Chapter 58. Osteoarthritis, Self-Assessment Questions

1. Which one of the following is characteristic of osteoarthritis (OA)?
   A. Unilateral joint pain upon waking
   B. Joint stiffness in the morning lasting 45 minutes
   C. Elevated C-reactive protein (CRP) level
   D. Elevated erythrocyte sedimentation rate (ESR)
   E. All of the above

2. All of the following are considered risk factors for OA except:
   A. Heavy physical activity
   B. Age
   C. Obesity
   D. Ethnicity
   E. Joint trauma

3. Which one of the following is the most appropriate treatment approach in a patient at risk for developing OA?
   A. Promote lifestyle changes targeted at risk factors for OA
   B. Initiate tramadol 50 mg every 4 to 6 hours as needed
   C. Initiate ibuprofen 200 mg every 6 hours as needed
   D. Initiate acetaminophen 325 mg every 4 to 6 hours as needed, and promote lifestyle changes targeted at risk factors for OA
   E. Initiate ibuprofen 200 mg every 6 hours as needed, and promote lifestyle changes targeted at risk factors for OA
4. Therapy with celecoxib, rather than a non-selective NSAID, would be *most appropriate* for which of the following patients?
   a. 58-year-old woman with metabolic syndrome and gastroesophageal reflux disease
   b. 69-year-old man with a history of *Helicobacter pylori* peptic ulcer disease
   c. 53-year-old woman with a strong family history of myocardial infarction and previous GI upset with ibuprofen use
   d. 47-year-old man with a history of GI bleed from previous indomethacin use
   e. 70-year-old woman with chronic renal insufficiency who takes low-dose aspirin for cardioprotection

5. Treatment with naproxen monotherapy, rather than another non-selective NSAID, would be *most appropriate* for which of the following patients?
   A. 49-year-old woman with metabolic syndrome and history of MI
   B. 70-year-old man with a history of *Helicobacter pylori* peptic ulcer disease
   C. 58-year-old man with a strong family history of myocardial infarction and previous GI bleed with ibuprofen use
   D. 67-year-old man with a history of GI bleed from previous indomethacin use
   E. 70-year-old woman with chronic heart failure

6. Which one of the following regimens is considered an adequate trial of acetaminophen before assessing treatment success or failure?
A. 325 mg every 6 hours for 1 month
B. 325 mg every 6 hours for 2 months
C. 1000 mg every 6 hours for 1 month
D. 500 mg every 8 hours for 2 months
E. 325 mg every 4 to 6 hours for 1 month

7. Compared with oral NSAIDs, topical NSAIDs are:
   A. More effective for hip OA
   B. More effective for knee OA
   C. Less effective for hand OA
   D. Associated with fewer systemic toxicities
   E. All of the above

8. For which of the following patients would concomitant naproxen and a PPI be most appropriate?
   
   A. 49-year-old woman with metabolic syndrome
   B. 70-year-old man with a history of Helicobacter pylori peptic ulcer disease
   C. 58-year-old man with a history of myocardial infarction and previous gastric ulcer with ibuprofen use
   D. 67-year-old man with a history of GI bleed from previous indomethacin use
   E. 70-year-old woman with chronic heart failure

9. Nonpharmacologic therapies for OA include which of the following?
A. Stretching
B. Application of heat
C. Weight loss
D. Occupational therapy
E. All of the above

10. Which of the following circumstances warrants consideration to initiating chronic opioid therapy?
   a. Untreated moderate to severe OA.
   b. Moderate to severe OA refractory to acetaminophen.
   c. Moderate to severe OA refractory to acetaminophen and a history of chronic heart failure.
   d. Mild to moderate OA refractory to acetaminophen.
   e. All of the above

11. Compared to nonselective NSAIDs, COX-2—selective agents:
   A. Reduce OA-related pain to a greater extent
   B. Have a lower risk for cardiovascular adverse events
   C. Have a lower risk for adverse renal effects
   D. Have a lower risk of gastrointestinal bleeds
   E. All of the above

12. Which of the following statements is true regarding the use of glucosamine/chondroitin for OA?
A. Treatment benefit is moderate but consistent among all types and severities of OA.

B. Because glucosamine/chondroitin is regulated as a dietary supplement, product standards are consistent and reliable.

C. Glucosamine/chondroitin is generally well tolerated, but treatment benefits are uncertain.

D. Both glucosamine and chondroitin pose a high risk for anaphylaxis in patients with shellfish allergy.

E. Glucosamine-containing products are contraindicated in patients with uncontrolled disease

13. Which of the following is true regarding intraarticular corticosteroid use in a patient achieving a partial response to naproxen 500 mg twice daily for left knee OA?

A. Pain relief will occur rapidly and persist for up to 6 months.

B. Intraarticular corticosteroids should not be used concomitantly with naproxen.

C. Intraarticular corticosteroids are useful for polyarticular symptoms due to their systemic mechanism of action.

D. The affected joint can be injected monthly until response.

E. Intraarticular corticosteroids may be more effective if an inflammatory component is present.
14. Which one of the following drug regimens is *most appropriate* for a patient with OA who has chronic renal insufficiency (creatinine clearance 28 mL/min [0.47 mL/s]) and who has failed acetaminophen monotherapy?

A. Nabumetone 50 mg twice daily
B. Celecoxib 100 mg twice daily
C. Naproxen 500 mg twice daily
D. Tramadol 100 mg three times daily
E. Oxycodone 5 mg immediate-release every 4 to 6 hours as needed

15. Patients attempting treatment with topical capsaicin should be counseled on which of the following?

A. Do not allow contact with eyes or mucous membranes
B. When applying to knee, wash hands after application
C. May take 2 weeks of daily treatment to experience benefit
D. May experience burning sensation at application site
E. All of the above
Answers
1. A
2. D
3. A
4. D
5. A
6. C
7. D
8. C
9. E
10. C
11. D
12. C
13. E
14. D
15. E