

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

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

TRUE or FALSE:

Tailoring of adult antiretroviral therapy (ART)

1. Studies show that HIV-positive people who are receiving treatment and have suppressed viral loads are unlikely to transmit the virus to HIV-negative sexual partners.
2. The optimal CD4⁺ threshold to initiate treatment to maximise clinical benefits is widely known to be 500 cells/ μ l.

Management of mental health disorders and central nervous system (CNS) sequelae in HIV-positive children and adolescents

3. HIV-positive children and adolescents are at increased risk of both CNS sequelae and mental disorders.
4. HIV-positive children who begin ART in infancy are at increased risk of CNS sequelae compared with untreated perinatally HIV-infected children.
5. The most common primary HIV-related CNS complication in children is HIV encephalopathy.

Expression of DC-SIGN and DC-SIGNRs in the placentas of HIV-positive women

6. Without any form of ART or prophylaxis, most vertical transmission of HIV occurs via the virus crossing the placenta.
7. Both DC-SIGN and DC-SIGNR expression were higher in placentas from HIV-positive mothers compared with HIV-negative cases.
8. Perinatally HIV-infected children present with high rates of mental disorders that exceed population norms and rates observed in other chronically ill children.

Management of patients presenting with diarrhoea

9. In South Africa (SA), diarrhoea is a common presentation to the emergency department only among HIV-infected individuals.
10. HIV infection is not considered in the acute diarrhoea guidelines; only as an opportunistic infection that causes chronic diarrhoea.

11. Patients prescribed antibiotics for diarrhoea unrelated to severity of disease or possibility of being admitted are put at risk of both undertreated infection and the development of a resistant organism.

Management of cryptococcal meningitis (CM) in adults

12. CM is relatively uncommon among HIV-infected individuals in SA.
13. Headaches, unexplained fever, nausea, vomiting, neck stiffness, confusion, seizures, abnormal behaviour, new onset of psychiatric symptoms, altered level of consciousness, focal neurological signs, diplopia, unexplained blindness and sometimes coma are some of the ways in which CM may present in HIV-positive patients.
14. Despite the availability of highly active antiretroviral therapy (HAART), the mortality from CM has not decreased significantly from the pre-HAART era.

Steps towards elimination of mother-to-child transmission

15. There have been only minor improvements to the SA prevention of mother-to-child transmission (PMTCT) programme over the last decade.
16. An SA PMTCT evaluation study has showed a high uptake of PMTCT services nationally.
17. Routine birth polymerase chain reaction testing for high-risk infants would allow for early detection of infants infected with HIV and rapid initiation of ART.

Value of lymph node biopsy to detect Castleman's disease

18. A diagnosis of Castleman's disease can be made on clinical findings alone.
19. Multicentric Castleman's disease (MCD) is a rare, aggressive lymphoproliferative disorder with an increased prevalence in people living with HIV.
20. Modality of treatment of MCD is strongly guided by clinical classification, in particular whether a patient has uni- or multicentric disease.

INSTRUCTIONS

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

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