylori may increase basal gastric output in some patients with GERD.
   c. H.pylori should not be eradicated in patients with GERD.
   d. Eradication of H.pylori may affect the potency of PPI drugs.
   e. PPI therapy leads to migration of H.pylori from antrum to corpus.
8. The following statements on Barrett’s oesophagus are correct except:
   a. Barrett’s oesophagus is a highly-malignant condition.
   b. Adenocarcinoma may arise from dysplastic lesion.
   c. Barrett’s oesophagus is the replacement of normal squamous epithelium by metaplastic specialized columnar epithelium.
   d. Biopsy should be taken to assess the presence and degree of dysplasia.
   e. Chromo-endoscopy helps to identify areas of dysplasia.

9. The following statements on treatment are correct except:
   a. Endoscopic therapy for GERD is well established in Asia.
   b. Results of laparoscopic fundoplication are best in patients who respond well to PPI therapy.
   c. Bariatric surgery and laparoscopic fundoplication can be done at the same time for patients with morbid obesity and GERD.
   d. Laparoscopic fundoplication offers an alternative form of therapy for patients who do not want to take long term medications.
   e. Long term durability of laparoscopic fundoplication has been questioned and a subset of patients may need to undergo re-operation or restart on PPI therapy few years later.

10. The following statements are correct except:
   a. Hip fracture is associated with long term PPI therapy.
   b. Risk of hip fracture is higher with high dose PPI therapy.
   c. The incidence of adenocarcinoma of oesophagus is rising in HK.
   d. Fatty foods, coffee, chocolate, alcohol and smoking are provocative factors.
   e. The prevalence of GERD is rising in some Asian countries.

ANSWER SHEET FOR MARCH 2008

Please return the completed answer sheet to the Federation Secretariat on or before 31 March 2008 for documentation. 1 CME point will be awarded for answering the MCHK CME programme (for non-specialists) self-assessment questions.

On Gastro-oesophageal Reflux-Induced Diseases

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Answers to February 2008 issue

Management of Youth Substance Users in General Practice Settings