

CME Test Questions

HYPERTENSION IN HISPANICS

1. Hypertension and DM are major modifiable risk factors for cardiovascular disease.
 - a. True
 - b. False
2. The ADA recommends screening for Diabetes at age ____ years.
 - a. 39
 - b. 42
 - c. 45
 - d. 50
3. For every 1% by which A1C is reduced, the relative risk for complications associated with microvascular pathology decreased by _____.
 - a. 21%
 - b. 26%
 - c. 37%
 - d. 39%
4. In interviews with non-English-speaking urban Caribbean and Central American Hispanics with type 2 diabetes, a key finding was that participants voiced a preference for a diabetes education program that would teach principles through _____.
 - a. personal communication
 - b. audio communication
 - c. illustration
 - d. television
5. Major barriers to awareness and control of hypertension and diabetes in the Latino population include all of the following except _____.
 - a. poor comprehension of language
 - b. poor physician communication skills
 - c. poor translation skills
 - d. poor patient literacy
6. Which of the following groups is most likely to use an emergency room, outpatient department, or clinic as a source of medical care?
 - a. Latino Americans
 - b. Blacks
 - c. Whites
7. Compared with the general population, Latino Americans have poorer outcomes in diabetes.
 - a. True
 - b. False
8. The diabetes morbidity and mortality rates for Latino Americans are almost ____ higher than for white Americans.
 - a. 20%
 - b. 25%
 - c. 27%
 - d. 30%
9. Spanish-speaking patients discharged from the emergency room are less likely than their English-speaking counterparts _____.
 - a. to understand their diagnosis
 - b. to be satisfied with their care
 - c. to report problems with their care
 - d. to be satisfied with the patient-provider relationship
10. What percentage of hypertensive Hispanics have controlled hypertension?
 - a. <8%
 - b. <18%
 - c. <28%
 - d. <38%
11. Hispanics disproportionately suffer excess mortality and target-organ damage compared with their non-Hispanic counterparts; for example, they experience ____ more end-stage renal disease than non-Hispanic whites.
 - a. 1.5%
 - b. 2.5%
 - c. 3.0%
 - d. 4.5%
12. A low level of acculturation usually has a negative effect on adherence to therapy and follow-up in the Hispanic population.
 - a. True
 - b. False

13. Culture affects adherence.

- a. True
- b. False

14. Providing patient-centered, culturally responsive care can be facilitated through the use of which of the following clinical interviewing mnemonics?

- a. ETHNIC
- b. ADHERE
- c. Both of the above
- d. Neither of the above

15. Mexican Americans have a lower prevalence of ___ compared with whites and blacks.

- a. hypercholesterolemia
- b. altered glucose metabolism
- c. type 2 diabetes mellitus
- d. hypertension

16. A study conducted by Henderson and colleagues confirmed that ___ of Hispanic subjects were receiving treatment for hypertension compared with 61% of African Americans.

- a. 35%
- b. 48%
- c. 50%
- d. 58%

17. Through all 3 phases of the NHANES the level of awareness of hypertension was lowest among which of the following?

- a. Mexican Americans
- b. Whites
- c. Blacks

18. A recent large systematic review of randomized clinical trials determined that ___ appeared to be the most effective strategy in increasing adherence to therapy.

- a. packaging of medication alone or in combinations
- b. training on self-determination
- c. a combination of home visits, education, and special dosing devices
- d. reducing the number of daily doses

19. All of the following are cultural factors specific to the Hispanic community which may influence

health-related behaviors that lead to undertreatment of hypertension or inadequate blood pressure control except ___.

- a. lack of primary care physician dependence on emergency rooms
- b. matriarchal family structure
- c. machismo attitude in Hispanic men
- d. a sense of fatalism

20. A person is said to have hypertension if he or she ___.

- a. has chronic elevation of SBP ≥ 140 mm Hg and DBP ≥ 90 mm Hg
- b. SBP is between 120 and 139 mm Hg and DBP between 80 and 89 mm Hg
- c. is taking antihypertensive medication
- d. both a and c

21. What percentage of hypertensive Latino men have their hypertension controlled?

- a. <10%
- b. <15%
- c. <20%
- d. <25%

22. Data from NHANES III found ___ of Mexican Americans compared to 70% of whites are aware of their hypertension.

- a. 14%
- b. 35%
- c. 54%
- d. 62%

23. The San Antonio Heart Study showed that poor BP control was significantly associated with ___.

- a. lack of interpreters
- b. low levels of assimilation
- c. higher socioeconomic status
- d. high levels of acculturation

24. After establishing the social relationship reflected in the ___ script, patients may be more likely to follow a clinician's advice regarding behavioral change or to take medications as instructed.

- a. *personalismo*
- b. *fatalismo*
- c. *simpatia*
- d. *familismo*

25. Despite the efficacy of hypertension treatment, knowledge and compliance remain poor in Hispanic patients because of ____.

- a. language barriers
- b. low educational levels
- c. cultural differences
- d. all of the above

26. Risk factors for hypertension include ____.

- a. smoking
- b. high-fat diet
- c. alcohol consumption
- d. all of the above

27. Why is it especially important to reach elderly Hispanics?

- a. Because they are less likely to have a support network

- b. Because rates of hypertension rise with age
- c. Elderly Hispanics must be treated more aggressively
- d. All of the above

28. Health education materials must be literally translated for clear understanding.

- a. True
- b. False

29. When possible, physicians should do all of the following except ____.

- a. prescribe a once-daily regimen to simplify the treatment
- b. send appointment reminders
- c. provide counseling or discussion groups
- d. all of the above

CME Test Answer Sheet and Evaluation Form for HYPERTENSION IN HISPANICS

Volume 6 Number 3

Release Date of Activity: November 2004
Expiration Date of Activity for AMA/PRA credit: November 2006
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CME TEST

(Please circle correct answers)

- | | | | | |
|------------|-------------|-------------|-------------|-------------|
| 1. a b | 7. a b | 13. a b | 19. a b c d | 25. a b c d |
| 2. a b c d | 8. a b c d | 14. a b c d | 20. a b c | 26. a b c |
| 3. a b c d | 9. a b c d | 15. a b c d | 21. a b c d | 27. a b c d |
| 4. a b c d | 10. a b c d | 16. a b c d | 22. a b c d | 28. a b |
| 5. a b c d | 11. a b c d | 17. a b c | 23. a b c d | 29. a b c d |
| 6. a b c | 12. a b | 18. a b c d | 24. 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 hypertension in Hispanics? 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 hypertension? 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 hypertension 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?

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

12. What topics would you suggest for future issues?

CME INSTRUCTIONS

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