

CME/CPE QUESTIONS

Continuing Medical Education Accreditation

The Johns Hopkins University School of Medicine designates this continuing medical education activity for up to 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 are actually spent on the educational activity. Credits are available until the expiration date of March 31, 2003. **Test #070001S**

Continuing Pharmacy Education Accreditation

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Instructions

After reading this supplement, select the one best answer to each of the following questions. At least 15 of the 20 answers must be correct to receive CME or CPE credit.

1. Which of the following group of agents does NOT merit investigation as treatment for overactive bladder (OAB)?

- a) Calcium channel blockers
- b) Beta blockers
- c) Potassium channel openers
- d) Prostaglandin inhibitors
- e) Muscarinic antagonists

2. Extended-release (ER) oxybutynin increases the bioavailability of the parent drug by:

- a) 67%
- b) 44%
- c) 53%
- d) 39%
- e) 47%

3. According to a study, up to 60% of patients taking _____ may remain on therapy for 1 year.

- a) Trosipium immediate release (IR)
- b) Oxybutynin ER
- c) Darifenacin IR
- d) Tolterodine IR
- e) Hyoscyamine ER

4. Tolterodine IR has been shown to reduce episodes of incontinence by:

- a) 40% to 60%
- b) 30% to 50%
- c) 50% to 70%
- d) 20% to 40%
- e) 60% to 80%

5. Quaternary amines are pharmaceutical agents designed to:

- a) Be selective for the M3 receptor
- b) Produce fewer central nervous system effects
- c) Affect bladder afferent pathways
- d) Maintain smooth muscle tone in the filling bladder
- e) Enhance outlet resistance

(CME/CPE QUESTIONS CONTINUED ON FOLLOWING PAGE)

<p>CME TEST FORM AJMC Test #070001S</p> <p>Optimizing Quality of Care and Cost Effectiveness in the Treatment of Overactive Bladder</p> <p>(Test valid through March 31, 2003. No credit will be given after this date.)</p>	Please circle your answers:		(PLEASE PRINT CLEARLY)	
	1. a b c d e	11. a b c d e	Name _____	Address _____
2. a b c d e	12. a b c d e	City _____	State/ZIP _____	Phone # _____
3. a b c d e	13. a b c d e	Please enclose a check for \$10, payable to American Medical Publishing, and mail with this form to:		
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7. a b c d e	17. a b c d e	Jamesburg, NJ 08831		
8. a b c d e	18. a b c d e			
9. a b c d e	19. a b c d e			
10. a b c d e	20. a b c d e			

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 Title

Physician Name

Address

City, State, ZIP

Specialty

6. A new cystoscopically placed system for intravesical delivery of medication to incontinent patients must be removed at _____ intervals.

- a) Monthly
- b) Weekly
- c) Bimonthly
- d) 2-month
- e) 3-month

7. Intravesical administration of resiniferatoxin has produced significant reductions in urinary frequency in _____ patients.

- a) Neurogenic
- b) Incontinent
- c) Nonneurogenic
- d) Stress incontinent
- e) Renally impaired

8. Which of the following statements regarding neuromodulation is NOT true?

- a) During permanent implantation, electrodes are placed adjacent to the appropriate nerves and fixed to the periosteum.

b) Only 30% to 50% of patients will respond favorably to stimulation.

c) Nerve fibers are continuously stimulated at low frequencies.

d) The stimulating device has been approved for 2 conditions: idiopathic detrusor overactivity and contractility.

e) The most common complication is pain at the implantation site.

9. OAB is currently defined as a medical condition that refers to:

a) The symptoms of frequency, urgency, and urge incontinence, when appearing in the absence of local pathologic causative factors

b) The symptoms of urge or stress incontinence and frequency, when appearing in the absence of local pathologic causative factors

c) The symptoms of incontinence, urgency, and frequency produced by local pathologic or metabolic causative factors

d) The symptoms of frequency and urgency, with or without urge incontinence, when appearing

in the absence of local pathologic or metabolic causative factors

- e) The presence of unstable contractions in conjunction with bladder symptomology

10. Augmentation cystoplasty is best performed in patients who have:

- a) Urgency, frequency, and stress incontinence
- b) Symptoms that are refractory to all other forms of management
- c) An idiopathic source of detrusor instability
- d) Risk factors for bladder neoplasm
- e) Urinary retention

11. Which of the following statements about monitored urodynamic testing is NOT true?

- a) Monitored urodynamic testing underestimates the prevalence of OAB.
- b) Previously, the diagnosis of OAB relied on invasive studies.
- c) Monitored urodynamic testing has been used to document the presence of unstable detrusor contractions.
- d) Current diagnosis of OAB relies on clinical symptoms and exclusion of the presence of other entities that can produce similar symptoms.
- e) Results of invasive studies lead to overestimation of the prevalence of OAB.

