

CPD questionnaire • November/December

Calming the acid: Pharmacotherapeutic approaches to gastro-oesophageal reflux disorder

1. A 45-year-old male presents with erosive oesophagitis confirmed by endoscopy. PPIs are selected as the first-line treatment. Which of the following is the most appropriate counselling advice regarding PPI administration?

- a Take the PPI immediately after meals to maximise acid suppression
- b Administer the PPI at bedtime to reduce nocturnal acid production
- c Take the PPI 30 to 60 minutes before meals, preferably in the morning
- d Take the PPI only when symptoms occur for on-demand relief
- e Administer the PPI with an antacid to improve absorption

2. A community pharmacist notices a patient has been refilling omeprazole for over 12 months without follow-up. What is a prominent concern with long-term unsupervised PPI use?

- a Reduced absorption of dietary fats
- b Development of tolerance to PPI therapy
- c Increased risk of nephrotoxicity
- d Increased risk of nutrient malabsorption
- e Complete suppression of gastric acid production

3. In South Africa, cimetidine remains the most commonly available H₂-receptor antagonist. Which of the following adverse effects is uniquely associated with cimetidine and not observed with other H₂-receptor antagonists?

- a Diarrhoea and abdominal bloating
- b Gynaecomastia due to anti-androgenic effects
- c Headaches and dizziness
- d QT prolongation in high doses
- e Development of tolerance within two weeks

4. A 62-year-old patient wishes to discontinue long-term esomeprazole therapy. Which of the following is the best *deprescribing* strategy to minimise complications?

- a Abrupt cessation
- b Gradually taper the dose
- c Switch to double-dose cimetidine therapy for rebound prevention
- d Replace with aluminium hydroxide alone for maintenance
- e Continue PPI due to risk of GORD recurrence

5. A patient presents with mild, intermittent reflux symptoms that occur only after heavy meals. Which of the following would be the most appropriate initial pharmacotherapeutic option?

- a High-dose omeprazole therapy
- b Combined H₂-receptor antagonist and pantoprazole
- c On-demand use of an alginate-antacid combination
- d Routine H₂-receptor antagonist therapy
- e Morning-only double-dose esomeprazole

Pharmacological management of bacterial conjunctivitis in South Africa

6. Which of the following factors makes children particularly susceptible to bacterial conjunctivitis in South Africa?

- a Lower rates of vaccine uptake compared to adults
- b Close contact during play and upper respiratory tract infections
- c Increased exposure to occupational hazards
- d Higher frequency of allergic responses

7. Which bacterial species is the second most common cause of bacterial conjunctivitis and is often spread through direct contact with secretions or contaminated surfaces?

- a Haemophilus influenzae
- b Streptococcus pneumoniae
- c Staphylococcus aureus
- d Pseudomonas aeruginosa

8. Why are topical antibiotics generally preferred over oral antibiotics for bacterial conjunctivitis in South Africa?

- a They are cheaper and more widely available
- b They provide a localised effect with reduced systemic side-effects
- c They prevent viral and allergic conjunctivitis
- d They require fewer doses compared to oral therapy

9. Which of the following practices contributes most significantly to antimicrobial resistance in bacterial conjunctivitis management in South Africa?

- a Using lubricating eye drops for mild conjunctivitis
- b Reserving oral antibiotics for severe or neonatal cases
- c Over-the-counter availability and misuse of topical antibiotics
- d Relying on microbiological testing before prescribing antibiotics

Summoning the Sandman: Mitigating the rebound effects of hypnotic therapy

10. Which approach would not be considered appropriate when a patient experiencing insomnia is ending their cycle of Z-drug treatment?

- a Gradual Z-drug tapering over several weeks
- b Combined Z-drug tapering with parallel cognitive behavioural therapy support
- c Drug replacement with short-acting benzodiazepines
- d Adjunct therapy with melatonin administration

11. A 45-year-old male with acute situational insomnia due to job stress is prescribed medication for support. He has no psychiatric history and needs to resume work safely. Which agent is most appropriate for a short-term (≤ 2 weeks) prescription?

- a Phenobarbitone
- b Zolpidem
- c Diazepam
- d Diphenhydramine

12. Increased mortality has been associated with benzodiazepines in elderly individuals for what reason?

- a Greater potential for falls and fracture
- b Excessive CNS depression
- c Increased hepatic clearance
- d Drug-drug interaction burden

The pill and the profession: The role of pharmacists in oral contraceptive access for evolving women in South Africa

13. Which of the following best describes the role of pharmacists in contraceptive management in South Africa?

- a Pharmacists may only dispense oral contraceptives on a doctor's written instruction
- b Pharmacists are strategically positioned to provide both dispensing and counselling services in contraceptive care and may initiate oral contraceptive if authorised under Section 22A (15) permit
- c Pharmacists are not permitted to discuss emergency contraception with patients
- d Pharmacists may initiate oral contraceptives without any patient interview or record-keeping

14. According to the article, which of the following statements is TRUE regarding emergency contraception (EC) in South Africa?

- a EC requires a prescription from a doctor
- b EC is illegal for adolescents under the age of 18
- c Certain EC is legally available for non-prescription access in community pharmacies
- d EC may only be dispensed in public sector clinics

15. According to the article, why is a collaborative care approach between pharmacists and doctors important in contraceptive management?

- a It reduces doctors' workload by transferring some responsibility to pharmacists
- b It ensures better patient follow-up, risk assessment, and continuity of reproductive health care
- c It allows pharmacists to prescribe without regulatory oversight
- d It prevents pharmacists from referring patients to other health-care providers

The answers for these CPD questions will be in the upcoming issue of the SAPJ.
This activity can contribute towards your CPD compliance.

CPD answers • September/October 2025

1. c 2. a 3. d 4. b 5. c 6. a 7. c 8. b 9. d 10. b 11. a 12. c
13. b 14. b 15. a 16. a 17. b 18. c 19. c 20. b 21. c