

## *CME Test Questions*

# THERAPEUTIC OPTIONS FOR CARDIOMETABOLIC RISK FACTORS

1. In the Framingham Heart Study, individuals with high-normal blood pressure levels (130/85–139/89 mm Hg) had at least a \_\_\_\_\_ greater increase in the risk of cardiovascular disease (CVD) than did those with optimal blood pressure levels (<120/80 mm Hg).
  - a. 2-fold
  - b. 3-fold
  - c. 4-fold
  - d. None of the above
  
2. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure considers blood pressure levels of \_\_\_\_\_ to be hypertension.
  - a. <120/80 mm Hg
  - b. 120/80 to 139/89 mm Hg
  - c. ≥130/90 mm Hg
  - d. ≥140/90 mm Hg
  
3. Patients with a body mass index (BMI) of \_\_\_\_\_ are considered overweight.
  - a. 22 to 29.9 kg/m<sup>2</sup>
  - b. 25 to 29.9 kg/m<sup>2</sup>
  - c. ≥30 kg/m<sup>2</sup>
  
4. The increase in the prevalence of diabetes, a CVD risk factor, is closely related to the increased prevalence of obesity; \_\_\_\_\_ of type 2 diabetes mellitus (DM) is attributable to excess body weight.
  - a. ~50%
  - b. ~75%
  - c. ~85%
  - d. ~90%
  
5. The greatest risk of CVD is associated with which of the following?
  - a. Increased levels of low-density lipoprotein cholesterol (LDL-C)
  - b. Increased levels of triglycerides
  - c. Decreased levels of high-density lipoprotein cholesterol (HDL-C)
  - d. All of the above
  
6. For patients with elevated LDL-C levels, pharmacotherapy is recommended for individuals who have which of the following?
  - a. ≥2 Coronary heart disease (CHD) risk factors, LDL-C ≥130 mg/dL, and a 10-year risk for CHD (based on Framingham risk scoring) of 10% to 20%
  - b. ≥2 CHD risk factors, LDL-C ≥160 mg/dL, and a 10-year risk for CHD of <10%
  - c. ≤1 Risk factor and LDL-C ≥190 mg/dL
  - d. All of the above
  
7. Which of the following overweight/obese patient types is at substantially higher risk of being characterized by insulin resistance, the components of metabolic syndrome, and type 2 DM?
  - a. Those with an excess of total body fat
  - b. Those with an excess of subcutaneous abdominal tissue
  - c. Those with an excess of intra-abdominal or visceral abdominal tissue (VAT)
  
8. In obese individuals, levels of proinflammatory adipokines are elevated, while adiponectin levels are reduced.
  - a. True
  - b. False
  
9. Weight gain during which life stage seems to have a significant impact on the development of type 2 DM, metabolic syndrome, and CVD?
  - a. Childhood and adolescence
  - b. Early adult life
  - c. Middle adult life
  - d. a and b
  - e. b and c
  
10. Reductions in VAT and total abdominal fat may occur in the absence of changes in body mass and waist circumference.
  - a. True
  - b. False

**11. When should pharmacologic therapy for weight reduction be offered to or considered for obese patients?**

- a. When weight loss goals through diet and exercise alone have not been achieved
- b. When BMI measures  $>30 \text{ kg/m}^2$
- c. When BMI measures  $>27 \text{ kg/m}^2$  and obesity-related risk factors or disease exist
- d. All of the above

**12. In diabetic patients, impaired insulin secretion and insulin resistance lead to overproduction of glucose in the liver, dysregulation of fasting plasma glucose (FPG), and a reduction of glucose uptake in skeletal muscle.**

- a. True
- b. False

**13. The fasting state \_\_\_\_\_ a patient's 24-hour metabolic profile.**

- a. may not accurately reflect
- b. is the most accurate reflection of
- c. is a relatively accurate reflection of

**14. The effects of which of the following lead to a reduction in endothelial function and therefore to the development of atherosclerosis and the clinically vascular pathology that results in CVD?**

