Inflammatory bowel disease

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

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

Entries must be received by 26 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 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 eighth 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: ______________________

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RPSGB registration number: ______________________

Address: ______________________

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Post code: ______________________

How to undertake continuing professional development

Identify knowledge gaps

- To have a knowledge of the clinical features and diagnosis of ulcerative colitis and Crohn's disease
- To understand the pharmacological treatment of these conditions

Act

- Read the articles in this issue
- Test your knowledge by answering the multiple-choice questions on inflammatory bowel disease 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 inflammatory bowel disease 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

1. Regarding the epidemiology of inflammatory bowel disease (IBD):	True	False
a) Males are more prone to Crohn's disease (CD) than females		
b) The prevalence of ulcerative colitis (UC) is increasing in the western world		
c) CD is particularly common in Africa and Asia		
d) Children and the elderly are not affected by IBD		
e) A high intake of fast foods is a risk factor for CD		

2. Regarding the symptoms and manifestations of UC:	True	False
a) It is more associated with spondyloarthropathy than CD		
b) It causes severe diarrhoea when confined to the rectum		
c) When severe, it can cause perforation of the small bowel		
d) It is less associated with extraintestinal manifestations than CD		
e) It is particularly prevalent among smokers		

3. Regarding the symptoms and manifestations of CD:	True	False
a) It is associated with ocular complications in more than 50 per cent of patients		
b) It may present with anaemia in adults		
c) It always involves the terminal ileum and mouth		
d) It is commonly associated with pyoderma gangrenosum		
e) It is commonly associated with malnutrition		

4. When diagnosing IBD:	True	False
a) Endoscopy is rarely used		
b) C-reactive protein is a particularly reliable marker for diagnosing UC		
c) Segmental disease is generally indicative of CD		
d) Fistulae are generally indicative of UC		
e) X-ray examinations are commonly used		

5. Regarding drug delivery by the rectal route in IBD:	True	False
a) This should only be used in UC		
b) Rectal steroids should never be used with oral steroids		
c) Suppositories only reach the rectal mucosa		
d) Predsol enema is more readily absorbed into the blood stream than Predenema		
e) Rectal mesalazine preparations are ineffective in UC		

Answers will appear in the July/August 2006 issue

6. When using aminosalicylates, practitioners should be aware that:	True	False
a) Mesalazine does not generally cause male infertility		
b) Modified release preparations of mesalazine should be used to reduce absorption		
c) Patients taking these drugs must be screened regularly for signs of renal impairment		
d) 5-aminosalicylic acid is not effective in UC maintenance therapy		
e) If blood dyscrasia occurs, the dose of these drugs should be halved		

7. Regarding the use of corticosteroids in IBD:	True	False
a) They should not be used as maintenance therapy for inflammatory bowel disease		
b) Prednisolone 60mg daily is no more effective in inducing remission than 40mg, but causes more adverse reactions		
c) Doses of prednisolone below 20mg daily are generally ineffective in the management of acute flare ups		
d) Corticosteroids should be tailed off quickly once active disease is under control		
e) Intravenous hydrocortisone should not be used		

8. Regarding the thiopurines (AZA, 6-MP), ciclosporin and methotrexate	True	False
a) AZA is not effective as maintenance therapy		
b) Thiopurine methyl transferase activity must be measured before starting AZA or 6-mercaptopurine		
c) Patients should be encouraged to continue treatment if they experience influenza-like symptoms at the start of treatment		
d) Out of the four agents, only ciclosporin is licensed for the treatment of Crohn's disease		
e) Methotrexate is only effective in Crohn's disease at a dose of less than 15mg weekly		

9. When using anti-tumour necrosis factors (anti-TNFs), practitioners should be aware that:	True	False
a) Infliximab is licensed for CD but not UC		
b) Patients need to be screened for infections before being administered anti-TNFs		
c) Infliximab is considered to be safe in pregnancy		
d) Patients retreated after remission may experience delayed hypersensitivity reactions		
e) Lymphomas are associated with anti-TNF therapy		

10. When treating IBD:	True	False
a) Ibuprofen is often used to reduce inflammation		
b) Morphine should only be used sparingly		
c) It is important that maximum blood levels of drugs are achieved		
d) Mesalazine should be prescribed generically		
e) The resin-coated mesalazine preparations are designed to release the drug at around pH2		