

CME Test Questions

PRE-DIABETES

1. Common manifestations associated with IRS include which of the following:
- atherosclerotic heart disease.
 - hyperlipidemia.
 - hypertension.
 - impaired glucose tolerance.
 - all of the above.
2. The primary feature of IRS is obesity. The BMI range for class I obesity is
- >25–29.9.
 - 30–34.9.
 - 35–39.9.
 - 40.
3. The incidence of IRS in the US population aged >20 years is _____.
- ~15%
 - ~20%
 - ~24%
 - ~27%
4. IRS, even in the absence of type 2 DM, is associated with an increased risk for
- coronary artery disease.
 - nonalcoholic steatohepatitis.
 - cancer.
 - all of the above.
5. Progression from pre-diabetes to type 2 DM can be prevented by
- lifestyle changes (diet and exercise).
 - weight loss.
 - pharmacologic agents.
 - all of the above.
6. Long considered a disease of older adults, type 2 DM is now a pediatric disease.
- True
 - False
7. What percent of youth with type 2 DM will have relatives with type 2 DM?
- 10%–20%
 - 26%–48%
 - 48%–76%
 - 48%–99%
8. Almost all children with type 2 DM are overweight or obese at the time of diagnosis.
- True
 - False
9. What is the first choice for therapy for children who are symptomatic at presentation, with evidence of severe insulin deficiency, with greatly elevated blood glucose and A1C levels?
- medical nutrition therapy
 - metformin therapy
 - insulin therapy
 - all of the above
10. Type 2 DM and related risk factors are increasingly common in the pediatric population. In response, primary care pediatricians are urged to do all of the following EXCEPT
- increase awareness of the problem.
 - develop appropriate protocols for screening.
 - implement preventive strategies.
 - increase awareness of surgical interventions.
11. Patients who achieve an A1C of _____ were unlikely to develop long-term microvascular complications.
- <10%
 - <9%
 - <8%
 - <7%
12. A mean fasting (plasma) blood glucose value from preceding 2 days (mg/dL) of ≥ 180 would require an increase in bedtime insulin dose of
- 8.
 - 6.
 - 4.
 - 2.

13. Which oral medications for patients with diabetes are considered a first choice for nonobese or mildly obese patients?

- a. metformin
- b. insulin secretagogues
- c. thiazolidinediones
- d. alpha-glucosidase inhibitors

14. Which of the following are associated with improved glucose control and reduced mortality?

- a. modest caloric restriction
- b. weight loss
- c. increase in physical activity
- d. all of the above

15. Pharmacotherapy for type 2 DM includes oral medications and insulin.

- a. True
- b. False

16. In UKPDS patients, each 1% reduction in A1C was associated with reductions in risk of _____ for any end point related to DM.

- a. 14%
- b. 21%
- c. 32%
- d. 37%

17. A recent study has reported that, on hospital admission with an MI, an infusion of insulin does which of the following:

- a. decreases markers of inflammation.
- b. leads to possible reduction in infarct size.
- c. decreases abnormal fibrinolysis.
- d. all of the above.

18. The ADA has recommended a BP goal of _____ to prevent the microvascular and macrovascular complications of DM.

- a. 120/80 mm Hg
- b. 130/80 mm Hg

19. In the Treat-to-Target Trial, insulin glargine caused significantly less nocturnal hypoglycemia than neutral protamine Hagedorn insulin.

- a. True
- b. False

20. The presence of diabetes increases CVD risk by at least

- a. 2-fold.
- b. 3-fold.
- c. 4-fold.
- d. 5-fold.

21. Approximately _____ of direct medical expenditures are incurred by people aged >65 years.

- a. 10%
- b. 25%
- c. 50%
- d. 75%

22. It is estimated that approximately _____ of the US population has a complication of type 2 DM.

- a. 3%
- b. 7%
- c. 10%
- d. 15%

23. The cost of diabetes in the United States could grow to _____ by 2010.

- a. \$56 billion
- b. \$126 billion
- c. \$156 billion
- d. \$256 billion

24. The incremental cost-effectiveness ratio for intensive glycemic control _____ with increasing age at diabetes diagnosis; for serum cholesterol reduction, the ratio was _____ among patients who were older at diagnosis.

- a. decreases/highest
- b. decreases/lowest
- c. increases/highest
- d. increases/lowest

CME Test Answer Sheet and Evaluation Form for PRE-DIABETES

Volume 6, Number 2

Release Date of Activity: October 15, 2004
Expiration Date of Activity for AMA/PRA credit: October 15, 2006
Estimated Time to Complete this Activity: 8 hours
Expiration Date of Activity for AAFP Prescribed Credit: October 15, 2005

Please Print

Name _____
 Address _____
 City _____ State _____ ZIP _____
 Degree _____ Specialty _____

Please indicate amount of time spent on this activity:

- AMA/PRA Category 1 credit (maximum 8 hours): ___ hrs ___ min spent on activity
 AAFP Prescribed Credit (maximum 8 hours): ___ hrs ___ min spent on activity

CME TEST

(Please circle correct answers)

- | | | | | |
|--------------|-------------|-------------|-------------|-------------|
| 1. a b c d e | 6. a b | 11. a b c d | 16. a b c d | 21. a b c d |
| 2. a b c d | 7. a b c d | 12. a b c d | 17. a b c d | 22. a b c d |
| 3. a b c d | 8. a b | 13. a b c d | 18. a b | 23. a b c d |
| 4. a b c d | 9. a b c d | 14. a b c d | 19. a b | 24. a b c d |
| 5. a b c d | 10. a b c d | 15. a b | 20. a b c d | |

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

1. Did the material provide an adequate overview of pre-diabetes? 1 2 3 4 5
2. How well did the material discuss identifying high-risk patients? 1 2 3 4 5
3. How well did the material explain delaying or preventing the progression of pre-diabetes? 1 2 3 4 5
4. Did the material give recommendations for pharmacologic and nonpharmacologic intervention strategies? 1 2 3 4 5
5. How well did the material explain type 2 diabetes risk factors? 1 2 3 4 5
6. Were the articles appropriate to the topic of this issue of *Clinical Cornerstone*?
 Yes No Comments: _____

7. Did you find the information presented to be objective, fair, balanced, and free of commercial bias?
 Yes No Comments: _____



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

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?

Professional Society Medical School/Hospital Private CME provider Does not matter

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

12. What 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 Test Answer Sheet and Evaluation Form to the address shown below. A photocopy of this form is acceptable. (Refer to p. 2 for CME Information.)

Office of Continuing Medical Education
Elsevier
Department CC-6.2
105 Raider Boulevard, Suite 101
Hillsborough, NJ 08844-1528

Responses for AMA/PRA credit must be submitted by October 15, 2006.
Responses for AAFP Prescribed Credit must be submitted by October 15, 2005.

