



*Credit for Learning*  
**MYOCARDIAL  
 INFARCTION  
 AND ANGINA**

All pharmacists are invited to complete the questions below on myocardial infarction and angina, and send their answers, together with a stamped and addressed A5 envelope, to: The College of Pharmacy Practice, Barclays Venture Centre, University of Warwick Science Park, Coventry CV4 7EZ, by Monday, July 9. Envelopes must be marked "Myocardial infarction and angina". Results will be returned with a certificate of completion which, in the case of college members, will count towards their continuing education requirements. Completion of Credit for Learning questions entitles pharmacy undergraduates to one point towards the Professional Development Certificate, a joint initiative between the British Pharmaceutical Students' Association and the College of Pharmacy Practice.

Faulding Pharmaceuticals, which is sponsoring this project, is offering £500 towards attendance at an approved pharmaceutical conference to the college member who achieves the highest marks overall in this series of six Credit for Learning exercises.

This is the first set of questions in the seventh series. It should take participants three-and-a-half hours to complete the study of an article, associated reading and answering the questions. The features begin on page 122.

To answer the questions, please draw a ring around either T or F (T = true, F = false). There may be more than one true answer to each question. Although we will correct material errors, *Hospital Pharmacist* does not have the resources to enter into correspondence about the answers.

**THE QUESTIONS**

**1. In the initial management of ST elevation myocardial infarction (MI):**

- a) Cyclizine should be given T F
- b) Administration of a thrombolytic should be carried out as soon as possible T F
- c) A suitable dose of aspirin is 75mg T F
- d) Oxygen can reduce infarct size T F
- e) Diamorphine is the first drug to be given T F

**2. In the first few days post-ST elevation MI:**

- a) The main mechanism of action of ACE inhibitors is to reduce ventricle enlargement T F
- b) β-blockers prevent approximately six deaths in 1,000 patients treated T F
- c) The reduction of left ventricular ejection fraction is directly proportional to survival T F
- d) A modified glucose, insulin, potassium regimen should be given to all patients T F
- e) The risk of lymphocytosis with ticlopidine makes it an unsuitable alternative to aspirin T F

**3. In the long-term management of post-ST elevation MI:**

- a) A 40 per cent reduction in mortality may be gained by adding an ACE inhibitor to a β-blocker T F
- b) Patients with obstructive cardiomyopathy should receive lifelong ACE inhibition T F
- c) Strict control of blood glucose levels reduces mortality in diabetic patients T F
- d) Only patients at high risk of future coronary events are likely to benefit from long-term statin therapy T F
- e) Risk stratification using methods based on the Framingham risk equation can be extrapolated to all patient groups T F

**4. The following drug has been shown to reduce significantly the rate of mortality or further MIs:**

- a) Aspirin T F
- b) A statin T F
- c) A calcium channel blocker T F
- d) A β-blocker T F
- e) A nitrate T F

**5. In acute coronary syndromes (ACS), the following agent is recommended for immediate treatment of unstable angina:**

- a) Digoxin T F
- b) Heparin T F
- c) Warfarin T F
- d) Bezafibrate T F
- e) Intravenous glyceryl trinitrate T F

**6. In ACS:**

- a) The condition is thought to be associated with high-flow ischaemia T F
- b) Myocardial oxygen consumption is determined by myocardial wall tension and contractility, and heart rate T F
- c) Platelet aggregation leads to rupture of an atherosclerotic plaque T F
- d) Stable angina and MI occur together T F
- e) Endothelial injury transforms stable angina into ACSs T F

**7. In coronary heart disease:**

- a) Homocysteine is a major cause of premature atherosclerosis T F
- b) If members of two generations of the same family each suffer an MI, this constitutes a strong family history T F
- c) All patients should be screened for diabetes T F
- d) A Mediterranean diet has been shown to reduce mortality and morbidity T F

- e) Risk factor control to prevent MI from developing or progressing, reduces mortality T F

**8. In relation to factors for the use of glycoprotein (GP) IIb/IIIa inhibitors:**

- a) Troponin I and T are detectable two to four hours after onset of chest pain T F
- b) All patients with elevated troponin levels will have an abnormal ECG T F
- c) Patients with an elevated ST segment are at higher risk of developing MI T F
- d) T wave inversion during an episode of chest pain is indicative of a non-cardiac origin T F
- e) Peak concentrations of troponins occur 12 to 24 hours after onset of chest pain T F

**9. In considering GP IIb/IIIa inhibitors:**

- a) Abciximab has the longest duration of action T F
- b) They all need refrigeration T F
- c) Abciximab should be used once only T F
- d) Tirofiban is the only non-peptic agent T F
- e) All have high specificity for GP receptors T F

**10. Regarding studies:**

- a) CAPTURE showed that abciximab protected patients from MI during percutaneous transluminal coronary angioplasty T F
- b) EPISTENT showed abciximab reduced mortality by 60 per cent compared with stenting alone, at 12-month follow-up T F
- c) IMPACT II suggested that most benefit with eptifibatid occurs at six months T F
- d) PURSUIT showed greater benefit with higher doses of eptifibatid T F
- e) There is presently no evidence supporting the use of low molecular weight heparin in combination with a GP IIb/IIIa inhibitor T F

Answers will be published in the July issue.

Reader's name .....

College member: ..... Yes  No

RPSGB registration number: .....

Address: .....

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Post Code: .....

Here are the answers to the multiple choice questions on systemic lupus erythematosus, which were published in the March issue.

- 1 (a) F, (b) T, (c) F, (d) T, (e) F 2 (a) T, (b) F, (c) F, (d) T, (e) T 3 (a) F, (b) F, (c) F, (d) F, (e) F 4 (a) T, (b) T, (c) F, (d) F, (e) F 5 (a) F, (b) F, (c) F, (d) T, (e) T 6 (a) T, (b) F, (c) T, (d) T, (e) F 7 (a) T, (b) T, (c) F, (d) F, (e) F 8 (a) T, (b) T, (c) T, (d) F, (e) F 9 (a) T, (b) F, (c) F, (d) T, (e) F 10 (a) F, (b) F, (c) T, (d) F, (e) T.