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2006 ANSWERSHEETS

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

Question 1-2: Type 2 diabetes: the emerging epidemic. Page 20

- Choose the incorrect statement**
 - The prevalence of diabetes was 2.8% in 2000 and will be 4.4% in 2030.
 - There are more women with diabetes than men.
 - From 2000 to 2030, the number of people with diabetes is expected to double in Sub-Saharan Africa.
 - The greatest prevalence was found in the Indian community in Durban and the elderly Coloured community in Cape Town.
 - The International Diabetes Federation predicts that the prevalence of diabetes in South Africa will increase to 4.9% by 2025.
- Is the following statement true or false?**
In 2002, 56.6% of South African women were overweight or obese.
 - True
 - False

Question 3-8: Optimal glucose control in type 2 diabetes. Page 22-29

- True or False**
The family physician is not the ideal person to monitor the progress of glycaemic control.
 - True
 - False
- Choose the incorrect statement**
 - The United Kingdom Prospective Diabetes Study (UKPDS) could not demonstrate a correlation between glucose control and the frequency of microvascular complications.
 - For each 1% increase in HbA1c, the risk of cardiovascular disease increases by 18%.
 - Pre-prandial blood glucose should be controlled at <8mmol/L, and post-prandial at <10mmol/L.
 - The South African national guidelines set optimal glycaemic control targets at 4 to 6 mmol/L, and 5 to 8 mmol/L 2 hours post-prandial.
 - The SA guidelines set optimal HbA1c as less than 7%.
- Choose the incorrect statement**
 - HbA1c is a reflection of blood glucose control during the preceding two to three months.
 - HbA1c should be tested four to six times a year.
 - The patient cannot manipulate a HbA1c result.
 - The HbA1c should always be correlated with the patient's self-monitoring of blood glucose (SMBG).
 - Discrepancies between HbA1c and SMBG frequently occur in patients who measure capillary blood glucose fewer than two times a day.
- Choose the incorrect statement**
 - Insulin should be started when the fasting blood glucose exceeds 2mmol/L.
 - Glibenclamide, gliclazide and glimeperide are sulfonylureas.
 - Meglitinides and sulfonylureas have no effect on lipids.
 - Metformin can cause a reduction in body weight.
 - Only the biguanides and sulfonylureas are listed in the essential drug list.
- True or false?**
In type 2 diabetic patients who require insulin, the usual starting dose is 0.5 to 1.0 U/mg per day.
 - True
 - False
- True or false?**
The basal bolus regimen entails achievement of glycaemic control by the administration of basal insulin with mealtime boluses.
 - True
 - False

Question 9-13: Prescribing insulin in type 1 diabetes mellitus. Page 30-36

- True or false?**
NPH insulins are rapidly absorbed after injection.
 - True
 - False

- Choose the incorrect statement**
 - Decreasing the HbA1c to <9% in patients with type 1 diabetes mellitus prevents or delays the onset of microvascular complications.
 - A period of good glycaemic control can reduce long-term macrovascular complications.
 - As the HbA1c decreases, the risk of hypoglycaemic episodes increases.
 - In initiating an insulin regimen, "start low and go slow".
 - Patients should check their blood glucose before every insulin injection.
- Choose the incorrect statement**
 - In the bi-daily regimen, a rapid-acting insulin and an intermediate to long-acting insulin are administered together.
 - The bi-daily regimen is given before breakfast and before supper.
 - In adults, the number of units of insulin needed per day for patients on the bi-daily regimen is 0.4 x body weight (kg).
 - 66% of the dose should be given before breakfast.
 - The bi-daily regimen is suitable for patients who are less motivated.
- Choose the incorrect statement**
 - The three-times-a-day regimen entails giving the rapid-acting component before supper, and the intermediate to long-acting component before bedtime.
 - This regimen is useful in children.
 - The dawn phenomenon refers to hyperglycaemia prior to awakening.
 - In the three-times-a-day regimen, if premixed insulin is being used, this should be given 1 hour before breakfast.
 - The intermediate/long-acting insulin should be given between 21h00 and 22h00.
- True or false?**
With an insulin infusion pump, patients receive a continuous basal level of insulin and a bolus after every meal.
 - True
 - False

Question 14-16: Hypertensive diabetics. Page 38-40

- True or False**
The prevalence of hypertension in diabetics is about two times higher than in the general population.
 - True
 - False
- Choose the incorrect statement**
 - In the UKPDS study, each 15mmHg decrease in mean systolic blood pressure was associated with a risk reduction of 10% of deaths.
 - Multi-drug therapy is needed to achieve the set goal of <130/80mmHg.
 - ACE inhibitors and ARBs reduce the progression to end-stage renal disease.
 - Major cardiovascular events are reduced by regimens based on ACE inhibitors, calcium antagonists, ARBs and diuretic beta blocker combinations.
 - People with elevated blood pressure are 2.5 times more likely to develop diabetes mellitus within 5 years than those with normal blood pressure.
- Choose the incorrect statement**
 - Insulin resistance, type 2 diabetes mellitus, obesity and hypertension are common in the same patient.
 - Metformin reduces cardiovascular risk in type 2 diabetes mellitus.
 - British guidelines suggest a reduction of <6mmol/L in type 2 patients using a statin.
 - The vast majority of type 2 diabetics should receive a statin.
 - Diabetics have similar cardiovascular risk reductions than non-diabetics when using a statin.

Question 17-20: Dyslipidaemia in diabetics. Page 42-47

- Choose the incorrect statement**
 - Macrovascular disease accounts for at least 70% of all mortality in diabetic patients.
 - Women with diabetes have four times the incidence of coronary artery disease (CAD) when compared with non-diabetics.
 - Myocardial infarction and stroke are more extensive in diabetics.
 - Up to 55% of patients with type 2 diabetes have pre-existing CAD at the time of diagnosis.
 - Dyslipidaemia is common in diabetic patients.
- True or false?**
Patients who develop diabetic renal disease have higher blood pressure, higher total cholesterol and higher HDL levels.
 - True
 - False
- Choose the incorrect statement**
 - Inappropriate diet is the major contributor to dyslipidaemia in diabetes.
 - The recommended diabetic diet should consist of 50-60% carbohydrates, 10-20% protein and <30% total fat.
 - Sulphonylureas, biguanides and glitazones have only limited effects on serum lipids.
 - In the UKPDS, total cholesterol was found to be the most important risk factor for CAD.
 - Bile acid sequestrants should be avoided in diabetic dyslipidaemia.
- Choose the incorrect statement**
 - Statins consistently lower total and LDL cholesterol by 15 to 65% without interfering with diabetic control.
 - Lipids should receive as much attention as glucose and blood pressure in diabetics.
 - Fibrates elevate HDL cholesterol by 10 to 15%.
 - Statins seem to offer a greater cardiovascular benefit than fibrates to the diabetic.
 - Fibrates should be restricted to patients with moderate to severe hypertriglyceridaemia, provided the LDL goal of 7.5mmol/L is achieved.