

The CPD programme for *SAMJ* is administered by Medical Practice Consulting. CPD questionnaires must be completed online at [www.mpconsulting.co.za](http://www.mpconsulting.co.za).

**True (A) or false (B):**

*SAMJ*

**Ending preventable child deaths in South Africa (SA): What role can ward-based outreach teams play?**

1. HIV/AIDS is no longer the leading cause of under-5 mortality in SA.
2. Lower respiratory tract infections and diarrhoea were recently found to be the most common causes of sudden unexpected natural deaths among children aged <5 years in Cape Town and Durban.

**Analysing 5 years of metropolitan morbidity and mortality conferences in an SA trauma service identifies common errors and morbidities, which need to be specifically targeted by quality improvement interventions**

3. Self-reporting of morbidity is generally believed to result in a significant underestimation of morbidity.

**Risk factors and outcomes of contrast-induced nephropathy in hospitalised South Africans**

4. Iatrogenic contrast-induced nephropathy ranks third as a cause of hospital-acquired acute kidney injury.
5. Contrast-induced nephropathy was defined as an increase in serum creatinine of >25% or an absolute increase of >44 µmol/L from baseline 48 - 72 hours after exposure to contrast media.

**Major decline in malaria morbidity and mortality in the Union of Comoros between 2010 and 2014: The effect of a combination of prevention and control measures**

6. Malaria accounted for 163 million cases and 528 000 deaths in sub-Saharan Africa in 2013.

**Measles outbreak reveals measles susceptibility among adults in Namibia, 2009 - 2011**

7. The World Health Organization African Region has a goal of elimination of measles in the area by 2020.
8. Seven African countries have implemented an accelerated measles control strategy since 1996.

**How long are elderly breast cancer patients followed up with a mammogram after the diagnosis of breast cancer? A single-centre experience in a developing country (online only)**

9. Increasing age is the largest single risk factor for the development of breast cancer.
10. Women have an overall lifetime risk of developing breast cancer of 1 in 35.

**CME**

**Adolescence: The age of Proteus**

11. Adolescents make up more than a quarter of the world's population.
12. Children born to women aged <19 and >35 years may have increased adult fasting glucose concentrations.
13. There is no need to screen adolescents for non-communicable diseases.
14. Abdominal ultrasound measurement for subcutaneous and visceral fat determination is useful for establishing overweight and obesity.
15. There is emerging evidence that exposure to various challenges during fetal life, especially environmental and nutritional factors, but probably also infection and other factors, is associated with later-life health outcomes.

**A weighty matter: The identification and management of overweight and obesity in adolescents**

16. Cardiometabolic abnormalities are common in overweight and obese adolescents.
17. The body mass index is a good proxy for adiposity in adolescents.
18. It is not necessary to screen regularly for cardiometabolic abnormalities in overweight adolescents.
19. Intervention in obesity in adolescents is necessary, even in the absence of comorbidities.
20. It is highly likely that an obese adolescent will become an obese adult.

**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](http://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](http://www.mpconsulting.co.za) to answer the questions.

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