

CPD QUESTIONS

Journal 36

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:
The new SA HIV Clinicians Society Guidelines state that all infants under 2 years of age should start antiretroviral therapy (ART) irrespective of their CD4 count or clinical stage.
2. True (A) or false (B) – click on the correct answer:
The Guidelines state that all infants under 1 year of age should start ART irrespective of their CD4 count or clinical stage.
3. True (A) or false (B) – click on the correct answer:
The Guidelines state that tenofovir + FTC or 3TC is the ideal NRTI backbone for children.
4. True (A) or false (B) – click on the correct answer:
The Guidelines state that abacavir + 3TC is the ideal NRTI backbone for children.
5. True (A) or false (B) – click on the correct answer:
With regard to lipodystrophy, efavirenz has been implicated in lipomastia (fat deposited in the breasts).
6. True (A) or false (B) – click on the correct answer:
Breast enlargement typically resolves without changing the regimen.
7. True (A) or false (B) – click on the correct answer:
Lipo-atrophy of the face typically resolves without changing the regimen.
8. True (A) or false (B) – click on the correct answer:
It is only necessary to substitute another agent for the offending agent when the lipo-atrophy is severe.
9. True (A) or false (B) – click on the correct answer:
The commonest agent implicated in lipo-atrophy is stavudine (d4T).
10. True (A) or false (B) – click on the correct answer:
With regard to changing ART in children, the regimen should be changed when the viral load returns to baseline.
11. True (A) or false (B) – click on the correct answer:
An isolated viral load of 600 is called a blip and is a sign that the regimen must be changed.
12. True (A) or false (B) – click on the correct answer:
Do not change therapy until adherence issues have been resolved.
13. True (A) or false (B) – click on the correct answer:
3TC monotherapy should only be used as a temporary measure in a patient with a good CD4 level who has failed 3TC previously.
14. True (A) or false (B) – click on the correct answer:
The M185E mutation is the classic 3TC resistance mutation.
15. True (A) or false (B) – click on the correct answer:
With regard to the abacavir hypersensitivity reaction (HSR), HLA-B*5701 is common in black Africans.
16. True (A) or false (B) – click on the correct answer:
Trimethoprim-sulfamethoxazole, nevirapine and efavirenz may cause a very similar HSR.
17. True (A) or false (B) – click on the correct answer:
Only 50% of patients experience the HSR within 6 weeks after starting abacavir.
18. True (A) or false (B) – click on the correct answer:
Fever is the most common manifestation of ABC HSR, occurring in 80% of cases.
19. True (A) or false (B) – click on the correct answer:
Isolated gastro-intestinal symptoms such as nausea, vomiting, diarrhoea and abdominal pain may be a feature of ABC HSR, and ABC should be discontinued promptly if they occur.
20. With regard to immune reconstitution inflammatory syndrome (IRIS) in children, state which one of the following is TRUE:
 - a) The most common cause of IRIS in infants in South Africa is tuberculosis.
 - b) One of the differentials for paradoxical TB IRIS is resistant TB.
 - c) BCG is never resistant to pyrazinamide (PZA).
 - d) Kaposi's sarcoma does not present as an IRIS in children because it is a malignancy and not an infection.
 - e) Steroids should be used in all cases of IRIS.