I) **Choose the most appropriate answer**

1- A 58-year-old man has RA and a history of TB. He has moderate, persistent swelling in the joints of his hands and feet, and his feet are becoming deformed despite 5 years of NSAIDs and 2 years of injectable gold salts. Which one of the following is the best therapeutic plan, at this time?

A. Start sulfasalazine, continue the same NSAID, but could stop or continue the injectable gold salts.
B. Change to another NSAID, but continue the injectable gold salts.
C. Stop the injectable gold salts; continue the NSAID; and start cyclophosphamide, prednisone 7.5 mg/day, and hydroxychloroquine.
D. Add prednisone 10 mg to the injectable gold salts and the NSAID.

2- A 62-year-old woman with RA is about to be started on methotrexate 7.5 mg/week, which is added to a stable dose of ketoprofen. Initial laboratory studies (complete blood count and renal and liver function tests) were within normal limits. Which one of the following is the best initial monitoring plan for laboratory studies in this patient?

A. Hematocrit, hemoglobin, mean corpuscular volume, white blood cell count, platelet estimate, serum creatinine, and blood urea nitrogen every 2 weeks.
B. AST, ALT, total bilirubin, hematocrit, hemoglobin, mean corpuscular volume, white blood cell count, and platelet estimate every 2 weeks.
C. Hematocrit, hemoglobin, mean corpuscular volume, white blood cell count, platelet estimate, serum creatinine, and blood urea nitrogen every 6 weeks.
D. AST, ALT, total bilirubin, serum creatinine, and blood urea nitrogen every 6 weeks.
3- A 34-year-old woman presents to clinic for a workup of her recent arthritis development. She complains of 3–4 hours of morning stiffness. On examination she is found to have moderate to severe swelling of her MCPs, PIPs, wrists, ankles, and knees. Vasculitic lesions are noticed in her nail beds. Laboratory values reveal hematocrit 27%, platelet count 489,000 U/L, ESR 87 mm/hour, rheumatoid factor 1:5,120. Family history reveals a maternal aunt with severe, crippling arthritis, type unknown. Which one of the following initial treatments should she receive?

A. High-dose NSAIDs.
B. High-dose NSAIDs plus prednisone 10 mg/day.
C. High-dose NSAIDs plus sulfasalazine.
D. High-dose NSAIDs, plus sulfasalazine, methotrexate, and prednisone 20 mg/day.

4- A 65-year-old woman with usually stable RA while on injectable gold salts, low-dose prednisone 5 mg/day, and ibuprofen 600 mg 4 times/day comes hospital complaining of severe inflammation of her left knee. Her other joints show only mild swelling and tenderness. She has been somewhat active recently, but nothing to explain additional stress on her knees. Which one of the following treatments is best for this patient at this time?

A. Continue her previous drug regimen, but have her go home and rest for a few days.
B. Continue her previous drug regimen, but aspirate her left knee and inject corticosteroid into it.
C. Continue her previous regimen, but increase the dose of prednisone to 20 mg/day for 2 weeks, then slowly taper back to 5 mg/day.
D. Stop the injectable gold, add methotrexate, continue the prednisone and the ibuprofen.

5- A 50-year-old man with a history of gastric ulceration, hypertension, and sulfa allergy (severe rash) was diagnosed 6 months ago with RA. Due to progressive disease, methotrexate and infliximab were added to his therapy with nabumetone. The nabumetone seems to have lost its effect. In the past, he has failed therapy with naproxen, and oxaprozin. Which one of the following NSAIDs is the best for this patient?
A. Diclofenac plus misoprostol combination.
B. Ibuprofen.
C. Celecoxib.
D. Piroxicam.

6- Six months later, the patient is found to have increases in AST and ALT that are four times normal. His arthritis is mildly active and his only therapy includes methotrexate and infliximab. The NSAID was stopped 2 months ago. Which one of the following is the best action to take for this patient?

A. Stop methotrexate and continue infliximab.
B. Stop methotrexate and infliximab, start etanercept.
C. Decrease the methotrexate dose by 25–33% and continue infliximab.
D. Add prednisone and slowly wean the patient off methotrexate; continue infliximab.

7- DMARDs should be initiated within:

A. After 12 months of therapy.
B. After 16 months of therapy.
C. After 24 months of therapy.
D. None of the above.

II) Write (T) or (F) next to each statement or paragraph:

1. SLE peak age of onset in young women between their late teens and early 40s and women to men ratio of 1:1.

2. Sunlight is the most obvious environmental factor that can cause the disease.

3. (NIH) regimen for lupus nephritis consist of high-dose intravenous cyclophosphamide pulses once a month for 6 months, followed by once every 2 months for up to 2 years.

4. European Lupus Nephritis Trials group completed a randomised controlled trial of the NIH regimen versus high-dose intravenous cyclophosphamide pulses once a month for 6 months, followed by two
pulses 3 months apart and azathioprine with six fixed-dose 500 mg pulses of
cyclophosphamide given every 2 weeks, followed by azathioprine. There
were significant statistical differences in the rates of end-stage renal failure
or doubling of serum creatinine, and there was a significant trend to a lower
risk of infections in patients assigned to the low-dose cyclophosphamide
regimen.

5. There is no evidence showing substantial and long lasting remissions in
patients with lupus, who were previously unresponsive to conventional and
novel immunosuppressive agents, such as mycophenolate mofetil.

6. Current treatment guidelines support the use of NSAIDs to provide
delayed anti-inflammatory and analgesic effect since DMARDs need long
time to show their effects.

7. Small doses of corticosteroids (10 mg daily of prednisolone) can provide
better analgesic effect than NSAIDs can provide.

8. RA can be defined as a chronic systemic inflammatory disorder
characterized by potentially deforming poly asymmetric arthritis and a wide
spectrums of extraarticular manifestations.