

CME/CPE QUESTIONS: TEST #06002S

The Johns Hopkins University School of Medicine designates this continuing medical education activity for 2 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association. Each physician should claim only those hours of credit that he or she actually spends on the educational activity. Credits are available until the expiration date of April 30, 2002.



The University of Tennessee College of Pharmacy is approved by the American Council on Pharmaceutical Education as a provider of continuing pharmaceutical education. This Continuing Education Program has been approved for 2 contact hours (0.2 CEUs) by the University of Tennessee College of Pharmacy. This course expires April 30, 2002. ACPE Program # 064-999-00-226-H01.

Instructions

After reading this Special Report supplement, select the 1 best answer to each of the following questions. At least 7 of the 10 answers must be correct to receive continuing medical or pharmacy education credit.

1. Leukotriene modifiers, theophyllines, and long-acting β_2 -agonists (LABAs) have the following characteristic in common:

- a. They are clinically equivalent to high-dose inhaled corticosteroids (ICSs) when used as add-on therapy to low-dose ICSs
- b. A "steroid-sparing" effect when used as add-on therapy to low-dose ICSs
- c. Can disguise deteriorating asthma when used as add-on therapy to low-dose ICSs
- d. Modes of action similar to ICSs
- e. Poor bronchodilatory activity

2. One of the goals of asthma therapy as outlined in the National Heart, Lung, and Blood Institute (NHLBI) 1997 asthma guidelines is to:

- a. Maintain near-normal pulmonary function
- b. Prevent further decline in pulmonary function regardless of baseline level
- c. Measure pulmonary function more frequently
- d. Improve pulmonary function by 10%
- e. Improve pulmonary function to make physical exercise possible

3. Inhaled corticosteroids do not appear to have any clinically relevant effects on growth when used:

- a. In the lowest effective doses
- b. In combination with leukotriene modifiers
- c. In older children
- d. Sparingly
- e. At any dose

4. The shallow dose response with ICSs is a rationale for using combination therapy because it shows that:

- a. Patients become tolerant of ICSs
- b. Patients are often undertreated with ICSs
- c. The dose response is similar for all ICSs
- d. There is an optimal dose above which unwanted side effects begin to outweigh the benefits
- e. Higher doses of ICSs are no longer affecting airway remodeling

(CME/CPE QUESTIONS CONTINUED ON FOLLOWING PAGE)

CME TEST FORM	Please circle your answers:	(PLEASE PRINT CLEARLY)
AJMC Test #06002S	1. a b c d e	Name _____
Asthma Management Alternatives for the New Millennium	2. a b c d e	Address _____
(Test valid through April 30, 2002. No credit will be given after this date.)	3. a b c d e	City _____
	4. a b c d e	State/ZIP _____
	5. a b c d e	Phone # _____
	6. a b c d e	
	7. a b c d e	
	8. a b c d e	
	9. a b c d e	
	10. a b c d e	

Please enclose a check for \$10, payable to American Medical Publishing, and mail with this form to:
The AJMC CME Test
 American Medical Publishing
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PROGRAM EVALUATION

Johns Hopkins University School of Medicine would like to have your opinion. Please fill out the questionnaire below, tear off along the dotted line, and mail along with your CME test form. We thank you for your evaluation, which is most helpful.

On the whole, how do you rate the information presented in the article?

excellent good fair poor

Is the information presented useful in your practice?

yes no

Do you have recommendations to improve this program?

yes no

Comments:

Were any portions of this program unsatisfactory or inappropriate?

yes no

If so, which?

Do you find the information presented in these articles to be fair, objective, and balanced?

yes no

Is there subject matter you would like included in the future?

yes no

Comments:

In your opinion, were the authors biased in their discussion of any commercial product or service?

yes no

Comments:

Program Evaluation

Physician Name

Address

City, State, ZIP

Specialty

(CME/CPE QUESTIONS CONTINUED FROM PREVIOUS PAGE)

5. Current NHLBI recommendations indicate that spirometric measurements should be done:

- At the time of diagnosis, when the patient is stabilized, and at least every 1 to 2 years
- At the time of diagnosis, when the patient is stabilized, and every 5 years
- At the time of diagnosis and when exacerbations occur
- At the time of diagnosis and every month
- At the time of diagnosis and each time the ICS dose can be decreased (ie, step-down therapy)

6. Which of the following best describes the most consistent characteristic of asthma?

- Atopy
- Chronic inflammatory disease
- Airway histopathologic changes reflected as clinical symptoms
- Children outgrow asthma
- Positive skin tests

7. Which of the following is assessed by the HEDIS 2000 asthma measure?

- Optimal standard of care
- Minimal standard of care
- Whether all confirmed asthma patients are receiving controller medication
- Use of peak-flow meters
- Use of controller medication according to the NHLBI guidelines

8. Exacerbation data from controlled clinical trials of ICSs with a duration of 6 months or less may be considered inconclusive overall because:

- Exacerbations were not the primary endpoints in the studies
- ICSs do not affect exacerbations
- The length of study period was often too short to measure hospitalizations or emergency room visits
- The number of patients per study was often too small to detect a change in exacerbation rate
- The study populations did not typically have high enough exacerbation rates to measure a change

... CME/CPE QUIZ ...

