

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

The association between preterm labour, perinatal mortality and infant death (during the first year) in Bishop Lavis, Cape Town, South Africa (SA)

1. The true incidence of mid-trimester miscarriage is unknown.
2. In sub-Saharan Africa, it is estimated that 51% of stillbirths occur during labour.

Factors related to hospital readmissions in people with spinal cord injury in SA

3. The least common secondary health conditions responsible for readmission after spinal injury are skin, genitourinary and respiratory complications.
4. In this study, patients with paraplegia, particularly at a neurological level of injury of T1 - T6, and those with an incomplete injury had greater odds of readmission than their counterparts.

Mortality among older patients admitted to the medical wards of Groote Schuur Hospital, Cape Town, SA, 2010 - 2013

5. The determinants of mortality in older persons are numerous and can be grouped as non-modifiable or modifiable factors.
6. Older patients have increased susceptibility to iatrogenic conditions and nosocomial as well as other infections.
7. People aged ≥ 60 years represent 8% of the total population of SA.

Four-year review of admissions to an SA regional hospital general surgery department

8. The Lancet Commission on Global Surgery has established that 28 - 32% of the global burden of disease is estimated to be surgically treatable.
9. Non-communicable disease has a mortality more than double that of infectious disease, malnutrition and maternal and perinatal disease combined.
10. In this study, elective admissions constituted ~40% of total patients admitted.

CME

Medical management of acute ischaemic stroke

11. Stroke mimics such as seizures, migraine, hypoglycaemia and psychogenic weakness may account for 20 - 25% of suspected stroke or transient ischaemic attack presentations.
12. Stroke should be suspected in all patients with abrupt onset of neurological symptoms.
13. A normal computed tomography brain scan will exclude an acute ischaemic stroke.
14. Aspirin should be given immediately to all patients with acute ischaemic stroke, with the exception of those receiving intravenous thrombolysis.

Mechanical thrombectomy for acute ischaemic stroke

15. Patient selection criteria for optimal clinical outcomes in mechanical thrombectomy include (but are not limited to) documented anterior circulation large-vessel occlusion (proximal middle cerebral artery, anterior cerebral artery or internal carotid artery), significant clinical deficit at the time of assessment and lack of extensive early ischaemic changes.
16. Speed is key to achieving the best possible outcomes in mechanical thrombectomy.

Post-stroke rehabilitation

17. Among patients who survive a stroke, 40% are left with moderate disabilities and 15 - 30% with severe disabilities.
18. Rehabilitation initiated early after a stroke has been shown to assist with reducing complications and residual post-stroke functional disabilities.
19. By far the most common result of stroke is motor impairment, affecting ~80% of patients.
20. Typically a stroke patient qualifies for inpatient rehabilitation if they require ≥ 3 modalities of interventions or if they are unable to transfer independently.

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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