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Dyslipidaemia

This issue's special feature, on which these questions are based, was commissioned from independent authors. The Life-long Learning scheme is supported by an educational grant from Mayne Pharma but the company has no editorial input. The scheme is open to all pharmacists. The information in the box below (right) should help readers to identify knowledge gaps and undertake continuing professional development. Readers are also invited to complete the questions overleaf on dyslipidaemia, to test their knowledge of the articles, and send their answers, together with a stamped and addressed A5 envelope, to:

**Life-long Learning — Dyslipidaemia
Hospital Pharmacist
1 Lambeth High Street
London SE1 7JN**

Entries must be received by Monday, 20 June. Results will be returned with a certificate of completion.

Mayne Pharma is offering a place as part of its delegation to the European Association of Hospital Pharmacists conference in Geneva in spring 2006 to the entrant who achieves the highest marks overall in this series of exercises. The best six scores from the eight exercises in the series (November 2004 – July/August 2005) will



be taken into consideration. This is the sixth set of questions.

The runner-up will receive registration and expenses for the *Hospital Pharmacist* conference this autumn. Third and fourth place, respectively, will receive Pharmaceutical Press vouchers and British Society for the History of Pharmacy china mugs. Further details on this scheme can be found in *Hospital Pharmacist* (2004;11:436) and at www.pjonline.com/noticeboard/lifelong.

Your name, address and scores will be held on a database for the purpose of awarding prizes. Should you wish your details not to be held in this way, please tick the box. If you do this, you will be sent a certificate, but you will be ineligible for a prize.

Name _____

College member: Yes No

RPSGB registration number: _____

Address: _____

Post code: _____

Continuing education

This article is accredited as suitable for continuing education (CE) by the College of Pharmacy Practice. Completion of the questions will count towards the CE requirements of College members. Should you wish us to pass your scores to the College for this purpose, please tick the box (top right) showing that you are a College member.

Completion of the questions entitles undergraduates to one point towards the Professional Development Certificate, a joint initiative between the British Pharmaceutical Students' Association and the College.



Continuing professional development

Identify knowledge gaps

- ◆ To understand the types of disordered lipid metabolism, how they arise, their prevalence and the consequences for health
- ◆ To understand the medication and non-medication approaches to correcting disordered lipid metabolism

Act

- ◆ Read the articles in this issue
- ◆ Test your knowledge by answering the multiple-choice questions on dyslipidaemia overleaf

Evaluate

- ◆ What have you learnt?

- ◆ How has it added value to your practice?
- ◆ What will you do now and how will this be achieved?

The Royal Pharmaceutical Society's areas of competence for pharmacists are listed in "Plan and record", (available at www.rpsgb.org/education).

The assistance of the College of Pharmacy Practice is acknowledged in producing the CPD elements of this month's special feature. Further information on CPD for hospital pharmacists can be found in articles in the February issue of *Hospital Pharmacist* (2005;12:65–72).

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To answer the questions, tick either the True or False column

	True	False		True	False
1. Dietary modification advice for reducing serum cholesterol includes:					
a) Decreased consumption of olives					
b) Increased consumption of fish pate					
c) Increased consumption of palm oil					
d) Increased consumption of soluble fibres					
e) Decreased consumption of cream cheese					
2. In the transport and metabolism of lipids in the body:					
a) Very-low density lipoprotein (VLDL) carries cholesterol from the intestine to the liver					
b) VLDL is a precursor of intermediate-density lipoprotein cholesterol					
c) High-density lipoprotein (HDL) accumulation in the arterial intima leads to arteriosclerosis					
d) Low-density lipoproteins (LDL) are formed from intermediate-density lipoproteins following the removal of triglycerides					
e) Lipoprotein lipase is activated by apoprotein E					
3. Regarding the Fredrickson/World Health Organization classification of hyperlipidaemias:					
a) The primary cause of type I disease is familial combined hyperlipidaemia					
b) Chylomicron levels are raised in type V disease					
c) Alcohol is a secondary cause of type V disease					
d) Lipoprotein lipase deficiency is a primary cause of type III disease					
e) Nephrotic syndrome is a secondary cause of type IV disease					
4. The following laboratory results are outside optimum serum lipid levels:					
a) HDL of 0.8mmol/L					
b) LDL of 3.4mmol/L					
c) Total cholesterol of 5.3mmol/L					
d) HDL of 1.6mmol/L					
e) Triglyceride of 1.8mmol/L					
5. Regarding the epidemiology of dyslipidaemia:					
a) The mean total serum cholesterol for the population of England is above the optimum target level					
b) The mean HDL level for the population is below the optimum target					
c) The mean total cholesterol in ethnic minority groups is higher than the general population					
d) Between 40 and 50 per cent of men between the ages of 25 and 34 have raised cholesterol					
e) Nearly 8 per cent of all disease burden in developing countries is caused by raised cholesterol					
6. Fibrates cause:					
a) Gastrointestinal disturbances in some patients					
b) Increased lipolysis					
c) A reduction in plasma triglyceride levels					
d) An increase in HDL levels					
e) Myopathy in many patients					
7. Regarding clinical trials in dyslipidaemia:					
a) The Collaborative Atorvastatin Diabetes Study (CARDS) focused on secondary prevention of cardiovascular events					
b) The Cholesterol and Recurrent Events (CARE) study recruited patients with cholesterol levels >6.2mmol/L					
c) The Scandinavian Simvastatin Survival Study (4S) treated patients with total cholesterol 4.0–5.0mmol/L					
d) The Long-term Intervention with Pravastatin in Ischaemic Disease (LIPID) study used pravastatin at a dose of 40mg					
e) The Veteran Affairs High-Density Lipoprotein Intervention Trial (VA-HIT) showed the benefits of statins in patients with low HDL levels					
8. Regarding the adverse effects of statins:					
a) Significant liver elevations occur in 5 per cent of patients					
b) Severe myopathy affects less than 0.2 per cent					
c) Non-severe myopathy affects about 10 per cent					
d) Muscle toxicity is more likely in patients also receiving a fibrate					
e) Minor transient elevations of liver enzymes are frequently seen in the first few months					
9. HDL plasma levels can be increased more than 5 per cent by:					
a) Bile acid sequestrants					
b) Statins					
c) Ezetimibe					
d) Fibrates					
e) Nicotinic acid derivatives					
10. Regarding statins:					
a) All statins should be administered at night					
b) Liver function should be checked every couple of years for patients stabilised on treatment					
c) According to the government, anyone with a cumulative risk of cardiac events of 30 per cent over the next 10 years should be offered a statin					
d) They promote the conversion of 3-hydroxy-3-methylglutaryl coenzyme A to mevalonic acid					
e) Some can inhibit cytochrome P450					

