

CME Test Questions

ABDOMINAL ADIPOSITY AND CARDIOMETABOLIC RISK

1. The primary functions of adipose tissue are to _____.
 - a. store energy as triglycerides during periods of energy excess
 - b. release free fatty acids (FFAs) and glycerol as fuel during periods of fasting or starvation
 - c. secrete adipocytokines to regulate food intake, energy expenditure, and fuel metabolism
 - d. both a and b
 - e. both b and c

2. Both excess adipose tissue in patients with generalized and regional obesity and markedly reduced adipose tissue in patients with various types of lipodystrophies are associated with insulin resistance and its complications.
 - a. True
 - b. False

3. It is hypothesized that adipocytes in obese individuals and those with lipodystrophies have a limited capacity to store fat in nonlipodystrophic tissue. This limitation in triglyceride storage may result in aberrant storage of triglycerides in _____.
 - a. the liver
 - b. skeletal muscle
 - c. the kidneys
 - d. both a and b
 - e. both a and c

4. Defining metabolic syndrome using criteria for generalized or regional adiposity such as body mass index and waist circumference is appropriate for all patient populations.
 - a. True
 - b. False

5. The prevalence of the various components of metabolic syndrome _____ among the different subtypes of lipodystrophy.
 - a. is consistent
 - b. varies
 - c. cannot be determined
 - d. is still under investigation

6. Adipose tissue is now recognized to be _____.
 - a. an inert tissue for the storage of fat
 - b. involved in the metabolic derangements that impair insulin sensitivity
 - c. a dynamic endocrine organ with the potential to affect cardiovascular risk
 - d. both a and b
 - e. both b and c

7. Increased concentrations of plasminogen activator inhibitor-1 (PAI-1), tumor necrosis factor-alpha (TNF- α), and interleukin-6 (IL-6) contribute to a state of chronic systemic and local vascular inflammation and enhanced coagulation, while increased concentrations of adiponectin favorably attenuate the inflammatory milieu.
 - a. True
 - b. False

8. As body weight increases and adipose tissue expands, adiponectin levels _____.
 - a. increase
 - b. decrease
 - c. remain the same
 - d. parallel those of PAI-1

9. Compared with lean men, obese men with high visceral fat accumulation have _____.
 - a. a greater degree of glucose intolerance and increased insulin resistance
 - b. higher triglyceride levels
 - c. higher levels of high-density lipoprotein cholesterol (HDL-C)
 - d. both a and b
 - e. both a and c

10. Both lifestyle modification and drug therapy are helpful in reducing obesity to manage cardiovascular and metabolic risk factors.
 - a. True
 - b. False

11. In contrast to classical neurotransmitters, endocannabinoids are _____.

- a. stored in vesicles
- b. synthesized on demand
- c. synthesized in response to acute stimulation
- d. both a and b
- e. both b and c

12. Exogenous cannabinoids (CBs) and endocannabinoids _____ food intake and _____ weight gain.

- a. increase/promote
- b. decrease/discourage
- c. discourage/stabilize
- d. none of the above

13. Isolated skeletal muscle of obese mice treated with the selective CB type 1 (CB₁) receptor antagonist, rimonabant, was more sensitive to which of the following?

- a. The effects of insulin on glucose uptake
- b. Adipocytokine storage
- c. The rate of fatty acid synthesis
- d. Expression of the transcription factor, sterol-regulated enhancer binding protein 1c

CME Test Answer Sheet and Evaluation Form for ABDOMINAL ADIPOSITY AND CARDIOMETABOLIC RISK

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PRETEST ASSESSMENT: Please rate your current knowledge of cardiometabolic risk associated with abdominal adiposity 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 e | 4. a b | 7. a b | 10. a b | 13. a b c d |
| 2. a b | 5. a b c d | 8. a b c d | 11. a b c d e | |
| 3. a b c d e | 6. a b c d e | 9. a b c d e | 12. a b c d | |

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. The role of adipose tissue as a diverse, complex, and multifunctional endocrine organ. | 1 2 3 4 5 |
| 2. How insulin resistance functions as a common factor in patients with generalized and regional obesity and in patients with genetic or acquired lipodystrophies. | 1 2 3 4 5 |
| 3. The impact of excess adipose tissue, adipose tissue dysfunction, and adipose tissue–secreted proteins on insulin resistance and cardiometabolic risk. | 1 2 3 4 5 |
| 4. The components of the endocannabinoid system (ECS), the functional effects of ECS hyperactivation on body weight regulation, and the negative influence of endocannabinoids on the production of certain adipocytokines that contribute to insulin resistance. | 1 2 3 4 5 |



5. Cannabinoid type 1 receptor antagonism as an effective pharmacologic strategy to improve cardiometabolic risk factors. 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 in this publication 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

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