

SAGP

• THE SOUTH AFRICAN GENERAL PRACTITIONER •

CPD QUESTIONNAIRE • No 2 2024

Assessing the clinical impact of sodium-glucose cotransporter type 2 (SGLT2)-inhibitors in treating heart failure with reduced ejection fraction

1. What is the current global prevalence of heart failure?
 - a 5–15%
 - b 1–3%
 - c 15–20%
 - d Less than 1%
2. Heart failure classification is currently based on the level of the ejection fraction. What is the ejection fraction of heart failure with reduced ejection fraction?
 - a Less than 60%
 - b Less than 55%
 - c Less than 40%
 - d Less than 80%
3. Guideline-directed medical therapy (GDMT) for heart failure is associated with a better outcome than conventional therapy. Which of the following drugs is not part of GDMT?
 - a Digoxin
 - b Renin-angiotensin-aldosterone system inhibitors
 - c Mineralocorticoid receptor antagonists
 - d Beta-blockers
4. The SGLT2-inhibitors, Empagliflozin and Dapagliflozin available in South Africa, have been tested in heart failure with reduced ejection fraction (HFrEF). What was the NNT (Numbers-needed-to-treat) for the event reduction over 16–19 months of treatment?
 - a 50–70
 - b 50–100
 - c 19–21
 - d 5–10

Self-reported practices and learning needs of private general practitioners during the pandemic in South Africa

5. One of the health targets for the Sustainable Development Goals set by the United Nations is the realisation of universal health coverage (UHC). Which is the correct statement relating to South Africa?
 - a Access to quality health services for some poor South African citizens is guaranteed.
 - b Health National Insurance (NHI) is the funding which will pay for the services.
 - c Current skills and competencies of general practitioners prepare them for pandemics.
 - d The implementation of re-engineering of the primary healthcare services is to follow.
 - e Future pandemics may not occur when the UHC is fully implemented in the country.

6. The study population was all private general practitioners who were registered on the Medpages database across all provinces in South Africa at the time of the survey. Which province contributed the least respondents?

- a KwaZulu-Natal
- b Mpumalanga
- c Northern Cape
- d North West
- e Western Cape

7. In assessing their competencies as clinicians in a primary care setting, private general practitioners were, at minimum, competent in five out of the six roles. Which competence scored the least?

- a Capacity builder
- b Change agent
- c Collaborator
- d Competent clinician
- e Critical thinker

8. The GP's practice changes during the pandemic were described by adopting a COVID-19-Score designed to gauge the healthcare system's response during the pandemic. Which pandemic health systems' domain has the second-lowest median score?

- a Finance
- b Health information systems
- c Health workforce
- d Leadership and governance
- e Service delivery

Direct oral anticoagulants: the available agents and practical considerations

9. What percentage of renal excretion do the DOACs have?

- a Apixaban: 66%, Dabigatran: 25%, Rivaroxaban: 80%
- b Apixaban: 25%, Dabigatran: 80%, Rivaroxaban: 66%
- c Apixaban: 66%, Dabigatran: 80%, Rivaroxaban: 25%
- d Apixaban: 80%, Dabigatran: 25%, Rivaroxaban: 66%

10. Which DOAC is a direct thrombin inhibitor?

- a Apixaban
- b Dabigatran
- c Rivaroxaban
- d Warfarin

11. What should patients do if they miss a dose of the prescribed DOAC?

- a Skip the missed dose and do not take the next dose until 24 to 48 hours later
- b Double the missed dose within the same day (24 hours)
- c Take the missed dose as soon as they remember, but do not double the dose within the same 24 hours
- d Take the missed dose immediately and double the prescribed dose.

12. Which one of the following statements is false regarding drug-drug interactions with DOACs?

- a Since dabigatran is not metabolised by the cytochrome P450 system, interactions with, for example, atorvastatin and carbamazepine are not expected with the use of dabigatran.
- b Apixaban and rivaroxaban should be administered with caution in patients receiving concomitant strong inhibitors of both Cytochrome 3A4 and P-glycoprotein such as azole antifungals (e.g. ketoconazole) as well as anti-retrovirals such as ritonavir, since the anticoagulant action of these DOACs may be increased.
- c The anticoagulant action of both apixaban and rivaroxaban may be increased when administered concomitantly with phenytoin or rifampicin.
- d Dabigatran is metabolised by the cytochrome P450 system and therefore interactions with, for example, diclofenac and St. John's Wort may occur.

