



CPD QUESTIONNAIRE

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Five CPD points are awarded for the correct completion and submission of the questions below.

CPD questionnaires must be completed online via www.cpdjournals.co.za. After submission, you can check the answers and print your certificate.

This programme is available free of charge to members of the SA HIV Clinicians Society and SAMA only.

True (A) or false (B):

Regarding HIV-related lipodystrophy:

1. The lipodystrophy syndrome is most commonly characterised by lipohypertrophy with lipomatosis.
2. In terms of the effect of antiretroviral therapy (ART) on lipodystrophy, an increase in trunk fat has been observed with efavirenz-, protease-inhibitor- and raltegravir-containing regimens, and a clear causal relationship has been established.
3. The metabolic complications of lipodystrophy are fully reversible through treatment modification.

Regarding partner concurrency and HIV:

4. It is widely accepted that partner concurrency (having more than one sexual partner in a given period of time) is a major determinant of the spread of HIV in South Africa.
5. Across South African language groups, multiple partners per year, point concurrency and lower condom utilisation rates are all associated with increased HIV prevalence by language group.
6. The spread of HIV is driven by the degree of connectedness of the sexual network.

Regarding stavudine dosing:

7. Obesity, female gender, age and duration of treatment are the risk factors increasing the possibility of severe hyperlactataemia and lactic acidosis when patients are on stavudine-containing ART regimens.
8. Following a meta-analysis showing that lower doses of stavudine were safer and just as effective, the World Health Organization (WHO) issued a statement that only a low dose of stavudine (30 mg) should be used.

Regarding screening for HIV-associated neurocognitive disorders (HANDs):

9. HANDs are commonly diagnosed by comparing neuropsychological scores with normative data using standard deviation as an indicator of impairment.
10. Using general scores from African samples is appropriate when placing people in categories of impairment using standard deviation from normative scores.

11. Figures from South Africa suggest that up to 25% of HIV-positive individuals may display cognitive impairment.

Regarding adolescent HIV treatment services:

12. The transition for young people living with HIV from paediatric/adolescent HIV healthcare providers to adult HIV healthcare providers is a major challenge.
13. A large number of healthcare programmes are tailored specifically for behaviourally infected adolescents and young adults with HIV in sub-Saharan Africa. This group represents one of the few demographic groups adequately served by the various healthcare systems.
14. Adjusting to the concept of adult healthcare, adult-oriented clinic environments as well as a perceived sense of stigma are key challenges faced by young people transitioning into adult care services.

Regarding gender inequality in ART:

15. In African cohorts, women have higher mortality while receiving ART than men.
16. Disproportionately more women than men have accessed ART in South Africa – 60% of eligible women were receiving ART by mid-2011 compared with 40% of eligible men.

Regarding the prevention of mother-to-child transmission (PMTCT) of HIV:

17. There is overwhelming global consensus that all HIV-positive pregnant women should be started immediately on lifelong ART regardless of CD4 cell count.
18. There is clear evidence that exposure to ART has no effect on pregnancy outcomes such as preterm delivery and low birth weight.

Regarding WHO guidelines for adult ART:

19. WHO currently recommends that adults living with HIV start ART when their CD4 counts fall below 500 CD4 cells/ μ l.
20. There are clear benefits to individual patient health associated with ART initiation above 350 cells/ μ l.

INSTRUCTIONS

1. Read the journal. All the answers will be found there.
2. Go to www.cpdjournals.co.za to answer the questions.

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