

CME Test Questions

REALIZING NEAR-NORMOGLYCEMIA

1. The age-adjusted prevalence of obesity was _____ in the National Health and Nutrition Examination Survey (NHANES, 1999–2000) compared with 22.9% in NHANES III (1988–1994) study.
 - a. 25.2%
 - b. 50.4%
 - c. 30.5%
 - d. 18.0%
2. Based on outcome data from the _____, it was determined that intensive therapy increased trial treatment costs by US \$1138 per patient but reduced the cost of complications by US \$1597.
 - a. Epidemiology of Diabetes Interventions and Complications (EDIC) study
 - b. United Kingdom Prospective Diabetes Study (UKPDS)
 - c. Diabetes Control and Complications Trial (DCCT)
 - d. All of the above
3. Hypertension is a common comorbidity of diabetes and contributes to an increased risk of _____.
 - a. cardiovascular disease (CVD)
 - b. retinopathy
 - c. nephropathy
 - d. all of the above
4. Lowering of low-density lipoprotein cholesterol is an integral part of diabetes care.
 - a. True
 - b. False
5. The Treat-to-Target Trial showed that a marked reduction in glycosylated hemoglobin (A1C) could be achieved with the use of neutral protamine Hagedorn (NPH) insulin or insulin glargine, with no significant difference in glycemic efficacy, but with less nocturnal hypoglycemia with insulin glargine.
 - a. True
 - b. False
6. The American Diabetes Association (ADA) recommends a target A1C level of _____, with a fasting or preprandial plasma glucose level of 90 to 130 mg/dL.
 - a. <5.0%
 - b. >7.0%
 - c. <6.0%
 - d. <7.0%
7. The American Association of Clinical Endocrinologists (AACE) has set aggressive glycemic targets, including a fasting or preprandial glucose level of _____.
 - a. ≤90 mg/dL
 - b. <110 mg/dL
 - c. <130 mg/dL
 - d. <140 mg/dL
8. Failure to achieve glycemic control increases the risk of diabetes-related complications.
 - a. True
 - b. False
9. Hypoglycemia is more common among people with diabetes in which of the following populations?
 - a. People with diabetes mellitus (DM) who are age 65 years and older
 - b. People with DM who are under age 65 years
 - c. People with type 2 DM
 - d. People with DM who are using long-acting insulin analogues
10. Which of the following are regarded as benefits when using insulin analogues versus NPH insulin to achieve better glycemic control?
 - a. Insulin analogues have time-action profiles that allow more flexible treatment regimens.
 - b. Insulin analogues provide a lower risk of developing hypoglycemia.
 - c. Insulin analogues allow patients with DM greater flexibility in the timing of meals, snacks, and exercise.
 - d. All of the above.

11. What is the most frequently reported psychological barrier to the initiation of insulin therapy to achieve glycemic control among patients with DM?

- a. Fear of injection
- b. Fear of weight gain
- c. Fear of hypoglycemia
- d. All of the above

12. According to Dr. Tamborlane's review article, type 2 DM is greatly increasing in prevalence among _____ with an estimated $\leq 45\%$ of new cases in this population being diagnosed as type 2 DM.

- a. the elderly
- b. the general population
- c. youth
- d. all of the above

13. Poorly controlled diabetes of either type 1 or type 2 can result in complications, such as _____.

- a. blindness
- b. diabetes ketoacidosis (DKA)
- c. kidney disease
- d. CVD
- e. all of the above

14. In the DCCT, progression of adverse events (including retinopathy, nephropathy, and neuropathy) was delayed by about _____ with multiple daily insulin injections or continuous SC insulin infusion compared with conventional therapy.

- a. 10% to 25%
- b. 25% to 45%
- c. 35% to 70%
- d. 50% to 85%

15. The DCCT and UKPDS highlighted the importance of achieving good glucose control while avoiding hypoglycemia and weight gain.

- a. True
- b. False

16. Data suggest that the use of a/an _____ (instead of a short-acting regular insulin) and a _____ (rather than an intermediate-acting insulin) may achieve good glucose control while reducing episodes of nocturnal hypoglycemia.

- a. long-acting insulin analogue/preprandial rapid-acting insulin analogue
- b. intermediate-acting insulin/long-acting insulin analogue
- c. preprandial rapid-acting insulin analogue/long-acting insulin analogue

17. In a study comparing insulin glargine with NPH taken at bedtime, nocturnal hypoglycemia was significantly less common with glargine.

- a. True
- b. False

18. For patients with irregular lifestyles (such as adolescents), the use of _____ has been found to be especially helpful in managing blood glucose while reducing the risk of nocturnal hypoglycemia.

- a. regular/NPH insulin
- b. lispro/glargine
- c. aspart/glargine
- d. glulisine/glargine

CME Test Answer Sheet and Evaluation Form for REALIZING NEAR-NORMOGLYCEMIA

Volume 7, Supplement 3

Release Date of Activity: December 2005

Expiration Date of Activity for AMA PRA credit: December 31, 2007

Estimated Time to Complete this Activity: 1.5 hours

Please Print

Name _____ Specialty _____

Degree: MD DO PharmD RPh NP RN BS PA Other: _____

Affiliation _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail _____ Signature _____

(All information is confidential)

CME Credit Verification

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

No more than 1.5 CME credit(s) will be issued for this activity.

Pre-Test Assessment

Please rate your current knowledge of near-normoglycemia on a scale of 1 to 5, with 1 being the lowest and 5 the highest.

1 2 3 4 5

What educational goal(s) do you plan to achieve by completing this activity? Please list:

1. _____
2. _____
3. _____

CME TEST

(Please circle correct answers)

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

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

1. Did the material adequately discuss barriers to successful achievement of glycemic targets in difficult-to-treat patients with diabetes? **1 2 3 4 5**
2. Did the material provide sufficient explanation of the current AACE glycemic targets? **1 2 3 4 5**
3. How well did the material explain the symptoms, consequences, and management of hypoglycemia? **1 2 3 4 5**



4. How well were the benefits of early intensive therapy described? **1 2 3 4 5**
5. Did the material provide sufficient information on patient barriers to insulin therapy? **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 presented information fair, objective, balanced, and free of bias in the discussion of any commercial product or service?
___Yes ___No If no, please describe: _____

9. What topics would you suggest for future issues?

10. Suggested authors for future activities:

11. After participation in this activity, 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?

12. Would you be willing to participate in follow-up evaluations? ___Yes ___No

CME INSTRUCTIONS

This supplement to *Clinical Cornerstone* provides 1.5 free AMA PRA category 1 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 pages 2 and 3 for CME Information.)

Please return via fax (908-547-2201) or mail to:

**The Elsevier Office of Continuing Medical Education
Department 007-08
685 Route 202/206
Bridgewater, NJ 08807**

Responses for AMA PRA credit must be submitted by December 31, 2007.

