

DTB CME/CPD Answers



Drug and Therapeutics Bulletin

▼ Apremilast for psoriasis and psoriatic arthritis

Question 1

Catherine, a 31-year-old accountant has psoriasis with just a few plaques on her trunk that she treats with emollients and topical corticosteroids. She has recently read that 'psoriasis is the first sign of arthritis' and is worried about the possible association. What proportion of people with psoriasis have psoriatic arthritis?

- a. <1%
- b. 2–4%
- c. 5–7%
- d. 10–15%
- e. >15%

Answer: c. Psoriasis is associated with joint disease in a significant proportion of patients. It is thought that 5–7% of all people with psoriasis, and approximately 40% of those with extensive skin disease, have psoriatic arthritis.

Question 2

The European Medicines Agency recommends that two assessment tools are used in conjunction as outcome measures for the efficacy of medicines for psoriasis—the Physician's Global Assessment (PGA) of psoriasis severity and the Psoriasis Area and Severity Index (PASI). The PASI score is a measure of disease which combines the extent of psoriasis with local signs of erythema, scaling and elevation. PASI scores can range from 0 to 72. What range of PASI scores indicates moderate to severe disease?

- a. 10–20
- b. 21–30
- c. 31–40
- d. 41–50
- e. >51

Answer: a. A score of <10 indicates mild disease, 10–20 moderate to severe disease and >20 severe to very severe disease (scores >30 are rare).

Question 3

John, a 25-year-old office clerk, comes to see you with extensive psoriasis on his trunk, buttocks and limbs. He usually has minimal disease which he successfully treats with emollients, and a combination vitamin D analogue and topical corticosteroid. He has recently had a flare-up which cannot be controlled with his usual treatments. Which one of the following is a possible second-line treatment option?

- a. Dithranol
- b. Coal tar preparation
- c. Acitretin
- d. Ustekinumab
- e. Infliximab

Answer: c. For people with mild psoriasis, topical agents are used as first-line treatment and include emollients, corticosteroids, vitamin D analogues, dithranol, and coal tar preparations. These agents may also be used in addition to systemic treatments in patients with more severe disease. Second-line therapy includes phototherapy and non-biological agents such as ciclosporin, methotrexate and acitretin.

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Question 4

What was the most commonly reported adverse reaction to apremilast in a pooled analysis of safety data derived from over 4,000 patients treated as part of the clinical development programme in the PALACE 1, PALACE 2 and PALACE 3 studies?

- a. Headache
- b. Nausea
- c. Upper respiratory tract infection
- d. Vomiting
- e. Diarrhoea

Answer: e. The most commonly reported adverse reactions were diarrhoea (15.7%) with 1.7% discontinuing treatment during the first 16 weeks, nausea (13.9%) with 1.5% discontinuing treatment during the first 16 weeks, upper respiratory tract infections (8.4%), headache (7.9%) and tension headache (7.2%).

Question 5

As part of the risk management plan for apremilast it is recommended that patients who are underweight should have their body weight monitored at the start of treatment. In one study what was the approximate proportion of patients who showed weight loss of over 5%?

- a. 3%
- b. 8%
- c. 12%
- d. 19%
- e. 31%

Answer: d. In one study it was reported that the median weight loss associated with long-term use of apremilast was 1.4kg and 19% of patients showed a weight loss of over 5%.