Article: Oral Health Considerations and Dental Management Guidelines and for Semaglutide Medications, Kofman and Ouanounou , page 6

1. *Which of the following statement/s are incorrect regarding Semaglutide medication and oral health:*
a. Among options for obesity are pharmaceutical interventions for weight loss and type 2 diabetes management that have emerged relatively recently and gained prominence are medications in the semaglutide family
b. Also known as glucagon-like peptide-1 receptor agonists (GLP-1 RAs), semaglutide medications have induced higher percentage weight loss than any other medication
c. Beyond weight loss and type 2 diabetes management, semaglutide medications have shown no other health benefits.
d. None of the above

2. *Which of the following statement/s are incorrect regarding Semaglutide medication and oral health:*
a. Semaglutide medications have been shown to benefit a multitude of chronic diseases and conditions and clinicians may expect the use of semaglutide medications to persist or increase in the coming years.
b. Also known as glucagon-like peptide-1 receptor agonists (GLP-1 RAs), semaglutide medications have been observed to reduce adverse cardiovascular events, including arrhythmias, myocardial infarctions, angina, and stroke events, in those with high cardiovascular risk and type 2 diabetes.
c. Semaglutide medications have been shown to significantly increase kidney disease progression and kidney failure.
d. None of the above

3. *Which of the following statement/s are incorrect regarding Semaglutide medication and oral health:*
a. In dentistry, drugs in the semaglutide family are becoming increasingly relevant due to their role in reducing blood glucose and systemic metabolic management, thereby intersecting with oral health.
b. Elevated body mass index (BMI), diabetes, and obesity, are not associated with increased rates of periodontal disease, caries, and tooth loss
c. Uncontrolled diabetes is a well-established risk factor in the initiation and progression of periodontitis, a chronic form of gum disease affecting the supporting structures around the teeth.
d. None of the above

4. *Which of the following statement/s are incorrect regarding Semaglutide medication and oral health:*
a. Semaglutide drugs target the digestive system, including altering the rates of gastric emptying and absorption of nutrients and modulating feelings of appetite and fullness.
b. The close neighbouring relationship between the mouth and the digestive tract, both anatomically and functionally, beckons dentists to be aware of the unique considerations involved in caring for patients taking semaglutide medications.
c. As semaglutide was only approved for use within the past year—the research is relatively new.
d. None of the above

5. *Which of the following statement/s are incorrect regarding Semaglutide medication and oral health:*
a. The clinical signs and management recommendations are supported by case reports, case series, and extrapolation from well-established dental science and known gastrointestinal effects of GLP-1 RAs, rather than by semaglutide specific longitudinal or population-level oral health data.
b. There is a growing popularity of usage of similarly acting molecules besides GLP-1 RAs producing similar weightloss effects, such as liraglutide, dulaglutide, exenatide, and GLP-1/ glucose-dependent insulinotropic polypeptides, including terzepatide (Mounjaro or Zepbound).
c. Ozempic, Wegovy, and Rybelsus are the brand names of semaglutide.
d. None of the above

6. *Which of the following statement/s are incorrect regarding Semaglutide medication and oral health:*
a. Individuals taking semaglutide may experience systemic side effects that manifest in the oral cavity, which includes positive outcomes, such as better glycemic management that supports periodontal health, along with potential negative effects
b. No published work has presented evidence on oral or injectable GLP-1 RAs inducing a change in enamel, dentin, pulp, or the periodontal ligament. Instead, the current knowledge suggests that semaglutide can influence multiple pathways, which can have consequences for teeth indirectly.
c. Salient side effects of semaglutides as pertaining to oral health effects are xerostomia (dry mouth), gastric reflux, vomiting, and nutritional changes.
d. None of the above

7. *Which of the following statement/s are correct regarding Semaglutide medication and oral health:*
a. Clinically relevant oral effects of semaglutide and their downstream impacts on teeth and oral tissues have been described as "Ozempic teeth,"
b. "Ozempic teeth" is a condition characterized by decreased brittleness of teeth, possible erosion, gingival inflammation, and heightened caries risk
c. Semaglutide medications were found to be associated with xerostomia, also known as subjective dry mouth, a result of hyper-salivation.
d. None of the above

