

ANSWER SHEET

LIFELONG LEARNING

Rheumatoid arthritis

	True	False
1 Rheumatoid arthritis (RA):		
a) Is an acute and local disorder of the synovial joints		✓
b) Can lead to joint destruction, deformity and disability	✓	
c) Has an annual incidence in the UK of 3%		✓
d) Is rare in rural China and Indonesia	✓	
e) Has increased in incidence over recent decades		✓
2 Regarding RA causes and trends:		
a) Women who have taken oral contraceptives are twice as likely to develop the condition		✓
b) Genetic clustering in families has been confirmed through observations in twin studies	✓	
c) Fewer men develop RA than women	✓	
d) Inflammatory arthropathy caused by parvovirus often progresses to RA		✓
e) There is no link between smoking and RA		✓
3 Patients with RA have an increased risk of:		
a) Some types of cancer	✓	
b) Ischaemic heart disease	✓	
c) Pregnancy		✓
d) Developing infections	✓	
e) Alcohol misuse		✓
4 Concerning RA pathophysiology:		
a) T cells are believed to activate macrophages and fibroblasts, resulting in tissue destruction	✓	
b) T cells stimulate the production of autoantibodies such as rheumatoid factor		✓
c) Proinflammatory cytokines such as tumour necrosis factor (TNF) prevent osteoclastogenesis		✓
d) The disease can affect any joint lined by synovial membrane containing synovial fluid	✓	
e) Joint damage results from active remodelling processes that occur in the synovium in response to inflammation	✓	
5 Regarding treatment with methotrexate:		
a) It should only be prescribed as monotherapy for patients with RA		✓
b) Folic acid should be co-administered on the day of methotrexate dosing		✓
c) Kidney function should be monitored since methotrexate is renally excreted	✓	
d) The drug should be withheld if the patient develops a severe infection	✓	
e) Subcutaneous injection can reduce gastrointestinal intolerance	✓	

	True	False
6 Regarding side effects of RA treatments:		
a) Rituximab has been associated with fatal cases of multifocal leukoencephalopathy	✓	
b) Hydroxychloroquine has the potential to cause retinal toxicity	✓	
c) Infection is a particular risk for patients receiving non-TNF-inhibitor biologics		✓
d) In the case of serious infection, leflunomide must be "washed out" using colestyramine	✓	
e) Methotrexate and leflunomide are associated with interstitial pneumonitis	✓	
7 Concerning corticosteroid use for patients with RA:		
a) Regular oral treatment is preferred		✓
b) Patients should be counselled regarding potential risks of psychotic reactions following higher intramuscular (IM) doses	✓	
c) Intermittent use of IM or intra-articular (IA) injections can increase joint erosion		✓
d) They have an important place in controlling "flares" of disease	✓	
e) Licensed loading doses can cause severe diarrhoea and abdominal pain		✓
8 The following biologics are administered subcutaneously:		
a) Certolizumab pegol	✓	
b) Infliximab		✓
c) Abatacept		✓
d) Adalimumab	✓	
e) Anakinra	✓	
9 In the care of patients with RA:		
a) Some specialist rheumatology pharmacists are trained to administer IA injections	✓	
b) Community pharmacists should ensure those taking methotrexate have their dose recorded in monitoring booklets	✓	
c) Surgery should always be viewed as a last resort		✓
d) Occupational therapists undertake home assessments and provide splints and supports for joints	✓	
e) American College of Rheumatology criteria are used to determine an individual's disease activity score (DAS)		✓
10 Regarding RA treatment and monitoring:		
a) DAS-28 is based on assessment of symptoms at 28 separate clinic visits		✓
b) Biologic treatment should be stopped if a patient achieves a decrease in DAS-28 score of at least 1.2 after six months of therapy		✓
c) Early use of disease-modifying antirheumatic drugs (DMARDs) is crucial in preventing joint damage	✓	
d) Various baseline tests should be conducted before starting DMARD treatment to aid assessment of drug toxicity	✓	
e) The introduction of biologics has reduced the need to offer lifestyle advice		✓