

CPE/CNE QUESTIONS

Continuing Pharmacy Education Accreditation



The Virginia Council on Pharmaceutical Education is approved by the American Council on Pharmaceutical Education as a provider of continuing pharmacy education. You can achieve 2 contact hours (0.2 CEUs) for the successful completion of this program. Pharmacists who complete an evaluation and pass a post-test with a score of at least 70% will receive continuing education credit. Credit will be awarded until August 31, 2003. **ACPE Program ID Number: 155-999-01-055-H01.**

Continuing Nursing Education Accreditation

This educational activity has been approved for 2 contact hours by The Institute for Johns Hopkins Nursing, which is accredited as a provider of continuing education in nursing by the American Nurses' Credentialing Center's Commission on Accreditation. Credit will be awarded until August 31, 2003.

Instructions

After reading this supplement, select the one best answer to each of the following questions. At least 14 of the 20 answers must be correct to receive CPE or CNE credit. Estimated time for this activity is 2 hours. (For CPE test form and evaluation, see page S319. For CNE test form and evaluation, see page S320.)

1. Approximately how many Americans have established coronary heart disease (CHD)?

- a) 1 million
- b) 5 million
- c) 8 million
- d) 12 million
- e) 17 million

2. The National Cholesterol Education Program (NCEP) was established to:

- a) Help physicians identify patients with lipid abnormalities
- b) Set treatment guidelines for individual patients
- c) Set treatment guidelines for populations
- d) a and c only
- e) a, b, and c

3. New cholesterol guidelines issued by the Adult Treatment Panel (ATP) of the NCEP:

- a) Define low-density lipoprotein cholesterol (LDL-C) as the primary target for treatment
- b) Include dietary modification as part of the treatment plan
- c) Include pharmacologic therapy to reduce LDL-C in patients at risk for CHD
- d) Differ in their approach to risk assessment
- e) All of the above

4. The therapeutic lifestyle change recommended by ATP III emphasizes:

- a) A restriction of saturated fat
- b) A small-to-moderate restriction of total fat
- c) The use of dietary adjuncts such as fiber and soy protein
- d) a, b, and c
- e) None of the above

5. Which of the following is an example of non-coronary atherosclerosis?

- a) Peripheral artery disease
- b) Hypertension
- c) Obesity
- d) Type 2 diabetes
- e) All of the above

6. What is the LDL-C goal recommended by ATP III for patients without CHD, 2 CHD risk factors, and a 10% to 20% risk for a coronary event over the next 10 years?

- a) < 110 mg/dL
- b) < 120 mg/dL
- c) < 130 mg/dL
- d) < 140 mg/dL
- e) < 160 mg/dL

7. The risk for a coronary event associated with CHD or a CHD risk equivalent is defined as:

- a) < 10% over the next 10 years
- b) 10% to 20% over the next 10 years
- c) > 20% over the next 10 years
- d) 10% to 15% over the next 20 years
- e) None of the above

8. What is the LDL-C goal recommended by ATP III for patients with CHD risk or a CHD risk equivalent?

- a) < 100 mg/dL
- b) < 115 mg/dL
- c) < 125 mg/dL
- d) < 140 mg/dL
- e) < 150 mg/dL