8. *Which of the following statement/s are correct regarding Semaglutide medication and oral health:*
a. Xerostomia is well recognized to be induced by a broad range of medication classes, including anticholinergics, antidepressants, antipsychotics, antihistamines, narcotics, and antihypertensives.
b. The low prevalence of xerostomia in the elderly population occurs in part because seniors frequently take one or multiple medications
c. Saliva is not responsible for playing an essential role in lubrication, antimicrobial protection, clearing food debris, and aiding function, namely chewing, speaking, swallowing, and taste enhancement.
d. None of the above

9. *Which of the following statement/s are correct regarding Semaglutide medication and oral health:*
a. Xerostomia was found to be a side effect stemming from Semaglutide medications and linked to severe dryness in the mouth.
b. The precise mechanism of xerostomia stemming from Ozempic use is fully established
c. It is not important to monitor patients who start semaglutide for dry mouth and preventive measures to mitigate the harmful consequences of xerostomia should not be applied.
d. None of the above

10. *Which of the following statement/s are correct regarding Semaglutide medication and oral health:*
a. Patients who take Ozempic and other semaglutide drugs may report experiencing pronounced halitosis, sustained bad breath including belching.
b. If food moves through the digestive system faster, food particles stay in the mouth and stomach for longer, where they are thought to contribute to a bad scent
c. Halitosis seen in patients taking semaglutide is not linked to an extraoral gastrointestinal condition and regurgitation/reflux.
d. None of the above

CPD QUESTIONNAIRE 16.3

Article: An update on research and clinical guidelines in dentistry 2026 Vol 3. Hartshorne/Kotzé, page 30. *(Please note: More than one answer can be correct)*

11. *Which of the following statements relating to primordial prevention of peri-implant diseases are TRUE?*
a. Focuses on risk-reduction strategies.
b. Focuses on the maintenance of peri-implant health after placement through supportive peri-implant care.
c. Glycemic control and medical collaboration.
d. Lifestyle optimization – smoking cessation.

12. *Which of the following statements relating to the impact of implant abutment connections and cyclic loading on screw stability are TRUE?*
a. External connections are more prone to torque loss, particularly under off-axis loading.
b. External hex designs performed more predictable with less variation in mechanical performance under cyclic loading.
c. Abutment material does not influence screw stability outcomes.
d. Abutment fit accuracy influences screw stability outcomes

13. *Which of the following statements relating the emergence profile of implant-supported crowns in the aesthetic zone are TRUE?*
a. A concave emergence profile showed the greatest risk of mid-facial recession at 3 years.
b. Concave emergence profiles restrict soft tissue space, predisposing to recession.
c. Concave emergence profiles support coronal soft tissue adaptation and reduce recession.
d. Convex emergence profiles had a 7.3-fold higher risk of mid-facial recession compared to concave emergence profiles.

14. *Which of the following statements relating to risk factors for implant failure in full-arch rehabilitation are TRUE?*
a. Full arch immediate-load rehabilitations is a highly predictable treatment when risk factors are controlled.
b. Bone grafting before definitive restoration is a significant risk factor.
c. Opposing natural/fixed dentition and use of only four implants were significant predictors implant survival.
d. After prosthesis delivery, absence of a night guard is a significant predictor of implant failure.

15. *Gingivitis management is moving towards a data-driven, minimally invasive, preventive model, integrated with general healthcare, and aimed at early detection and long-term stability. (TRUE or FALSE?)*
a. TRUE b. FALSE

Article: Indirect pulp capping: Bio-Bulk Fill and Bulk&Go techniques. Tosco, page 34

16. *In the case described, clinical examination revealed a carious lesion on which tooth?*
a Second molar
b. Third molar
c. First molar

17. *Which statement is correct:*
a The tooth was negative on vitality testing and negative on percussion testing.
b. The tooth was negative on vitality testing and positive on percussion testing.
c. The tooth was positive on vitality testing and negative on percussion testing.
d. The tooth was positive on vitality testing and positive on percussion testing.

18. *According to the author, bulk-fill composites (BFCs) are among the resin-based materials most widely used for the restoration of posterior teeth.*
a They can be placed and cured in increments of up to 2–3mm in thickness
b. They can be placed and cured in increments of up to 4–5mm in thickness
c. They can be placed and cured in increments of up to 5–6mm in thickness

19. *Which statement is correct: When all the infected dentine had been removed:*
a A class II on the first molar and a class II on the second one were obtained
b. A class I on the first molar and a class II on the second one were obtained
c. A class I on the first molar and a class I on the second one were obtained
d. A class II on thefirst molar and a class I on the second one were obtained

20. *Which statement is correct: The follow up examination took place:*
a At six months
b. At nine months
c. At twelve months
d. At twenty-four months