CPE PROGRAM EVALUATION

The University of Tennessee College of Pharmacy would like to have your opinion. Please fill out the questionnaire below, tear off along the dotted line, and mail along with your CE test form. We thank you for your evaluation, which is most helpful.

Please circle your answers:

My pharmacy practice setting is:	Independent	Chain	Hospital	Consultant
The objectives of the lesson were achieved.	Yes	No		
The quality of presentation of the material was:	Excellent	Good	Fair	Poor
The information presented will be useful to me in my practice.	Strongly agree	Mildly agree	Mildly disagree	Strongly disagree

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

Please send this evaluation, along with your CE test form to:
Glen E. Farr, PharmD
University of Tennessee College of Pharmacy
600 Henley Street, Suite 213
Knoxville, TN 37902

(CME/CPE QUESTIONS CONTINUED FROM PREVIOUS PAGE)

9. According to the NHLBI 1997 guidelines, patient education should take place:

- a. At the patient's request
- b. At each phase in patient care
- c. At diagnosis
- d. Until the asthma is controlled
- e. When the clinician establishes a patient education program at the practice

10. Moderate persistent asthma can be described with the following characteristics:

- a. Daily recurring and nighttime symptoms, mild exacerbations, nighttime asthma symptoms more than once a week, forced expiratory volume in 1 second (FEV₁) between 60% and 80%

- b. Symptoms more than twice a week but not daily, exacerbations that affect activity, nighttime asthma symptoms more than once a week, FEV₁ between 60% and 80%
- c. Symptoms more than twice a week but not daily, exacerbations that affect activity, nighttime asthma symptoms more than once a week, % peak expiratory flow (PEF) variability 20% to 30%
- d. Daily symptoms, exacerbations at least once a month, nighttime asthma symptoms more than once a week, % PEF variability 20% to 30%
- e. Daily symptoms, exacerbations that affect activity, nighttime symptoms more than once a week, FEV₁ between 60% and 80%

<p style="text-align: center;">CPE TEST FORM</p> <p style="text-align: center;">Asthma Management Alternatives for the New Millennium</p> <p style="text-align: center;">ACPE Program Number: 064-999-00-226-H01</p> <p>(PLEASE PRINT CLEARLY)</p> <p>Name _____</p> <p>Home Address _____</p> <p>City _____</p> <p>State/ZIP _____</p> <p>Daytime Phone # _____</p> <p>Social Security # _____</p>	<p style="text-align: center;">Please circle your answers:</p> <p>1. a b c d e 6. a b c d e</p> <p>2. a b c d e 7. a b c d e</p> <p>3. a b c d e 8. a b c d e</p> <p>4. a b c d e 9. a b c d e</p> <p>5. a b c d e 10. a b c d e</p> <p>_____</p> <p>Please complete this form and send with \$15 fee, payable to University of Tennessee, to:</p> <p style="text-align: center;">Glen E. Farr, PharmD University of Tennessee College of Pharmacy 600 Henley Street, Suite 213 Knoxville, TN 37902</p>
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Asthma Management Alternatives for the New Millennium

GOAL

To provide comprehensive and up-to-date information concerning the Health Employer Data and Information Set (HEDIS) 2000 asthma measurement and its impact on the managed healthcare system.

TARGET AUDIENCE

This activity is designed for physicians in primary care, internal medicine, and pulmonary diseases; managed care decision makers; healthcare policy planners; pharmacists; and pharmacy and therapeutics committee members.

LEARNING OBJECTIVES

After reading this educational supplement, the participant should be able to:

- Explain the 1997 National Heart, Lung, and Blood Institute guidelines for asthma management.
- Discuss the impact of the HEDIS 2000 asthma measurement on managing asthma.
- Identify the limitations in asthma knowledge and their therapeutic implications.
- Describe the treatment options available for asthma management.
- Evaluate the pharmacoeconomic impact of inhaled corticosteroids.

CONTINUING MEDICAL EDUCATION ACCREDITATION

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The Johns Hopkins University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

This CME activity was planned and produced in accordance with the ACCME Essentials and Standards for Commercial Support.

This CME activity was produced under the supervision of Alkis G. Togias, MD, Associate Professor of Medicine, Johns Hopkins University School of Medicine, Divisions of Clinical Immunology and Respiratory and Critical Care Medicine at the Johns Hopkins Asthma and Allergy Center, Baltimore, Maryland.

CONTINUING PHARMACY EDUCATION ACCREDITATION



The University of Tennessee College of Pharmacy is approved by the American Council on Pharmaceutical Education as a provider of continuing pharmaceutical education. This Continuing Education program has been approved for 2 contact hours of continuing education credit (0.2 CEUs) by the University of Tennessee College of Pharmacy. To receive CPE credit, pharmacists must obtain a passing score of 70% (7 correct answers) on the quiz and complete the evaluation of the program. Credit will be awarded until April 30, 2002. ACPE Program ID Number: #064-999-00-226-H01.

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The content of this Special Report 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.

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