Acne vulgaris and variants

13. Which of the following is correct concerning the correlation of pathogenic factor and relevant treatment in acne?

- a Hypersecretion of sebum – oral cyclines
- b Neutrophilic response to rupture of comedones and inflammation – cyproterone acetate
- c Proliferation of Cutibacterium acnes – oral macrolides
- d Androgen stimulation of sebaceous glands – topical retinoids

14. Indications to use oral isotretinoin include the following:

- a Grade 2 acne vulgaris
- b Lesser grade with significant scarring
- c Lesser grading of acne that failed only topical treatment
- d Microcomedonal acne vulgaris

15. The important laboratory monitoring tests for a patient on isotretinoin include:

- a Full blood count
- b Renal function test
- c Fasting lipid profile
- d Erythrocyte sedimentation rate

16. The following medication can exacerbate acne vulgaris **except**:

- a Lithium
- b Isoniazid
- c Systemic steroids
- d Minocycline

The link between thyroid hormones and cutaneous squamous cell carcinoma

17. In this case study, the patient presented with which of the following symptoms of hypothyroidism?

- a Generalised body weakness and confusion
- b Weight gain
- c Constipation
- d Hair loss and thickened skin

18. Laboratory findings were in keeping with:

- a Primary hypothyroidism
- b Central hypothyroidism
- c Vitamin B₁₂ deficiency
- d Systemic infection

19. The aim of this article is to:

- a Discuss UV radiation as a novel risk factor for cutaneous squamous cell carcinoma
- b Explore hypothyroidism as a risk factor for cutaneous squamous cell carcinoma
- c Discuss the general clinical cutaneous manifestations of hypothyroidism
- d Explore burns as a risk factor for cutaneous squamous cell carcinoma

20. The clinical importance of this case report is:

- a Thyroid testing in patients with newly diagnosed malignant tumours
- b Do thyroid function tests in red-haired patients
- c To expect a linear model of progression of squamous cell carcinoma in patients with thyroid dysfunction
- d Do thyroid function testing in all HIV patients.

Prostate safety events during testosterone replacement therapy in men with hypogonadism – a randomized clinical trial

21. The TRAVERSE study evaluated the effects of testosterone replacement therapy (TRT) on prostate safety events. The study compared the effects of TRT and placebo on the incidences of which of the following?

- a High-grade prostate cancer and any prostate cancer
- b Acute urinary retention
- c Invasive prostate surgical procedures for benign prostatic hyperplasia (BPH)
- d Initiation of pharmacological therapy for BPH
- e All of the above

22. The study design of the TRAVERSE study of TRT on major adverse prostatic events was which one of the following?

- a Retrospective, case-controlled study
- b Double-blind, randomised, placebo-controlled
- c Prospective cross-over study
- d Cross sectional survey
- e All of the above

23. The following statement is/are true:

- a Prostate cancer is highly prevalent among older men, but only a small fraction have high-grade tumours.
- b Androgen receptor signalling plays a central role in prostate cancer biology, and testosterone treatment promotes the growth of metastatic prostate cancer.
- c There were concerns that testosterone replacement therapy could promote progression of subclinical low-grade prostate cancer.
- d Testosterone treatment was associated with a greater increase in PSA levels than placebo in the TRAVERSE study until month 12 of follow-up, when differences became non-significant.
- e All of the above

24. The TRAVERSE study of men with hypogonadism who were carefully evaluated to exclude those at high risk for prostate cancer and followed using a standardised monitoring plan, concluded that:

- a Compared with a placebo, testosterone replacement therapy was associated with low and similar incidences of high grade or any prostate cancer, acute urinary retention, and invasive surgical procedures for BPH.
- b TRT did not worsen lower urinary tract symptoms (LUTS).
- c The concern about prostate risk heavily influences decision-making by clinicians and patients who are considering TRT for hypogonadism.
- d The study's findings will facilitate a more informed appraisal of the potential risks of TRT.
- e All of the above

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