

## Rheumatology (32015)

### SELF-ASSESSMENT QUESTIONNAIRE

### SAQs and answers are ONLINE for RCP Fellows and Collegiate Members

The SAQs printed in the CME section can only be answered online to achieve external CPD credits. The closing date is 21 March 2007 (midnight GMT).

#### The answering process

- 1 To access the questions, log on to the Fellows and Members area [www.rcplondon.ac.uk/Members/SAQ](http://www.rcplondon.ac.uk/Members/SAQ) (those who have not yet registered will be automatically directed to the registration pages). Please contact the Information Centre if you have lost or forgotten your username or password: [infocentre@rcplondon.ac.uk](mailto:infocentre@rcplondon.ac.uk)
- 2 Select: **Self assessment**
- 3 At the top of the SAQ page select the current CME question paper
- 4 Answer all 10 questions in any order, by indicating true or false
- 5 Check your answers and change them if you wish to
- 6 Click on **Submit for final marking**.  
(Note – after submitting your answers NO changes are possible)

#### The marking process

- You must submit the answers before the closing date shown at the top of the screen
- Answers will be marked automatically on the date displayed for that paper
- You can find your marks with explanations of the answers on the CME page under **My past CME papers**

#### Registering your external CPD credits

A pass mark of 80% allows you to claim two external CPD credits. Only the first seven distance learning credits will be counted as external, the remainder can be claimed as personal credits.

To claim your credits:

- Credits can be recorded using the online diary system. All *Clinical Medicine* SAQs are listed under **External Approved CPD**

**As announced in the previous issues, SAQs can now only be answered using the online system.**

- 1 A 65-year-old lady presents with a three-month history of nasal stuffiness, arthralgia, nasal crusting and a rash over both elbows. Investigations show normal blood count, differential white cell count and estimated glomerular filtration rate. Urinalysis shows protein 3+ and blood 2+. PR3-antineutrophil cytoplasmic antibody (ANCA) is positive at 88 u/l (range 0–6 u/l). Chest X-ray reveals cavitating lesions in both middle zones. A renal biopsy confirms the presence of focal segmental necrotising glomerulonephritis. A diagnosis of Wegener's granulomatosis is made. Which of the following statements are true and which false?
  - (a) Initial treatment should include methotrexate (MTX)
  - (b) Oral prednisolone should be started at a dose of 20 mg/day
  - (c) Intravenous (iv) cyclophosphamide (CYC) is superior to oral CYC for induction treatment
  - (d) The risks of CYC therapy are associated with total dose administered
  - (e) Co-trimoxazole prophylaxis should be offered to patients receiving CYC
- 2 A 70-year-old man with established microscopic polyangiitis has completed six months of CYC therapy. He has been in clinical remission for three months. Which of the following statements are true and which false?
  - (a) CYC should be stopped and azathioprine (AZT) substituted
  - (b) A rising ANCA titre on follow-up should prompt an increase in immunosuppression
  - (c) Maintenance therapy should continue for at least 24 months
  - (d) Bladder cancer is associated with the cumulative dose of CYC administered
  - (e) MTX may be used for maintenance therapy
- 3 A 60-year-old woman is given the following advice. Which of the statements are true and which false?
  - (a) A dual X-ray absorptiometry (DXA) scan should be performed, given her periodic use of inhaled glucocorticoids for asthma
  - (b) She should start a bisphosphonate if she has Crohn's disease
  - (c) She should start a bisphosphonate if she has a recent fragility vertebral fracture and a lumbar spine T-score of –2.5 on DXA

- (d) She should take additional calcium and vitamin D3 with bisphosphonate for osteoporosis
- (e) Regular DXA scans should be performed to monitor osteoporosis treatment

**4 A 65-year-old woman with osteoporosis has been taking alendronate 70 mg weekly with daily calcium 500 mg and vitamin D3 400 iu supplements for osteoporosis. Her first follow-up DXA scan two years after starting treatment shows a 1.5% drop in lumbar spine bone density. Which of the following statements are true and which false?**

- (a) The alendronate has failed
- (b) The scan should be repeated
- (c) The patient should be reassured and advised to continue with the treatment regimen
- (d) Switching to an iv bisphosphonate should be advised
- (e) Strontium ranelate is an adequate alternative treatment

**5 A 56-year-old woman presents with pain and stiffness of the small joints of her hands for eight months. She is noted to have oral candidiasis and finds swallowing food difficult. She reports gritty eyes and a Schirmer's test is reduced. Blood investigations are full blood count normal, erythrocyte sedimentation rate 40, rheumatoid factor 1 in 160, antinuclear antibody 1 in 40, anti-Ro antibody positive, anti-La antibody positive, anti-Scl70 and anti-Jo negative. Which of the following statements are true and which false?**

