

# CPD@SA Family Practice

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## 2007 ANSWER SHEETS

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- Simply click on the "CPD" icon below the journal masthead. You will be directed to the CPD questionnaire on the www.ecpdsa.co.za website.
- Click on the SA Family Practice Volume 49(7) August 2007 activity listed on the "Choose a CPD activity" page.
- You will be prompted to login on the ecpdsa website. Click on "Register" on the top menu bar if you have not registered on ecpdsa before, or simply Log In.
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- If you experience any problems, kindly contact Léhane at Tel: (021) 975 4684, Fax: 086 500 4974, or Email: cpd@ecpdsa.co.za
- If you return the completed CPD answer sheet by fax or email your answers will be entered on the www.ecpdsa.co.za website. If successful, your CPD certificate will be available on ecpdsa, or returned to you on request.

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		
Question 1-10: Pain management in primary care: Page		
	True	False
1. The biomedical approach to pain regards pain as warning signal of tissue injury that is curable with a surgical intervention.		
2. Chronic pain is a signal of ongoing or impending tissue damage.		
3. Brief intervals of untreated acute pain cannot induce long-term neural remodelling or central sensitization.		
4. Idiopathic pain disorders such as irritable bowel syndrome and fibromyalgia may be explained by abnormal processing of non-painful stimuli by a sensitized central nervous system.		
5. Chronic pain usually lasts longer than six months.		
6. A cause and cure for chronic pain must be found.		
7. The outcome of pain is often determined by what the doctor, therapist and patient expect.		
8. The long-term use of polycomponent codeine combinations is recommended in chronic pain.		
9. Long-acting analgesics administered on a regular basis are preferred for continuous analgesia.		
10. SSRI's are more effective than tricyclic antidepressants in treating pain.		
Question 11-13: Non-contraceptive effects of hormonal contraception: Page		
11. Hirsutism is unlikely to reduce with COCP therapy.		
12. GnRH was more effective than COCP's in reducing deep dyspareunia in patients with endometriosis.		
13. Ovarian and endometrial cancer is increased by COCP use.		
Question 14-17: Paediatric vaginal discharge:		
14. A bloody mucoid vaginal discharge during the first two weeks of life is mostly physiological due to the oestrogenisation of the genital tract.		
15. A milky-white or clear-mucoid vaginal discharge at the onset of puberty is a normal physiological leukorrhoea.		
16. Herpes genitalis, candida in the prepubertal girl and bacterial infections with the gonococcus, Trichomonas vaginalis and Chlamydia trachomatis should alert the practitioner to the possibility of sexual abuse.		
17. Recurrent candida infections should alert the practitioner to juvenile onset diabetes and immunosuppression.		
Question 18-20: Patchy, non-scarring hair loss: Page		
18. Alopecia areata in a bandlike pattern over the periphery of the scalp (ophiasis) has a bad prognosis.		
19. Trichotillomania is often associated with nail pitting.		
20. Chronic inflammation leading to lymphadenopathy may result from traction folliculitis.		

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