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Testing and Grading Procedures

1. Each participant achieving a passing grade of 70% or higher on any examination will receive a statement of credit stating the number of CE credits earned. This form should be safeguarded and may be used as documentation

CME Accreditation

The University of Cincinnati College of Medicine designates this educational activity for a maximum of 2 Category 1 CME credits toward the AMA Physician's Recognition Award. Each physician should claim only those hours that he/she actually spends in the educational activity.

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Answer Form Instructions: Testing and Grading Procedures

1. Each participant achieving a passing grade of 70% or higher on any examination will receive an official computer form stating the number of CME

of credits earned.

2. Participants receiving a failing grade on any exam will be notified and permitted to take 1 reexamination at no extra cost.
3. All answers should be recorded on the answer form. For each question, decide which choice is the best answer, and circle the letter of the response representing your choice.
4. Mail your completed exam form with a payment of \$10.00 to the following address: Pharmacy Times, 405 Glenn Drive, Suite 4, Sterling, VA 20164-4432.
5. This lesson is **FREE on-line**, receive instant grading, as well as download your certificate at <http://www.pharmacytimes.com/2004acc>.

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2. Participants receiving a failing grade on any exam will be notified and permitted to take one reexamination at no cost.
3. All answers should be recorded on the answer form.
4. To receive credit certification electronically, please provide your e-mail address. Detach the test portion of this page and mail with a payment of \$10.00 to: University of Cincinnati, Office of CME, PO Box 670567, Cincinnati, OH 45267-0567; phone: 513-558-7277. **Please print clearly to ensure receipt of CME credit.**
5. This lesson is **FREE on-line**, for immediate CME certification turnaround, please visit our website at <http://www.webcentral.uc.edu/cme/>.

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How long did it take you to complete this activity? _____ minutes

How well did this activity achieve its educational objectives?

Very well Well Somewhat Not at all

What overall grade would you assign this activity?

A B C D

Did this activity exhibit promotional bias for any pharmaceutical agents?

Yes No

Will you make changes in your practice as a result of information presented

in this lesson? Yes No

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Learning Objectives

After reading these articles, the reader should be able to: • Review guidelines and therapeutic goals for treating dyslipidemia. • Discuss the potential impact of recent clinical trials on future guidelines and clinical practice. • Explain the importance of intestinal cholesterol absorption as a target in lipid-lowering treatment. • Describe the role of phytosterols in the progression of atherosclerosis and coronary artery disease. • Explain the rationale for using combination therapy to achieve optimal lipid levels. • Discuss the implications of recent lipid-lowering trials for managed care organizations.

Disclosure Statement

In accordance with the Accreditation Council for Continuing Medical Education Standards for Commercial Support, the presenters for this activity have completed conflict of interest disclosure statements. The following relationships have been disclosed: **Dr Ballantyne:** Grant/Research support: AstraZeneca, diaDexus, Gene Logic, GlaxoSmithKline, Integrated Therapeutics, Kos, Merck, Novartis, Pfizer, Reliant, Sankyo Pharma, Schering-Plough; **Consultant:** AstraZeneca, Bayer, Merck, Novartis, Pfizer, Reliant, Schering-Plough; **Speaker's bureau:** AstraZeneca, Bristol-Myers Squibb, Kos, Merck, Novartis, Pfizer, Reliant, Sanofi-Synthelabo, Schering-Plough; **Dr Cohen:** Speaker's bureau: Merck, Merck/Schering-Plough, Schering-Plough; **Dr Sennett:** Reported no commercial support; **Dr Stone:** Consultant: AstraZeneca, Bristol-Myers Squibb, Kos, Merck, Merck/Schering-Plough, Novartis, Reliant, Sankyo, Wyeth; **Dr Tabas:** Honoraria/Research grant: Merck/Schering-Plough.

Post-Test

1. The REVERSAL trial showed that:
 - a. progression of atherosclerosis was not significantly different in patients who received intensive therapy compared with those who received less intensive statin therapy.
 - b. progression of atherosclerosis was stopped in the intensive therapy group but not in the group that received less intensive statin therapy.
 - c. mean low-density lipoprotein (LDL) cholesterol levels achieved in the 2 treatment groups were similar.
 - d. the 2 statin regimens had similar effects on C-reactive protein levels.
2. According to the National Cholesterol Education Program Adult Treatment Panel III (ATP III) guidelines, people at high risk, as determined by the Framingham score, need to be treated to an LDL goal of <100 mg/dL. In addition, if the triglyceride level is _____, the goal for non-high-density lipoprotein cholesterol is _____.
 - a. ≥ 200 mg/dL; <130 mg/dL
 - b. ≥ 225 mg/dL; <120 mg/dL
 - c. ≥ 250 mg/dL; <110 mg/dL
 - d. ≥ 275 mg/dL; <100 mg/dL
3. When statin monotherapy is not enough to bring a patient's LDL cholesterol level to goal, the best approach may be to:
 - a. increase the dose of the statin.
 - b. add a second statin.
 - c. add an agent that blocks cholesterol absorption.
 - d. switch from a statin to a bile acid sequestrant.
4. The intestine plays a key role in regulating serum cholesterol levels by:
 - a. regulating cholesterol synthesis.
 - b. breaking down and excreting cholesterol.
 - c. regulating bile salt balance.
 - d. serving as the site of absorption of dietary cholesterol and reabsorption of biliary cholesterol.
5. All of the following statements about phytosterols are true *except*:
 - a. very high levels of phytosterols are associated with premature coronary artery disease (CAD).
 - b. phytosterols may have more detrimental effects on the heart than cholesterol.
 - c. lowering serum levels of phytosterols with ezetimibe has been proved to reduce the risk of CAD.
 - d. the atherogenicity of phytosterols may be related to their effects on cellular membranes, which lead to macrophage death.
6. In the EASE study:
 - a. patients randomized to ezetimibe plus a statin had a significantly greater reduction in LDL cholesterol than did those who received a placebo.
 - b. the incidence of liver function abnormalities was higher in the group that received combination therapy.
 - c. patients who had <2 CAD risk factors had the lowest proportion achieving LDL cholesterol goal.
 - d. patients with diabetes benefited less from combination therapy than did those without diabetes.

Answer Form

1	2	3	4	5	6
a	a	a	a	a	a
b	b	b	b	b	b
c	c	c	c	c	c
d	d	d	d	d	d

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