

Thank you for participating in this CME activity. There are no fees for participating and receiving CME credit for this activity. During the period December 2009 through December 2010 participants must 1) read the learning objectives and faculty disclosures; 2) complete the pre-test; 3) study the educational activity; 4) complete the post-test by recording the best answer to each question in the answer key on the back of the evaluation form; 5) complete the evaluation form; and 6) mail or fax the pre-test and evaluation form with answer key to Global Education Group.

NAME: \_\_\_\_\_ ZIP: \_\_\_\_\_

I AM A:  MD  DO  PHARM  RN  NP  PA  OTHER: \_\_\_\_\_

HOW LONG HAVE YOU BEEN PRACTICING IN YOUR SPECIALITY AREA? \_\_\_\_\_

\*EMAIL (REQUIRED TO RECEIVE CREDIT): \_\_\_\_\_

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| <p>1. STEMI patients undergoing reperfusion with fibrinolytics should receive anticoagulant therapy for a minimum of 48 hours.<br/>A. True<br/>B. False</p> <p>2. Within my practice, I am comfortable speaking to my patients about the benefits of medication adherence and can discuss ways to overcome barriers to adherence.<br/>A. Strongly reject<br/>B. Reject<br/>C. Neither reject nor accept<br/>D. Accept<br/>E. Strongly accept</p> <p>3. In patients with acute coronary syndromes undergoing percutaneous coronary intervention, prasugrel versus clopidogrel results in:<br/>A. More efficacy, more bleeding<br/>B. More efficacy, less bleeding<br/>C. Similar efficacy, less bleeding<br/>D. More efficacy, similar bleeding</p> <p>4. For UA/NSTEMI patients managed with a conservative strategy, unfractionated heparin (UFH) is my preferred anti-coagulant therapy.<br/>A. Reject Completely<br/>B. Reject<br/>C. Neutral<br/>D. Accept<br/>E. Accept Completely</p> <p>5. For a patient presenting with a NSTEMI, anticoagulant therapy should be added to antiplatelet therapy as soon as possible after presentation.<br/>A. Reject Completely<br/>B. Reject<br/>C. Neutral<br/>D. Accept<br/>E. Accept Completely</p> <p>6. What percentages of patients with ST elevation MI are treated with reperfusion therapy (fibrinolysis or primary PCI)?<br/>A. 30%<br/>B. 50%<br/>C. 80%<br/>D. 95%</p> <p>7. Medically managed patients with STEMI have a lower mortality when treated with clopidogrel?<br/>A. True<br/>B. False</p> | <p>8. Non-HDL cholesterol is a more important target of therapy than LDL cholesterol in post ACS patients<br/>A. True<br/>B. False</p> <p>9. Blood Pressure management post ACS should focus on:<br/>A. Ace inhibitors<br/>B. Beta blocker<br/>C. Non dihydropyridine calcium channel blockers<br/>D. Blood pressure lowering irrespective of agent</p> <p>10. Clopidogrel's mechanism of action is primarily through which receptor?<br/>A. Glycoprotein IIb/IIIa<br/>B. Adenosine diphosphate<br/>C. Thrombin<br/>D. Collagen</p> <p>11. Which of the following is a reversible agent?<br/>A. Clopidogrel<br/>B. Prasugrel<br/>C. Ticagrelor<br/>D. Aspirin</p> <p>12. A 45 year old man s/p NSTEMI has LDL 105, HDL 38, Trig 150, What treatment has been shown to have the greatest benefit this patient?<br/>A. Atorvastatin 80 mg with LDL goal &lt; 70 mg/dl<br/>B. Simvastatin 20 mg with LDL goal &lt; 100 mg/dl<br/>C. Niacin 1 gm titrated upward to 2 gms as tolerated with HDL goal &gt;40 mg/dl<br/>D. Simvastatin 20 mg plus a fibrate</p> <p>13. A 64 year old male is presenting with NSTEMI ACS and chest discomfort over the past 12 hours. Lab tests show an increase in cardiac markers. Cardiac catheterization is planned the following day. Which medication has a Class I recommendation for this patient?<br/>A. Enoxaprin<br/>B. Fondaparinux<br/>C. UFH<br/>D. LMWH<br/>E. All of the above</p> |
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### CME Pre-Test Answers

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| <p>1. A B</p> <p>2. A B C D E</p> <p>3. A B C D</p> <p>4. A B C D E</p> <p>5. A B C D E</p> <p>6. A B C D</p> <p>7. A B</p> | <p>8. A B</p> <p>9. A B C D</p> <p>10. A B C D</p> <p>11. A B C D</p> <p>12. A B C D</p> <p>13. A B C D E</p> |
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