Non-opioid management of inflammation and musculoskeletal pain

CPD QUESTIONNAIRE

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1. Psychosocial factors are important contributors to both acute and chronic pain and play a major role in how pain is experienced by individuals.

☐ **A** True ☐ **B** False

2. Under which circumstances do international guidelines recommend that NSAIDs be used at the lowest effective dose for the shortest time necessary to control symptoms, rather than long term:

☐ **A** Those who are unresponsive to paracetamol ☐ **B** Osteoporosis/Osteoarthritis
☐ **C** Musculoskeletal pain ☐ **D** All the above
☐ **E** B and C

3. NSAIDs exert their anti-inflammatory and pain-relieving actions by:

☐ **A** Mimicking anti-inflammatory prostaglandins ☐ **B** Inhibiting COX enzymes

4. Which statement is false?

☐ **A** COX enzymes are the first step in the conversion of arachidonic acid into pro-inflammatory prostaglandins, thromboxanes and prostacyclines
☐ **B** COX-1 is induced by pro-inflammatory cytokines and growth factors
☐ **C** COX-1 is expressed in many tissues and physiologically protects the gastric mucosa

5. NSAID adverse events of GI ulcers and bleeding are associated with inhibition of:

☐ **A** COX-1 ☐ **B** COX-2

6. Which statement is true?

☐ **A** COX-2 inhibitors are reported to have a lower incidence of cardiovascular toxicity
☐ **B** All NSAID regimens, including non-selective NSAIDs and COX-2 inhibitors, have been shown to increase upper GI complications

7. Which statement is false?

☐ **A** The risk of acute kidney injury is higher among NSAID users than the general population
☐ **B** Rofecoxib confers better cardiovascular outcomes than other NSAIDs
☐ **C** There is an increased risk of stroke with certain non-selective NSAIDs that exhibit high COX-2 selectivity (diclofenac and meloxicam)

8. In elderly patients with osteoarthritis taking analgesics, NSAIDs are associated with a lower risk of falls and fractures than opioids.

☐ **A** True ☐ **B** False

9. Which of the following is true of acute gout?

☐ **A** Presents typically as monoarticular arthritis ☐ **B** Is characterised by tophi in joints
☐ **C** Frequently affects the insteps of the feet, ankles and knees ☐ **D** A and B
☐ **E** A and C

10. When unable to perform a joint aspiration, uric acid levels >8mg/dl are definitive for gout diagnosis.

☐ **A** True ☐ **B** False

11. The mechanism of action of oral/intramuscular corticosteroids is by:

☐ **A** Reducing activation of inflammatory cytokines ☐ **B** Anti-crystallogenesis
☐ **C** A and B

12. Severe renal and hepatic impairment are contraindications to use of:

☐ **A** Colchicine ☐ **B** NSAIDs
☐ **C** Oral/intramuscular corticosteroids ☐ **D** A and B
☐ **E** B and C

13. Which medication(s) for acute gout should be avoided in diabetes and used with caution in hypertension?

☐ **A** Colchicine ☐ **B** NSAIDs
☐ **C** Oral/intramuscular corticosteroids ☐ **D** A and B
☐ **E** B and C

14. Gastrointestinal protection should be provided at initiation of which gout medication(s)?

☐ **A** Colchicine ☐ **B** NSAIDs ☐ **C** Oral/intramuscular corticosteroids
☐ **D** A and B ☐ **E** B and C

15. The optimal colchicine regimen is:

☐ **A** 0.5-1.0mg spread over the day and not to exceed 0.5mg per administration
☐ **B** 0.5-1.0mg spread over the day and not to exceed 1mg per administration

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