

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

Sustained reduction in antibiotic consumption in a South African (SA) public sector hospital: Four-year outcomes from the Groote Schuur Hospital antibiotic stewardship programme

1. The main driver of antibiotic resistance is overuse and misuse of antibiotics.
2. An alarming increase in rates of extended-spectrum beta-lactamase-producing Gram-negative bacteria and carbapenem-resistant Enterobacteriaceae has been reported from every province.

Antibiotic prescription patterns of SA general medical practitioners for treatment of acute bronchitis

3. The SA standard treatment guidelines and essential medicines list for the primary healthcare level recommend that antibiotics should not be considered in patients with HIV.
4. Broad-spectrum macrolides are increasingly being prescribed for acute bronchitis, and this is not an appropriate choice considering both international and local recommendations.

Adenovirus-associated pneumonia in SA children: Presentation, clinical course and outcome

5. Respiratory syncytial virus is the leading viral cause of pneumonia in high- and low-income countries.
6. Effective immunisation programmes have resulted in a decline in the incidence of viral-associated pneumonia.

The influence of HIV infection on the age dependence of squamous cell carcinoma (SCC) of the skin in SA

7. The decrease in efficacy of the immune system with ageing and multiple genetic changes acquired during ageing may contribute to the age-related increase in cancer incidence.
8. The difference in prevalence of HIV infection between population groups could explain the difference in the age at which each population group presented with SCC of the skin.

The spectrum of gastric cancer (GC) as seen in a large quaternary hospital in KwaZulu-Natal, SA

9. The mixed-race population of the Western Cape Province is known to have a high incidence of GC.
10. GC is the fifth most common visceral malignancy in the world, and the third-highest cause of cancer-related death.

CME

Anaemia: Approach to diagnosis (part 2)

11. Causes of anaemia are divided into central (decreased bone marrow production or output of red cells) and peripheral (loss or destruction of red cells by various means).
12. Central and peripheral causes of anaemia never overlap.
13. The lifespan of a normal red cell is 100 - 120 days.
14. The red cell membrane cannot be filtered through the kidney.
15. Intravascular and extravascular haemolysis can coexist.
16. The most sensitive laboratory indicator of haemolysis is a decreased haptoglobin level.
17. Inherited varieties of haemolysis generally present during early childhood.
18. Hereditary spherocytosis, which presents with the classic triad of anaemia, jaundice and splenomegaly, is the least common of the red cell membrane disorders.
19. Fragmentation haemolytic anaemias occur as a result of disturbances of blood flow, either in large (macroangiopathic haemolysis) or small (microangiopathic haemolysis) blood vessels.
20. Microangiopathic haemolysis is caused by small-vessel obstruction by microthrombi, the distribution of which determines the organ system predominantly involved by each entity.

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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