

## *CME Test Questions*

# **ABDOMINAL ADIPOSITY: AN EMERGING MARKER OF CARDIOMETABOLIC RISK**

1. In 2004, the proportion of obese adults in the United States was estimated to be which of the following?
  - a. 24.8%
  - b. 27.3%
  - c. 32.2%
  - d. 35.4%
  
2. Body weight provides a direct estimate of fat stores and, thus, an accurate measure of a patient's level of obesity.
  - a. True
  - b. False
  
3. Obese people who are physically active are at which level of risk for morbidity and mortality compared with those of normal weight who are sedentary?
  - a. Lower
  - b. Higher
  - c. Similar
  
4. Which type and/or location of body fat has more influence on insulin resistance and risk for type 2 diabetes mellitus (DM) and cardiovascular disease (CVD)?
  - a. Absolute fat mass
  - b. Peripheral fat distribution
  - c. Central subcutaneous
  - d. Central visceral
  
5. There may be indirect evidence that the association of insulin resistance with obesity involves not only body fat mass but also the development of abnormalities of adipose tissue homeostasis.
  - a. True
  - b. False
  
6. Severe obesity is associated with a decrease in life expectancy of how many years?
  - a. 5 to 10
  - b. 5 to 20
  - c. 10 to 15
  - d. 10 to 20
  
7. Adiponectin produces which of the following effects?
  - a. Enhances insulin sensitivity
  - b. Increases free fatty acid (FFA) and triacylglycerol levels
  - c. Inhibits tumor necrosis factor (TNF)- $\alpha$ -induced expression of adhesion molecules
  - d. a and b
  - e. a and c
  
8. Adipocytes in obese individuals release levels of glycerol, FFAs, and proinflammatory and procoagulant factors that are \_\_\_\_\_ those in individuals of normal weight.
  - a. greater than
  - b. less than
  - c. similar to
  
9. The US Preventive Services Task Force has recently determined that it is not necessary to screen adults with hypertension for type 2 DM.
  - a. True
  - b. False
  
10. Risk factors for CVD will only be reduced if weight loss efforts are successful.
  - a. True
  - b. False
  
11. Abdominal adiposity has been reported in what percentage of US adults aged  $\geq 20$  years?
  - a. 28%
  - b. 37%
  - c. 44%
  - d. 52%

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**12. Studies of the association between obesity and depression suggest that depression is more likely to occur among obese individuals than among normal-weight or underweight individuals.**

- a. True
- b. False

**13. The correlation between body weight and major depression differs among men and women.**

- a. True
- b. False

**14. The endocannabinoid system (ECS) is a neuro-modulatory system involved in the regulation of energy balance, eating behavior, and metabolism via which mechanisms?**

- a. Central
- b. Peripheral
- c. Neither
- d. Both

**15. Current guidelines recommend which approach to weight loss?**

- a. Lifestyle modification alone
- b. Pharmacotherapy regardless of a patient's body mass index (BMI)
- c. Lifestyle modification and pharmacotherapy
- d. Lifestyle modification, pharmacotherapy, and surgery based on a patient's BMI and comorbidities

**16. Removing large amounts (~10 kg) of subcutaneous abdominal fat by liposuction does not improve metabolic risk factors for coronary heart disease or type 2 diabetes.**

- a. True
- b. False

**17. The medical indications for pharmacotherapy to treat obesity include which of the following?**

- a. BMI  $\geq 30.0$  kg/m<sup>2</sup>

- b. BMI between 27.0 and 29.9 kg/m<sup>2</sup>

- c. BMI between 27.0 and 29.9 kg/m<sup>2</sup> plus an obesity-related medical complication

- d. a and c

- e. a, b, and c

**18. All of the antiobesity medications that are currently available in the United States are approved for long-term treatment of obesity.**

- a. True
- b. False

**19. Overactivation of the ECS has been implicated in the development of which of the following?**

- a. Obesity
- b. Dyslipidemia
- c. Type 2 DM
- d. a and b
- e. a, b, and c

**20. Weight loss induced by bariatric surgery produces which of the following results?**

- a. Adequate weight loss in all patients with no weight regain
- b. Reversal or improvement in medical complications associated with obesity
- c. Decrease in long-term mortality rates
- d. a and b
- e. b and c

**21. Adiponectin, an adipocyte-derived cytokine (adipokine), is associated with what effect on insulin sensitivity?**

- a. Improvement
- b. Reduction
- c. Neutral

**22. Cardiometabolic syndrome (CMS) is associated with enhanced production of the adipokines**

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interleukin-6 (IL-6), TNF- $\alpha$ , and enhanced production of adiponectin.

