

- 5 Delta: a randomised double-blind controlled trial comparing combinations of zidovudine plus didanosine or zalcitabine with zidovudine alone in HIV-infected individuals. Delta Coordinating Committee. *Lancet* 1996;**348**:283–91.
- 6 Hammer SM, Squires KE, Hughes MD, Grimes JM *et al.* A controlled trial of two nucleoside analogues plus indinavir in persons with human immunodeficiency virus infection and CD4 cell count of 200 cells per cubic millimetre or less. AIDS Clinical Trials Group 320 Study Team. *N Engl J Med* 1997;**337**:725–33.
- 7 Staszewski S, Morales-Ramirez J, Tashima KT, Rachlis A *et al.* Efavirenz plus zidovudine and lamivudine, efavirenz plus indinavir, and indinavir plus zidovudine and lamivudine in the treatment of HIV-1 infection in adults. Study 006 Team. *N Engl J Med* 1999;**341**:1865–73.
- 8 Mellors JW, Munoz A, Giorgi JV, Margolick JB *et al.* Plasma viral load and CD4+ lymphocytes as prognostic markers of HIV-1 infection. *Ann Intern Med* 1997; **126**: 946–54.
- 9 Hogg RS, Yip B, Chan KJ, Wood E *et al.* Rates of disease progression by baseline CD4 cell count and viral load after initiating triple-drug therapy. *JAMA* 2001;**286**: 2568–77.
- 10 Egger M, May M, Chene G, Phillips AN *et al.* Prognosis of HIV-1-infected patients starting highly active antiretroviral therapy: a collaborative analysis of prospective studies. *Lancet* 2002;**360**:119–29.
- 11 Mocroft A, Brettle R, Kirk O, Blaxhult A *et al.* Changes in the cause of death among HIV positive subjects across Europe: results from the EuroSIDA study. *AIDS* 2002; **16**:1663–71.
- 12 Cozzi Lepri A, Phillips AN, d'Arminio Monforte A, Castelli F *et al.* When to start highly active antiretroviral therapy in chronically HIV-infected patients: evidence from the ICONA study. *AIDS* 2001;**15**: 983–90.
- 13 Leake Date H, Fisher M. HIV infection. In: Walker, Edwards C (eds). *Clinical pharmacy and therapeutics*, 3rd edn. Edinburgh: Churchill Livingstone, 2002:599.
- 14 Carr A, Cooper DA. Adverse effects of antiretroviral therapy. Review. *Lancet* 2000;**356**: 1423–30.
- 15 Adherence support guidelines 2002. www.bhiva.org/guidelines.htm
- 16 Analysis of prevalence of HIV-1 drug resistance in primary infections in the UK. *BMJ* 2001;**322**:1087–8.

SELF-ASSESSMENT QUESTIONNAIRE

Genitourinary medicine

■ Ten self-assessment questions (SAQs) based on the published articles will appear at the end of each CME specialty featured in *Clinical Medicine*. The questions have been validated for the purpose of CME by independent experts. Two (2) CME credits will be awarded to those achieving 80% correct answers. This opportunity is open only to RCP Fellows and Collegiate Members in the UK who are registered for CME*.

■ A loose leaf answer sheet is enclosed, which will be marked electronically at the Royal College of Physicians. **Answer sheets must be returned by 21 July 2003 to:**

CME Department (SAQs), Royal College of Physicians,
11 St Andrews Place, London NW1 4LE.

Overseas members only can fax their answers to 020 7487 4156

Correct answers will be published in the next issue of *Clinical Medicine*.

*Further details on CME are available from the CME department at the Royal College of Physicians (address above or telephone 020 7935 1174 extension 306 or 309).

Guidelines on completing the answer sheet

Your completed answer sheet will be scanned to enable a quick and accurate analysis of results. To aid this process, please keep the following in mind:

- 1 Please print your GMC Number firmly and neatly
- 2 Only write in allocated areas on the form
- 3 Only use pens with black or dark blue ink
- 4 For optimum accuracy, ensure printed numbers avoid contact with box edges
- 5 Please shade circles like this: ● Not like this: ☑
- 6 Please mark any mistakes made like this: ✕
- 7 Please do not mark any of the black squares on the corners of each page
- 8 Please fill in your full name and address on the back of the answer sheet in the space provided; this will be used to mail the form back to you after marking.

1 The past 10 years have seen a marked increase in diagnoses of sexually transmitted diseases in the UK. What factors are thought to be driving this increase?

- (a) Increase in high-risk sexual behaviour in the general population
- (b) More STI diagnoses being made outside of genitourinary medicine (GUM) clinic settings
- (c) Increase throughput in GUM clinics
- (d) The availability of more sensitive diagnostic tests
- (e) Greater awareness about STIs means that more people are attending services for asymptomatic screening

2 A 16-year-old girl presents to your practice complaining of a requesting advice on safer sex. She specifically wants advice on behaviours that are likely to place her at high risk of acquiring an STI. Which of the following statements are correct?

- (a) This patient is too young to have any discussion without an adult present
- (b) She should be encouraged to limit the number of her sexual partners
- (c) She should be encouraged to use condoms with all new partners
- (d) She should be encouraged to avoid sex with partners who look as though they might have an STD
- (e) She should try to avoid having more than one ongoing sexual relationship at the same time

3 A 56-year-old man was diagnosed HIV-positive three years ago. He has recently started antiretroviral therapy with abacavir, lamivudine and efavirenz. His CD4 count prior to starting therapy was 289 cells/ μ l with a viral load of 5,780 copies/ml. He has presented to accident and emergency with a rash, fever and abdominal pain. Which of

the following statements are correct?

