

## Secondary Prevention of Noncardioembolic Ischemic Stroke

### Continuing Medical Education Accreditation

The University of Cincinnati designates this educational activity for a maximum of 2.0 AMA PRA Category 1 Credit(s)<sup>™</sup>. Each physician should claim only those hours that he/she actually spends in the educational activity.

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

Release date: June 30, 2008

Expiration date: June 30, 2009

### Instructions

After reading "Secondary Prevention of Noncardioembolic Ischemic Stroke," complete the program evaluation and select the 1 best answer to each of the following questions. A statement of continuing education hours will be mailed to those who successfully complete (with a minimum score of 70%) the examination at the conclusion of the program.

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- 1. Patients with suspected transient ischemic attack (TIA) should seek immediate medical attention because:**
    - a. Neuroimaging studies have shown evidence of infarction in some cases of suspected TIA.
    - b. A completed stroke could follow within 48 hours.
    - c. If stroke is identified, tissue plasminogen activator is most effective in the first 3 hours after symptom onset.
    - d. All of the above
  - 2. What is the most important modifiable risk factor for stroke?**
    - a. Smoking
    - b. Sedentary lifestyle
    - c. Hypertension
    - d. High cholesterol
  - 3. Which of the following is true about mortality?**
    - a. Up to 25% of TIA patients die within 1 year.
    - b. About 40% of stroke patients die from cardiovascular events.
    - c. Stroke is the third leading cause of death in the United States.
    - d. All of the above
  - 4. After a stroke or TIA, the risk for a second cerebrovascular event is:**
    - a. Highest in the immediate postevent period.
    - b. Highest after 90 days.
    - c. Highest after 5 years.
    - d. None of the above

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5. **Ischemic stroke subtypes:**
- Have some differing risk factors.
  - Are prevented equally well using the same treatments.
  - Include cardioembolic, lacunar, and hemorrhagic.
  - Almost never recur, and a subsequent stroke will likely not be the same subtype as the initial stroke.
6. **American Heart Association/American Stroke Association guidelines recommend anticoagulants as primary treatment for patients who suffer:**
- Lacunar (small vessel disease) stroke.
  - Cardioembolic stroke and also have a high-risk source of embolism.
  - From severe carotid artery stenosis.
  - Large-vessel disease stroke.
7. **The CURE (Clopidogrel in Unstable Angina to Prevent Recurrent Events), COMMIT (Clopidogrel and Metoprolol in Myocardial Infarction Trial), and CLARITY-TIMI 28 (Clopidogrel as Adjunctive Reperfusion Therapy–Thrombolysis in Myocardial Infarction) trials all found that:**
- High-dose aspirin (ASA) monotherapy is the best short-term treatment in patients with acute coronary syndromes (ACS).
  - Clopidogrel monotherapy is more effective than ASA monotherapy in ACS patients.
  - Combination treatment with clopidogrel + ASA is more effective than ASA monotherapy in ACS patients.
  - Combination treatment with clopidogrel + ASA did not increase bleeding risks.
8. **The ESPS-2 (European Stroke Prevention Study) and ESPRIT (European/Australasian Stroke Prevention in Reversible Ischemia Trial) trials demonstrated that:**
- ASA + extended-release (ER) dipyridamole (DP) was not significantly more effective than ASA alone.
  - ASA + ER-DP was significantly more effective than ASA monotherapy.
  - DP did not significantly increase the risk of bleeding over ASA.
  - b and c
9. **Ischemic strokes constitute \_\_\_\_\_ of all strokes.**
- 35%-40%
  - 55%-60%
  - 75%-80%
  - 85%-90%
10. **A prospective observational study of patients who suffered a disabling recurrent ischemic stroke found that the recovery rate was greatest during the first \_\_\_\_\_ months.**
- 6
  - 9
  - 12
  - 18
11. **What is a patient's risk of suffering recurrent stroke within 5 years of an initial stroke?**
- 5%-10%
  - 15%-25%
  - 40%-50%
  - 65%-75%
12. **A recent US pharmacoeconomic analysis supported using which of the following therapies in patients whose initial stroke was mild?**
- ASA or ASA-DP
  - ASA or clopidogrel
  - ASA-DP or clopidogrel
  - ASA, ASA-DP, or clopidogrel

# CME Answer Form/Evaluation

(PLEASE PRINT CLEARLY)

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2.0 hours of Category 1 CME credit.**

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## CME Answer Form Secondary Prevention of Noncardioembolic Ischemic Stroke

1.	a	b	c	d
2.	a	b	c	d
3.	a	b	c	d
4.	a	b	c	d
5.	a	b	c	d
6.	a	b	c	d
7.	a	b	c	d
8.	a	b	c	d
9.	a	b	c	d
10.	a	b	c	d
11.	a	b	c	d
12.	a	b	c	d

### 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 credits earned. This form should be safeguarded and may be used as documentation of credits earned.
2. Participants receiving a failing grade on any exam will be notified and permitted to take 1 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 and mail or fax the test portion of this page to:  
University of Cincinnati, Office of CME,  
PO Box 670556, Cincinnati, OH 45267-0567; phone: 513-558-7277; fax: 513-558-1708.  
Please print clearly to ensure receipt of CME credit.
5. To receive credit and an immediate certificate, register at [http://webcentral.uc.edu/cpd\\_online2/](http://webcentral.uc.edu/cpd_online2/) and complete the test or reader survey. If you have previously registered, enter your user name and password to log in. Otherwise, click **New User? Register!** and complete the registration process (user ID and password will be e-mailed to you immediately). Once you log in, click **CME Text** and scroll down through the course listings to locate this supplement.

### CME Activity Evaluation

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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