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Rheumatology

MKSAP[®]

Second Edition

风湿病学

(第2版)

Developed by
American College of Rheumatology
American College of Physicians



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Rheumatology

Medical Knowledge Self-Assessment Program®

Second Edition

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FOREWORD

With the success of the core internal medicine Medical Knowledge Self-Assessment Program (MKSAP)* over more than 20 years, it was decided in 1991 to develop a series of self-assessment programs in the subspecialties of internal medicine. Launched as a partnership between the American College of Physicians and the respective subspecialty societies, this series of programs began publication in 1993 and included *Subspecialty MKSAP in Rheumatology*. In the 3 years since its publication, this program has been very successful in meeting the educational needs of practitioners of rheumatology as well as fellows in training preparing for the certifying examination of the American Board of Internal Medicine.

We are now very pleased to publish this second edition of the program jointly sponsored by the College and the American College of Rheumatology, and under the expert editorial direction of Richard P. Polisson, MD, FACP. Embodying the unique features of the MKSAP, this program includes both a comprehensive syllabus and an excellent set of multiple-choice questions with accompanying instructive critiques. Some users have preferred to read the syllabus first and then tackle the questions. Others start with the questions and use each as an opportunity to explore and, we hope, retain the important related information found in the syllabus and other relevant sources. Either way, the program offers the opportunity to obtain Category 1 Continuing Medical Education credit to help meet the requirements of many jurisdictions for medical licensure and many hospitals for staff membership. We believe that this new information coupled with an instrument for self-assessment will result in enhanced working knowledge, making you a better practitioner of your subspecialty.

The program ultimately owes its excellence and success to the committee of physician-educators who assemble in Philadelphia for four arduous and sometimes difficult meetings to develop the program and to critique each other's contributions in a remarkably rich and stimulating development process. Egos are left at the door, and a common spirit results in a product of the highest quality. To the sponsoring organizations who conceived this second edition and especially to the committee of authors who have given birth to it, the many users of the program will have reason to be most grateful.

Herbert S. Waxman, MD, FACP
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PREFACE

Subspecialty medicine, especially the nonprocedure subspecialties including rheumatology, autoimmune disease, and musculoskeletal medicine, is undergoing rapid metamorphosis. Change has been focused by two discrepant but powerful forces: managed care and scientific advance. The first is forcing a change in practice patterns and behaviors that has both positive and negative effects. On the one hand the emphasis by payors to maximize quality has focused practitioners to question historical diagnosis and treatment paradigms and to implement "evidence-based" approaches. On the other hand, managed care seeks to minimize cost by limiting use of subspecialty services and creating economic disincentives for the use of expensive diagnostic tests and experimental therapies. The second major factor effecting change in our field is that of scientific advance. The promises of molecular biology and genomics have helped to clarify disease pathogenesis and have led to the development of exciting new therapies. Likewise, advances in noninvasive imaging allow for superb definition of anatomic structures and tissue function with an amazing degree of detail.

The goal of the Rheumatology MKSAP[®] Committee and the ACP staff was to develop an educational instrument that would address both of these domains: maximizing patient care quality while reining in cost as an important concept for trainees, general internists, and subspecialists to internalize. For the noncynical practitioner the latter requires careful evaluation of the available evidence and a dispassionate adherence to practice behaviors that are proven to be both clinically and cost effective. By the same token, the patient-doctor relationship, would be threatened by economic incentive only, and so ethical application of practice algorithms becomes imperative.

The continued advances in cell biology and molecular genetics have led to improved understanding of disease pathogenesis and have brought us closer to effective therapies. New drugs targeting inflammation pathways and the immune response are major focus areas for pharmaceutical companies. The biology is now felt to be important for other major disease areas, including oncology, cardiovascular diseases, and neurodegenerative diseases. So, in a sense, the basic science underpinnings of our subspecialty encompass all of internal medicine, which is exactly the reason why many of us chose this field. Rheumatic disease encompasses all organ systems; the clinical expression of these diseases is protean. At the outset the Committee wrestled with the scope of the document. We were not interested in writing another textbook nor were we interested in providing only an "update" from the 1993 version because that would have yielded a sketchy product. We felt that the Rheumatology MKSAP should identify a few focus areas that were felt to be "cutting edge." As a result, the present document is almost a complete rewrite of the document that was published in 1993, which features expanded sections in reproduction, fibromyalgia, antirheumatic therapies, and joint replacement surgery.

Richard P. Pollisson, MD, MHS, FACP
Editor

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Note: The drug dosages in this publication are, we believe, accurate and in accordance with current standards. However, please ensure that the recommended dosages concur with information provided in the product information material, especially for new, infrequently used, or toxic drugs.

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