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Anxiety disorders

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 should help readers to identify knowledge gaps and undertake continuing professional development. Readers are also invited to complete the questions overleaf on anxiety disorders, to test their knowledge of the articles, and send their answers, together with a stamped and addressed A5 envelope, to:

Life-long Learning – Anxiety disorders
Hospital Pharmacist
1 Lambeth High Street
London
SE1 7JN

Entries must be received by Monday 22 May. 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 seventh set of questions.

The runner-up will receive registration and expenses for the *Hospital Pharmacist* conference in 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/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: _____

RPSGB registration number: _____

Address: _____

Post code: _____

How to undertake continuing professional development

Identify knowledge gaps

- ◆ To have a knowledge of the different anxiety disorders
- ◆ To understand the drug treatment and psychological management of these conditions

Act

- ◆ Read the articles in this issue
- ◆ Test your knowledge by answering the multiple-choice questions on anxiety disorders 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 feature on anxiety has been accredited by the College of Pharmacy Practice against the Royal Pharmaceutical Society's general and hospital practice areas of competence, which can be accessed via *Hospital Pharmacist* online (www.pjonline.com/links/hp)

Reading the feature and completing the questions will help readers to fulfil aspects of the following competency areas, depending on their area of practice and application of learning: G1, G5, G8, G9, HP1, HP2, HP4, HP5, HP10.

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.



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 2005 issue of *Hospital Pharmacist* (2005;12:65–72).



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

| | True | False | | True | False |
|--|------|-------|--|------|-------|
| 1. Regarding the aetiology of anxiety disorders: | | | 6. Benzodiazepines: | | |
| a) They are most likely caused by a combination of biological, psychological and social factors | | | a) Enhance the effects of glutamate in the CNS | | |
| b) Studies have generally shown that rates of OCD in monozygotic and dizygotic twins are the same | | | b) Are recommended by NICE for the treatment of panic disorder | | |
| c) Parental loss in developmental years is thought to be a risk factor | | | c) Are mainly metabolised by CYP3A4 | | |
| d) Cholecystokinin antagonists may precipitate panic attacks | | | d) Cause withdrawal problems in more than a half of all long-term users | | |
| e) Cortisol secretion modulates the stress response | | | e) All have similar half-lives | | |
| 2. Concerning generalised anxiety disorder (GAD): | | | 7. Regarding drug treatment of anxiety disorders: | | |
| a) Neurotransmitters involved in depression have been shown to be implicated in its cause | | | a) Benzodiazepines are useful for treating the acute symptoms of social phobia | | |
| b) A diagnosis of GAD requires that excessive anxiety has been present for most days for at least six months | | | b) Beta-blockers are no more effective than placebo | | |
| c) The anxiety occurs only after a specific trigger factor or situation | | | c) Hydroxyzine is licensed for short-term use in anxiety | | |
| d) Noradrenergic overactivity is associated with its cause | | | d) Olanzapine may be useful in PTSD | | |
| e) The "impact of event" rating scale is used to evaluate it | | | e) Quetiapine has evidence supporting its use in GAD | | |
| 3. Concerning post-traumatic stress disorder (PTSD): | | | 8. Selective serotonin reuptake inhibitors: | | |
| a) Endogenous opiates are suspected of mediating emotional numbing | | | a) Are the drugs of choice in all anxiety disorders | | |
| b) It occurs commonly in more than 10 per cent of the general population | | | b) May induce CYP2D6 | | |
| c) Symptoms commonly start six months after the traumatic event | | | c) Are similar in their ability to cause symptoms on discontinuation | | |
| d) It can only occur if the patient was directly involved in the traumatic event | | | d) Cause stimulation at 5HT ₂ receptors, which may cause sexual dysfunction | | |
| e) Symptoms include irritability and poor concentration | | | e) Can cause an increase in anxiety at the beginning of therapy | | |
| 4. The symptoms of anxiety may: | | | 9. Regarding tricyclic antidepressants (TCAs): | | |
| a) Improve before depressive symptoms improve | | | a) They can cause postural hypotension via histamine blockade | | |
| b) Take up to 12 weeks to respond to an antidepressant | | | b) They may cause cognitive impairment via anticholinergic effects | | |
| c) Be associated with medical conditions such as alcohol dependence | | | c) They can cause toxicity in overdose via QTc prolongation | | |
| d) Be associated with high caffeine intake | | | d) They are useful in social phobia | | |
| e) Be associated with cocaine dependence | | | e) Clomipramine is the only TCA licensed for anxiety | | |
| 5. Concerning psychological therapies: | | | 10. Considering other medicines in anxiety: | | |
| a) Cognitive behavioural therapy (CBT) focuses on past experiences | | | a) Phenzelzine may be useful as a second line agent in social phobia | | |
| b) CBT challenges irrational negative belief | | | b) Moclobemide can be displaced from the MAO enzyme by noradrenaline | | |
| c) EMDR is a recommended treatment in GAD | | | c) Venlafaxine causes dopamine reuptake inhibition below 150mg per day | | |
| d) Behavioural therapy may include desensitisation to the anxiety provoking stimulus | | | d) Mirtazapine blocks the serotonin receptors, 5HT ₁ and 5HT ₂ | | |
| e) Support groups can be useful in anxiety disorders | | | e) Buspirone has a slow onset of action | | |

