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2006 ANSWERSHEETS

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

Question 1-2: Prediction of short-term stroke risk after TIA: Page 19

- Choose True or False.**
Five to ten percent of patients presenting with a TIA, will have a stroke within the following week.
A. Choose A if true
B. Choose B if false
- Choose True or False.**
A patient with a score of three or less may not have a stroke within the next seven days and may be evaluated on an outpatient basis.
A. Choose A if true
B. Choose B if false

Question 3-8: The patient with excessive worry: Page 20-27

- Choose the incorrect statement.**
A. Worry is an effective short-term response to uncertainty that can become self-perpetuating with adverse long-term consequences.
B. Worry reduces subjective uncertainty.
C. Worry contributes to a sense of vigilance and preparedness.
D. Worry increases automatic arousal.
E. Worry fuels the belief that uncertain events and overall risk can be controlled.
- Choose true or false.**
Worry may be perceived as a powerful force that pre-empted bad things from happening.
A. Choose A if true
B. Choose B if false
- Choose the incorrect statement.**
A. Worry is a form of emotional suppression and cognitive avoidance.
B. Worry can block other emotions like fear or anger.
C. Many patients with excessive worry often think that they worry more often than they actually do.
D. Patients often, intentionally, indulge in worry.
E. Patients' efforts to control worry are often effective.
- Choose the incorrect statement.**
A. SSRIs and venlafaxine have become first line treatments for generalised anxiety disorder (GAD).
B. Benzodiazepines have a relatively poor effectiveness for the long-term treatment of GAD.
C. Benzodiazepines have abuse potential, potential for tolerance and adverse effects.
D. Relaxation training is effective in inveterate worriers.
E. "Thought-stopping" techniques to deliberately stop worrying may actually promote it.
- Choose True or False.**
Combining cognitive behavioural therapy (CBT) with "mindfulness meditation" can offer an alternative to ineffective suppression as it reframes the primary verbally mediated covert monologues of worry as "just thinking" and facilitates a focus on the present moment rather than future-orientated worries.
A. Choose A if true
B. Choose B if false
- Choose the incorrect statement.**
A. Hypochondriasis is a persistent preoccupation with fears or thoughts that one has a serious illness.
B. Hypochondriacs often confirm their symptoms in medical text books, health websites and repeated self-inspection.
C. Hypochondriacs selectively attend to benign bodily sensations and to health information that confirms their suspicion and ignores disconfirming evidence.

- Hypochondriasis is at the pathologic end of the broader spectrum of "illness worry" or "health anxiety".
- Hypochondriasis is more common in the general population than in the primary health setting.
- Choose true or false.**
"Health anxiety" is much more prevalent in the general population and is associated with greater consumption of primary care resources than hypochondriasis.
A. Choose A if true
B. Choose B if false
- Choose true or false.**
SSRIs and venlafaxine are the first line therapies for excessive worry and can be combined with CBT adapted for brief consultations.
A. Choose A if true
B. Choose B if false

Question 11-17: Chronic plaque psoriasis: Page 30-36

- Choose the incorrect statement.**
A. Chronic plaque psoriasis is the most common type of psoriasis.
B. Psoriasis is slightly more common in women.
C. Psoriasis is a T-cell mediated disease.
D. Psoriasis often begins in the early teens or early fifties.
E. There is often a first-degree relative with the disease.
- Choose true or false.**
Lithium, beta-blockers, NSAIDs, anti-malarial drugs and oral steroid withdrawal may stimulate T-cell proliferation that leads to psoriasis.
A. Choose A if true
B. Choose B if false
- Choose true or false.**
Chronic HIV infection is associated with severe exacerbations of psoriasis.
A. Choose A if true
B. Choose B if false
- Choose the incorrect statement.**
A. Chronic plaque psoriasis is usually symmetrical and bilateral.
B. Psoriasis begins as papules which eventually coalesce to form plaques.
C. Bleeding after removing a silver scale is called the Auspitz sign.
D. The Koebner phenomenon is skin lesions induced by trauma.
E. "Psora" means "painful" in Greek.
- Choose the incorrect statement.**
A. The extensor surfaces are often involved in psoriasis.
B. Nail changes are often seen in older patients with long-standing disease, extensive lesions and those who have joint involvement.
C. Scales in inverse or flexural psoriasis may not appear in intertriginous areas like the gluteal fold, axillae or glans of the uncircumcised penis.
D. Psoriasis affects longevity.
E. Psoriasis is associated with a higher prevalence of psychiatric disorders.
- Choose true or false.**
Topical steroids in combination with calcipotriene (Dovonex®) are more effective than either of these agents alone.
A. Choose A if true
B. Choose B if false
- Choose the incorrect statement.**
A. A potent topical steroid plus calcipotriene is often regarded as an effective initial treatment for small lesions, although evidence is lacking.
B. Calcipotriene and topical retinoids can be used long term.
C. Potent topical steroids can be used long term.
D. Scalp psoriasis can be treated with daily anti-dandruff shampoos and topical steroids for acute exacerbations.
E. Patients who do not respond to topical therapy and those who have more than 20% body involvement are candidates for light therapy and oral treatment.
- Question 18-20: Malaria prevention and treatment: Page 38-41**
- Choose true or false.**
HIV positive patients are at an increased risk for severe malaria.
A. Choose A if true
B. Choose B if false
- Choose true or false.**
Doxycycline, mefloquine and atovaquone plus proguanil are the drugs of choice for malaria prophylaxis in non-pregnant adults.
A. Choose A if true
B. Choose B if false
- Choose true or false.**
Co-artemether is the first choice of treatment for uncomplicated or interim management of complicated malaria.
A. Choose A if true
B. Choose B if false