- (a) This lady has Sjögren's syndrome
- (b) Skin biopsy would be helpful
- (c) Erosions on hand X-ray are to be expected
- (d) Rheumatoid arthritis is the likely diagnosis
- (e) Lip biopsy is required to make the diagnosis in this patient

**6 A 47-year-old lady has been treated by a rheumatologist for Sjögren's syndrome. She has**

**been recently experiencing profound fatigue and weight loss. Examination is unremarkable. Which of the following statements are true and which false?**

- (a) She should be treated with amitryptiline
- (b) Upper and/or lower gastrointestinal endoscopy should be considered
- (c) Immunoglobulin (Ig) concentrations are usually low
- (d) Occult lymphoma is a possibility
- (e) Fibromyalgia is the most likely diagnosis

**7 A 28-year-old woman with a 10-year history of systemic lupus erythematosus (SLE) with kidney involvement is admitted with persistent nephritic syndrome. She has previously failed treatment with corticosteroids, CYC, AZT and mycophenolate mofetil. Treatment with rituximab is being considered. Which of the following statements are true and which false?**

- (a) Rituximab is a B lymphocyte specific agent
- (b) Rituximab has been approved in the treatment of SLE
- (c) In a patient with long-standing kidney involvement, it is advisable to consider a renal biopsy to assess the chronicity of the lesions before deciding on further treatment with rituximab
- (d) Rituximab has been associated with improvement in lupus nephritis, documented by biopsy
- (e) Rituximab has not been associated with an increased risk of infections in these patients

**8 A 32-year-old woman with active SLE (fever, malar rash, arthritis and haemolytic anaemia) refractory to conventional immunosuppressive therapy and secondary Sjögren's syndrome presents with a recently detected paraprotein IgM kappa. Following investigation, a diagnosis of monoclonal gammopathy of unknown significance (MGUS) is made. Which of the following**

**statements are true and which false?**

- (a) B lymphocyte depletion with rituximab has been associated with major clinical improvement in similar situations
- (b) Rituximab is likely to lead to the disappearance of the paraprotein
- (c) Serum total Ig concentrations will probably remain within the normal range following treatment with rituximab
- (d) If rituximab is prescribed, it should only be the standard lymphoma dose
- (e) Use of rituximab can be associated with development of human antichimeric antibody

**9 A 55-year-old male accountant with mild type 2 diabetes presents with a three-day history of excruciating pain, swelling and stiffness of his right ankle. He takes no regular treatments and has had no previous similar episodes and has been otherwise well. He drinks approximately one bottle of wine per week. Examination reveals a pyrexia of 37.6°C and a painful, erythematous right ankle but nothing else of note. Which of the following statements are true and which false?**

- (a) This is likely to be gout, therefore joint aspiration is not required
- (b) If this is gout, type 2 diabetes is likely to be a contributory factor
- (c) Treatment with allopurinol should be instituted
- (d) Serum uric acid concentrations are likely to be an unreliable guide in this setting
- (e) X-rays will help differentiate gout from septic arthritis

**10 Two days following admission to hospital and apparently successful treatment of an infectious exacerbation of chronic obstructive pulmonary disease, an 80-year-old woman with generalised nodal osteoarthritis develops a sudden onset of excruciating pain, swelling and redness of her right wrist, and a pyrexia of 37.7°C. Which of the following**

statements are true and which false?

- (a) Gout is the likely cause of her wrist problem
- (b) A plain radiograph of the wrist may help confirm the diagnosis
- (c) Joint aspiration should be undertaken to exclude septic arthritis
- (d) NSAIDs are unlikely to help in the acute setting
- (e) Colchicine prophylaxis should be commenced to prevent recurrence

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## CME Psychiatry SAQs

Answers to the CME SAQs published in  
*Clinical Medicine* November/December 2006

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
a) T	a) F	a) T	a) F	a) T	a) T	a) F	a) T	a) T	a) T
b) F	b) F	b) F	b) T	b) T	b) T	b) F	b) T	b) F	b) F
c) F	c) T	c) T	c) F	c) F	c) F	c) F	c) F	c) T	c) T
d) T	d) F	d) T	d) T	d) T	d) F	d) F	d) F	d) T	d) T
e) F	e) T	e) F	e) F	e) F	e) T	e) T	e) F	e) T	e) F