SAJCN
2021
CPD

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Activity 156

1. In transplant candidates, low BMI predisposed transplant candidates to:
   (a) A decreased mortality risk while awaiting a transplant, while a higher BMI was associated with a higher mortality risk.
   (b) An increased mortality risk while awaiting a transplant, while a higher BMI was associated with a lower mortality risk.
   (c) An increased mortality risk while awaiting a transplant, while a higher BMI was associated with a higher mortality risk.
2. The aim of the current study was to correlate:
   (a) Selected anthropometric measures of body composition against DEXA-derived indices of body composition as a reference standard.
   (b) Selected anthropometric measures of body composition against DEXA- and BIA-derived indices of body composition as a reference standard.
   (c) Selected anthropometric measures of body composition against DEXA and CT scan-derived indices of body composition as a reference standard.
3. DEXA provides information on bone and body composition as a result of:
   (a) Electrical current that passes through body matter of different densities.
   (b) Ultrasonic pulses that pass through body matter of different densities.
   (c) X-ray beam variations that pass through body matter of different densities.
4. DEXA adiposity reference values were:
   (a) Percentage body fat (%BF), body mass index (BMI) and visceral adipose tissue (VAT).
   (b) Percentage body fat (%BF), truncal fat (TF) and visceral adipose tissue (VAT).
   (c) Percentage body fat (%BF), truncal fat (TF) and total adipose tissue (TAT).
5. Lean mass represents fat-free and bone-free mass:
   (a) It includes muscle, skin, fat and connective tissue.
   (b) It excludes muscle, skin, tendons and connective tissue.
   (c) It includes muscle, skin, tendons and connective tissue.
6. In terms of BMI for the transplant candidate group:
   (a) The majority of patients were either obese class I (33.3%) or obese class II (38.9%).
   (b) The majority of patients were either underweight (33.3%) or normal (38.9%).
   (c) The majority of patients were either overweight (33.3%) or obese (38.9%).
7. Anthropometric values of adiposity [body mass index (BMI), waist circumference (WC), waist-to-height ratio (WHtR) and mid-arm muscle circumference (MAMC)]:
   (a) Were lower in transplant candidates versus transplant recipients.
   (b) Were higher in transplant candidates versus transplant recipients.
   (c) Were higher in transplant recipients versus transplant candidates.
8. DEXA values of adiposity [percentage body fat (%BF), truncal fat (TF) and lean mass index (LMI)]:
   (a) Were higher in transplant candidates versus transplant recipients.
   (b) Were lower in transplant candidates versus transplant recipients.
   (c) Were higher in transplant recipients versus transplant candidates.
9. Strong correlations were observed between:
   (a) BMI ($r = 0.773$, $p < 0.001$) and triceps skinfold thickness (TSF) ($r = 0.803$, $p < 0.001$) with % lean mass (LM).
   (b) BMI ($r = 0.773$, $p < 0.001$) and TSF ($r = 0.803$, $p < 0.001$) with %BF.
   (c) BMI ($r = 0.773$, $p < 0.001$) and appendicular lean mass index (ALMI) ($r = 0.803$, $p < 0.001$) with %BF.
10. WC strongly correlated with:
    (a) Reference truncal adipose tissue (TAT) ($r = 0.885$, $p \leq 0.001$)
    (b) Reference sub-cutaneous adipose tissue (SAT) ($r = 0.885$, $p \leq 0.001$)
    (c) Reference visceral adipose tissue (VAT) ($r = 0.885$, $p \leq 0.001$)
11. Both SAT and VAT are indicators of cardio-metabolic risk, however:
    (a) VAT adversely affects the metabolic profile less so than SAT.
    (b) VAT adversely affects the metabolic profile as much as SAT.
    (c) VAT adversely affects the metabolic profile more so than SAT.
12. In the current study, the performance of WC, WHR and WHtR as proxy measures of central adiposity were assessed using their associations with TF and VAT.
    (a) Of these indicators, WC demonstrated the strongest correlation with both TF and VAT.
    (b) Of these indicators, waist-to hip ratio (WHR) demonstrated the strongest correlation with both TF and VAT.
    (c) Of these indicators, WHtR demonstrated the strongest correlation with both TF and VAT.
13. Due to its relationship with strength, physical function, mobility, balance and longevity,
    (a) Quantification of visceral fat mass is essential.
    (b) Quantification of subcutaneous fat mass is essential.
    (c) Quantification of muscle mass is essential.
14. Muscle tissue is influenced by the hydration status of dialysed patients:
    (a) DEXA should therefore ideally be performed pre- and post-dialysis.
    (b) DEXA should therefore ideally be performed post-dialysis.
    (c) DEXA should therefore ideally be performed pre-dialysis.
15. Based on the correlations of BMI, WC and MAMC with DEXA-derived %BF, VAT and ALMI, respectively:
    (a) These anthropometric measures suitably reflected overall and regional adiposity as well as musculature.
    (b) These anthropometric measures did not reflect overall and regional adiposity as well as musculature.
    (c) These anthropometric measures suitably reflected overall and regional adiposity but not musculature.