

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**

**Ebola and the haemorrhagic fevers**

1. The only endemic haemorrhagic fever in SA is Crimean-Congo haemorrhagic fever, transmitted by the *Hyalomma* tick, which is ubiquitous in cattle farming areas.
2. Viral haemorrhagic fevers include a diverse array of diseases caused by a broad range of viruses that originate exclusively from Africa.
3. Physical sequelae of the 'post-Ebola syndrome' include loss of vision, joint pains and general body pains.

**Insights into body donation to medical schools**

4. In South Africa (SA) the family members of body donors are not financially rewarded, but the costs of removal of the body to the medical school (within a certain radius) and of cremation are covered by the university.

**Anticoagulation of pregnant patients with mechanical heart valves**

5. The recommendation to only use enoxaparin is based on the fact that adequate laboratory monitoring is available in SA for enoxaparin and not other low-molecular-weight heparins (LMWHs).
6. LMWH (enoxaparin) does not cross the placenta and is associated with improved fetal outcomes.
7. Warfarin is associated with a teratogenic effect between 6 and 12 weeks of gestation, and therefore is not recommended in the first trimester.

**Time to implement 9-month infant HIV testing**

8. In SA, over 90% of HIV-infected women access prevention of mother-to-child transmission, with the result that the early transmission rate of HIV infection, as measured in their infants at around 6 weeks of age, is likely to meet the National Strategic Plan target of <2% in 2015.

**Bone marrow aspirate microscopy v. bone marrow trephine microscopy for detection of *Mycobacterium tuberculosis* infection**

9. Bone marrow trephine histology shows a significantly higher detection rate of tuberculosis (TB) and is recommended as an essential part of the diagnostic work-up in suspected disseminated TB.

**Codeine misuse and dependence in SA**

10. Codeine misuse and dependence in SA is high compared with alcohol, cannabis and methamphetamine abuse.

**CME**

**Chronic obstructive pulmonary disease (COPD) – diagnosis and classification of severity**

11. When making a diagnosis of COPD, a rapid onset of symptoms should suggest an alternative condition.
12. Spirometry is not necessary for the correct diagnosis of COPD.
13. Cardiovascular disease is the major contributor to mortality in COPD.

**Pathogenesis of COPD: An African perspective**

14. Almost all smokers will develop reduced lung function if they smoke sufficient cigarettes over a sufficient length of time.
15. Biomass fuels are an important factor in the aetiology of COPD in developing countries such as SA.
16. The development of COPD is not associated with pulmonary TB.

**Non-pharmacological management of COPD**

17. Smoking cessation remains the only proven intervention to slow the decline of lung function in patients with COPD.
18. Long-term supplemental oxygen improves mortality and quality of life in patients with severe resting hypoxaemia.

**Pharmacological management of COPD**

19. The backbone of treatment for most patients with COPD is short-acting bronchodilators.

**Five tips for good office spirometry**

20. Spirometry is critical for the correct diagnosis of COPD, is part of the severity classification, and ultimately guides treatment choices.

Readers please note: articles may appear in summary/abstract form in the print edition of the journal, with the full article available online via [www.hmpg.co.za](http://www.hmpg.co.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.

Accreditation number: MDB015/167/02/2015

