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### 2006 ANSWERSHEETS

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Thank you very much for your cooperation. The CPD Management Office

### Question 1-5: Atypical Pneumonia: Page 20-28

- Is the following statement true or false?

  Streptococcus pneumoniae is the most common organism responsible for community-acquired pneumonia (CAP).
- В
- Is the following statement true or false? Clinical findings are insufficient to distinguish between typical and atypical pneumonias.
- А. В.

# **3**.

- Choose the incorrect statement

  Mycoplasma pneumoniae disease is usually of low mortality.

  M. pneumoniae tends to cause pneumonia in the age range of five to 25.

  Systemic examination of a patient with M. pneumoniae pneumonia may reveal Raynaud's phenomena.
- Major organ involvement, especially of the hepatic system, is well described. D.
- M. pneumoniae causes mucociliary dysfunction.

### Choose the incorrect statement

- Chlamydophila pneumoniae infection is widespread. Most C. pneumophila infections are mild.
- A B
- C. pneumoniae is a frequent co-pathogen in CAP.
  The chest x-ray often shows a patchy segmental infiltrate.
  Treatment should continue for seven days.
- Choose the incorrect statement
- Sporadic cases of *Legionella pneumophila* occur particularly in autumn. *L. pneumophila* is ubiquitous in water.
- A. B. C.
- Pontiac fever is an acute flu-like illness without pneumonia.
- Legionnaire's disease is not characterised by cough.
- ß-lactam antimicrobials have no activity against legionella.

### Question 6-9: Chest Pain: Page 30-33

- Is the following statement true or false?
- Hypertrophic cardiomyopathy is a life-threatening cause of chest pain.
- B.

### Choose the incorrect statement

- Ischaemic pain can be described as a pressure, squeezing or tightness. Myocardial ischaemia may radiate to the neck, lower jaw or teeth.
- Pain provoked by physical or emotional exertion is classically angina The pain from pericarditis is relieved by sitting up or leaning forward.
- Exertional dyspnoea may be the only manifestation of angina, especially in hypertensive patients.

### Choose the incorrect statement

- An acute coronary syndrome should be treated with oxygen, aspirin and A.
- Beta blockers should be administered to a patient with aortic dissection.
- Heparin must be administered in case of pulmonary embolism. If the cause of a non-life-threatening chest pain is unknown, the patient Ď.
- should be referred to a level 3 facility.
- A chest x-ray, sputum and blood gases need to be done before referring a patient to a pulmonologist for a chest pain of pulmonary origin.

## Is the following statement true or false?

- Not every patient with chest pain needs to be referred to a hospital or specialist.
- A B
- False

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### Question 10-15: Corticosteroid dose-response curve: Page 34-42

#### Choose the incorrect statement

- The dominant process in asthma is bronchospasm. Inhaled corticosteroids (ICS) have become the treatment agents of choice for the inflammation of asthma.
- Asthma can usually only be assessed superficially by symptoms alone. A decrease in the quality of life is one of the immediate complications of poor asthma control.
- Asthmatics with impaired lung function have a higher mortality rate.

### Choose the incorrect statement

- Corticosteroids exert their effect by direct nuclear interaction.
  Episodic bronchoconstriction is due to unrecognised inflammation.
- The corticosteroid dose-response curve varies according to the severity of the illness.
- The bronchial hyper-reactivity curve plateaus early.
  To limit adverse events, it is better to add a long-acting beta agonist to ICS than to double the dose of ICS.

### 12. Is the following statement true or false? In assessing asthma control, the PEFR should be the bare minimum utilised by the practitioner.

#### 13.

- Choose the incorrect statement Comparisons between corticosteroids shoud be made at equipotent doses.

- 500µg of fluticasone is equivalent to 800 µg of budesonide. Ciclesonide is activated largely in the liver. In the GOAL study, fluticasone was compared to a combination of salmeterol and fluticasone
- In a recent study, as-needed budesonide was found to be just as effective as regular administration.

### 14. Is the following statement true or false?

An ICS starting dose of 400 to 800  $\mu g$  BDP equivalents is adequate. True

- В

### Is the following statement true or false?

A better understanding of the dose response to ICS will assist practitioners to treat asthma appropriately and safely. True

### Question 16-18: Cost-effectiveness of asthma therapy: Page 44-47

16. Is the following statement true or false? The three steps in managing a chronic medical condition are diagnosis, treatment and application of a cost-effectiveness review strategy.

### 17. Is the following statement true or false?

Asthma management programmes have been shown to save \$11 for every dollar spent on education.

- В.

#### 18. Choose the incorrect statement

- The cost of a single exacerbation of asthma can be several thousands
- Guidelines-based management of asthma is likely to result in a better Only12-20% of asthmatics receive inhaled corticosteroids
- The ratio of bronchodilator vs. corticosteroid use is 7:1
- Problems with adherence to asthma therapy occur in 10-56% of asthma

### Question 19-20: Office Spirometry: Page 48-51

- **19.** Choose the incorrect statement

  A. Spirometry measures air flow and volume as a function of time.
- One of the main values obtained by spirometry is fixed vital capacity
- Spirometry is vital in the diagnosis and COPD.

  The percentage of predicted FEV1 can be used to assess the severity of airway obstruction.
- FEV1 can be used to differentiate asthma from COPD.

### Choose the incorrect statement

- Spirometry can be used to evaluate individuals with an abnormal chest radiograph.
- Current (or former) cigarette smokers over 45 years of age are at risk of having pulmonary disease.
  Spirometry cannot be used to measure disease progression in COPD.
- Pre-operative risk assessment is an indication for spirometry.
- Abnormal spirometry results can add to the efficacy of smoking cessation programmes

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