

Self-Assessment Test

Improving Clinical Management of Acute Coronary Syndrome: Appropriate Benefit Design for Optimal Patient Outcomes

This program is located at <http://ashpmedia.org/symposia/08acskc>



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There are a total of 21 questions associated with this self-assessment test.

1. The atherosclerotic process can be observed as early as the first decade of life with the development of
 - a. Fibrous plaque.
 - b. Foam cells.
 - c. Intermittent lesions.
 - d. Atheromas.
2. Which of the following characteristics is NOT associated with plaque rupture?
 - a. Thin fibrous caps.
 - b. Large numbers of inflammatory cells.
 - c. Platelet-rich core.
 - d. Lipid-rich core.
3. Approximately how many hospitalizations (in millions) in the United States each year can be attributed to acute coronary syndrome (ACS)?
 - a. 0.5.
 - b. 1.5.
 - c. 2.5.
 - d. 5.0.
4. Which of the following statements regarding the CRUSADE initiative is NOT true?
 - a. The initiative is an academic collaboration among cardiology and emergency medicine.
 - b. The initiative is sole sponsored.
 - c. The initiative involves cross collaboration with the American College of Cardiology (ACC) and the American Heart Association (AHA).
 - d. The goal of the initiative is to improve adherence of the ACC/AHA guidelines for managing patients with ACS.



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5. An AHA recommendation that includes “it is reasonable” in a statement on whether to perform a procedure or administer treatment is an example of which of the following:
 - a. A Class III recommendation.
 - b. A Class I recommendation.
 - c. A Class IIa recommendation.
 - d. A Class IIb recommendation.

6. According to the 2007 Focused Update of the ACC/AHA Guidelines for the Management of Patients with ST-Segment Elevation Myocardial Infarction (STEMI), which one of the following is a Class Ia recommendation?
 - a. STEMI patients presenting to a hospital with percutaneous coronary intervention (PCI) capability should be treated with primary PCI within 90 minutes of first medical contact as a systems goal.
 - b. Patients undergoing reperfusion with fibrinolytics should receive anticoagulant therapy for a minimum of 48 hours.
 - c. Oral beta-blocker therapy should be initiated in the first 24 hours in patients who do not have signs of heart failure.
 - d. In patients <75 years of age who receive fibrinolytic therapy or who do not receive reperfusion therapy, it is reasonable to administer an oral clopidogrel loading dose of 300 mg.

7. All of the following are Class I recommendations for secondary prevention and long-term management in patients with STEMI EXCEPT:
 - a. Complete smoking cessation.
 - b. Blood pressure control (<140/90 mm Hg or <130/80 mg Hg if patient has chronic kidney disease or diabetes).
 - c. Weight management (goal body mass index of 18.5-24.9 kg/m²).
 - d. Lower-dose aspirin (75–162 mg) may be administered during the initial period after stent implantation in patients at risk for bleeding.

8. Approximately 68% of all myocardial infarctions (MIs) in the U.S. are ST-segment elevation MIs.
 - a. True.
 - b. False.

9. PCI is preferred over fibrinolysis as the optimal reperfusion strategy if both are available.
 - a. True.
 - b. False.



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10. Which of the following statements regarding key studies on the use of clopidogrel in STEMI is NOT true?
- The CLOpidogrel Metoprolol Myocardial Infarction Trial (COMMIT) demonstrated a significant reduction in mortality for patients receiving clopidogrel versus standard care.
 - Patients in the COMMIT trial who received clopidogrel were at increased risk for intracranial hemorrhage (ICH).
 - The CLOpidogrel as Adjunctive Reperfusion TherapY (CLARITY)-Thrombosis in Myocardial Infarction (TIMI) 28 Trial demonstrated significant improvement in coronary perfusion and clinical outcomes compared with standard care.
 - Patients in the CLARITY-TIMI 28 Trial did not exhibit an increase in ICH or any major bleeding.
11. Which of the following statements regarding the results of the EXTRACT-TIMI 25 (Enoxaparin and Thrombolysis Reperfusion for Acute Myocardial Infarction Thrombosis in Myocardial Infarction 25) is NOT true?
- The risk of ICH is similar between unfractionated heparin (UFH) and enoxaparin.
 - Enoxaparin decreased the rate of death or MI at 30 days but was associated with a slightly higher risk of bleeding.
 - Elderly patients were far more likely to experience bleeding with UFH.
 - Enoxaparin or UFH may be administered to patients with STEMI who receive fibrinolytic therapy.
12. Which of the following statements regarding the HORIZONS AMI (Harmonizing Outcomes with Revascularization and Stents in Acute Myocardial Infarction) trial is NOT true?
- Stent thrombosis at 30 days was far more likely to occur in patients who received bivalirudin alone compared with patients who received heparin and a glycoprotein IIb/IIIa inhibitor (GPI).
 - The incidence of major bleeding, death, MI, stroke, and urgent target vessel revascularization was greater in patients on heparin and a GPI compared with those on bivalirudin alone.
 - The incidence of major bleeding at 30 days was greater in patients heparin and a GPI compared with those on bivalirudin alone.
 - Ischemic outcomes occurred more often in patients who received bivalirudin alone.