- (a) His symptoms may be due to abacavir
- (b) If his abacavir is stopped it may be reintroduced again once his symptoms have settled
- (c) On this combination he may develop mitochondrial toxicity
- (d) The serum amylase should be checked
- (e) The likely diagnosis is lactic acidosis

4 A 33-year-old woman has just been diagnosed as having HIV infection. She has a CD4 count of 378 cells/ μ l and a viral load of 436,000 copies/ml and is currently asymptomatic. Which of the following statements are correct?

- (a) Antiretroviral therapy is clearly indicated
- (b) Her viral load will affect the rate of decline of the CD4 count
- (c) HAART is indicated before her CD4 count drops below 200 cells/ μ l
- (d) Poor absorption and potency of HAART affect the risk of developing antiretroviral resistance
- (e) HIV resistant to HAART can be transmitted to other individuals

5 A 42-year-old businessman has been working in South Africa for the past six months. He returned to the UK last week. He has a two-week history of general malaise, fevers and sweating at night. In the last few days he has developed a generalised macular rash and painful mouth ulcers. On examination, he has cervical and axillary lymphadenopathy. He is a married heterosexual man who denies intravenous drug use. Which of the following statements are correct?

- (a) HIV infection should be discussed with him, and he should be encouraged to have an HIV test
- (b) A positive HIV viral load assay will confirm the presence of HIV infection

- (c) The advice of a colleague with expertise in HIV infection should be sought
- (d) A negative HIV antibody test will rule out HIV infection
- (e) If he has HIV infection at this stage, he is likely to be highly infectious

6 A 19-year-old current intravenous drug user has presented to the antenatal clinic, she is 13 weeks pregnant and is known to have hepatitis C infection. Which of the following statements are correct?

- (a) She should be referred for specialist counselling and advice
- (b) If her HIV test is negative, it should be repeated at least once during the pregnancy, particularly in the last trimester
- (c) An appointment should be made for her to be given her HIV results in person
- (d) If her HIV antibody test is negative, it means she does not have HIV infection
- (e) If she becomes infected with HIV while pregnant, the risk to her baby of infection is particularly high

7 A 22-year-old gay man attended the clinic with a papular rash on the soles of his feet. He said he had a perianal ulcer a few weeks earlier, but this had healed. Examination showed generalised lymphadenopathy. Which of the following statements are correct?

- (a) The treponemal ELISA should be used to screen for syphilis
- (b) He probably has early latent syphilis
- (c) He should have an HIV test
- (d) The rapid plasmin reagin (RPR) test should be used to test for syphilis
- (e) His RPR titre will probably be low or negative

continued

- 8** A 30-year-old woman from the UK was in her first trimester of pregnancy. On booking in, she was found to have a positive TPPA test, but she was asymptomatic and had no obvious clinical signs. She affirmed that she had a normal screening for syphilis and HIV in her first pregnancy five years ago.
- Which of the following statements are correct?
- (a) She cannot have late latent syphilis
 - (b) The enzyme immunoassay is a good test to confirm she has treponemal disease
 - (c) RPR is the best test to confirm syphilis in this patient
 - (d) Yaws is unlikely
 - (e) It is not necessary to screen her for HIV
- 9** A 25-year-old man presented with conjunctivitis and arthritis after a holiday in Spain during which he had mild diarrhoea. Which of the following statements are correct?
- (a) His arthritis and conjunctivitis are likely to be caused by an enteric infection
 - (b) A sexual history should be taken
 - (c) He should be tested for serum antibodies to Chlamydia trachomatis
 - (d) If he does not have a urethral discharge, chlamydial infection can be ruled out
 - (e) If his arthritis is due to chlamydial infection, it should completely respond to appropriate antibiotic treatment
- 10** A 19-year-old girl presented with right-sided upper abdominal pain. On questioning, she said that she had had some urinary symptoms for which her general practitioner treated her with trimethoprim but her pain persisted. An ultrasound examination of the gall bladder showed no abnormality. Which of the following statements are correct?
- (a) If she has never been sexually active, chlamydial infection can be ruled out
 - (b) Liver function tests should be carried out
 - (c) Chlamydial infection can be identified by examining a Gram-stained smear of cervical secretions
 - (d) If she has FitzHugh-Curtis syndrome, she is likely to be infertile as a result of simultaneous pelvic infection
 - (e) If she has FitzHugh-Curtis syndrome, her sexual partner is likely to be asymptomatic

CME Poisons SAQs

Answers to the CME SAQs published in *Clinical Medicine* March/April 2003

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
a) T	a) F	a) F	a) F	a) F	a) F	a) F	a) F	a) F	a) T
b) F	b) T	b) F	b) T	b) F	b) F	b) F	b) F	b) F	b) F
c) F	c) T	c) T	c) F	c) F	c) F	c) F	c) F	c) F	c) F
d) F	d) F	d) F	d) F	d) T	d) F	d) F	d) T	d) F	d) F
e) F	e) T	e) F	e) F	e) F	e) T	e) T	e) F	e) T	e) F