

July 2013 – Community dermatology in the developing world

CPD questionnaires must be completed online via www.cpdjournals.co.za

After submission you can check the answers and print your certificate.



True (A) or false (B):

COMMUNITY DERMATOLOGY IN PRACTICE: CONTROL OF MORBIDITY IN LYMPHATIC FILARIASIS PATIENTS IN INDIAN VILLAGES

1. Killing filaria in the lymphatic collecting ducts does not reduce the morbidity associated with established disease.
2. Filariasis can be prevented using diethyl carbamazine, ivermectin and albendazole.
3. Patient concordance with treatment is necessary for ongoing prevention of morbidity.

DEVELOPMENT OF DERMATOLOGICAL SERVICES IN CAMBODIA

4. Health indicators in Cambodia remain among the worst in Asia despite two decades of development.
5. More than 10% of people do not take any action at all when they are sick.
6. Poor health in Cambodia is significantly limiting the growth potential of the country.

DERMATOLOGICAL SERVICES IN SOUTH ASIA: HARNESSING THE NON-DERMATOLOGISTS

7. Skin diseases cause an enormous burden in all parts of the world.
8. The International Skincare Nursing Group (ISNG) is the only international nursing body that works with local organisations globally to improve standards of skin health.

DERMATOLOGY NURSING IN THE COMMUNITY: THE MITCHELL'S PLAIN EXPERIENCE

9. Topical treatment for chronic skin conditions can be discontinued as soon as the condition improves.
10. Chronic dermatological conditions are seldom serious and are not a source of major morbidity.

DERMATOLOGY NURSING IN A RURAL AREA – THE OVERBERG EXPERIENCE

11. Part of the function of community dermatological services is to promote skin health at all levels.
12. Infections and infestations are uncommon presentations in community dermatology clinics.
13. Topical retinoids are available on specialist prescription only.

COMMUNITY DERMATOLOGY – A UTOPIA COME TRUE

14. Dyschromias are among the top 10 skin diseases in Mexican communities covered by the CIET programme.
15. 50% of patients in the areas surveyed had at least one skin problem.

REGIONAL DERMATOLOGY TRAINING CENTRE IN MOSHI, TANZANIA – PURSUING A DREAM

16. Diseases such as HIV or onchocerciasis may present with skin conditions.
17. Malawi has no specialist dermatologist in the country.
18. Albinos in Tanzania are able to produce their own sunscreens.

PODOCONIOSIS AND ENDEMIC NON-FILARIAL TROPICAL ELEPHANTIASIS – TROPICAL LYMPHOEDEMAS CAN BE MANAGED EFFECTIVELY IN COMMUNITY SETTINGS

19. Podoconiosis does not occur in all barefoot farmers in red clay soils, only in a genetically susceptible group.
20. A common symptom in the early stages of the disease is a burning sensation in the limb.

A maximum of 5 CEUs will be awarded per correctly answered and completed test.

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