

## THE QUESTIONS

## 1. Rheumatoid arthritis (RA):

- a) Affects up to 1 per cent of the population T F  
 b) Has a particularly high prevalence in sub-Saharan Africa T F  
 c) Is more common in women T F  
 d) Most commonly arises in the fourth and fifth decades of life T F  
 e) Is not associated with increased mortality T F

## 2. In the aetiology of RA:

- a) There is a significant genetic predisposition to developing the disease T F  
 b) There is a tendency to follow a Mendelian inheritance pattern T F  
 c) Disease development is associated with the presence of certain HLA-DRB1 alleles in an individual T F  
 d) Androgens may confer some protection from the disease T F  
 e) There may be an infectious origin T F

## 3. In the development of RA:

- a) An early sign of the disease is the presence of synovial layer hyperplasia T F  
 b) Joint swelling is the result of angiogenesis T F  
 c) The synovial layer initially becomes infiltrated with CD-4 cells T F  
 d) The tissues of the thickened synovial layer invading cartilage and bone is known as pannus T F  
 e) Pannus cells express RNA which encodes for destructive enzymes T F

## 4. In the inflammatory process of RA:

- a) The function of T-cells is predominantly phagocytic T F  
 b) B-cells contribute 20 per cent of total synovial cells T F  
 c) B-cells produce rheumatoid factor T F  
 d) Fibroblast cells express HLA-DR surface antigen T F  
 e) Neutrophils release cytolytic enzymes T F

## 5. In considering cytokines in RA:

- a) TNF-alpha is present in the majority of cells lining the synovium T F  
 b) Interleukin-1 (IL-1) occurs in a higher proportion of cells in the synovial lining than does TNF-alpha T F  
 c) TNF-alpha activity is associated with damage to the proteoglycans in cartilage T F  
 d) Reducing TNF-alpha activity may also reduce IL-1 activity T F  
 e) IL-6 is associated with increases in C-reactive protein in patients with RA T F



## Credit for Learning

RHEUMATOID  
ARTHRITIS

## 6. In the assessment of RA and its response to treatment:

- a) According to American College of Rheumatology guidelines (ACR), an ACR 20 improvement requires an improvement in tender joint count greater than 20 per cent T F  
 b) An ACR 20 improvement requires a reduction in rheumatoid factor greater than 20 per cent T F  
 c) A disease activity score (DAS 28) of four or more suggests highly active disease T F  
 d) A reduction in DAS 28 score of more than 1.2 is a good response to treatment T F  
 e) A DAS 28 of 3.2 or less represents a low level of disease activity T F

## 7. In considering etanercept to treat RA:

- a) It has a low immunogenicity T F  
 b) It has a half-life of 100 hours T F  
 c) Evidence suggests 25mg subcutaneously twice-weekly is associated with a significantly higher level of adverse effects than 10mg subcutaneously twice-weekly T F  
 d) 25mg subcutaneously twice-weekly showed significantly superior efficacy at 12 months compared with methotrexate 10mg weekly, in the study by Bathon *et al* (2000) T F  
 e) It is licensed for use in psoriatic arthritis T F

## 8. In considering infliximab to treat RA:

- a) It has a significant immunogenicity T F  
 b) It is only licensed to be used with methotrexate T F  
 c) It need only be given once every eight weeks T F  
 d) It is currently being reviewed by NICE T F  
 e) It is licensed in juvenile chronic arthritis T F

## 9. With regard to disease-modifying antirheumatic drugs (DMARDs):

- a) They inhibit the release of inflammatory cytokines T F  
 b) Patients are more likely to stop taking azathioprine due to its toxicity compared with any other DMARD T F  
 c) Clinical improvement of RA is more likely when more than one DMARD is used in combination therapy T F  
 d) Antimalarial agents are the least toxic of the DMARDs used T F  
 e) Severe renal problems are a side effect of treatment with leflunomide T F

## 10. With regard to methotrexate:

- a) There are two strengths of tablet available T F  
 b) A full blood count is the only monitoring parameter required during treatment with this drug T F  
 c) It can be administered orally, intramuscularly or subcutaneously in the treatment of RA T F  
 d) Its onset of action is about three months T F  
 e) Severe alveolitis is one of its side effects T F

Answers will appear in the March 2002 issue.