

## *CME Test Questions*

# GASTROESOPHAGEAL REFLUX DISEASE (GERD)

1. **Optimum use of the 24-hour ambulatory e-pH study is to**
  - a. identify mild to moderate GERD
  - b. evaluate patients who fail initial H<sub>2</sub>RA therapy
  - c. assess damage caused by underlying erosive GERD
  - d. all of the above
  
2. **Endoscopy is recommended in the following EXCEPT to**
  - a. diagnose patients with alarm symptoms
  - b. exclude the diagnosis of GERD
  - c. evaluate esophageal mucosal damage from acid reflux
  - d. evaluate patients who fail to respond to GER therapy
  
3. **Diagnosis to distinguish between NERD and erosive esophagitis is best accomplished by**
  - a. therapeutic trial with antisecretory agents
  - b. endoscopic evaluation
  - c. 24-hour ambulatory e-pH monitoring
  - d. timing of episodes of acid reflux
  
4. **Refluxed acid and associated heartburn is always an indication of GERD.**
  - a. True
  - b. False
  
5. **Erosive esophagitis is reliably indicated by**
  - a. severity of symptoms presented
  - b. degree of acidification as shown by a 24-hour ambulatory e-pH study
  - c. presence of water brash
  - d. failure to respond to initial antisecretory therapy
  - e. none of the above
  
6. **To maximize PPI dosing, which of the following mechanisms affects PPI efficacy?**
  - a. profound inhibition of acid secretion
  - b. symptomatic response of the patient
  - c. stimulatory state of the parietal cell
  - d. all of the above
  
7. **Which of the following accounts for the low response rate to antireflux treatment among NERD patients?**
  - a. abnormal acid exposure
  - b. symptoms are not related to acid stimuli
  - c. heterogeneity of NERD patients
  - d. absence of esophageal mucosal injury
  
8. **Which of the following is the best predictor of successful antireflux surgery?**
  - a. Failure to respond to PPI QD
  - b. Being a female
  - c. Having NERD
  - d. Complete symptom resolution on PPI QD
  
9. **Which of the following antireflux treatments provides the fastest symptom response?**
  - a. Ranitidine
  - b. Rabeprazole
  - c. Lansoprazole
  - d. Esomeprazole
  
10. **In a patient with GERD-related laryngeal symptoms, what is an appropriate initial therapeutic approach?**
  - a. H<sub>2</sub>RA QID
  - b. PPI QD
  - c. PPI BID for 4 weeks
  - d. PPI BID for 12 weeks

11.

**Optimum use of the 24-hour ambulatory e-pH monitoring study is to**

- a. quantitate degree of acid reflux
- b. evaluate patients who fail initial H<sub>2</sub>-receptor antagonist therapy
- c. assess damage caused by underlying erosive GER
- d. all of the above

12.

**Endoscopy is recommended in the following EXCEPT to**

- a. diagnose patients with alarm symptoms
- b. exclude the diagnosis of Barrett's esophagus
- c. evaluate esophageal motility
- d. evaluate patients who fail to respond to GER therapy

13.

**The presence of heartburn in patients with extraesophageal symptoms suggests GERD as the cause of those symptoms.**

- a. True
- b. False

14.

**The best initial approach in patients with extraesophageal symptoms is**

- a. endoscopic evaluation
- b. 24-hour ambulatory e-pH monitoring
- c. barium swallow
- d. aggressive antisecretory therapy

15.

**All of the following may be the cause of chronic cough EXCEPT**

- a. GERD
- b. postnasal drip
- c. asthma
- d. peptic ulcer disease

16.

**Compared with radiography, the primary advantage of endoscopy as a diagnostic tool for GERD is**

- a. consistently greater accuracy for demonstrating esophageal strictures
- b. greater safety
- c. biopsy capability
- d. better assessment of esophageal motility

17.

**The preferred medical therapy for the healing of ulcerative esophagitis consists of**

- a. PPIs
- b. H<sub>2</sub>RAs
- c. metoclopramide
- d. combination of PPIs and H<sub>2</sub>RAs

18.

**The reported annual risk of cancer in patients with Barrett's esophagus ranges from**

- a. 0.1% to 1.2%
- b. <0.1%
- c. 0.2% to 2.9%
- d. >2.0%

19.

**High-grade dysplasia in Barrett's esophagus rarely progresses to malignancy.**

- a. True
- b. False

20.

**The preferred management strategy for patients with Barrett's esophagus includes**

- a. regular surveillance endoscopy
- b. antireflux therapy
- c. extensive biopsy sampling if dysplasia is evident
- d. all of the above

21.

**Endogenous defenses against GERD include all of the following EXCEPT**

- a. abdominal pressure
- b. lower esophageal sphincter (LES) pressure
- c. esophageal peristalsis
- d. gastric emptying

22.

**Medical management of GERD primarily targets**

- a. immediate control of gastric acidity
- b. healing of esophageal lesions
- c. prevention of esophageal adenocarcinoma
- d. long-term control of reflux

23.

**Surgery for GERD is recommended for**

- a. patients with typical GERD symptoms
- b. patients who have not responded to short-term PPI therapy
- c. patients with low resting LES pressure
- d. patients with significant symptoms but only modest reflux

24.

**All of the following criteria except \_\_\_\_\_ qualify candidates for antireflux surgery.**

- a. typical GERD symptoms
- b. an abnormal 24-hour ambulatory e-pH test
- c. responsive to PPI therapy
- d. >45 years

25.

**Risk factors for Barrett's esophagus include all of the following EXCEPT**

- a. male gender
- b. female gender
- c. >50 years
- d. long history of reflux symptoms

# CME Test Answer Sheet and Evaluation Form for GASTROESOPHAGEAL REFLUX DISEASE (GERD)

Volume 5 Number 4

**Release Date of Activity: 12/31/03**

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### CME TEST

*(Please circle correct answers)*

- |              |             |             |             |             |
|--------------|-------------|-------------|-------------|-------------|
| 1. a b c d   | 6. a b c d  | 11. a b c d | 16. a b c d | 21. a b c d |
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### 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 clinical presentation, natural history, and methods of assessing GERD? 1 2 3 4 5
2. How well did the material discuss recommended strategies for treating GERD? 1 2 3 4 5
3. How well did the material describe the extraesophageal manifestations of GERD and discuss their diagnosis and treatment? 1 2 3 4 5
4. How well did the material identify the esophageal complications of GERD and discuss their presentation, diagnosis, management, and outcomes? 1 2 3 4 5
5. How well did the material explain the medical and surgical alternatives to manage GERD and the long-term outcomes of those alternatives? 1 2 3 4 5
6. Were the articles appropriate to the topic of this issue of **Clinical Cornerstone**<sup>®</sup>?  
 Yes  No  Comments: \_\_\_\_\_  
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7. Did you find the information presented to be objective, fair, balanced, and free of commercial bias?

Yes  No  Comments: \_\_\_\_\_

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8. Give at least one example of how the content of this publication will be of use in your clinical practice.

\_\_\_\_\_  
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9. When you receive literature that is accredited for AMA/PRA CME versus literature that is not accredited for CME, which are you more likely to review?

CME  Non-CME  Does not matter

10. If CME certification is important to you, where do you prefer it come from?

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11. Do you have any recommendations to improve this publication?

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12. What topics would you suggest for future issues?

\_\_\_\_\_  
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