

CME Test Questions

COMPLICATIONS OF DIABETES

1. **In type 2 diabetes, early recognition of the onset of renal involvement is often missed because of**
 - a. insidious onset of the disease
 - b. prevalence of comorbid conditions
 - c. advanced age of patients
 - d. all of the above

2. **RBF and GFR always remain elevated after diabetes onset.**
 - a. True
 - b. False

3. **In the pathogenesis of diabetic renal disease, which of the following have been implicated?**
 - a. Renal hyperfiltration and resulting local increase in hormones, growth factors, and cytokines
 - b. Direct and indirect effects of hyperglycemia
 - c. Systemic hypertension, proteinuria, and genetic causes
 - d. All of the above

4. _____ **are 2 drug classes that have not only blood pressure lowering effects in diabetic patients with renal failure but also beneficial effects on progression of renal disease.**
 - a. α -blockers and β -blockers
 - b. ACE inhibitors and ARBs
 - c. Calcium channel blockers and ACE inhibitors
 - d. Diuretics and α -blockers

5. **Because of the inexorable disease process and profound changes that typify diabetes, glycemic and hypertensive control do not really affect the course of diabetic nephropathy.**
 - a. True
 - b. False

6. **What is the most important risk factor for diabetic retinopathy?**
 - a. duration of disease
 - b. degree of blood sugar control
 - c. hypertension
 - d. blood lipid levels

7. **Which of the following are associated with preproliferative retinopathy?**
 - a. venous beading
 - b. intraretinal microvascular abnormalities
 - c. increasing cotton wool spots
 - d. all of the above

8. **New vessels form as a consequence of retinal ischemia in**
 - a. background retinopathy
 - b. maculopathy
 - c. preproliferative retinopathy
 - d. proliferative retinopathy

9. **Which of the following should *not* be treated by laser?**
 - a. leaking microaneurysm with normal vision
 - b. ischemic maculopathy
 - c. nonischemic maculopathy
 - d. proliferative retinopathy

10. **The LDL cholesterol target in patients with type 2 diabetes mellitus is**
 - a. 160 mg/dL
 - b. 140 mg/dL
 - c. <100 mg/dL
 - d. 70 mg/dL

11.

The HDL cholesterol target in males/females with type 2 diabetes mellitus is

- a. 35 (males)/45 (females) mg/dL
- b. 40 (males)/50 (females) mg/dL
- c. 45 (males)/55 (females) mg/dL
- d. 50 (males)/60 (females) mg/dL

12.

Which of the following represents the BP target in patients with type 2 diabetes mellitus?

- a. 150/100 mm Hg
- b. 140/90 mm Hg
- c. 135/85 mm Hg
- d. 130/80 mm Hg

13.

Virtually all patients with diabetes mellitus should receive low-dose aspirin therapy for coronary prevention.

- a. True
- b. False

14.

The UKPDS found a difference of _____ mm Hg produces a 37% decline in microvascular end-stage complications of diabetes and a similar decline in macrovascular events as well.

- a. 3
- b. 5
- c. 7
- d. 9

15.

Which is the major morbidity associated with DN?

- a. vasculitis
- b. foot ulceration
- c. edema
- d. allodynia

16.

Which is the most common and widely recognized form of DN?

- a. mononeuritis
- b. entrapment syndrome
- c. DSPN
- d. insulin neuritis

17.

The highest prevalence of DN is found in which group of patients?

- a. those with the longest duration of disease
- b. those with poorest diabetes control
- c. white females
- d. black males

18.

Muscle strength and balance training are especially important in patients with which form of DN?

- a. mononeuritis
- b. entrapment syndrome
- c. small fiber neuropathy
- d. large fiber neuropathy

19.

The most effective means of managing foot problems in diabetic patients is

- a. a comprehensive foot examination performed at least annually
- b. patient education and self-care
- c. referral to a diabetologist
- d. all of the above

20.

ICU patients who at the time of discharge to a normal ward need significant insulin doses to maintain glucose levels below _____ mg/dL most likely have preexisting and undiagnosed diabetes.

- a. 50
- b. 100
- c. 200
- d. 400

21.

The K.U. Leuven study found that intensive insulin therapy induced a 43% reduction of ICU mortality risk and reduced the hospital mortality rate by about _____.

- a. one quarter
- b. one third
- c. one half
- d. two thirds

CME Test Answer Sheet and Evaluation Form for **COMPLICATIONS OF DIABETES: MECHANISMS AND THERAPY**

Volume 5 Number 2

Release Date of Activity: 5/1/03

Expiration Date of Activity for AMA/PRA credit: 5/1/05

Estimated Time to Complete this Activity: 8 Hours

Please Print

Name _____

Address _____

City _____ State _____ ZIP _____

Degree _____ Specialty _____

Please indicate amount of time spent on this activity:

AMA Category 1 credit (maximum 8 hours): _____ hrs _____ min spent on activity

CME TEST

(Please circle correct answers)

- | | | | | | |
|------------|------------|-------------|-------------|-------------|-------------|
| 1. a b c d | 5. a b | 9. a b c d | 13. a b | 17. a b c d | 21. a b c d |
| 2. a b | 6. a b c d | 10. a b c d | 14. a b c d | 18. a b c d | |
| 3. a b c d | 7. a b c d | 11. a b c d | 15. a b c d | 19. a b c d | |
| 4. a b c d | 8. a b c d | 12. a b c d | 16. a b c d | 20. a b c d | |

COURSE EVALUATION: *Please rate the overall course on a scale from 1 to 5, with 1 the lowest and 5 the highest.*

1. How well did the material explain the incidence, prevalence, and pathogenesis of diabetic nephropathy? 1 2 3 4 5
2. How well did the material discuss the available therapies for managing diabetic patients with impaired renal function? 1 2 3 4 5
3. How well did the material describe the types of retinopathy and screening procedures and discuss available treatments? 1 2 3 4 5
4. How well did the material explain the cardiovascular complications of diabetes and their prevention and management? 1 2 3 4 5
5. How well did the material define diabetic neuropathy (DN) and its various manifestations? 1 2 3 4 5
6. How well did the material explain how to perform a differential diagnosis to establish the presence of DN and implement appropriate therapeutic measures? 1 2 3 4 5
7. How well did the material explain how to counsel diabetic patients on the importance of self-care for prevention of foot problems and how to avoid gangrene and amputation? 1 2 3 4 5
8. How well did the material discuss the use of insulin therapy for critically ill patients? 1 2 3 4 5

9. Were the articles appropriate to the topic of this issue of Clinical Cornerstone®?
Yes No Comments: _____
10. Will the information presented in this publication be useful in your practice setting?
Yes No Comments: _____
11. Did you find the information presented to be objective, balanced, and free of commercial bias?
Yes No Comments: _____
12. Please give at least one example of how the content of this publication will be of use in your clinical practice.

13. When you receive literature that is accredited for AMA PRA Category 1 CME versus literature that is not accredited for CME, which are you more likely to review?
CME Non-CME Does not matter
14. Do you have recommendations to improve this publication?

15. What other topics would you suggest for future issues?

CME INSTRUCTIONS

This issue of Clinical Cornerstone® provides 8 free Category 1 CME credits. To receive FREE CME credit, forward the self-corrected Test Answer Sheet and Evaluation Form to the address shown below.
(Refer to p. iii for CME Information.)

Office of Continuing Medical Education
Excerpta Medica, Inc.
Department CC-5.2
105 Raider Boulevard, Suite 101
Hillsborough, NJ 08844-1528

Responses for AMA PRA credit must be submitted by May 1, 2005.