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13. The SCAAR (Swedish Coronary Angiography and Angioplasty Registry) of patients receiving stents suggested that after six months, the risk of death or MI was higher in patients who received bare-metal stents compared with those who received drug-eluting stents.
 - a. True.
 - b. False.

14. Which of the following statements regarding prasugrel is NOT true?
 - a. Prasugrel is a more potent inhibitor of platelet aggregation compared with clopidogrel.
 - b. According to the results of the Trial to Assess Improvement in Therapeutic Outcomes by Optimizing Platelet Inhibition with Prasugrel-Thrombosis in Myocardial Infarction (TRITON-TIMI) 38 study, there were no statistical differences in cardiovascular death for patients receiving prasugrel or clopidogrel.
 - c. According to the results of the TRITON-TIMI 38 trial, there was no significant difference in death from any cause for patients receiving prasugrel or clopidogrel.
 - d. According to data from TRITON-TIMI 38, patients who received prasugrel were significantly more likely to experience a nonfatal MI compared with patients who received clopidogrel.

15. Taking into consideration the total cost of care, the pharmacy costs associated with the treatment of ACS are relatively minor.
 - a. True.
 - b. False.

16. According to data from two managed care studies, much of the high cost of treating ACS can be attributed to
 - a. Pharmacy costs.
 - b. Ancillary care.
 - c. Rehospitalization of patients following the initial event.
 - d. Home care.

17. Which of the following statements regarding restenosis is NOT true?
 - a. Physician services account for 20% of the cost of PCI.
 - b. Inpatient services account for 72% of the cost of PCI.
 - c. The average per patient cost PCI is approximately \$25,000.
 - d. Clinical restenosis adds about \$10,000 to the first-year costs of each managed care PCI patient.



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18. According to the 2007 ACC/AHA Guideline Revision, long-term antithrombotic therapy at hospital discharge after unstable angina (UA)/non-ST-segment elevation MI (NSTEMI) in patients who received a bare-metal stent should include:
 - a. Aspirin 75–162 mg/day indefinitely and clopidogrel 75 mg/day for at least one month and up to one year.
 - b. Aspirin 162–325 mg/day indefinitely and clopidogrel 75 mg/day for at least one month and up to one year.
 - c. Aspirin 162–325 mg/day for at least one month and clopidogrel 75 mg/day for at least one month and ideally up to one year.
 - d. Aspirin 162–325 mg/day for at least three to six months, then 75–162 mg/day indefinitely and clopidogrel 75 mg/day for at least one year.

19. According to the results of the CURE (Clopidogrel in Unstable Angina to Prevent Recurrent Ischemic Events) study and PCI-CURE pharmacoeconomic evaluation,
 - a. Life expectancy increased for patients in the clopidogrel arm of the study.
 - b. Mortality was lower in patients who suffered an MI or stroke.
 - c. Total costs were higher in patients who received clopidogrel.
 - d. The incremental cost effectiveness ratio was unfavorable for all subgroups (e.g., males ≥ 65 years of age, prior MI, no prior MI).

20. According to the results of the Spertus study, patients who stopped taking their thienopyridine therapy were less likely to discontinue other important medications.
 - a. True.
 - b. False.

21. Which one of the following would NOT be considered an improvement to benefit design and chronic care delivery?
 - a. Patient-focused management of care.
 - b. Medication therapy management involving face-to-face interactions with healthcare providers.
 - c. Reconciliation between inpatient and outpatient therapy.
 - d. Medication therapy management involving clinician-based call-in services.



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