

# PSAP-VII • CHRONIC ILLNESSES

## MODULE III LEARNING OBJECTIVES

### PAIN MANAGEMENT IN PATIENTS WITH SUBSTANCE-USE DISORDERS

1. Construct a therapeutic plan to overcome barriers to effective pain management in a patient with addiction.
2. Distinguish high-risk patients from low-risk patients regarding use of opioids to manage pain.
3. Design a treatment plan for the management of acute pain in a patient with addiction.
4. Design a pharmacotherapy plan for a patient with coexisting addiction and chronic noncancer pain.
5. Design a pain management plan that encompasses recommended nonpharmacologic components for a patient with a history of substance abuse.

### GLOMERULONEPHRITIS

1. Evaluate clinical, laboratory, and diagnostic findings used to diagnose and treat immunoglobulin A (IgA) nephropathy, minimal-change disease, and lupus nephritis.
2. Assess risk factors for the development or progression of each type of glomerulonephritis (GN) as well as prognostic factors for response to pharmacotherapy or risk of relapse.
3. Design a pharmacotherapeutic regimen to treat the complications of nephrotic syndrome.
4. Design a patient-specific pharmacotherapeutic regimen, including appropriate monitoring parameters for IgA nephropathy, minimal-change disease, and lupus nephritis.
5. Evaluate the pharmacotherapeutic regimen for a specific patient with GN with respect to safety and efficacy and suggest modifications as needed to improve pharmacotherapy.

### NEW TREATMENT APPROACHES FOR GOUT

1. Account for the influence of comorbid conditions on the risk and management of gout.
2. Apply existing diagnostic and treatment recommendations for gout to clinical practice.
3. Evaluate the role of new therapy approaches for gout.
4. Design an evidence-based treatment plan, including goals of therapy and inclusion of nonpharmacologic and pharmacologic therapy, for patients with gout.
5. Assess the role of the pharmacist and quality patient care initiatives in the management of gout.

### ERYTHROPOIETIN-STIMULATING AGENTS IN THE TREATMENT OF ANEMIA ASSOCIATED WITH CHRONIC KIDNEY DISEASE AND CANCER

1. Apply principles of epidemiology, pathophysiology, and the significance of anemia to patients with chronic kidney disease (CKD) and cancer.
2. Using evidence-based medicine and patient-specific variables, develop a treatment plan for a patient with anemia of CKD.
3. Evaluate the risks and benefits of using erythropoietin-stimulating agents (ESAs) for the treatment of anemia of CKD.
4. Use information about the incidence of chemotherapy-induced anemia and its impact on quality of life to formulate a therapeutic plan for the patient with cancer and anemia.
5. Assess the increased risk of morbidity and mortality associated with the use of ESAs in patients with various types of cancer.
6. Evaluate the risks and benefits of using ESAs for the treatment of chemotherapy-induced anemia.
7. Design treatment plans for the appropriate management of chemotherapy-induced anemia in various patients with cancer having differing degrees of anemia and renal function.