9. The therapeutic diet recommended by ATP III restricts the calories from saturated fat to:

- a) < 5%
- b) < 7%
- c) 10%
- d) 15%
- e) 20%

- 10. Statins reduce LDL-C levels by:**
- a) Reducing cholesterol synthesis
 - b) Lowering intracellular cholesterol
 - c) Stimulating synthesis of the LDL-C receptor
 - d) Increasing the uptake of non-high-density lipoprotein cholesterol (HDL-C) particles from the systemic circulation
 - e) All of the above
- 11. Statins may not be first-line therapy in which of the following patients?**
- a) Patients with active liver disease
 - b) Postmenopausal women with high LDL-C
 - c) Men over the age of 65 with high LDL-C
 - d) Patients with normal triglyceride levels and high cholesterol levels
 - e) All of the above
- 12. Bile acid resins reduce LDL-C levels by:**
- a) Reducing the recycling of bile acids from the intestine
 - b) Increasing the synthesis of bile acids in the liver
 - c) Reducing cholesterol concentrations in the liver
 - d) a, b, and c
 - e) None of the above
- 13. Bile acid resins such as colestipol and cholestyramine are associated with:**
- a) Enhanced absorption of fat-soluble vitamins
 - b) Constipation and flatulence
 - c) Bonding to positively charged drugs
 - d) Enhanced absorption with other drugs
 - e) All of the above
- 14. Colesevelam is a bile acid resin that:**
- a) Reduces LDL-C levels by 15% to 18%
 - b) Is not associated with flatulence or constipation
 - c) Has been shown to be effective both as monotherapy and combination therapy in reducing LDL-C
 - d) Reduces LDL-C when given in combination with simvastatin
 - e) All of the above
- 15. The clinical features of nicotinic acid include:**
- a) An absence of adverse effects
 - b) No effect on reducing risk for coronary events
 - c) Increases in HDL-C levels
 - d) Increases in triglyceride levels
 - e) None of the above
- 16. Effective combination regimens to lower both LDL-C and triglyceride levels include:**
- a) A statin and fibrate
 - b) A statin and niacin
 - c) A bile acid resin and niacin
 - d) a and b only
 - e) a, b, and c
- 17. Large-scale primary- and secondary-prevention trials evaluating various statins have found that:**
- a) These drugs reduce risk for a coronary event by 50% after 5 years of treatment.
 - b) These drugs reduce risk for a coronary event by 10% after 5 years of treatment.
 - c) These drugs reduce risk for a coronary event by 25% to 35% after 5 years of treatment.
 - d) These drugs improve survival but have no effect on morbidity.
 - e) None of the above
- 18. The Scandinavian Simvastatin Survival Study found that:**
- a) The drug did not reduce the risk for intermittent claudication.
 - b) Treatment was associated with significantly less need for hospitalization compared with placebo.
 - c) The drug did not reduce the risk for carotid bruits.
 - d) The drug did not reduce the risk for cerebrovascular accidents.
 - e) The drug did not reduce the risk for angina.
- 19. The team management model for the management of patients with dyslipidemia and other CHD risk factors:**
- a) Is driven by guidelines and protocols
 - b) Operates under an established plan of care
 - c) Provides patient education
 - d) Has effective follow-up mechanisms in place
 - e) All of the above
- 20. The best time interval for a follow-up visit in patients who require aggressive lipid management is:**
- a) 2 weeks after the initiation of drug therapy
 - b) 2 weeks after starting a step II diet
 - c) 4 to 6 weeks after the initiation of therapy
 - d) 3 months after the initiation of drug therapy
 - e) 3 months after starting a step II diet

(See following page for evaluation and test form.)

... CPE/CNE QUIZ ...



Continuing Pharmacy Education Accreditation

The Virginia Council on Pharmaceutical Education is approved by the American Council on Pharmaceutical Education as a provider of continuing pharmacy education. You can achieve 2 contact hours (0.2 CEUs) for the successful completion of this program. Pharmacists who complete an evaluation and pass a post-test with a score of at least 70% will receive continuing education credit. Credit will be awarded until August 31, 2003.

CPE PROGRAM EVALUATION (155-999-01-055-H01)

The Virginia Council on Pharmaceutical Education would like to have your opinion. Please fill out the questionnaire below, tear off along the dotted line, and mail along with your CPE test form. We thank you for your evaluation, which is most helpful.

Please circle your answers:

- | | | | | |
|--|------------------|-------------|----------------------|-------------------|
| • How would you rate this program overall? | Excellent | Good | Fair | Poor |
| • To what degree has this program improved your knowledge of the subject matter? | Extensively | Moderately | Somewhat | Not at all |
| • How relevant was the program content to your practice? | Very relevant | Relevant | Somewhat relevant | Not relevant |
| • How effectively did the program meet the learning objectives? | Very effectively | Effectively | Somewhat effectively | Not at all |
| • The program was free from undue commercial bias. | Strongly agree | Agree | Disagree | Strongly disagree |

How long did it take you to read the material and respond to the Continuing Pharmacy Education questions? (Please specify the number of hours.) _____

Please send this evaluation, along with your answer sheet, to:

Virginia Council on Pharmaceutical Education
P.O. Box 980300
Richmond, VA 23298-0300

CPE TEST FORM

**The Need for Cholesterol Control:
Clinical and Managed Care Concerns**

ACPE Program ID Number: 155-999-01-055-H01

(PLEASE PRINT CLEARLY)

Name _____

Home Address _____

City _____

State/ZIP _____

Daytime Phone # _____

Social Security # _____

Please circle your answers:

- | | | | |
|--------------|---------------|---------------|---------------|
| 1. a b c d e | 6. a b c d e | 11. a b c d e | 16. a b c d e |
| 2. a b c d e | 7. a b c d e | 12. a b c d e | 17. a b c d e |
| 3. a b c d e | 8. a b c d e | 13. a b c d e | 18. a b c d e |
| 4. a b c d e | 9. a b c d e | 14. a b c d e | 19. a b c d e |
| 5. a b c d e | 10. a b c d e | 15. a b c d e | 20. a b c d e |

In order to apply for continuing pharmaceutical education credit, please complete this post-program exam and evaluation, include payment in the form of a check made payable to VCPE in the amount of \$10, and mail to:

Virginia Council on Pharmaceutical Education
P.O. Box 980300
Richmond, VA 23298-0300

... CPE/CNE QUIZ ...

