

CPD questionnaire • July/August

Management of post-traumatic stress disorder: a review of anxiety disorders and PTSD

1. A 26-year-old pharmacist is diagnosed with panic disorder and is prescribed fluoxetine. Which of the following is a key component of patient education that should be provided to the patient?

- a Minimise intake of nicotine and caffeine
- b Antidepressant medication should be taken at nighttime
- c Breathing into a paper bag is a helpful coping mechanism when having a panic attack
- d Cognitive behavioural therapy is unlikely to be beneficial while prescribed medication

2. You are discussing goals and objectives of pharmacotherapy of anxiety disorders with your learning team. Which of the following is the long-term goal of therapy in the treatment of each of the anxiety disorders?

- a Few to minimal core symptoms
- b Partial response after 12 weeks
- c Ability to taper adjunctive agent
- d Complete remission of symptoms

3. Give the most commonly used class of drugs in the management of Anxiety disorders

- a Serotonin Noradrenalin Reuptake Inhibitors
- b Antihistamines
- c Selective Serotonin Reuptake Inhibitors
- d Antipsychotics

4. Give the statement that best describes post-traumatic stress disorder.

- a Anxiety when having to perform in front of people
- b Anxiety after a car accident
- c Panic when exposed to groups of people
- d Fear of heights and spiders

Mental health update – update on depression with a focus on escitalopram

5. Which of the following neurotransmitters is a major inhibitory neurotransmitter in the central nervous system and is involved in the pathophysiology of depression?

- a Dopamine
- b Norepinephrine
- c Gamma-aminobutyric acid
- d Corticotropin-releasing factor

6. Patient X is newly diagnosed with acute depression. What is the first line class of antidepressants would the Dr consider?

- a Serotonin Norepinephrine Reuptake Inhibitors
- b Monoamine Oxidase Inhibitors
- c Selective Serotonin Reuptake Inhibitors
- d Benzodiazepines

7. Patient X always defaults when put on medication. With the new diagnosis of depression, which of the following SSRIs is generally known to have fewer side effects and thus might improve adherence?

- a Fluoxetine
- b Escitalopram
- c Citalopram
- d Sertraline

8. Which of the following best describes the pharmacokinetics of escitalopram?

- a It has a short half-life, requiring multiple daily doses.
- b It is predominantly excreted unchanged in the urine.
- c It has high protein binding, limiting its free plasma concentration.
- d It is metabolized primarily by CYP2D6 and CYP2C19 enzymes

Feeling unbalanced? Management of vertigo and Meniere's disease

9. The onset of vertigo has been noted in the following specific populations:

- a Woman older than 65 years
- b Men and women between 40–60 years
- c Men and woman of all ages
- d Men and woman older than 65 years

10. The first-line treatment for vertigo, including Meniere's disease is:

- a Betahistine
- b Corticosteroids
- c Anticholinergic agents
- d Gentamicin

11. Non-pharmacological treatment of vertigo can include:

- a Diet with low potassium content
- b Fluid hydration with IV saline solution
- c Reduced consumption of caffeine and alcohol
- d Increased fresh fruits and vegetables

12. Vestibular rehabilitation is the mainstay therapy for vertigo. The following statement is most correct:

- a Vestibular therapy is aimed at curing the underlying disease condition
- b Vestibular therapy can include surgical options like a labyrinthectomy
- c Vestibular therapy is physical therapy to reduce symptoms caused by vestibular disorder
- d Vestibular rehabilitation is only indicated in management of functional dizziness

Crystals of pain: navigating gout and its management

13. A differential diagnosis to distinguish gout from other inflammatory arthritic diseases, can be done by:

- a Gout occurs because of the buildup of calcium pyrophosphate in the joints
- b Gout occurs because of buildup of uric acid levels in the serum and crystallisation of uric acid in the joints
- c Gout occurs because of the presence of an offending microorganism in affected joints
- d Gout can be confirmed by using an X-ray and confirming tophi

14. Hyperuricaemia, promoting the formation of monosodium urate crystals, are triggered by:

- a Diabetes mellitus and insulin treatment
- b Alcohol abuse and tobacco smoke
- c Dehydration, alcohol and hypertension
- d Chronic kidney disease and cardiovascular disease

15. Acute gout flares can present with the following symptoms:

- a Gradual onset of pain and inflammation in lateral joints
- b Characterised by erosion of bone and damage to cartilage
- c Occur suddenly, presenting with severe pain, swelling and tenderness
- d Characterised by persistent synovitis and tophi

16. Treatment of gout includes pharmacological and non-pharmacological treatment strategies.

- a Urate-lowering therapy is the first line of treatment for acute flares of gout.
- b Urate-lowering therapy lowers blood urate levels, stops gout flare-ups and diminishes tophi over time
- c Acute gout flares are treated with low dose corticosteroids as first-line treatment
- d Colchicine Houdé can be used as long-term treatment for the management of chronic gout

Beat the itch: allergic conjunctivitis and its management

17. The activation of the allergic cascade in the eye occurs within seconds to minutes with the following symptom-complex:

- a Increased vascular permeability, migration of inflammatory cells, leading to tissue damage
- b Pruritis, chemosis, redness and watering of the eyes
- c Rhinoconjunctivitis, asthma, eczema and oesophagitis
- d Corneal scarring and pannus formation

18. Common adverse effects resulting from overuse of over-the-counter treatment preparations for allergic conjunctivitis, include:

- a Rebound vasoconstriction
- b Systemic absorption and related side effects
- c Ocular toxicity because of preservatives in eye drops
- d Development of tolerance against the active ingredient

19. First-line treatment options for the treatment of acute allergic conjunctivitis include:

- a Topical antihistamines, e.g. antazoline
- b Systemic antihistamines and corticosteroids
- c Nasal corticosteroids to relieve rhinoconjunctivitis
- d Leukotriene receptor-antagonist, e.g. cromolyn

20. Eye-drop administration education is important in the correct management of allergic conjunctivitis, for example:

- a Eye drops can be shared between members in the same household
- b Multiple drops can be administered consecutively
- c Drops should be administered in the "pocket" of the lower eye lid
- d Blinking or rubbing the eye will not influence absorption of the eye drops

The answers for these CPD questions will be in the upcoming issue of the SAPJ.
This activity can contribute towards your CPD compliance.

CPD answers • May/June

1. c 2. d 3. b 4. c 5. b 6. a 7. d 8. b 9. d 10. a 11. b