

Macular degeneration

This issue's special feature, on which these questions are based, was commissioned from independent authors. The Life-long Learning scheme 2007 is supported by an educational grant from Martindale Specials but the company has no editorial input. 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 to test their knowledge of the articles, and send their answers, together with a stamped and addressed C5 envelope, to:

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

Name: _____

RPSGB registration number: _____

Address: _____

Post code: _____



Entries must be received by 25 June 2007. Results will be returned with a certificate of completion.

Life-long Learning competition

This is the fourth set of questions of the 2007 Life-long Learning competition, sponsored by Martindale Specials. The entrant who achieves the highest marks in this series of six exercises will win attendance at the European Association of Hospital Pharmacists annual congress, to be held in Maastricht, the Netherlands, in spring 2008.

The best five scores from the six exercises in this series, which will run until July/August 2007 will be taken into consideration.

The runner-up will receive registration and travel expenses for the *Hospital Pharmacist* conference in 2008. Third and fourth place will receive Pharmaceutical Press vouchers or British Society for the History of Pharmacy china mugs.

Your name, address and scores will be held on a database for the purpose of awarding prizes.

Should you not wish your details to be held in this way, please tick the box below. If you do this, you will be sent a certificate, but you will be ineligible for a prize.

How to undertake continuing professional development

Identify knowledge gaps

- ◆ The causes and symptoms of macular degeneration and the methods of diagnosis
- ◆ Current and future treatment options for the condition and the medicines management issues involved

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 macular degeneration 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
1. Dry age-related macular degeneration (AMD):		
a) Is the most common form of AMD		
b) Is the form of AMD most likely to result in blindness		
c) Can develop from patients with early age-related maculopathy		
d) Most commonly first manifests as metamorphosia		
e) Can be treated surgically		
2. Wet AMD:		
a) Is the most common form of AMD		
b) Is the form of AMD most likely to result in blindness		
c) Can develop from patients with early age-related maculopathy		
d) Most commonly first manifests as metamorphosia		
e) Can be treated surgically		
3. The following are risk factors for AMD:		
a) Smoking		
b) Consuming beta-carotene		
c) Consuming junk foods		
d) High blood pressure		
e) Lack of sun exposure		
4. Regarding the diagnosis of AMD:		
a) Visual acuity is measured using a Snellen chart		
b) Visual acuity is measured using an Amsler grid		
c) Choroidal neovascular (CNV) lesions have a pale appearance on a fluorescein angiography		
d) Occult CNV lesions are well defined at the start of a fluorescein angiography		
e) Patients with AMD often see distorted lines on an Amsler grid		
5. Regarding the treatment of wet AMD:		
a) Wet AMD is the most difficult type of AMD to treat		
b) Macular translocation is recommended by NICE as first-line therapy for AMD		
c) Macular translocation may involve detaching the retina		
d) Occult CNV lesions can be treated using transpupillary thermotherapy (TTT)		
e) TTT uses laser energy to coagulate vessels		
6. Photocoagulation and photodynamic therapy (PDT):		
a) Photocoagulation may result in a scotoma		
b) Recurrence of lesions following photocoagulation is rare		
c) Laser treatment can be used to treat CNV lesions directly under the fovea		
d) Verteporfin is not licensed for patients with lesions entirely composed of occult CNV		
e) Patients undergoing PDT are seen as outpatients		
7. Pegaptanib:		
a) Has been shown to cure AMD		
b) Can slow lesion growth		
c) May cause conjunctival haemorrhage		
d) Is the most expensive treatment for AMD		
e) Should not be used for longer than six weeks		
8. Ranibizumab:		
a) Is a fragment of bevacizumab		
b) Was launched in the UK last year		
c) Cannot improve vision		
d) Was evaluated in the ANCHOR, MARINA and PIER studies		
e) May require more frequent administration than bevacizumab		
9. Bevacizumab:		
a) Has a greater affinity for vascular endothelial growth factor (VEGF) than ranibizumab		
b) Is licensed for use in the treatment of colorectal cancer		
c) May be associated with greater systemic toxicity than ranibizumab		
d) Is considerably more expensive than ranibizumab		
e) Has been shown to reverse AMD		
10. Medicines management implications:		
a) Fewer patients are likely to be eligible for treatment with anti-VEGF agents than those eligible for PDT		
b) Anti-VEGF drugs cannot be combined with any other therapies		
c) NICE guidance on ranibizumab and pegaptanib is expected later this year		
d) There is a lack of well-designed studies of the efficacy of bevacizumab		
e) There are no drugs licensed to treat dry AMD		

