

CME/CPE QUESTIONS

Continuing Medical Education Accreditation

The Johns Hopkins University School of Medicine designates this medical education activity for 4 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 August 31, 2002. **Test #060017S**

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 Pharmacy Education Program has been approved for 4 contact hours (0.4 CEUs) by the University of Tennessee College of Pharmacy. This course expires August 31, 2002. **ACPE Program #064-999-00-241-H01**



Instructions

After reading this Special Report supplement, select the 1 best answer to each of the following questions. At least 14 of the 20 answers must be correct to receive CME or CPE credit. Estimated time for this activity is 4 hours.

1. The American Diabetes Association treatment target for hemoglobin A1c is:

- a) 5%
- b) 6%
- c) 7%
- d) 8%
- e) 9%

2. The American Diabetes Association treatment target for the low-density lipoprotein (LDL) cholesterol level is:

- a) 80 mg/dL
- b) 100 mg/dL
- c) 120 mg/dL
- d) 125 mg/dL
- e) 130 mg/dL

3. The Scandinavian Simvastatin Survival Study documented that cardiovascular events could be reduced in diabetic patients by means of:

- a) Thiazolidinediones
- b) Statins
- c) Aggressive blood pressure reduction
- d) Intensive insulin/sulfonylurea therapy
- e) Combined therapy with a and b

4. The likelihood of a future myocardial infarction (MI) in a diabetic patient is roughly equivalent to the likelihood of a future MI in:

- a) A nondiabetic person with a history of MI
- b) A nondiabetic person with a high cholesterol level and high blood pressure
- c) A nondiabetic person with unstable angina
- d) A nondiabetic person with insulin resistance
- e) None of the above

5. Which of the following conditions has NOT had a decrease in both prevalence and incidence in recent years?

- a) Hypertension
- b) Heart disease
- c) Hyperlipidemia
- d) Diabetes
- e) None of the above

(CME/CPE QUESTIONS CONTINUED ON FOLLOWING PAGE)

<p>CME TEST FORM AJMC Test #060017S</p> <p>New Advances in the Treatment of Type 2 Diabetes: Clinical and Economic Implications for Managed Care</p> <p>(Test valid through August 31, 2002. No credit will be given after this date.)</p>	<p>Please circle your answers:</p>	<p>(PLEASE PRINT CLEARLY)</p>
	<p>1. a b c d e</p> <p>2. a b c d e</p> <p>3. a b c d e</p> <p>4. a b c d e</p> <p>5. a b c d e</p> <p>6. a b c d e</p> <p>7. a b c d e</p> <p>8. a b c d e</p> <p>9. a b c d e</p> <p>10. a b c d e</p>	<p>11. a b c d e</p> <p>12. a b c d e</p> <p>13. a b c d e</p> <p>14. a b c d e</p> <p>15. a b c d e</p> <p>16. a b c d e</p> <p>17. a b c d e</p> <p>18. a b c d e</p> <p>19. a b c d e</p> <p>20. a b c d e</p>

CME 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 this supplement?

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

6. The Framingham Study showed that the overall excess risk for the development of cardiovascular disease in a diabetic individual is _____ the risk in a nondiabetic person.

- a) 1.2 times
- b) 1.5 times
- c) 3 to 4 times
- d) 8 to 15 times
- e) 20 times

7. The United Kingdom Prospective Diabetes Study (UKPDS) showed that aggressive treatment of type 2 diabetes with sulfonylureas and/or insulin led to statistically significant reductions in all of the following clinical outcomes EXCEPT:

- a) Hyperglycemia
- b) Retinopathy
- c) Nephropathy
- d) Microvascular disease
- e) MI

8. The Diabetes Control and Complications Trial found that intensive blood glucose control significantly improved the risk of all of the following complications of diabetes EXCEPT:

- a) Retinopathy
- b) MI
- c) Neuropathy
- d) Nephropathy
- e) None of the above

9. Which of the following statements about insulin resistance is FALSE?

- a) It is a potential early marker of diabetes.
- b) It is associated with central adiposity.
- c) It is associated with both the impaired fasting glucose level and impaired glucose tolerance.
- d) If it is treated, the risk of macrovascular events is reduced.
- e) It occurs, by definition, in individuals with type 2 diabetes.

...CME/CPE QUIZ ...

