

CPD QUESTIONS

Journal 35

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

CPD questionnaires must be completed online via www.cpdjournals.org.za.

After submission you can check the answers and print your certificate.

Questions may be answered up to 6 months after publication of each issue.

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

1. True (A) or false (B) – click on the correct answer:
Intrusive recollections, avoidance/numbing, and hyperarousal are significant symptoms in post-traumatic stress disorder (PTSD).
2. True (A) or false (B) – click on the correct answer:
Benzodiazepines are important first-line agents in the management of PTSD.
3. True (A) or false (B) – click on the correct answer:
Efavirenz is the most commonly implicated antiretroviral causing drug-induced psychosis in HIV, and this usually manifests early after drug initiation.
4. True (A) or false (B) – click on the correct answer:
In an HIV-infected individual, a diagnosis of delirium generally does not require further work-up.
5. True (A) or false (B) – click on the correct answer:
In an HIV-infected individual presenting with an acute psychotic episode, the possibility of an underlying primary psychiatric disorder (that is unrelated to HIV infection) warrants consideration.
6. True (A) or false (B) – click on the correct answer:
HIV-associated psychosis always requires a lumbar puncture and computed tomography scan of the brain as part of routine work-up.
7. True (A) or false (B) – click on the correct answer:
Haloperidol (starting dose 0.5 - 2.5 mg/day) is commonly used in the management of HIV psychosis.
8. True (A) or false (B) – click on the correct answer:
HIV crosses the blood-brain barrier during acute infection and infects neurons only.
9. True (A) or false (B) – click on the correct answer:
HIV-associated dementia typically involves the basal ganglia (i.e. is a subcortical dementia), and is therefore more likely to present with motor deficits compared with Alzheimer's dementia (a cortical dementia).
10. True (A) or false (B) – click on the correct answer:
HIV may lead to subtle but measurable deficits in neurocognitive function that occur early in the course of HIV disease in otherwise asymptomatic patients.
11. True (A) or false (B) – click on the correct answer:
Antiretroviral therapy is not an effective treatment for HIV-associated dementia.
12. True (A) or false (B) – click on the correct answer:
The HIV dementia scale has a low sensitivity in detecting HIV-associated dementia.
13. True (A) or false (B) – click on the correct answer:
Depression is more common in HIV-infected individuals than in those without HIV/AIDS.
14. True (A) or false (B) – click on the correct answer:
Insomnia and wide-ranging somatic complaints in the absence of a low mood are rare presentations of depression.
15. True (A) or false (B) – click on the correct answer:
A clinician with special psychiatric training is required to diagnose and treat depression in an HIV-infected patient at primary care level.
16. True (A) or false (B) – click on the correct answer:
In a patient on antiretroviral therapy with poor adherence who is diagnosed with depression, effective treatment of the depression may improve treatment adherence.
17. True (A) or false (B) – click on the correct answer:
Screening for suicidality is important in HIV primary care.
18. True (A) or false (B) – click on the correct answer:
A 6-week course of selective serotonin reuptake inhibitors (SSRIs) should be adequate to treat most depressive episodes.
19. True (A) or false (B) – click on the correct answer:
Fluoxetine is safe and effective for treatment of depression in HIV infection, but the potential for drug-drug interactions requires consideration.
20. True (A) or false (B) – click on the correct answer:
Lithium is generally a better choice than valproate as a mood stabiliser for HIV-infected individuals with bipolar mood disorders as it has a safer therapeutic index.