Emergency-related short courses in South Africa

TITLE	COURSE NAME	LENGTH	ORGANIZATION	CONTACT ADDRESS	VENUE	ACCREDITATION
BLS-HCP	*Basic Life Support for Healthcare Providers*	1 day	Resuscitation Council of SA	rescosa@iafrica.com	Countrywide	American Heart Association
ACLS	*Advanced Cardiovascular Life Support*	2 days	Resuscitation Council of SA	rescosa@iafrica.com	Countrywide	American Heart Association
ACLS-EP	*ACLS for Experienced Providers*	2 days	Resuscitation Council of SA	rescosa@iafrica.com	Countrywide	American Heart Association
PALS	*Pediatric Advanced Life Support*	2 days	Resuscitation Council of SA	rescosa@iafrica.com	Countrywide	American Heart Association
ANLS	*Advanced Neonatal Life Support*	1 day	Resuscitation Council of SA	rescosa@iafrica.com	Johannesburg & Cape Town	American Academy of Pediatrics
AMLS	*Advanced Medical Life Support*	2 days	Academy of Advanced Life Support	kloeck@resus.co.za	Johannesburg & Polokwane	United Kingdom
APLS	*Advanced Paediatric Life Support*	3 days	ALSG (UK)	blackwel@iafrica.com	Countrywide	United Kingdom
ATLS	Advanced Trauma Life Support	3 days	Trauma Society of SA	atls@saol.com	Countrywide	American College of Surgeons
EMSB	Emergency Management of Severe Burns	1 day	SA Burn Society	bbates@ich.uct.ac.za	Cape Town & Johannesburg	Australian & New Zealand Burn Association
BSSC	*Basic Surgical Skills Course*	3 days	College of Surgeons of SA	bfine@uctgsh1.uct.ac.za or parkesjs@medicine.wits.ac.za	Countrywide	College of Surgeons of England
FCOS	Fundamental Critical Care Support	2 days	Critical Care Society of SA	dfhannes@specphysician.co.za	Johannesburg & Durban	US Society of Critical Care Medicine
EMAP	*Emergency Management of Acute Poisonings*	2 days	Academy of Accident & Emergency Medicine	academy.aem@telkomsa.net	Durban	Local
ATM	*Advanced Trauma Management*	3 days	Academy of Accident & Emergency Medicine	academy.aem@telkomsa.net	Durban	Local
	Emergency Regional Anaesthesia	1 day	University of Cape Town/Stellenbosch	basil.bonner@mediclinic.co.za	Cape Town	Local
	Immobilization Techniques	1 day	University of Cape Town/Stellenbosch	croberts@pgwc.gov.za	Cape Town	Local
	Wound Management	1 day	University of Cape Town/Stellenbosch	tch@sun.ac.za	Cape Town	Local
	Disaster Medicine	5 days	University of Cape Town/Stellenbosch	wpsmith@pgwc.gov.za	Cape Town	Local
	Aviation Medicine/ Health Care Provider	5 days	University of Cape Town/Stellenbosch or University of the Witwatersrand	wpsmith@pgwc.gov.za or trauma@mwweb.co.za	Cape Town & Johannesburg	Local
	Diving and Submarine Medicine	2 weeks	Institute of Maritime Medicine	inarmed@cyberdale.co.za	Simonstown	Local