CPD Questionnaire: April 2003

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This programme includes 2 ethics CPD points. In 2003, there will be an ethics article in the March, May, July and September issues. Complete the questionnaires on these four articles and get your 2 ethics points.

An answer sheet will be provided every two months. Make sure you receive the March, May, July, September and Nov/Dec issues. Please mark only one answer per question with a cross in the provided space on the answer sheet, furnish us with your personal details on the sheet, sign the answer sheet at the bottom, make a copy for yourself, and send the original to the CPD office, PO Box 14804, Lyttelton, 0157. To earn 4 points, 70% of the answers must be correct.

Gastro-oesophageal reflux disease

1. The following statements are TRUE, except one.
   A. Angina and MI should always be excluded in GORD patients with chest pain.
   B. Negative endoscopy findings exclude reflux disease.
   C. Patients with NERD are less likely to develop strictures, bleeding or Barrett’s oesophagitis.
   D. NERD patients often respond well on on-demand PPI therapy.
   E. A PPI taken every third day has been proven effective in NERD patients.

2. The following patients need to be referred to a gastroenterologist, except one.
   A. Chronic heartburn patients.
   B. Patients with angina-like chest pain.
   C. Those who have recurrent symptoms after 4-6 weeks of successful initial therapy.
   D. Patients who fail on standard or high dose PPI’s.
   E. Patients with odynophagia or extra-oesophageal symptoms.

3. Cisapride is not currently recommended for the treatment of GORD due to its effects on cytochrome P450 and the risk for ventricular arrhythmia’s.
   A. Choose “A” if TRUE.
   B. Choose “B” if FALSE.

4. Patients older than 45 years of age, with heartburn more than 2 times a week and longer than 6 months should be referred to a specialist.
   A. Choose “A” if TRUE.
   B. Choose “B” if FALSE

5. A patient has been endoscoped and is on full dose PPI therapy. His symptoms are well controlled. The dosage may be lowered to a half dose PPI to determine the lowest, cost-effective dose that controls symptoms.
   A. Choose “A” if TRUE.
   B. Choose “B” if FALSE

Antithrombotic therapy in clinical practice

6. The following patients are at high risk for thrombosis, except one.
   A. Patients with congestive heart failure
   B. Patients with atherosclerotic vascular disease.
   C. Patients with malignancies.
   D. Pregnant patients.
   E. Alcoholics.

7. The INR should be 2-3 for the following patients on warfarin therapy, except one.
   A. Prophylaxis and treatment of deep venous thrombosis.
   B. Treatment of acute myocardial infarction.
   C. Prevention of systemic embolism in tissue heart valves and valvular heart disease.
   D. Pulmonary embolism treatment.
   E. Prevention of systemic embolism in atrial fibrillation.

8. The ideal time for administration of fibrinolytic agents is within 6 hours after onset of the acute chest pain.
   A. Choose “A” if TRUE.
   B. Choose “B” if FALSE

9. In acute coronary syndromes, non-STEMI patients should be on heparin and streptokinase, whereas STEMI patients should only be on heparin.
   A. Choose “A” if TRUE.
   D. Choose “B” if FALSE

10. The following statements are TRUE for antiplatelet therapy, except one.
    A. Aspirin does not reduce all-cause mortality.
    B. Aspirin plus streptokinase reduces the mortality of MI patients with 43%.
    C. Gp IIb/IIa inhibitors block thromboxane A2 and have no additional effect when combined with aspirin.
    D. Aspirin can reduce the frequency of TIA’s and was shown to reduce the risk of a second stroke by 25%.
    E. Thienopyridine derivatives inhibit the ADP-independent pathways of platelet activation.
Familial hypercholesterolaemia

11. The familial hypercholesterolaemia prevalence is as high as 1/72 for the Afrikaner population and 1/67 in the Ashkenazi Jewish population in South Africa.
A. Choose “A” if TRUE.
B. Choose “B” if FALSE.

12. The following statements are TRUE for the clinical features of FH, except one.
A. HETEROzygotes have less severe clinical and biochemical features than HOMOzygotes.
B. Xanthomas are present in childhood HOMOzygous FH patients.
C. Xanthomas only appear, if at all, during adulthood in HETEROzygous FH patients.
D. Xanthelasmas are nearly always present in HOMOzygous FH patients.
E. In HETEROzygous FH patients, females present with symptoms 10 years earlier than in these males.

13. Dietary restrictions can result in a 15% reduction in LDL in a compliant patient with HETEROzygous FH, but has minimal effect in HOMOzygous patients.
A. Choose “A” if TRUE.
B. Choose “B” if FALSE.

14. Although the prevalence of FH is low in the African population, there are mutations, like FH Pedi and FH Cape Town-2, identified for these populations.
A. Choose “A” if TRUE.
B. Choose “B” if FALSE.

15. The following statements are TRUE for the treatment of FH, except one.
A. Statin therapy is indicated for FH.
B. Nicotinic acid is indicated for FH.
C. Probucol is effective to reduce xanthomata size.
D. Portacaval anastomoses have been used for treating homozygous FH patients and produced a 50% reduction in LDL levels.
E. Fibrates reduce LDL levels significantly.

The teenager with moderate acne

16. The following statements are TRUE for antibiotic use in acne, except one.
A. Tetracyclines should not be prescribed with isotretinoin due to an increased risk for intracranial hypertension.
B. The same antibiotic should be used in subsequent episodes to prevent resistance.
C. Avoid using different topical and oral antibiotic agents at the same time.
D. Vestibular dysfunction and localized pigment disturbances are common side effects that appear to be noted only with doxycycline.
E. Rifampicin may induce acne.

17. The following statements are TRUE for the treatment of acne with retinoids like isotretinoin and tretinoid, except one.
A. It is the first choice treatment for patients with severe nodulocystic acne.
B. A pre-treatment pregnancy test is mandatory.
C. Lipid levels and liver function tests should prudently be monitored, pre-treatment and weekly/biweekly in the first month of treatment.
D. Topical agents are available and adapalene was shown to be as effective as tretinoin.
E. Retinoids eradicate P. acne.

18. The most important problem with isotretinoin is teratogenicity.
A. Choose “A” if TRUE.
B. Choose “B” if FALSE.

The postoperative period

19. The following statements are TRUE for managing scoline apnoea, except one.
A. Continue to ventilate the patient.
B. Do a peripheral nerve stimulation to determine an extension of the neuromuscular block.
C. Sedate the patient, as this is an unpleasant experience.
D. Blood samples should be taken for plasma cholinesterase levels, and dibucaine and fluoride numbers.
E. Patients need not apply for a Medical Alert bracelet.

20. The following oral analgesics contain codeine, except one.
A. Codis®
B. Lentogesic®
C. DF 118®
D. Myprodol®
E. Stopyne®