12. What percentage of the geriatric population in the United States has been classified as incontinent?

- a) 60%
- b) 20%
- c) 40%
- d) 50%
- e) 30%

13. Which of the following statements is NOT true?

- a) Urinary incontinence is rarely the primary driver of institutionalization of the elderly.
- b) In 1 study, 85% of elderly nursing home residents were incontinent compared with 29% of independent elderly living at home.
- c) More than 90% of the psychogeriatric population in the United States suffers from incontinence.
- d) Less than 30% of home caregivers find incontinence a problem.
- e) OAB is caused by uncomfortable, involuntary, and unpredictable contractions of the detrusor muscle during the filling phase of the bladder.

14. Studies of OAB have varied in estimates of prevalence mainly because of:

- a) Differences among symptom criteria
- b) Lack of clinical validation
- c) Lack of detailed information on dysfunctional behaviors
- d) Lack of detailed information on coping strategies
- e) A focus on stress incontinence alone

CPE TEST FORM

**Optimizing Quality of Care and Cost Effectiveness
in the Treatment of Overactive Bladder**
ACPE Program Number: 038-999-01-019-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 Rutgers in the amount of \$9, and mail to:

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Continuous Education
160 Frelinghuysen Road
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Copies of this form will be accepted.

15. The National Overactive Bladder Evaluation (NOBLE) Program is designed to:

- a) Focus on determining the prevalence of urge and stress incontinence
- b) Study the differences in OAB symptom impact between men and women
- c) Provide information on the prevalence and impact of OAB symptoms in the United States
- d) Study the effects of incontinence on caregivers of the at-home elderly
- e) Determine the prevalence of OAB among the institutionalized elderly

16. Only _____ scored lower than OAB sufferers among groups who completed a generic quality-of-life questionnaire.

- a) The general population
- b) Patients with hypertension
- c) Patients with diabetes
- d) Patients with depression
- e) Patients receiving dialysis

17. The high side-effect profile of oral oxybutynin IR is related to its:

- a) Antispasmodic properties
- b) Preferential affinity for the M1 receptor
- c) Inappropriateness for use in the elderly
- d) Higher affinity for pancreatic tissue
- e) Lack of selectivity for bladder tissue

18. Which of the following statements is true?

- a) Oxybutynin IR is considered ineffective by many physicians if the patient fails to experience side effects.
- b) All side effects associated with the ER form of oxybutynin are milder than those resulting from treatment with oxybutynin IR.
- c) Intrathecal administration of oxybutynin reduces side effects in patients with impaired bowel motility.
- d) The placebo effect is stronger in patients treated with oxybutynin IR than in those treated with other antimuscarinic agents.
- e) Most patients discontinue oxybutynin therapy because of the side effects of constipation or blurred vision.

19. Resiniferatoxin is administered by the following route:

- a) Intrathecal
- b) Intravesical
- c) Oral
- d) Sublingual
- e) Intramuscular

20. _____ administration of estrogen may be the most effective method of delivery for modifying OAB symptoms.

- a) Oral
- b) Transdermal
- c) Vaginal
- d) Local
- e) Sublingual

CPE PROGRAM EVALUATION (038-999-01-019-H01)

Rutgers, The State University of New Jersey 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:

• 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:

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Optimizing Quality of Care and Cost Effectiveness in the Treatment of Overactive Bladder

GOAL

To provide comprehensive and up-to-date information concerning developments in the management of overactive bladder, including the importance of quality-of-life factors, medical treatments, and the cost implications to patients, healthcare providers, and society.

TARGET AUDIENCE

This activity is designed for physicians in primary care, urologists, managed care decision makers, pharmacists, healthcare policy planners, and pharmacy and therapeutics committee members.

LEARNING OBJECTIVES

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

- Identify patients with overactive bladder and decide who can be treated empirically and who may require further urological evaluation.
- Discuss traditional treatment modalities for overactive bladder (both behavioral and pharmacologic) as well as emerging strategies.
- Describe recent studies and several issues related to measuring and evaluating the quality of life for patients with overactive bladder.
- Discuss recent findings and several issues regarding the cost effectiveness of overactive bladder therapies.

CONTINUING MEDICAL EDUCATION ACCREDITATION

This activity has been planned and produced in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Johns Hopkins University School of Medicine and *The American Journal of Managed Care*. The Johns Hopkins University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians and takes responsibility for the content, quality, and scientific integrity of this CME activity.

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This CME activity was produced under the supervision of Geoffrey Cundiff, MD, Associate Professor and Director, Division of Gynecologic Specialties, Johns Hopkins Medicine.

CONTINUING PHARMACY EDUCATION ACCREDITATION



Rutgers, The State University of New Jersey College of Pharmacy, is approved by the American Council on Pharmaceutical Education as a provider of continuing pharmaceutical education. This program qualifies for 2 contact hours (0.2 CEUs) of continuing pharmacy education credit. A statement of credit will be forwarded to any participant upon submission of a successfully completed post-program exam. A passing grade of 75% (15 correct answers) is required to successfully complete the post-program exam. Any participant who fails to achieve the minimum passing grade may be reexamined one additional time. Credit will be awarded until March 31, 2003. **ACPE Program ID # 038-999-01-019-H01.**

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