2009 SUPPLEMENT, Clinical and Experimental Rheumatology:
A SYSTEMIC COMPARISON BETWEEN RHEUMATOID ARTHRITIS AND ANKYLOSING SPONDYLITIS

To receive up to 10.0 CME credits for this activity, complete the evaluation, attestation and post-test online at:
www.fbhc.org/CME/posttests/

OR you may complete the evaluation, attestation and post-test (minimum passing grade of 80%) provided here and return both pages to:

The Foundation for Better Health Care
33 East 33rd Street, 8th Floor
New York, NY 10016

The submission deadline is December 1, 2010.

Please print clearly

Name _____ Degree _____

Mailing Address _____

_____

Telephone _____ Fax _____

E-mail _____

Attestation:

I certify that I have completed this continuing medical education activity. The actual time I spent on this activity was _____ hours (maximum of 10.0 hours).

Signature _____ Date of completion _____

Program Evaluation

1. Were your educational needs met by this activity?
    ❑ Yes   ❑ No

2. Were the educational objectives of this activity met?
    ❑ Yes   ❑ Partially   ❑ No

3. What was the overall instructional quality of this activity?
    ❑ Excellent   ❑ Good   ❑ Fair   ❑ Poor

4. As a result of this activity, will you alter your patient care practice?
    ❑ Yes   ❑ No

    If yes, please describe changes you plan to make:
    _____

    _____

5. Do you believe this activity was fair, balanced and free of commercial bias?
    ❑ Yes   ❑ No

    If no, please state reason: _____

CME Multiple Choice Questions

Post-Test Questions

Please circle the correct answer to the following questions.

1. All of the following are used in clinical research to assess disease activity in ankylosing spondylitis (AS) except:
   a) Distance of occiput to the wall
   b) Chest expansion
   c) 28 swollen and tender joint count
   d) Anterior spinal mobility (Schober test)
   e) Cervical rotation

2. Differences between cohorts of patients with rheumatoid arthritis (RA) and ankylosing spondylitis (AS) are seen according to:
   a) Age
   b) Sex
   c) HLA haplotype
   d) Predominant peripheral joint involvement
   e) All of the above

3. All of the following treatments have been documented to reduce radiographic progression except:
   a) Methotrexate in RA
   b) Anti-TNF biological agents in RA
   c) NSAIDs in AS
   d) Anti-TNF biological agents in AS

4. The proportion of patients with RA and AS is similar with regard to all of the following, except:
   a) Pain
   b) General well-being
   c) Fatigue
   d) Work disability

5. The most important clinical measure associated with work disability and economic burden of disease in both RA and AS is:
   a) Radiographic damage
   b) Erythrocyte sedimentation rate
   c) Functional disability scores
   d) Depression scores
   e) Pain scores

6. Genetic loci associated with immunologic function in RA and AS include:
   a) Overrepresentation of genes involved in tumor necrosis factor (TNF) signaling in RA, and genes associated with interleukin-1 (IL-1) peptide presentation in AS
   b) Overrepresentation of TNF-signaling genes and IL-1 peptide presentation in RA and underrepresentation in AS
   c) Underrepresentation of TNF-signaling genes and IL-1 peptide presentation in both RA and AS
   d) Overrepresentation of TNF-signaling genes in AS, and IL-1 peptide presentation in RA

7. What proportion of patients with rheumatoid arthritis (RA) have enthesitis?
   a) 0%
   b) 5%
   c) 15%
   d) 25%
   e) 35%

8. Which of the following is false?
   a) Osteoporosis is a problem in both RA and AS
   b) Reduced bone mineral density is seen in both RA and AS
   c) Bone loss in both RA and AS is accompanied by new bone formation
   d) Bone fragility is seen in both RA and AS

9. Recent epidemiology data concerning RA and AS suggest:
   a) The prevalence of AS is increasing and the prevalence of RA is decreasing
   b) The prevalence of both AS and RA is increasing
   c) The prevalence of AS is decreasing and prevalence of RA is increasing
   d) The prevalence of both AS and RA is decreasing
   e) The prevalence of both AS and RA has remained at similar levels over the last few decades

10. The cause of death in patients with AS is substantially higher than in the general population for which of the following:
    a) Cardiovascular disease.
    b) Respiratory failure
    c) Renal failure
    d) Gastrointestinal disease

11. Progression of both RA and AS can be characterized as:
    a) Greater in the early years of disease than in later years
    b) Similar in early years of disease as in later years
    c) Greater in the later years of disease than in early years
    d) No pattern is predominant in most patients

12. Trends during pregnancy for most female patients with RA and AS include:
    a) RA is better, AS is better
    b) RA is better, AS is worse
    c) RA is worse, AS is worse
    d) RA is worse, AS is better

