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## 2007 ANSWER SHEETS

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

True or False		
Question 1-6: Anxiety in family practice: Page 20		
	True	False
1. There is no time criterion for post-traumatic stress disorder.		
2. General Anxiety Disorder is characterised by excessive anxiety and concern for at least six months accompanied certain psychological and physical symptoms of autonomic arousal.		
3. Lower dosages of SSRIs, than used for the treatment of Major Depressive Disorders, are efficacious for treating anxiety disorders.		
4. Alprazolam and clonazepam are effective for relieving panic attacks.		
5. Benzodiazepines may be used in addition to SSRIs for rapid initial control of anxiety attacks.		
6. Cognitive-behavioural therapy (CBT) is the only reliable treatment for Specific Phobia and Agoraphobia Without a History of Panic Attack.		
Question 7-10: Nightmares and sleep terrors: Page 26		
7. Children with sleep terrors have a clear recollection of the episode or dream.		
8. Nightmares often occur in the first third to half of sleep period.		
9. Scheduled awakenings 15-30 minutes before an expected episode of sleep terrors or nightmares may be a promising intervention.	-	
10. Pharmacological interventions for the treatment of chronic nightmares or sleep terrors should always be accompanied by behavioural therapy.	-	
Question 11-13: Chilblains: Page 28		
11. Patients with chilblains may have residual postinflammatory hyperpigmentation after an acute episode has resolved.	-	
12. Nifedipine can prevent perniosis and speed-up resolution.		
13. Lupus pernio is related to perniosis and lupus erythematosus.		
Question 14-16: Stress in family practice: Page 30		
14. Stress is primarily the result of one's perception of risk factors in the environment, one's assessment of whether one will be able to meet the challenges or whether one will be overwhelmed by them.		
15. Stress has an effect on blood pressure, skin conditions and gastric ulcers.		
16. Stress increases cortisol and adrenaline levels.		
Question 17-20: Female urinary incontinence: Page 34		
17. Drug therapy is the mainstay of therapy for stress urinary incontinence.		
18. Microscopic haematuria in women older than 50 years warrants referral.		
19. Oxybutynin and tolterodine are firstline therapies for overactive bladder.		
20. Conservative treatment should first be tried before expensive investigations like ambulatory urodynamics or video-urodynamics are undergone.		

Surname	Initials	MP Number
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