10. Treatment options for insulin resistance include all of the following EXCEPT:

- a) Exercise
- b) Treatment of lipid abnormalities
- c) Stress reduction
- d) Hypertension control
- e) Treatment of hyperglycemia

11. What is the characteristic abnormal lipid profile of a diabetic patient?

- a) High LDL cholesterol level
- b) High triglyceride level
- c) Low high-density lipoprotein (HDL) cholesterol level
- d) a and c
- e) b and c

12. Hypertension is considered a risk factor for cardiovascular disease in diabetic individuals for all of the following reasons EXCEPT:

- a) It is approximately twice as common in those with diabetes.
- b) At each level of blood pressure, the cardiovascular risk is about 3 times higher in those with diabetes.
- c) It may be associated with other atherogenic mechanisms.
- d) Antihypertensive drugs are known to increase the risk of MI in those with diabetes.
- e) Treatment of high blood pressure has been shown to reduce the cardiovascular risk.

13. The reduction in microvascular endpoints in the UKPDS as a result of treatment with insulin or sulfonylureas was:

- a) 5%
- b) 10%
- c) 15%
- d) 25%
- e) 45%

14. Agents that have been used to improve the atherogenic lipid profile in persons with diabetes include all of the following EXCEPT:

- a) Aspirin
- b) Insulin
- c) Statins
- d) Sulfonylureas
- e) Fibrates

15. Increasing insulin sensitivity has been associated with reductions in:

- a) Carotid intimal thickness
- b) HDL cholesterol levels
- c) Glucose tolerance
- d) Incidence of macrovascular disease
- e) All of the above

CPE TEST FORM

**New Advances in the Treatment of Type 2 Diabetes:
Clinical and Economic Implications for Managed Care**
ACPE Program Number: 064-999-00-241-H01

(PLEASE PRINT CLEARLY)

Name _____

Home Address _____

City _____

State/ZIP _____

Daytime Phone # _____

States in which CPE credit is desired _____

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 |

Please complete the Program Evaluation on the following page, and send with \$10 fee, payable to University of Tennessee, to:

Glen E. Farr, PharmD
University of Tennessee College of Pharmacy
600 Henley Street, Suite 213
Knoxville, TN 37902

...CME/CPE QUIZ ...

16. In the 12-year Multiple Risk Factor Intervention Trial, which of the following factors increased the mortality risk in diabetic patients?

- a) Systolic blood pressure over 120 mm Hg
- b) Total serum cholesterol level over 200 mg/dL
- c) Cigarette smoking
- d) All of the above
- e) None of the above

17. Diabetic individuals are more likely to display an LDL cholesterol level that is:

- a) Extremely elevated in concentration
- b) Small, dense, and atherogenic
- c) Large and likely to disrupt measurements
- d) A phenotype not seen in nondiabetic individuals
- e) a and d

18. In a patient with a normal fasting plasma glucose level, which fasting insulin level suggests insulin resistance?

- a) > 15 μ U/mL
- b) < 15 μ U/mL
- c) > 25 μ U/mL
- d) < 25 μ U/mL
- e) > 50 μ U/mL

19. The most commonly used tool for monitoring glycemic control in diabetes is:

- a) The glucose tolerance test
- b) The fasting plasma glucose test
- c) The glycosylated hemoglobin test
- d) The postprandial glucose test
- e) The diabetic eye examination

20. One of the chief side effects produced by glyburide in diabetes therapy is:

- a) Gastrointestinal discomfort
- b) Cardiac arrhythmias
- c) Hypoglycemia
- d) Laryngeal edema
- e) Liver toxicity

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 CPE 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 Pharmacy Education questions: (Please specify the number of hours.)

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

Glen E. Farr, PharmD
University of Tennessee College of Pharmacy
600 Henley Street, Suite 213
Knoxville, TN 37902

New Advances in the Treatment of Type 2 Diabetes: Clinical and Economic Implications for Managed Care

GOAL

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

TARGET AUDIENCE

This activity is designed for physicians in primary care, specialists in diabetes and endocrinology, pharmacists, 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:

- Define and discuss insulin resistance and its impact on diabetes management.
- Describe the relationship between insulin resistance, lipid metabolism, and cardiovascular risk factors in diabetes.
- Identify managed care issues in diabetes, including short-term versus long-term cost, and how managed care organizations can address these issues.
- Evaluate the pharmacoeconomics (eg, efficacy, long-term cost effectiveness) of antidiabetic therapies compared with other antidiabetic agents.

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 Christopher D. Saudek, MD, Professor, Department of Endocrinology, and Director, Johns Hopkins Diabetes Center, Johns Hopkins University School of Medicine; and Program Director, General Clinical Research Center, Johns Hopkins Medicine, Johns Hopkins Health System.

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 Pharmacy Education program has been approved for 4 contact hours of continuing education credit (0.4 CEUs) by the University of Tennessee College of Pharmacy. To receive CPE credit, pharmacists must obtain a passing score of at least 70% (14 correct answers) on the quiz, complete the evaluation of the program, and send both with payment of \$10 to the University of Tennessee. Credit will be awarded until August 31, 2002. ACPE Program ID # 064-999-00-241-H01.

FUNDING

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