13. Which of the following is correct concerning ocular comorbidities in RA and AS?
    a) Keratoconjunctivitis sicca occurs primarily in RA, while scleritis and acute anterior uveitis occur primarily in AS
    b) Keratoconjunctivitis sicca and scleritis occur primarily in RA, while acute anterior uveitis occurs primarily in AS
    c) Keratoconjunctivitis sicca, scleritis and acute anterior uveitis occur in similar proportion in patients with RA or AS
    d) Keratoconjunctivitis sicca occurs primarily in AS, while scleritis and acute anterior uveitis occur primarily in RA

14. Neurological complications in RA and AS result primarily from:
    a) Inflammatory neuropathy in RA, and mechanical problems in AS
    b) Inflammatory neuropathy and mechanical problems in both diseases
    c) Inflammatory neuropathy in AS, and mechanical problems in RA
    d) Inflammatory neuropathy in RA, and vasculitis in AS

15. Inflammatory bowel disease and inflammatory lung disease can occur in both RA and AS, but the predominant patterns include:
    a) Inflammatory bowel disease is more common in RA, and inflammatory lung disease more common in AS
    b) Inflammatory lung disease is more common in RA, and inflammatory bowel disease more common in AS
    c) Similar levels of inflammatory lung disease and inflammatory bowel disease are seen in both RA and AS
    d) Levels of inflammatory lung disease and inflammatory bowel disease are increasing in both RA and AS

16. Which of the following indices was developed specifically to assess patients with ankylosing spondylitis (AS)?
    a) Dougados Functional Index (DFI)
    b) Hanover Functional Status Questionnaire (HFSQ)
    c) Health Assessment Questionnaire (HAQ)
    d) Short Form 36 (SF-36)

17. Patients with RA appear to have higher scores indicating greater problems with physical function than patients with AS on the SF36 questionnaire, although these results may be explained by all of the following, except:
    a) More RA patients are women, who have higher scores than men on most questionnaires
    b) Patients with RA are younger than patients with AS
    c) The reported data were dichotomized as high versus low, rather than as continuous variables
    d) The reported data were not adjusted for comorbidities and the content of the questionnaires

18. The inhibitors of osteoblast formation sclerostin and dickkopf 1 are:
    a) Elevated in RA, and low in AS
    b) Elevated in both RA and AS
    c) Low in both RA and AS
    d) Low in RA, and elevated in AS.

19. Criteria for inflammatory back pain include all of the following except:
    a) Morning stiffness for longer than 30 minutes
    b) Improvement with exercise, not with rest
    c) Awakening at night because of pain
    d) Alternating buttock pain
    e) Back pain radiating to the shoulders

20. The Assessment in Spondyloarthritis International Society (ASAS) classification criteria for axial spondyloarthritis include the following:
    a) Sacroiliitis on radiograph plus elevated C-reactive protein (CRP)
    b) Sacroiliitis on radiograph or MRI plus elevated C-reactive protein (CRP)
    c) Sacroiliitis on radiograph plus elevated erythrocyte sedimentation rate (ESR)
    d) Sacroiliitis on radiograph or MRI plus elevated erythrocyte sedimentation rate (ESR)

Answer Sheet

A SYSTEMIC COMPARISON BETWEEN RHEUMATOID ARTHRITIS AND ANKYLOSING SPONDYLITIS

1. ☐ ☐ ☐ ☐ ☐
   a   b   c   d   e

2. ☐ ☐ ☐ ☐ ☐
   a   b   c   d   e

3. ☐ ☐ ☐ ☐
   a   b   c   d

4. ☐ ☐ ☐ ☐
   a   b   c   d

5. ☐ ☐ ☐ ☐ ☐
   a   b   c   d   e

6. ☐ ☐ ☐ ☐
   a   b   c   d

7. ☐ ☐ ☐ ☐ ☐
   a   b   c   d   e

8. ☐ ☐ ☐ ☐
   a   b   c   d

9. ☐ ☐ ☐ ☐ ☐
   a   b   c   d   e

10. ☐ ☐ ☐ ☐
   a   b   c   d

11. ☐ ☐ ☐ ☐
   a   b   c   d

12. ☐ ☐ ☐ ☐
   a   b   c   d

13. ☐ ☐ ☐ ☐
   a   b   c   d

14. ☐ ☐ ☐ ☐
   a   b   c   d

15. ☐ ☐ ☐ ☐
   a   b   c   d

16. ☐ ☐ ☐ ☐
   a   b   c   d

17. ☐ ☐ ☐ ☐
   a   b   c   d

18. ☐ ☐ ☐ ☐
   a   b   c   d

19. ☐ ☐ ☐ ☐ ☐
   a   b   c   d   e

20. ☐ ☐ ☐ ☐
   a   b   c   d