

The CPD programme for SAMJ is administered by Medical Practice Consulting.
CPD questionnaires must be completed online at www.mpconsulting.co.za.

True (A) or false (B):

SAMJ

Cystic fibrosis (CF) in South Africa (SA): A changing diagnostic paradigm

1. In countries in which CF research has been well established and where cystic fibrosis registries and/or newborn screening programmes exist, median survival rates for patients with CF have increased steadily year on year.
2. Early detection of CF has repeatedly been shown to be of benefit to patients and public healthcare systems.

Oral anticoagulants and atrial fibrillation: An SA perspective

3. Anticoagulants are categorised into two large subgroups: those affecting the rapidly flowing arterial systems and those affecting the slower-moving venous systems.
4. Drugs targeting arterial thrombi include the antiplatelet drugs (aspirin, clopidogrel, abciximab, eptifibatid and tirofiban) and the fibrinolytics (streptokinase and alteplase).
5. Two to three doses of warfarin are necessary for the international normalised ratio to reach the therapeutic range.

Congenital disorders (CDs) in SA: A review of Child Healthcare Problem Identification Programme (Child PIP) mortality data, 2005 - 2017

6. The overall mortality burden of CDs in SA is 3.2%.
7. Although 30% of child deaths from severe CDs in the first year of life cannot be prevented, 40% can be cured (mainly surgically).

The presentation, management and outcomes of Fournier's gangrene at a tertiary urology referral centre in SA

8. Fournier's gangrene has a mortality rate of up to 30%.
9. Fournier's gangrene rarely occurs in immunocompromised patients.
10. Fournier's gangrene is most commonly caused by polymicrobial infection of aerobes and anaerobes.

CME

Asthma treatment in children: A pragmatic approach

11. Asthma severity can be measured, once asthma control is achieved, by the step of care (i.e. the amount of medication) required to maintain control.
12. Short-acting xanthines are *not* recommended in the maintenance treatment of asthma.
13. Inhaled corticosteroids are the most effective controller therapy for asthma.
14. Long-acting beta₂-agonists should *only* be used in combination with an inhaled corticosteroid.
15. For children <5 years of age, oral corticosteroids are only recommended in exacerbations that require hospitalisation.

Looking beyond the magic bullet: Novel asthma drugs or education, which works better?

16. Severe asthma comprises <5% of children with asthma, but accounts for the highest health resource consumption.
17. Allergen immunotherapy is currently recommended in SA.
18. Tiotropium bromide is a novel asthma molecule currently recommended in SA *only* for children aged ≥12 years.
19. Antihistamines have no benefit for asthma symptom control.
20. The following are of no benefit in the treatment of childhood asthma: antibiotics, cough syrups, mucolytics, ionisers and breathing exercises.

Readers please note: Articles may appear in summary/abstract form in the print edition of the Journal, with the full article available online at www.samj.org.za

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

INSTRUCTIONS

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

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