

NZAO Diabetes Screening Accreditation Questions 2008

(1) Type 2 diabetes accounts for what proportion of cases

- (a) 50%
- (b) 75%
- (c) 85%
- (d) 95%

(2) Metabolic syndrome risk factors do NOT include

- (a) hypertension
- (b) hyperinsulinemia
- (c) visceral obesity
- (d) tachycardia

(3) A BMI greater than 30 increases the likelihood of diabetes

- (a) 5x
- (b) 10x
- (c) 20x
- (d) 30x.

(4) Obese individuals whose fat is concentrated in the upper body are more susceptible to diabetes than individuals whose fat is concentrated below the waist.

- (a) True
- (b) False

(5) Body fat deposition varies for different ethnic groups.

- (a) True
- (b) False

(6) Low economic status and low education are not correlated with fat distribution.

- (a) True
- (b) False

(7) Duration of obesity is positively correlated with diabetes.

- (a) True
- (b) False

(8) Prevalence increases with age, so that approximately what proportion of the population aged over 60 have type 2 diabetes.

- (a) 5%
- (b) 10%
- (c) 20%
- (d) 30%

(9) The prevalence of Type 1 is low in which ethnic group

- (a) Asian
- (b) Scandinavian
- (d) European
- (d) Pacific Island

(10) For every person with Type 2 there are probably at least two more with metabolic syndrome.

- (a) True
- (b) False

- (11) Polycystic ovary syndrome is associated with adiposity
(a) True
(b) False
- (12) Polycystic ovary syndrome is strongly associated with insulin resistance
(a) True
(b) False
- (13) Maori and Pacific people have a higher prevalence of insulin resistance, and metabolic syndrome than Europeans
(a) True
(b) False
- (14) The 2004 New Zealand Health Survey gives known diabetes rates for Maori
(a) 2.9%
(b) 8%
(c) 8.4%
(d) 16%.
- (15) In New Zealand the prevalence of Type 2 among adolescent clinic attendees in 2002 was
(a) 1.8%
(b) 5.6%
(c) 11%
(d) 16%.
- (16) Among South Auckland women with gestational diabetes, the proportion of Polynesians who had permanent diabetes postnatally was
(a) 11%
(b) 16%
(c) 21%
(d) 26%.
- (17) Women who have diabetes and are also pregnant should be initially photoscreened
(a) as early in 1st trimester as possible
(b) late in the first trimester
(c) as early in the second trimester as possible
(d) in the third trimester
- (18) Guidelines suggest that women who have diabetes and are also pregnant with P1 (ie R1 & M0) minimal diabetic retinopathy should
(a) Continue 2-Yearly Screening.
(b) Be photoscreened a minimum of 3-monthly for remainder of Pregnancy.
(c) Be photoscreened at the end of their pregnancy
(d) Be referred to an ophthalmologist
- (19) In a pregnant diabetic woman which clinical modifier would cause you to consider reducing screening interval or referral
(a) Very poorly controlled Diabetes (HBA1c > 9%)
(b) Poorly controlled Hypertension
(c) Ethnicity
(d) All of the above

- (20) Each eye should be graded separately with the overall grading applied to the worst eye
- (a) True
 - (b) False
- (21) The minimum screening photo field size is one 45-degree field
- (a) True
 - (b) False
- (22) Which of the following are NOT ocular findings in diabetic eye disease
- (a) Venous Beading
 - (b) Angioid streaks
 - (c) Iris neovascularisation
 - (d) Microaneurysms
- (23) For photoscreening an adequate macular field is how many disc diameter from the temporal disc margin
- (a) 2
 - (b) 3
 - (c) 4
 - (d) 5
- (24) For photoscreening an adequate nasal field is how many disc diameters from the nasal disc margin
- (a) 2
 - (b) 3
 - (c) 4
 - (d) 5
- (25) The criterion for R2 (Mild diabetic retinopathy) is how many microaneurysms (MAs) and dot haemorrhages.
- (a) 2
 - (b) 4
 - (c) 6
 - (d) 8
- (26) In R2 (Mild diabetic retinopathy), how many MAs or haemorrhages per photographic field would require an upgrade to R3 (Moderate diabetic retinopathy)
- (a) more than 20
 - (b) more than 25
 - (c) more than 30
 - (d) more than 35
- (27) In R2 (Mild diabetic retinopathy) what is the recommended recall period
- (a) 6 months photoscreen
 - (b) 1 year photoscreen
 - (c) 12-18 months photoscreen
 - (d) 2 year photoscreen

(28) R3 (Moderate diabetic retinopathy) requires any features of Mild plus Blot or larger haemorrhages plus

- (a) Up to 1 Quadrant of Venous Beading
- (b) Up to 2 Quadrants of Venous Beading
- (c) Up to 3 Quadrants of Venous Beading
- (d) Up to 4 Quadrants of Venous Beading

(29) In the case of R3 (Moderate diabetic retinopathy) recommended referral to an Ophthalmologist should occur within

- (a) 1 month
- (b) 4-6 months
- (c) 6-12 months
- (d) never, just monitor

(30) In R5 (Proliferative diabetic retinopathy), recommended referral to an Ophthalmologist should occur within

- (a) 1 week
- (b) 2 weeks
- (c) 1 month
- (d) 3 months

(31) Retinopathy may be more difficult to visualise in the presence of laser scars

- (a) True
- (b) False

(32) Cotton-wool spots are correlated with retinopathy severity and can predict progression

