CPD Challenge

Questions

Q1 Indicate whether each of the following statements is TRUE (T) or FALSE (F) regarding lifestyle factors associated with hypertension in Africa.

a. Low physical activity is associated with an increased risk of hypertension.
b. Many African cross-sectional studies consistently show sustained hypertension prevalence to be higher among current smokers after adjusting for confounders such as BMI and age.
c. While light-to-moderate alcohol consumption has sometimes been described as cardioprotective, this protective effect is inconsistent and does not negate its hypertensive impact at higher intake levels.
d. Multiple population-based studies in sub-Saharan Africa demonstrate higher hypertension prevalence among married or widowed individuals, compared with unmarried individuals.
e. Abdominal (central) obesity appears more strongly associated with hypertension than BMI alone in many African cohorts.

Q2 Please indicate as TRUE or FALSE, factors Associated with glycemic control among patients with Type 2 Diabetes Mellitus in Africa:

a. Across multiple African settings, medication non-adherence remains one of the strongest predictors of poor glycaemic control.
b. In many sub-Saharan African settings, limited formal education and language barriers complicate diabetes self-management.
c. Evidence across African primary healthcare systems shows that structured, culturally adapted, patient-centred education improves self-monitoring behaviours, medication adherence and glycaemic outcomes.
d. There is a need for patient-centered diabetes education programs and enhanced support for medication adherence in primary healthcare settings.
e. Increased waist circumference and elevated triglycerides are not recognized components of metabolic syndrome and are not consistently associated with insulin resistance and glycaemic control.

Q3 Indicate whether each of the following statements is TRUE (T) or FALSE (F) regarding predictors of severe postpartum haemorrhage (PPH) after caesarean delivery in Africa.

a. A previous caesarean section does not increase the risk of abnormal placentation, including placenta previa and placenta accreta spectrum disorders.
b. Antepartum haemorrhage (APH), particularly due to placenta previa or placental abruption, significantly increases the likelihood of severe bleeding at delivery.
c. Severe preeclampsia which is frequently associated with thrombocytopenia and coagulation abnormalities, is consistently identified as an independent predictor of severe PPH after adjusting for confounders.
d. Maternal age ≥35 years is associated with an increased risk of severe postpartum haemorrhage.
e. The use of general anaesthesia and a classical uterine incision are associated with an increased risk of severe postpartum haemorrhage.

Q4 Indicate whether each of the following statements is TRUE (T) or FALSE (F) regarding determinants of Morbidity and Mortality Following Emergency Abdominal Surgery in Children in LMICs

a. Neonates (≤1 month of age) generally have the highest mortality risk compared to older children.
b. A low Human Development Index (HDI) is independently associated with greater morbidity and mortality compared to high-HDI settings, even after adjusting for patient and operative factors.
c. There is a critical gap in safe paediatric emergency surgical care in LMICs, with anaesthetic capacity, limited intensive care services, and delayed access to treatment identified as key modifiable contributors.
d. Although child health is a priority on the global health agenda, the provision of essential and emergency surgical care for children remains inconsistent in many resource-limited settings.
e. All of the above statements are correct.

Q5 Indicate whether each of the following statements is TRUE (T) or FALSE (F) regarding neonatal sepsis and mortality in low- and middle-income countries.

a. Neonatal sepsis is a major cause of neonatal mortality and an urgent global health concern, with approximately 99% of global neonatal deaths occurring in low- and middle-income countries.
b. The majority of laboratory-confirmed neonatal sepsis cases occur within the first 72 hours of life (early-onset sepsis).
c. Maternal hypertension, previous maternal hospitalization, preterm birth, perinatal asphyxia, and multiple gestation are frequently NOT associated with an increased risk of both suspected and laboratory-confirmed neonatal sepsis.
d. Preterm birth, birth asphyxia, and neonatal infections are among the leading causes of neonatal mortality, and preterm neonates carry a disproportionately high risk of death in LMICs.
e. Key risk factors for neonatal mortality include the need for resuscitation at birth, intrapartum infection, congenital anomalies, household smoke exposure, maternal betel nut chewing, a prior history of neonatal death, and failure to seek care for labour complications.

Answers

1.a). T; b). F; c). T; d). T; e). T
2.a). T; b). T; c). T; d). T; e). F
3.a). F; b). T; c). F; d). T; e). T
4.a). T; b). T; c). T; d). T; e). T
5.a). T; b). T; c). F; d). T; e). T