

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**

**Tuberous sclerosis complex in the Western Cape, South Africa (SA):  
The clinical presentation features**

1. Referral of children with tuberous sclerosis complex to neurology services was typically because of recurrent seizures.
2. Hypomelanocytic macules may be present at birth.

**Contraception coverage and methods used among women in SA:  
A national household survey**

3. Two-thirds of the women in this study had an unintended pregnancy in the past 5 years, a quarter of which were due to contraceptive failure.
4. The rise in the number of terminations of pregnancy in SA among all age groups suggests that substantial deficiencies remain in accessing family planning services.

**Wound infection secondary to snakebite**

5. Most snakebite victims present to hospital with painful progressive swelling as the main symptom.
6. Envenomation syndromes, including life-threatening coagulopathy, muscle weakness and respiratory paralysis, are common.

**Available data sources for monitoring non-communicable  
diseases and their risk factors in SA**

7. Non-communicable diseases (NCDs) are now the largest cause of premature mortality owing to exposure to risk factors arising from obesity that include physical inactivity and accessible, cheap but unhealthy diets.
8. In SA, health information systems for major infectious diseases function relatively better than those for NCDs.

**Problematic alcohol and other substance use among patients  
presenting to emergency services in SA: Who is ready for change?**

9. Older patients, aged 25 - 39 years, were more likely to accept an offer of help with problematic alcohol use than younger people.
10. Patients with problematic alcohol use alone were less likely to accept an offer of help than patients with polysubstance abuse.

**CME**

**Energy poverty, shack fires and childhood burns**

11. Energy poverty is a key driver of burn injury in SA.
12. High burn mortality occurs in the first 3 years of a child's life and again in adolescence.
13. Flame burn injuries are associated with paraffin stoves, wood and candles, while liquid and food burns are associated with electricity.
14. Non-pressure paraffin stoves are the main cause of fires and burn injuries in SA.
15. The SA Bureau of Standards-approved stove design incorporating self-extinguishing mechanisms is safe and effective in prolonged use.

**Promote buckling up and save a child's life**

16. In road traffic crashes, passenger injuries are the most lethal after pedestrian injuries.
17. Up to 40% of children presenting to Red Cross War Memorial Children's Hospital with road traffic crash injuries do not need admission.
18. Seat belts were originally designed to keep pilots inside their gliders.
19. SA introduced seat belt legislation in 1973 and updated it in the National Road Traffic Act No. 93 of 1996.
20. The rate of use of appropriate child restraints in motor vehicles in SA has been found to be as low as 10%.

**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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