- a. Hyperglycemia
- b. Hypertriglyceridemia
- c. Insulin deficiency
- d. a and b
- e. a and c

**15. Elevated FPG and postprandial glucose (PPG) levels contribute equally to the elevated glycosylated hemoglobin (HbA1c) concentrations observed in patients with type 2 DM.**

- a. True
- b. False

**16. Which of the following insulins limit PPG fluctuations?**

- a. Glulisine, lispro, and aspart
- b. Neutral protamine Hagedorn (NPH) and lente
- c. Glargine and detemir

*CME Test Answer Sheet and Evaluation Form for*  
**THERAPEUTIC OPTIONS FOR**  
**CARDIOMETABOLIC RISK FACTORS**  
 Volume 9, Supplement 1

**Release Date of Activity: June 2008**

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

**Estimated Time to Complete this Activity: 4.0 hour(s)**

**CME Certificates**

To get instant CME credits online, log on to [www.elseviercme.com/getcme/cc/270319](http://www.elseviercme.com/getcme/cc/270319)

Upon successful completion of the online Test Answer Sheet and Evaluation form, you can instantly download and print your certificate of credit. Please add [eocme@elseviercme.com](mailto:eocme@elseviercme.com) to your e-mail "safe" list.

*Please Print*

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Degree:  MD  DO  PharmD  RPh  NP  RN  BS  PA  Other: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Signature: \_\_\_\_\_

(All information is confidential.)

**CME Credit Verification**

I verify that I have spent \_\_\_\_ hour(s)/\_\_\_\_ minutes of actual time working on this CME activity.

No more than 4.0 CME credits will be issued for this activity.

**PRETEST ASSESSMENT:** Please rate your current knowledge of therapeutic options for cardiometabolic risk factors 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 c d | 9. a b c d e | 13. a b c     |
| 2. a b c d | 6. a b c d | 10. a b      | 14. a b c d e |
| 3. a b c   | 7. a b c   | 11. a b c d  | 15. a b       |
| 4. a b c d | 8. a b     | 12. a b      | 16. 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 this publication discuss cardiometabolic risk—the lipid-, glucose-, and adiposity-related factors that can lead to risk of cardiovascular disease and type 2 diabetes mellitus? **1 2 3 4 5**
2. How well did this publication describe established and novel pharmacologic treatments to address residual cardiometabolic risk resulting from lipid-, glucose-, and adiposity-related factors, as well as nonlipid risk factors? **1 2 3 4 5**
3. Did this publication provide recommendations for screening patients for cardiometabolic risk? **1 2 3 4 5**



- 4. How well did this publication discuss effective strategies for cardiometabolic risk management, including lifestyle modification and pharmacotherapy to correct established risk factors? 1 2 3 4 5
- 5. How do you rate the overall quality of the activity? 1 2 3 4 5
- 6. How do you rate the educational content of the activity? 1 2 3 4 5
- 7. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Suggested topics for future activities:  
\_\_\_\_\_  
\_\_\_\_\_

9. Suggested authors for future activities:  
\_\_\_\_\_  
\_\_\_\_\_

- 10. After reading this publication, have you decided to change one or more aspects in the treatment of your patients? \_\_\_Yes \_\_\_No

If yes, what change(s) will you make? \_\_\_\_\_  
\_\_\_\_\_  
If no, why not? \_\_\_\_\_  
\_\_\_\_\_

- 11. Would you be willing to participate in postactivity follow-up surveys? \_\_\_Yes \_\_\_No

- 12. 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

Log on to [www.elseviercme.com/getcme/cc/270319](http://www.elseviercme.com/getcme/cc/270319)

This supplement to *Clinical Cornerstone* provides 4.0 free AMA PRA Category 1 Credits™. Log on to the above URL to print your certificate now, or forward the Test Answer Sheet and Evaluation Form to the address shown below.

**Elsevier Office of Continuing Medical Education  
Department 270319  
685 Route 202/206  
Bridgewater, NJ 08807**

Please allow 6 to 8 weeks for processing. A photocopy of this form is acceptable.  
(Refer to pages S3–S5 for CME Information.)

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

