

CPD questionnaire • Vol 1 • 2026

Ischaemic heart disease: pathophysiology, diagnosis, and therapeutic strategies

1. Stable ischaemic heart disease can include one of the following conditions:

- a Unstable angina
- b Non-ST segment elevation myocardial infarction
- c Prinzmetal variant angina
- d ST-segment elevation myocardial infarction

2. A key characteristic of the pathophysiology of ischaemic heart disease includes:

- a Longstanding hypertension
- b Formation of atherosclerotic plaques in the arterial lumen
- c Hyperlipidaemia (increased LDL)
- d Diabetes Mellitus Type II

3. The mainstay of nonpharmacological management and reducing disease progression is a reduction in modifiable risk factors. The most important of these are:

- a Cognitive behavioural therapy
- b Smoking cessation
- c Cardiac rehabilitation
- d Regular rigorous exercise

4. Calcium-channel-blockers are indicated for treatment of angina, as they have vasodilatory and cardio-depressant actions. The preferred antianginal calcium-channel-blocker is:

- a Amlodipine
- b Nifedipine
- c Valsartan
- d Verapamil

On overview of respiratory tract infections in South Africa

5. Which of the following correctly describes the main difference between upper and lower respiratory tract infections?

- a URTIs are typically caused by bacteria, while LRTIs are always viral
- b URTIs mainly involve the nasal passages and throat, whereas LRTIs affect the airways and lungs
- c LRTIs are always mild, while URTIs frequently lead to hospitalisation
- d URTIs affect only children, while LRTIs occur only in adults

6. Which pathogen group was identified as the most prevalent viral cause of respiratory infections in South Africa during the 2025 influenza season?

- a Adenovirus, MERS-CoV, and parainfluenza virus
- b Rhinovirus, enterovirus, and bocavirus
- c Influenza, RSV, and SARS-CoV-2
- d Measles virus, rubella virus, and varicella-zoster virus

7. Which of the following best describes the recommended management of most upper respiratory tract infections (URTIs)?

- a Immediate antibiotic therapy for all symptomatic patients
- b Supportive care with analgesics, decongestants, and hydration, since most cases are viral
- c High-dose corticosteroids to reduce mucosal inflammation
- d Routine use of antivirals for all suspected URTIs

8. Which diagnostic tool is most commonly used to identify consolidation or infiltrates in suspected lower respiratory tract infections such as pneumonia?

- a MRI of the thorax
- b Chest radiography
- c Spirometry
- d Skin prick testing

Is your asthma well managed?

9. Which statement BEST reflects the contemporary definition of asthma control as described in the article?

- a Asthma control includes both current symptom burden and future risk
- b Asthma control is determined solely by baseline disease severity
- c Asthma control focuses only on the absence of acute exacerbations
- d Asthma control is achieved when lung function is normal

10. According to multinational survey data discussed in the article, which of the following best describes the asthma control perception gap?

- a Most clinicians underestimate asthma control compared to patients
- b Most patients accurately assess their asthma control
- c Patients and clinicians generally agree on asthma control status
- d Most patients perceive good control despite failing objective criteria

11. Which Asthma Control Test (ACT) score indicates *well-controlled asthma*?

- a ≤ 15
- b 16–19
- c ≥ 20
- d ≥ 25

12. In the sailing analogy used in the article, what does “*constantly adjusting the sails*” represent?

- a Increasing reliever use during exacerbations
- b Using oral corticosteroids at the onset of symptoms
- c Regular use of preventer medication to maintain control
- d Avoiding all environmental triggers permanently

The evolution of obesity pharmacotherapy from sympathomimetics to incretin-based therapies

13. Which of the following drugs exerts its therapeutic effect peripherally by inhibiting gastric and pancreatic lipases, thereby reducing the absorption of dietary fat?

- a Phentermine
- b Liraglutide
- c Naltrexone/Bupropion
- d Orlistat

14. According to the STEP 8 clinical trial, which of the following statements regarding incretin-based therapies is correct?

- a Liraglutide 3.0 mg daily is more effective than Semaglutide 2.4 mg weekly
- b Semaglutide 2.4 mg weekly demonstrated superior weight loss efficacy compared to Liraglutide 3.0 mg daily
- c Both agents achieved identical mean weight loss percentages
- d Neither agent was effective in achieving more than 5% weight loss

15. What is the standard registered duration for the use of centrally acting sympathomimetics like phentermine in South Africa?

- a Chronic, long-term management
- b Short-term management (up to 12 weeks)
- c Use is limited to a maximum of 14 days
- d There is no restriction on the duration of use

16. Tirzepatide represents a shift toward multi-hormonal therapy. What is its primary mechanism of action?

- a Triple agonism of GLP-1, GIP, and Glucagon receptors
- b Selective blockade of peripheral CB1 receptors
- c Dual agonism of GLP-1 and GIP receptors
- d Inhibition of the dopamine and norepinephrine reuptake transporters

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 • November/December 2025

1. c 2. d 3. b 4. b 5. c 6. b 7. c 8. b 9. c 10. c 11. b 12. a
13. b 14. c 15. b