



Africa HEALTH CPD Challenge
Questions

Were you paying attention? Test your retentive capacities on issues raised in this edition of *Africa Health*. You can quietly test yourself, or – and we're particularly keen on this – you could make it a part of the foundation of a Journal Club in your department or health institution. Life-long learning is a collaborative exercise and the whole health team can be positively stimulated by being involved in such discussion.

Q1. *Plasmodium vivax* returns to Africa to threaten health

- i) What is the complexity that *P. vivax* poses that *P. falciparum* doesn't; and what are the implications of this?

Q2. Supporting adherence to new malaria treatment with user-friendly materials

- i) Name two of the three reasons revealed by a study (quoted in the article) of why patients had not completed their course of antimalarial tablets.

Q3. Clinical Review: Family Medicine

- i) It is known that HIV positive patients may have an increased risk of cardiovascular disease and screening for such should be essential. But why might measuring blood pressure not be effective in identifying such disease?
- ii) What was the somewhat surprising outcome about the perception of risk among a group studied in the Western Cape, South Africa? What are the implications?

Q4. Medicine: Diabetes and the gastrointestinal tract

- i) In addition to diabetes, can you name four other causes for impaired gastric emptying?
- ii) Name four causes of persistent diarrhoea in patients with diabetes.

Q5. Medicine: Gastroenterology in the elderly

- i) In the UK (where the article was written) diverticular disease is common in the elderly. Sixty five per cent of all 65 year olds have it. But what percentage of these are asymptomatic?
- a) 45%
b) 72%
c) 83%

Q6. Medicine Digest

- i) How did the ReEBOV new point of care Ebola test stand up in sensitivity and specificity terms to the gold standard PCR test?
- a) It was not as accurate
b) Same accuracy
c) It was more accurate
- ii) Does maternal iron supplementation, benefit the mother, but leave the neonates at risk of infectious disease?
- iii) Kidney stone conditions are usually managed conservatively in the hope that they will pass naturally within four weeks. But sometimes tamsulosin or nifedipine have been identified as being useful in reducing the pain and/or speeding the process or reducing the need for other interventions. Are they effective?

Answers

Answers continued on page 39

ii) The study group had no perception of risk. Things happen, or they don't happen. The implication is that the public health message needs to be altered from the usual 'don't do this or eat this' kind of approach. Or embark on education and orientation about risk.

Q4. i) Any from central nervous system disorders: demyelinating diseases, parkinsonism, brainstem vascular disease or neoplasia, acute physiological stress (e.g. intensive care state), spinal cord lesions including trauma, tumours and vascular disease. Autonomic neuropathies: DM, amyloidosis, paraneoplastic, primary autonomic neuropathy. Metabolic disturbance: Acute hyperglycaemia, hypokalaemia, hypothyroidism, porphyria. Drugs: opioids, anticholinergics, nicotine, levodopa, beta-adrenoceptor agonists. Infiltrative conditions: systemic sclerosis, amyloidosis. Other: post-gastrotomy, post-operative illness, radiation-induced idiopathic pseudo-obstruction or myotonic dystrophy.

ii) Medications (e.g. metformin, acarbose, miglitol; rapid intestinal transit; bacterial overgrowth).

Q1. Once thought to be a more benign species, *P. vivax* is not seen for the dangers it brings in terms of morbidity and mortality in children, pregnant women and adults. Several major concerns include the fact that this species has a hibernating stage that makes sub-clinical, submicroscopic infection impossible, thus thwarting detection and elimination efforts. With most rapid tests seeking *P. falciparum* specifically, there is going to be an increasing need (if the trend continues) of tests with dual capability. This is going to be expensive to the campaign for the elimination of malaria.

Q2. i) Many patients stopped their medication once they felt better; or 2) failed to complete the course because there were too many tablets; or 3) wanted to save some of the tablets for future episodes of malaria.

Q3. i) A study of young adults in Uganda found that hypertension was significantly associated with the older age-group, males sex and obesity, but there was a significantly lower prevalence of hypertension among participants with HIV. So identifying cardiovascular disease might need an alternative focus.

Answers

!!!) No. In the study, there was insignificant differences between the two drugs mentioned and a placebo. Q1. Once thought to be a more benign species, *P. vivax* is not seen for the dangers it brings in terms of morbidity and mortality in children, pregnant women and adults. Several major concerns include the fact that this species has a hibernating stage that makes sub-clinical, submicroscopic infection impossible, thus thwarting detection and elimination efforts. With most rapid tests seeking *P. falciparum* specifically, there is going to be an increasing need (if the trend continues) of tests with dual capability. This is going to be expensive to the campaign for the elimination of malaria.

artificial sweeteners such as sorbitol and mannitol; coeliac disease; pancreatic insufficiency; or islet cell tumours.
 Q5. Answer c) 83% (or specifically from the article between 80% and 85%.
 Q6. i) Answer b) The same. Both tests had 100% sensitivity and 92% specificity.
 ii) No. There was no added risk of infection (Plasmodium was the test in this case), but the iron supplement did significantly increase birthweight and also significantly increased maternal mean haemoglobin.

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