- a. True
- b. False

**23. The most biologically active form of adiponectin is which of the following?**

- a. Low molecular weight
- b. Middle molecular weight
- c. High molecular weight

**24. In relation to adiponectin, the best indicator of insulin sensitivity is which of the following?**

- a. Level of circulating immunoreactive adiponectin
- b. Levels of each of the multimeric forms of the adiponectin molecule
- c. Numbers of adiponectin receptors

**25. Adiponectin appears to exert cardiovascular protection.**

- a. True
- b. False

**26. What effect does weight loss have on adiponectin levels?**

- a. Increase
- b. Decrease
- c. No effect

# *CME Test Answer Sheet and Evaluation Form for* **ABDOMINAL ADIPOSITY: AN EMERGING MARKER OF CARDIOMETABOLIC RISK**

Volume 9, Number 1

**Release Date of Activity: November 2008**

**Expiration Date of Activity for AMA PRA Credit: November 30, 2010**

**Estimated Time to Complete this Activity: 6.75 hours**

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**CME Credit Verification**

I verify that I have spent \_\_\_\_ hours/\_\_\_\_ minutes of actual time working on this CME activity.

No more than 6.75 CME credits will be issued for this activity.

**PRETEST ASSESSMENT:** Please rate your current knowledge of abdominal adiposity as a marker of cardio-metabolic risk on a scale of 1 to 5, with 1 being the lowest and 5 the highest. **1 2 3 4 5**

**CME TEST**

*(Please circle correct answers.)*

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

**COURSE EVALUATION:** Please evaluate the effectiveness of this activity by circling your choice on a scale of 1 to 5, with 1 being the lowest and 5 the highest.

1. How well did the material discuss the role of adipose tissue as an endocrine organ and its function in energy metabolism and regulation? **1 2 3 4 5**
2. Did the material describe how adiponectin serves as the link between visceral abdominal adiposity, insulin resistance, atherosclerosis, and cardiovascular disease (CVD), and as an effective marker of cardiometabolic risk? **1 2 3 4 5**
3. How well did the material review the antiinflammatory and antiatherogenic effects of adiponectin in CVD and type 2 diabetes mellitus? **1 2 3 4 5**



4. Did the material summarize how weight reduction can improve cardiometabolic risk factors? **1 2 3 4 5**
5. Did the material identify novel pharmacologic therapies that increase adiponectin synthesis and reduce cardiometabolic risk? **1 2 3 4 5**
6. How do you rate the overall quality of the activity? **1 2 3 4 5**
7. How do you rate the educational content of the activity? **1 2 3 4 5**
8. Was the material presented fair, objective, balanced, and free of bias in the discussion of any commercial product or service?  Yes  No  
If no, please comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Suggested topics for future activities:  
\_\_\_\_\_  
\_\_\_\_\_
10. Suggested authors for future activities:  
\_\_\_\_\_  
\_\_\_\_\_
11. After reading this publication, have you decided to change one or more aspects in the treatment of your patients?  Yes  No  
If yes, what changes will you make? \_\_\_\_\_  
\_\_\_\_\_  
If no, why not? \_\_\_\_\_  
\_\_\_\_\_
12. Would you be willing to participate in postactivity follow-up surveys?  Yes  No
13. Would you be willing to participate in a phone, e-mail, or in-person discussion exploring ways to improve our CME activities?  Yes  No

*The EOCME thanks you for your participation in this CME activity. All information provided improves the scope and purpose of our programs and your patients' care.*

## CME INSTRUCTIONS

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(Refer to pages 3–5 for CME Information.)

*Responses for AMA PRA credit must be submitted by November 30, 2010.*

