

CPD QUESTIONNAIRE

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Five CPD points are awarded for the correct completion and submission of the questions below.

CPD questionnaires must be completed online via www.cpdjournals.co.za. After submission, you can check the answers and print your certificate.

This programme is available free of charge to members of the SA HIV Clinicians Society and SAMA only.

TRUE (A) or FALSE (B) - click on the correct answer:

Regarding the urinary tract manifestations of varicella zoster virus

1. The mechanism through which varicella zoster virus causes urinary retention is almost always related to pain of genital

Regarding tuberculosis (TB) prevention in pregnant women

- 2. The sensitivity of typical TB symptoms (e.g. weight loss) in diagnosing TB in HIV-infected pregnant women is similar to other HIV-infected adults.
- 3. Isoniazid is not known to be teratogenic.

Regarding HIV in homeless populations in South Africa

4. In settings of low HIV prevalence, homelessness is a wellestablished socioeconomic risk factor for HIV infection.

Regarding cutaneous reactions to cotrimoxazole

5. Acute generalised exanthematous pustulosis is the second most common cutaneous adverse drug reaction caused by Bactrim.

Regarding immunological responses after ART initiation

- 6. Less than 5% of individuals initiating ART will have poor immunological responses as measured by CD4 cell count.
- 7. Poor immunological responses on ART occur more commonly in older adult patients.

Regarding self-testing for HIV infection

8. Although self-testing kits are available from chemists, there is, as yet, no FDA-approved testing kit.

Regarding resistance testing in HIV infection

- 9. According to the new South African ART resistance testing guidelines, all infants newly diagnosed with HIV infection should have HIV genotyping, with particular concern related to non-nucleoside reverse transcriptase inhibitor (NNRTI)-resistant mutations.
- 10. According to the new South African ART resistance testing guidelines, all adults newly diagnosed with HIV infection should have HIV genotyping, with particular concern related to protease inhibitor (PI)-resistant mutations.

- 11. In any patient on first-line therapy with first-time detectable viraemia (>1 000 copies/ml), non-adherence is the most likely explanation, and intensive adherence counselling and support are required before repeating viral load testing.
- 12. In adults, resistance testing is recommended for any patient failing first-line therapy; the nucleoside reverse transcriptase inhibitor (NRTI) of greatest interest here is lamivudine (3TC).
- 13. Genotypic testing is required following any treatment interruption before re-starting therapy.
- 14. Failure to achieve viral suppression on a PI-containing regimen is almost always due to resistance.

Regarding the prescribing of psychotropic medication in individuals on ART

- 15. Although not commonplace, several NRTIs can have central nervous systems manifestations that warrant consideration in patients with known mental illness.
- 16. After excluding organic causes and delirium, HIV-infected adults who require antipsychotics should ideally be started on haloperidol, as extrapyramidal side-effects are less common in HIV-infected patients than in uninfected patients.
- 17. Promethazine and amitriptyline are suitable choices for patients on ART who report sleep disturbances.
- 18. Commonly used antipsychotic medications (such as haloperidol) do not interact with most antiretroviral drugs.
- 19. Commonly used mood-stabilising medications, such as carbamazepine and valproate, do not typically interact with most antiretroviral drugs.

Regarding nevirapine toxicity in pregnancy

20. In the context of pregnancy, nevirapine toxicity occurs more commonly at low CD4 cell counts.

INSTRUCTIONS

- 1. Read the journal. All the answers will be found there.
- 2. Go to www.cpdjournals.co.za to answer the questions.

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