

# CPD QUESTIONNAIRE

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**A maximum of 3 CEUs will be awarded per correctly completed test.**

Effective in 2014, the CPD programme for *SAJHIVMED* will be administered by Medical Practice Consulting: CPD questionnaires must be completed online at [www.mpconsulting.co.za](http://www.mpconsulting.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 or false:

#### Regarding consent of minors to health research:

1. Usually, health research involving children only requires parental consent for children <12 years of age.
2. New national health legislation calls for written parental consent for all minors before participating in HIV-related health research, thus making research into marginalised groups or illegal behaviours unusually difficult.

#### Regarding cerebrospinal fluid (CSF) findings in patients with meningitis:

3. Cryptococcal meningitis accounts for more than half of premature mortality in HIV-infected individuals.
4. Confusion on initial presentation may be a significant predictor of an abnormal CSF analysis result.
5. Coagulopathies are uncommon in HIV-infected individuals, thus checking platelets and international normalised ratio before lumbar puncture is not usually recommended.

#### Regarding antiretroviral therapy (ART) use in pregnancy:

6. The integration of ART services into antenatal care will always decrease the time to ART initiation during pregnancy, and increase the proportion of pregnant women initiated on ART.
7. The greatest risk of mother-to-child transmission is in HIV-infected women with low CD4<sup>+</sup> counts, who are eligible for lifelong ART.
8. The updated prevention of mother-to-child transmission (PMTCT) guidelines recommend starting all HIV-infected pregnant women on a triple-drug antiretroviral regimen at their first antenatal visit.

#### Regarding shedding of HIV in the female genital tract:

9. Ability to detect HIV in genital secretions is associated with higher plasma HIV viral loads.

10. Women on ART for extended periods of time are likely to have lower plasma viral loads but higher viral loads in genital tract secretions.

#### Regarding Stevens-Johnson syndrome:

11. Stevens-Johnson syndrome (SJS) is different from toxic epidermal necrolysis (TEN) mainly in that SJS covers more body surface area than TEN.
12. An immunological response involving CD8<sup>+</sup> T lymphocytes is the most likely explanation for the pathogenesis of SJS/TEN.
13. Sulphonamides and nevirapine are the drugs most commonly implicated in the comorbidity of SJS/TEN and HIV in sub-Saharan Africa.

#### Regarding needlestick injuries among hospitalised patients:

14. More than 10% of patients suffer some form of harm during hospital care.
15. Needlestick injury between patients is a well-documented form of iatrogenic injury.
16. Health systems factors, such as overcrowding, are important preventable risk factors for needlestick injuries.

#### Regarding optic neuropathy in HIV:

17. Among antituberculous agents, rifampicin is most widely known to cause optic neuropathies.
18. Optic neuropathy in HIV-infected patients usually results from hereditary conditions that are exacerbated by antiretroviral drugs.
19. Leber's hereditary optic neuropathy (LHON) can be triggered by nucleoside reverse transcriptase inhibitors in HIV-infected patients who harbour the LHON mutations.
20. Individuals with the mutation for LHON display a number of preceding symptoms that culminate in visual loss.

### INSTRUCTIONS

1. Read the journal. All the answers will be found there.
2. Go to [www.mpconsulting.co.za](http://www.mpconsulting.co.za) to answer the questions.

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