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Acromegaly

This issue's special feature, on which these questions are based, was commissioned from independent authors. The information in the box (below, right) should help readers to identify knowledge gaps and undertake continuing professional development. All readers are invited to complete the questions overleaf on acromegaly, to test their understanding of the articles, and send their answers, together with a stamped and addressed A5 envelope, to:

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

Entries must be received by 23 October. Results will be returned with a certificate of completion.

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.

Life-long Learning competition

The 2005/06 Life-long Learning series ended with the last issue of *Hospital Pharmacist* (July/August). The winner and runners up of the competition will be announced in the November issue. Details about the next Life-long Learning competition are currently being finalised, but readers are invited to continue to answer the Life-long Learning questions for continuing professional development purposes. Accreditation by the College of Pharmacy Practice remains unchanged.

Hospital Pharmacist online

Hospital Pharmacist is available online at www.pjonline.com/hp/index.html. The website contains the current issue and an archive of back issues from January 2000 onwards. There are also links to the regular features in *Hospital Pharmacist* (eg, Life-long Learning, meeting reports, comments, careers, focus on technicians) and forthcoming special features.

The site also contains advice to contributors to *Hospital Pharmacist*, information about the annual *Hospital Pharmacist* conference, a link to *The Pharmaceutical Journal* careers page and information on subscribing to the journal.

There is a diary page with information about reunions, meetings, courses and health events (www.pjonline.com/diary).



Name: _____

RPSGB registration number: _____

Address: _____

Post code: _____

How to undertake continuing professional development

Identify knowledge gaps

- ◆ To have a knowledge of the causes and symptoms of acromegaly
- ◆ To understand the treatment options for the disease and the importance of long-term follow up

Act

- ◆ Read the articles in this issue
- ◆ Test your knowledge by answering the multiple-choice questions 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 acromegaly 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 epidemiology of acromegaly:			6. Regarding the diagnosis of acromegaly:		
a) The annual worldwide incidence is 3-5 cases per million			a) Patients are diagnosed only on the basis of IGF-1 levels		
b) The disease is more prevalent in women than men			b) The oral glucose tolerance test is only used to diagnose diabetes mellitus		
c) The estimated prevalence is 100 cases per million			c) Magnetic resonance imaging is used in monitoring treatment of acromegaly		
d) Acromegaly is a common condition			d) Abnormalities in other pituitary hormones can also be present in patients with acromegaly		
e) Acromegaly most commonly occurs in Caucasians			e) The thyrotropin-releasing hormone test is commonly used in the diagnosis of acromegaly		
2. Concerning the causes of acromegaly:			7. Concerning pituitary radiotherapy:		
a) The most common cause of acromegaly is a GH-secreting adenoma of the anterior pituitary gland			a) Radiotherapy is the primary treatment for acromegaly		
b) Acromegaly is largely a genetic disorder			b) The maximum dose of radiation that can be administered is limited by normal tissue in the treatment area		
c) Approximately 15 per cent of adenomas secrete prolactin as well as GH			c) Radiotherapy usually causes visual and memory defects		
d) GH excess that occurs before fusion of epiphyseal growth plates is called gigantism			d) Stereotactic radiosurgery delivers a precise beam of radiation to the tumour, avoiding the surrounding areas		
e) Acromegaly can be caused by environmental factors			e) Radiotherapy reduces tumour size several days after administration		
3. Regarding the pathophysiology of acromegaly:			8. Regarding surgical treatment:		
a) Growth hormone cannot affect target organs directly but exerts its actions via IGF-1			a) The surgical outcome is better when a dedicated pituitary surgeon carries out the procedure		
b) Growth hormone is secreted in a pulsatile fashion			b) Surgery is only considered if drug therapy fails		
c) Somatostatin stimulates GH secretion			c) Complications of surgery include diabetes insipidus and cerebrospinal fluid rhinorrhoea		
d) IGF-1 is a growth factor mainly derived from the liver			d) Macroadenomas have a better surgical outcome than microadenomas		
e) GH release increases with age			e) Patients may require radiotherapy or drug therapy after surgery for recurrent acromegaly		
4. Regarding the symptoms and manifestations of acromegaly:			9. Concerning somatostatin analogues:		
a) Acromegaly commonly remains undiagnosed for many years			a) They inhibit GH secretion		
b) Excess GH secretion in children is also referred to as acromegaly			b) They can cause gallstone development		
c) The clinical features of acromegaly are attributable to increased levels of GH and IGF-1			c) They increase levels of thyroid stimulating hormone		
d) Hyperhidrosis only occurs in a minority of patients			d) There are two long-acting somatostatin analogues in use in the UK		
e) Over 20 per cent of patients with acromegaly also have type 2 diabetes mellitus			e) Lanreotide LA can be administered every 10–14 days		
5. Concerning complications of acromegaly:			10. Concerning other drug treatment for acromegaly:		
a) Patients with acromegaly have an increased risk of developing malignancy			a) Bromocriptine is the only dopamine agonist licensed for acromegaly		
b) Patients with acromegaly have a reduced life expectancy			b) Dopamine agonists are useful in patients with a mixed GH-prolactin secreting adenoma		
c) Patients with acromegaly do not exhibit respiratory manifestations			c) Most patients achieve normal circulating GH and IGF-1 levels after treatment with dopamine agonists		
d) Local effects of the tumour may include visual field defects			d) Pegvisomant normalises GH levels		
e) The cardiac dysfunction seen in patients with acromegaly is irreversible			e) Life-long hormone replacement may be required to correct any other hormone deficiencies that may occur		

Answers will appear in the November 2006 issue

