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Please note this is a FREE service to members of the SA Academy of Family Practice/Primary Care and subscribers to the journal only.

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

True or False				
Que	stion 1-4: Premenstrual syndromes: Page 20-24			
		True	False	
1.	Premenstrual dysphoric disorder is more common than premenstrual syndrome.			
2.	Lithium and tricyclic anti-depressants are not effective for premenstrual syndrome or premenstrual dysphoric disorder.			
3.	Progestogen drosperidone formulations proved to be effective in alleviating premenstrual symptoms.			
4.	GnRH analogues will simulate the response of a hysterectomy and oophorectomy.			
Que	stion 5-10: Diagnosis and management of endometriosis: Page 26-32			
5.	Patients with endometriosis seem to have poor ovarian function with low oocyte and embrio quality.			
6.	Endometriosis patients have a 50% pregnancy rate if compared to patients without endometriosis.			
7.	CA 125 can be used as a diagnostic marker for endometriosis.			
8.	There are no clinical diagnostic criteria for endometriosis.			
	Oral contraceptive pills and medroxyprogestrone acetate can be used as empiric medical management.			
10.	Postmenopausal women may develop endometriosis if they use hormone therapy.			
Que	stion 11-17: Infertility: Page 30-35			
11.	Male factors, ovarian dysfunction and tubal factors account equally for the majority of infertility cases.			
12.	Testicular failure or primary hypogonadism is the most common identifiable male factor in infertility.			
13.	Low levels of FSH and testosterone suggest primary hypogonadism.			
14.	Premenstrual symptoms, mittelschmerz and cycle lengths of 22-35 days are signs of ovulatory cycles.			
15.	Repair of a varicocele improves conception.			
	Insulin sensitizing agents have been shown to increase ovulation and pregnancy rates even in PCOS patients.			
17.	Hyperproloctinaemia may be treated with anti-dopaminergic agents.			
Que	stion 18-20: Mild or episodic asthma in children.			
18.	Wheezing infants may benefit from beta-2-agonist nebulisations.			
19.	Chronic chest symptoms should not be treated with regular courses of antibiotics unless an asthma diagnosis has been excluded.			
20.	Montelukast reduced the asthma exacerbation rate in children aged 2-5 years with episodic asthma.			

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39

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