CNE PROGRAM EVALUATION

Title of Program: The Need for Cholesterol Control: Clinical and Managed Care Concerns

1. Listed below are the educational objectives. Please rate the extent to which you are now able to meet each of the objectives.

- | | Low | High |
|---|-----------|------|
| I. Assess and manage risk factors associated with hypercholesterolemia. | 1 2 3 4 5 | |
| II. Discuss cholesterol management guidelines. | 1 2 3 4 5 | |
| III. Identify current pharmacologic and nonpharmacologic approaches to treatment. | 1 2 3 4 5 | |
| IV. Explain the team approach to lipid management in a managed care setting. | 1 2 3 4 5 | |

2. The objectives clearly related to the purpose/goals of the activity.

	1 2 3 4 5
--	-----------

3. Please rate each presenter (and content) on a scale of 1 (low) to 5 (high) for each item:

Presenter/Author
Peter H. Jones, MD

- Presenter was knowledgeable on the topic _____
- Presenter had an effective presentation style _____
- Content was relevant to the objectives _____
- Teaching strategies were appropriate _____
- Teaching strategies were effective _____

Presenter/Author
James M. McKenney, PharmD

- Presenter was knowledgeable on the topic _____
- Presenter had an effective presentation style _____
- Content was relevant to the objectives _____
- Teaching strategies were appropriate _____
- Teaching strategies were effective _____

Presenter/Author
Carol M. Mason, RNCS, ANP

- Presenter was knowledgeable on the topic _____
- Presenter had an effective presentation style _____
- Content was relevant to the objectives _____
- Teaching strategies were appropriate _____
- Teaching strategies were effective _____

CNE TEST FORM

The Need for Cholesterol Control:
Clinical and Managed Care Concerns

Please circle your answers:

(PLEASE PRINT CLEARLY)

Name _____

Home Address _____

City _____

State/ZIP _____

Daytime Phone # _____

Social Security # _____

- | | | | |
|--------------|---------------|---------------|---------------|
| 1. a b c d e | 6. a b c d e | 11. a b c d e | 16. a b c d e |
| 2. a b c d e | 7. a b c d e | 12. a b c d e | 17. a b c d e |
| 3. a b c d e | 8. a b c d e | 13. a b c d e | 18. a b c d e |
| 4. a b c d e | 9. a b c d e | 14. a b c d e | 19. a b c d e |
| 5. a b c d e | 10. a b c d e | 15. a b c d e | 20. a b c d e |

In order to apply for nursing contact hours, please mark your answers to the post-program exam on this form and complete the evaluation above. Send the completed form along with a check in the amount of \$10 to:

Jill Carter, Program Assistant
The Institute for Johns Hopkins Nursing
525 N. Wolfe Street, #531
Baltimore, MD 21205-2110
Phone: 410-614-1119

*The Need for Cholesterol Control:
Clinical and Managed Care Concerns*

GOAL

To provide comprehensive and up-to-date information concerning developments in the management of cholesterol, including medical treatments and the cost implications to patients, healthcare providers, and society.

TARGET AUDIENCE

This activity is designed for pharmacists, lipid nurses, managed care decision makers, healthcare policy planners, and pharmacy and therapeutics committee members.

LEARNING OBJECTIVES

Upon completion of this educational supplement, the participant should be able to:

- Assess and manage risk factors associated with hypercholesterolemia.
- Discuss cholesterol management guidelines.
- Identify current pharmacologic and nonpharmacologic approaches to treatment.
- Explain the team approach to lipid management in a managed care setting.

CONTINUING PHARMACY EDUCATION ACCREDITATION



The Virginia Council on Pharmaceutical Education is approved by the American Council on Pharmaceutical Education as a provider of continuing pharmacy education. You can achieve 2 contact hours (0.2 CEUs) for the successful completion of this program. Pharmacists who complete an evaluation and pass a post-test with a score of at least 70% will receive continuing education credit. Credit will be awarded until August 31, 2003. **ACPE Program ID Number: 155-999-01-055-H01.**

CONTINUING NURSING EDUCATION ACCREDITATION

This educational activity has been approved for 2 contact hours by The Institute for Johns Hopkins Nursing, which is accredited as a provider of continuing education in nursing by the American Nurses' Credentialing Center's Commission on Accreditation. Credit will be awarded until August 31, 2003.

FUNDING

This program is supported by an unrestricted educational grant from **Sankyo Pharma Inc.**

• • •

The contents of this supplement may include information regarding the use of products that may be inconsistent with or outside the approved labeling for these products in the United States. Physicians should note that the use of these products outside current approved labeling is considered experimental and are advised to consult prescribing information for these products.