



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 or 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.

### 1. Malaria: Achieving progress and impact at the clinic level

Q: Hospital records show that in Rwanda in 2006, in-patient malaria cases and deaths in children less than 5 years old fell by 55% and 67%. What contributed to this success?

Q: Working together, clinic and community health workers (CHW) reached 65% of pregnant women in a catchment area in Nigeria. In neighbouring clinics where CHWs were not involved how many did they reach?

- a. 52%
- b. 27%
- c. 15%

### 2. Epilepsy management in Africa: major obstacles and solutions

Q: A South African study showed what percentage of adults admitted to hospital with burns had epilepsy?

- a. 50%
- b. 36%
- c. 23%

Q: The World Bank classifies epilepsy as a highly cost-effective condition to treat. Is this statement

- a. True
- b. False

Q: Some diseases are related to the potential development of epilepsy. Name three.

### 3. The peak flow meter and its use in clinical practice

Q: An asthma patient's normal peak flow rate should be within a percentage of that of a comparable person without asthma. What is this percentage?

- a. 10%
- b. 43%
- c. 20%

Q: After an acute severe attack of asthma, would do large dips in peak flow measurement readings indicate?

### 4. The Global Fund

Q: What was the greatest obstacle to the success of Egypt's TB programme?

- a. Shortage of appropriate drugs
- b. A lack of diagnostic facilities
- c. A lack of public awareness

Q: What could be a drawback of the DOTS (directly observed therapy – short-course) programme of TB treatment?

### 5. Systemic lupus erythematosus

Q: Although virtually all SLE patients have skin and joint disease, between 30 and 50% will also develop other medical problems. What are they?

Q: Patients often need to undergo a series of investigations. What are they for?

Q: Osteoporosis is an important complication of SLE. In at-risk patients what procedure is recommended?

### 6. Clinical Review

Q: The prevalence of STIs and HIV among same-sex practising people in sub-Saharan Africa is:

- a. About the same as among the general population.
- b. Far higher than among the general population.
- c. Unknown, as few studies have assessed these groups.

Q: MSM (men who have sex with men) represent a small minority of the population in African countries and their high-risk behaviours are limited to practices within their own group. Is this statement

- a. True
- b. False

Q: What are some factors contributing to the epidemic of HIV/STIs among MSM in Africa?

Q: When carrying out X-rays on a patient with severe pain and neck spasm what is the patient asked to report?

Q: If there is very severe ischaemia of the retina, the new vessels may grow on the surface of the iris. What does this lead to?

### 7. Medicine Digest

Q: Pre-eclampsia remains a leading cause of maternal morbidity and mortality worldwide. What is the only cure?

Q: In patients at high cardiovascular risk, which is probably the safest NSAID?

Q: Infection with human papillomavirus causes genital

warts, penile and anal cancers in men. What does it cause in women?

Q: Long-term medication with aspirin is said to reduce the risk of colorectal cancer. What is the minimum daily dose recommended?

- a. 75 mg
- b. 100 mg
- c. 115 mg

Q: The household contacts of patients with multidrug-resistant (MDR) or extensively drug-resistant (XDR) tuberculosis are at low risk of developing MDR. Is this statement

- a. True
- b. False





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- Q1 i. A combination of mass distribution of ITNs to all households and nationwide distribution of ACT in the public sector.  
ii. Answer b.
- Q2 i. 50%.  
ii. True.
- Q3 i. 20%.  
ii. The asthma is not yet under control and modification of therapy should be continued.
- Q4 i. Answer c.  
ii. A combination of TB drugs must be taken all at the same time. If one or more drugs are missing from a dose it could lead to drug resistance in the patient.
- Q5 i. Renal, lung, heart, and central nervous system involvement.  
ii. To exclude malignancy or infection such as tuberculosis.  
iii. Bone density should be measured every 2 years.
- Q6 i. b. Far higher than among the general population. Studies from the last 5 years have documented an epidemic of HIV and, potentially, other STIs among MSM. The prevalence of HIV among MSM in sub-Saharan Africa is almost four times greater than in the general population.  
ii. b. False. It is not known what percentage of the population engages in same-sex practices, but studies do document that the majority of MSM have concurrent male and female partners, and often engage in unprotected intercourse.  
iii. Criminalisation of same-sex practices in many countries encourages MSM to hide and deny these practices. They face discrimination and harassment, especially when seeking health-care. There has been little effort to provide MSM with safe sex information and methods, including condoms and water-based lubricants.  
iv. Any symptoms in arms or legs.  
v. Severe glaucoma, and a painful blind eye.
- Q7 i. Delivery of the infant.  
ii. Naproxen.  
iii. Cervical cancer.  
iv. Answer a. 75 mg.  
v. Answer b. False, they are at high risk.