

Module 3

Gout and Hyperuricemia

By Jessica F. Farrell, Pharm.D.

Reviewed by Eric G. Boyce, Pharm.D.; Michelle Ganoff, Pharm.D., BCPS; and Benjamin Gross, Pharm.D., BCPS, BCACP, BC-ADM, CDE

Learning Objectives

1. Classify the stage (or clinical status) of gout from a patient's clinical presentation, laboratory and imaging findings, medical history, and current medication profile.
2. Design a plan for the nonpharmacologic management of gout and hyperuricemia.
3. Construct a treatment and monitoring plan for a patient experiencing an acute gouty attack based on the time from symptom onset and the patient's response to past therapies.
4. Justify prophylactic therapy in a patient with gout, and construct a treatment, education, and monitoring plan.
5. Design a treatment plan for a patient with hyperuricemia, recurrent acute gouty attacks, tophi, and/or chronic gouty arthritis.
6. Evaluate a patient's response to urate-lowering therapy according to its safety and efficacy.

Rheumatoid Arthritis

By Susan P. Bruce, Pharm.D., BCPS

Reviewed by Dominick P. Trombetta, Pharm.D., BCPS, CGP; and Mary C. Byrne, Pharm.D., BCPS

Learning Objectives

1. Analyze the role of the specific immunologic components involved in the pathogenesis of rheumatoid arthritis (RA).
2. Evaluate a patient for comorbidities associated with RA.
3. Design a safe and effective drug regimen, including a monitoring plan to ensure safety and efficacy, for an individual patient with RA.
4. Justify modifications in a patient-specific therapeutic regimen for RA while considering all available treatment options.
5. Write a patient-specific education plan that includes a comprehensive approach to treatment of rheumatoid arthritis.

Systemic Lupus Erythematosus

By Jennifer N. Clements, Pharm.D., BCPS, CDE

Reviewed by Beth H. Resman-Targoff, Pharm.D., FCCP; Julia K. Nguyen, Pharm.D., BCPS, CGP; and Christopher R. Dennis, Pharm.D., BCPS

Learning Objectives

1. Evaluate an individual patient's risk of developing systemic lupus erythematosus (SLE).
2. Apply SLE classification criteria to clinical practice, and assess the impact of the new Systemic Lupus International Collaborating Clinics criteria.
3. Apply current treatment recommendations to the management of lupus nephritis and antiphospholipid syndrome.
4. Design a drug regimen for an individual patient based on patient characteristics.
5. Develop a plan to monitor therapy and optimize drug use to prevent or minimize SLE flares and complications.
6. Distinguish and resolve issues with immunizations, contraception, and pregnancy in patients with SLE.