- (a) True
- (b) False

(33) In M1 (Minimal diabetic maculopathy), recommended outcome is

- (a) Photoscreen 12 months.
- (b) Photoscreen 12 months unless retinopathy requires referral
- (c) Biennial photo screen unless retinopathy requires referral
- (d) No need for formal followup

(34) M4 (Moderate diabetic maculopathy) is defined by

- (a) Exudates or retinal thickening within 1DD of the centre of the macula. Foveola not involved
- (b) Exudates or retinal thickening within 1DD of the centre of the macula. Foveola involved
- (c) Exudates or retinal thickening within 2DD of the centre of the macula. Foveola not involved
- (d) Exudates or retinal thickening within 2DD of the centre of the macula. Foveola involved

(35) M5 (Severe diabetic maculopathy) is defined by

- (a) Exudates or retinal thickening involving the foveola
- (b) Exudates or retinal thickening within 0.5DD of the foveola
- (c) Flame shaped haemorrhage within 1DD of foveola
- (d) Hard exudates within 1DD of foveola

(36) For people with diabetes who do not have retinopathy recommended retinal photography screening is every

- (a) year
- (b) 2 years
- (c) 5 years
- (d) not necessary

(37) Shorter intervals of screening should be based on the Guidelines, subject to the clinician's judgement in each individual case reflecting

- (a) the severity of retinopathy
- (b) glycaemic control
- (c) blood pressure control
- (d) all of the above

(38) The percentage of patients with mild NPDR who progress to PDR within 1 year is

- (a) 2%
- (b) 4%
- (c) 6%
- (d) 8%

(39) Clinically significant macular oedema occurs in what percentage of diabetic patients

- (a) 5%
- (b) 10%
- (c) 15%
- (d) 20%

(40) Clinically significant macular oedema occurs approximately in what percentage of patients with PDR

- (a) 50%
- (b) 60%
- (c) 70%
- (d) 80%

(41) The report to general practice should NOT include the following

- (a) Patient Details and NHI Number
- (b) Diabetic retinopathy grading results
- (c) Present treatment regime
- (d) Recall and review timeframes

(42) Recalls for photoscreening are generally managed via

- (a) the patient's GP
- (b) hospital system
- (c) optometrist's recall system
- (d) the patient's ophthalmologist

(43) In order to communicate the urgency of referral to ophthalmology accurately, information that should be included comprises

- (a) Visual Acuity – Habitual and Pinhole
- (b) Retinal photoscreening grading
- (c) Referral urgency
- (d) all of the above

(44) Information that is NOT necessary to be included in a referral to ophthalmology is

- (a) Retinal photographs
- (b) Patient details including NHI number
- (c) Referral urgency
- (d) Appropriate medical detail

(45) The concept of Cultural Competence applies only to Maori

- (a) True
- (b) False

(46) Cultural Competence in respect of Maori recognises:

- (a) the need to ensure effective health service delivery
- (b) the unacceptably low status of Maori wellbeing generally
- (c) the need to consult Maori about services provided to them
- (d) All of the above

(47) Iris Neovascularisation - usually originates at the pupillary margin often

- (a) inferiorly
- (b) superiorly
- (c) nasally
- (d) temporally

(48) Diabetic retinopathy is characterised by histopathological changes which include

- (a) increase in number of pericytes,
- (b) basement membrane thickening
- (c) decreased vascular pressure
- (d) all of the above

(49) In the Finnish Diabetes Prevention Study, which was not an intervention goal

- (a) weight loss
- (b) increased intake of dietary fibre
- (c) increased physical activity
- (d) reduction of HbA1C

(50) The Finnish Diabetes Prevention Study resulted in what percentage reduction in relative risk of type 2 diabetic retinopathy

- (a) 23%
- (b) 34%
- (c) 43%
- (d) 52%

(51) People who are obese should do moderate exercise for

- (a) 60-90 minutes a day
- (b) 30-60 minutes a day
- (c) 15-30 minutes a day
- (d) until they feel tired

(52) The Heart outcomes prevention evaluation (HOPE) study found that taking an ACE inhibitor reduced the relative risk of stroke by

- (a) 33%
- (b) 43%
- (c) 53%
- (d) 63%

(53) If a patient has microalbuminuria or macroalbuminuria, the target blood pressure is

- (a) 130/80
- (b) 150/80
- (c) 130/85
- (d) 140/85

(54) The United Kingdom Prospective Diabetes Study showed a 1% reduction in HbA1c produced what percentage decrease in retinopathy

- (a) 18%
- (b) 28%
- (c) 38%
- (d) 48%

(55) Individualized evaluation of patient risk factors should guide the specific target for HbA1c

- (a) True
- (b) False

(56) Even when LDL cholesterol concentration is normal, the LDL particles may be more atherogenic than those in non-diabetic patients

- (a) True
- (b) False

(57) Optimising diabetic control can improve an abnormal lipid profile in patients with type 2 diabetes.

- (a) True
- (b) False

(58) Which lifestyle measures are important to treat type 2 diabetes

- (a) Smoking
- (b) Weight reduction
- (c) Exercise
- (d) All of the above

(59) Approximately what proportion of diabetic patients with no previous retinopathy show some retinal changes during pregnancy

- (a) 5%
- (b) 10%
- (c) 15%
- (d) 20%

(60) Approximately what proportion of patients with proliferative retinopathy before pregnancy worsen during the pregnancy

- (a) 15%
- (b) 25%
- (c) 45%
- (d) 55%