The 2006 CPD programme

1. You can now choose if you want to earn only two or four points per issue!
2. An answer sheet will be provided in every second issue. Look out for the March, May, July, September and Nov/Dec issues.
3. Send the completed and signed answer sheet to: CPD office, SAPF, PO Box 14804, Lyttelton 0157.
4. These CPD questions are also available as an online service, free to members of the Academy and subscribers to SA Family Practice, at the following internet address: http://www.ecpdsa.co.za/publications/safp.

Prior registration (once and free) is required for this service at http://www.ecpdsa.co.za/users/register/.

Question 1-3: HIV/AIDS PREVENTION: Page 20-22

1. Which statement is incorrect?
   A. 10% of people infected with HIV live in South Africa.
   B. The HIV prevalence in people aged 20-24 is 16.5%.
   C. In 2002, the HIV prevalence in women with syphilis at antenatal clinics in the Western Cape was 12%.
   D. The complications of sexually transmitted infections (STIs) include infertility and pain.
   E. STIs contribute to premature births and neonatal infections.

2. Which statement is incorrect?
   A. The average age of first sexual intercourse in South Africa is 16.8 years.
   B. Younger adolescents are more likely to have unprotected sex.
   C. Sex education should be given to primary school children.
   D. In a recent trial, 83% of participants aged 18-25 years objected to receiving information about safe sex.
   E. Female doctors, younger than 40 years, with previous obstetrics and gynaecology experience and practising in a clinic setting, are most likely to discuss STI prevention.

3. Is the following statement true or false?
   Adolescents often feel invincible and that bad things will not happen to them; this influences risk behaviour.
   A. True
   B. False

Question 4-9: CONTRACEPTION FOR FIRST-TIME USERS: Page 24-32

4. Is the following statement true or false?
   The synthetic estrogens available in South Africa are mestranol and ethinyl estradiol.
   A. True
   B. False

5. Which statement is incorrect?
   A. Monophasic pills contain constant amounts of progesterone and estrogen throughout the cycle.
   B. In biphasic pills, the estrogen dosage is stable, with a higher dosage of progesterone in the last 10 active pills.
   C. Norethisterone is a low-potency progesterone that is fairly non-androgenic.
   D. There are more non-androgenic side effects with desogestrel.
   E. Cyproterone acetate is effective against acne and hirsutism.

6. Is the following statement true or false?
   The combined oral contraceptive pill (COCP) provides some protection against pelvic inflammatory disease.
   A. True
   B. False

7. Is the following statement true or false?
   Hypertension (BP>160/100mm Hg) is a relative contraindication to the use of COCP.
   A. True
   B. False

8. Which statement is incorrect?
   A. The transdermal combined contraceptive system (Evra) offers efficacy and safety similar to COCP’s, with a greater incidence of perfect use.
   B. Depot medroxyprogesterone acetate must be injected intramuscularly every 12 weeks.
   C. Norethisterone enanthate is given 12 weekly.
   D. Every dosage of the progesterone-only pill (mini-pill) must be taken daily within a three hour period.
   E. The large dose of oestrogen in combined oral emergency contraception can cause nausea and vomiting.

9. Is the following statement true or false?
   Insertion of an intrauterine contraceptive device in the presence of an STD poses an unacceptable health risk.
   A. True
   B. False

Question 10-15: DYSMENORRHOEA: Page 53-41

10. Which statement is incorrect?
    A. Primary dysmenorrhoea occurs in women with abnormal pelvic anatomy.
    B. A Swedish study showed a prevalence of dysmenorrhoea of 90% in women 19 years of age.
    C. Endometriosis may be associated with pelvic pain not limited to the menstrual period.
    D. In one study, dysmenorrhoea improved after childbirth.
    E. Anxiety is a risk factor for dysmenorrhoea.

11. Which statement is incorrect?
    A. Acupuncture could possibly be effective in the treatment of dysmenorrhoea.
    B. It is possible that exercise is an effective treatment.
    C. Spinal manipulation is ineffective for dysmenorrhoea.
    D. There is consistent evidence that dysmenorrhoea responds to NSAIDS.
    E. Extended-cycle oral contraceptives are probably ineffective.

12. Is the following statement true or false?
    In patients with severe dysmenorrhoea that is unresponsive to initial treatment, a CT scan is useful to detect ovarian cysts and endometriomas.
    A. True
    B. False

13. Which statement is incorrect?
    A. NSAIDS are the best-established initial therapy for dysmenorrhoea.
    B. Oral contraceptive pills reduce prostaglandin release during menstruation.
    C. The use of the levonorgestrel intra-uterine device (Mirena) showed a 30% reduction in prevalence of dysmenorrhoea after 36 months of use.
    D. Glyceryl trinitrate, a proposed treatment, is associated with a high incidence of headache.
    E. Smoking cessation reduces the intensity of dysmenorrhoea.

14. Is the following statement true or false?
    In one study, 2g daily of a fish oil supplement significantly reduced pain compared with a placebo.
    A. True
    B. False

15. Is the following statement true or false?
    Hysterectomy should never be considered in women with dysmenorrhoea.
    A. True
    B. False

Question 16-20: COMPLICATIONS OF BODY PIERCING: Page 44-47

16. Which statement is incorrect?
    A. Female genital piercings can potentially compromise barrier contraceptives.
    B. Bacterial endocarditis has occurred after nipple piercing.
    C. Erectile dysfunction can follow male genital piercing.
    D. Most piercing “guns” are not sterilised between procedures.
    E. Jewelry has been known to migrate after navel piercing.

17. Is the following statement true or false?
    A shorter barbell is recommended initially, after a tongue piercing.
    A. True
    B. False

18. Which statement is incorrect?
    A. Application of non-prescription cleansers may be recommended prophylactically after an oral piercing.
    B. “High” piercing through the cartilage of the pinna is associated with good healing.
    C. Superficial earlobe infections respond well to local treatment.
    D. Laser therapy is a treatment option for a keloid of the earlobe.
    E. Nasal septal piercings are usually performed in the interior fleshy part of the septum.

19. Which statement is incorrect?
    A. A nipple piercing could adversely affect an infant’s ability to breastfeed.
    B. It is not possible to manually reduce the foreskin if paraphimosis occurs after a male genital piercing.
    C. Antibiotic prophylaxis should be considered before undertaking a piercing in a patient with a moderate or high-risk cardiac condition.
    D. Most piercing “guns” are not sterilised between procedures.
    E. Some physicians choose to perform body piercing in the office setting.

20. Is the following statement true or false?
    It takes up to 9 months for a navel piercing to heal.
    A. True
    B. False