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Gout

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 gout, to test their knowledge of the articles, and send their answers, together with a stamped and addressed A5 envelope, to:

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

Entries must be received by Wednesday, 28 December. 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 spring 2007 to the entrant who achieves the highest marks overall in this series of exercises. The best eight scores from the ten exercises in the series (September 2005 – July/August 2006) will



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

The runner-up will receive registration and expenses for the *Hospital Pharmacist* conference in autumn 2007. 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 causes and clinical presentations of gout
- ◆ To understand the principles of gout management, both pharmacological and non-pharmacological

Act

- ◆ Read the articles in this issue
- ◆ Test your knowledge by answering the multiple-choice questions on gout 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 how hospital pharmacists are approaching the challenges of CPD can be found in articles in the February issue of *Hospital Pharmacist* (2005;12:65–72).



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

	True	False		True	False
1. Concerning gout:					
a) A raised uric acid is diagnostic of gout					
b) Crystals of calcium pyrophosphate are seen					
c) It may be familial					
d) It can be difficult to distinguish from septic arthritis					
e) It was first described in the 19th century					
2. Risk factors for gout include:					
a) Binge drinking					
b) Daily intake of red meat.					
c) Surgery for a perforated duodenal ulcer					
d) Consuming two litres of soft drinks per day					
e) Consuming excess amounts of unpasturised cheese					
3. Regarding the clinical presentation of gout:					
a) Podagra is an uncommon presentation					
b) Most acute attacks affect more than one joint					
c) Onset tends to be gradual over a few days					
d) Following an acute attack two thirds of patients will have a second attack within 12 months					
e) Patients with psoriasis are at higher risk of developing the condition					
4. In respect of hyperuricaemia:					
a) Male Maoris are more predisposed due to their decreased renal urate clearance					
b) Two thirds of our uric acid is derived from our diet					
c) It is more likely to develop in patients with impaired renal function					
d) It can occur following a prolonged epileptic seizure					
e) It is a marker of cardiovascular risk					
5. Monosodium Urate (MSU) crystals:					
a) Form more readily at higher temperatures					
b) Are prevented from forming by proteoglycans in the joint.					
c) Are positively birefringent when examined under the microscope					
d) Dehydration at night is postulated as a reason for their formation					
e) Are more likely to form in peripheral joints					
6. In the management of acute gout:					
a) Colchicine should be first line therapy for the majority of patients					
b) It is important to reduce serum urate levels during the acute attack					
c) The most important factor determining the response to an NSAID is how soon the NSAID therapy can be initiated					
d) NSAIDs should be used in high doses during the first 24-48 hours with a gradual tapering of the dose over a period of 5-8 days					
e) Intra-articular steroids are an effective alternative in patients with multiple affected joints					
7. In the treatment of gout with NSAIDs:					
a) Etoricoxib is the only licensed COX-2 inhibitor for the treatment of acute gout					
b) The Committee on Safety of Medicines has stated that for COX-2 inhibitors consideration of cardiovascular risk is paramount					
c) The CSM has restricted azapropazone for the treatment of gout only when other agents have been tried and failed					
d) Patients at risk of recurrent gout attacks should carry a supply of NSAIDs for the rapid treatment of an acute exacerbation					
e) Aspirin is an effective NSAID in the management of gouty arthritis					
8. With respect to the safety and efficacy of colchicine:					
a) Colchicine must be administered within the first 24-48hrs of an acute exacerbation to be effective					
b) The maximum cumulative dose of colchicine for an acute attack is 10mg					
c) Colchicine therapy may be repeated within three days of an acute attack if the first course was unsuccessful					
d) 80% of patients receiving therapeutic doses of colchicine are likely to experience gastrointestinal symptoms including nausea, diarrhoea and abdominal bloating					
e) For the treatment of an acute attack in a patient with renal impairment colchicine therapy (at a reduced dose) is recommended rather than NSAID therapy					
9. In the prophylaxis of hyperuricaemia and the management of chronic gout:					
a) Uricosuric drugs (e.g. probenecid and sulfapyrazone) are first line therapy in patients over-producing uric acid					
b) Urate lowering drugs would be considered in all patients with hyperuricaemia					
c) Urate lowering drugs would be considered in patients experiencing two or more exacerbations of acute gout per year					
d) Uricosuric drugs are generally effective in patients with poor renal function					
e) Long term reduction in serum urate levels is an important goal in asymptomatic patients in order to prevent long term complications					
10. Allopurinol:					
a) Inhibits xanthine oxidase as its primary mode of action					
b) Has a half life of over 12 hours facilitating once daily dosing					
c) Can safely be used during an acute exacerbation of gout					
d) Causes hypersensitivity reactions in 3-5% of patients especially manifesting as skin eruptions and rashes					
e) Can safely be used with all cytotoxic agents					

Answers will appear in the January 2006 issue

