

Effective in 2014, the CPD programme for SAMJ will be 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):**

**Limited access to and availability of eye-care services in urban South Africa (SA)**

1. In line with the World Health Organization's Vision 2020 recommending that all schoolchildren have a simple vision-screening examination, all provinces of SA offer such screening through a school health National Vision Screening Programme.

**Identification of a common founder couple for 40 SA Afrikaner families with Parkinson's disease (PD)**

2. PD is a debilitating neurodegenerative condition arising as a result of the progressive loss of dopaminergic neurons in the brainstem.
3. Clinical features include resting tremor, rigidity, bradykinesia, postural instability and responsiveness to levodopa.

**No evidence for association of insulin receptor substrate-1 Gly972Arg variant with type 2 diabetes mellitus in a mixed-ancestry SA population**

4. The mixed-ancestry population of SA has one of the highest prevalences of type 2 diabetes mellitus in Africa.
5. Studies in the Pima Indian population, with as high a prevalence of diabetes as SA's mixed-ancestry population, have found that there is a strong association with the Gly972Arg variant of the insulin receptor substrate.

**Hypotension and hypoxaemia in blunt traumatic brain injury**

6. Of some 90 000 new cases of head injury reported in SA annually, 50% are due to road traffic collisions (bicycle, vehicle or pedestrian), 25% to falls and a further 25% to violence.
7. Most traumatic brain injuries are followed by an episode of apnoea, even if just for a brief period, with hypoxaemia linked to a near-doubling in mortality from 27% to 50%.

**Paediatric otitis media at a primary healthcare clinic**

8. Sub-Saharan Africa has the second highest incidence of chronic suppurative otitis media (CSOM) in the world.
9. Children with HIV are known to be more prone to, and more severely affected by, otitis media than seronegative children.

10. Risk factors that contribute to high rates of CSOM include prolonged breastfeeding, poor hygiene, and exposure to tobacco, wood and charcoal smoke.

**Sexual dysfunction: A systematic review of South African research**

11. Lack of sexual interest and inability to reach orgasm were the most commonly reported complaints for women, affecting 32% and 25%, respectively.
12. Diabetes mellitus, cardiovascular disease, genitourinary disease, psychiatric or psychological disorders, and poor general health have been identified as common comorbid conditions associated with sexual dysfunction in both sexes.

**An integrative treatment model for sexual dysfunctions**

13. The ICSM-5 stepwise diagnostic and treatment algorithm leads family practitioners through a four-step progression in the assessment of sexual dysfunction.
14. All men presenting with erectile dysfunction should have their serum testosterone levels measured on a blood sample.

**Female sexual dysfunction**

15. Female sexual concerns are highly prevalent and distressing.
16. Deficiencies of oestrogen or androgen are usually detected by history and examination.

**Male sexual dysfunction**

17. Up to 50% of men with erectile dysfunction also experience premature ejaculation.
18. Erectile dysfunction and coronary artery disease share the same risk factors.

**Sexual function and ageing**

19. Older persons engaging in regular consensual sex have shown improved physical and psychological health.
20. The most commonly reported reason for sexual inactivity was the male partner's physical health.

CPD questions include articles from CME.

The full versions of each article can be found on the SAMJ website (<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.
2. Go to [www.mpconsulting.co.za](http://www.mpconsulting.co.za) to answer the questions.

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