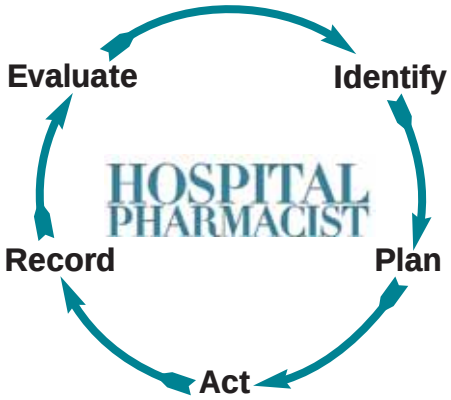
Urological emergencies

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— Urological emergencies
Hospital Pharmacist
1 Lambeth High Street
London SE1 7JN



Entries must be received by 24 December 2007. Results will be returned with a certificate of completion.

Life-long Learning competition
This is the final set of questions of the second Life-long Learning competition of 2007. The entrant who achieves the highest marks in this series of three exercises will win registration and travel expenses (up to £200) for the *Hospital Pharmacist* conference on 31 January 2008. The runner up will receive complimentary registration to the conference.

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. 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
- The causes and symptoms of the most common urological emergencies
- The investigations and drug treatment of the conditions

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 urological emergencies 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.

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

		True	False
1.	**Acute urinary retention (AUR):**		
a)	Only affects men		
b)	Can be treated with alpha-receptor agonists		
c)	Can be a result of nerve damage		
d)	Requires immediate catheterisation on admission to hospital		
e)	Is not painful		
2.	**The following can cause AUR:**		
a)	Constipation		
b)	Consumption of alcohol		
c)	Hyperkalaemia		
d)	Alpha-adrenoceptor blocking drugs (eg, alfuzosin)		
e)	Anticholinergic drugs		
3.	**Regarding treatment of AUR:**		
a)	Alfuzosin is given to help the patient pass urine once their catheter is removed		
b)	The first dose of an alpha-blocker should be given in the morning		
c)	The cause of AUR needs to be established and treated		
d)	Only doctors can carry out catheterisation		
e)	Alpha-blockers can cause hypotension		
4.	**Prostatic growth:**		
a)	Can cause AUR if excessive		
b)	Occurs because the prostate is exposed to dihydrotestosterone		
c)	Occurs naturally over time		
d)	Reduces as men get older		
e)	Will eventually cause resistance to the flow of urine		
5.	**Regarding treatment of BPH:**		
a)	Finasteride inhibits the enzyme that converts dihydrotestosterone to testosterone		
b)	Tamsulosin is an alpha$_{1a}$-receptor blocker		
c)	5 alpha-reductase inhibitors and alpha-blockers should never be used concomitantly		
d)	Finasteride can take three months to show an effect		
e)	Terazosin requires a dose adjustment in patients with renal impairment		

		True	False
6.	**Acute renal colic:**		
a)	Only affects men		
b)	Refers to the pain associated with kidney stones		
c)	Is a complication that can occur in patients with Sjögrens syndrome		
d)	Is usually caused by potassium-based stones		
e)	Can have similar symptoms to a ruptured aortic aneurism		
7.	**Regarding the causes of acute renal colic:**		
a)	A diet rich in red meat can increase the likelihood of uric acid stones		
b)	High oxalate levels have no influence on kidney stone formation		
c)	A reduction in dietary calcium can help reduce the risk of developing calcium-based kidney stones		
d)	Gout is a risk factor for acute renal colic		
e)	Some diuretics can increase the risk of kidney stones		
8.	**Regarding treatment of acute renal colic:**		
a)	Kidney stones can be broken down using sound waves		
b)	Pethidine is the first choice analgesic		
c)	Extracorporeal shock wave lithotripsy is a risk-free treatment		
d)	Patients are generally encouraged to reduce their fluid intake		
e)	Chlorthalidone can prevent further calcium-based stones from forming		
9.	**Spinal cord compression:**		
a)	Is not a clinical emergency		
b)	Is a common complication of prostate cancer		
c)	Is not detected by magnetic resonance imaging		
d)	Is difficult to diagnose early due to vague initial symptoms		
e)	Can cause paraplegia		
10.	**Treatment of spinal cord compression:**		
a)	Requires long-term, high dose dexamethasone		
b)	Can include radiotherapy		
c)	Must be started promptly once diagnosis is confirmed		
d)	Can include analgesia		
e)	May require surgery		

Answers will appear in the January 2008 issue