

Self-Assessment Test

Critical Update: Highlights from the American College of Cardiology's 58th Annual Scientific Session

This program is located at <http://ashpmedia.org/symposia/accupdate09>



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There are a total of 13 questions associated with this self-assessment test.

1. Which of the following outcomes were observed in the JUPITER study of statin use for the prevention of venous thromboembolism (VTE)?
 - a. Significant reductions in the incidence of any VTE, provoked VTE, and unprovoked VTE.
 - b. Significant reductions in the incidence of any VTE and provoked VTE but not unprovoked VTE.
 - c. Significant reductions in the incidence of any VTE and unprovoked VTE but not provoked VTE.
 - d. No significant reductions in the incidence of any VTE, provoked VTE, or unprovoked VTE.

2. Which of the following recommendations for the use of statins for prevention of VTE in middle-aged patients without cardiovascular disease or diabetes mellitus may be made based on the findings of the JUPITER study?
 - a. Statins are recommended only if high-sensitivity C-reactive protein (hsCRP) levels are elevated.
 - b. Statins are recommended, even if hsCRP levels are not elevated.
 - c. Statins are recommended only if both low-density lipoprotein cholesterol levels and hsCRP levels are elevated.
 - d. Statins are not necessarily recommended, even if hsCRP levels are elevated.

3. Which of the following approaches should be used before percutaneous coronary intervention (PCI) in patients who have been receiving long-term statin therapy to reduce the risk of major adverse cardiac events based on the results of the ARMYDA-RECAPTURE-study?
 - a. Continue statin therapy with no additional loading doses before PCI.
 - b. Discontinue statin therapy at least 24 hours before PCI and resume statin therapy at least 24 hours after PCI.
 - c. Give additional high-dose statin therapy at the time of PCI.
 - d. Give additional high-dose statin therapy starting at least 12 hours before PCI.



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4. Which of the following statements about the use of additional high-dose statin therapy before PCI in patients who have been receiving long-term statin therapy is correct based on the results of the ARMYDA-RECAPTURE-study?
 - a. It is beneficial in patients with non-ST-elevation (NSTEMI) acute coronary syndrome (ACS) and patients with stable angina.
 - b. It is beneficial in patients with NSTEMI ACS, but not patients with stable angina.
 - c. It is beneficial in patients with stable angina, but not patients with NSTEMI ACS.
 - d. It is not beneficial in patients with NSTEMI ACS or patients with stable angina.

5. Failure to provide warfarin or other antithrombotic therapy to prevent stroke in elderly patients with atrial fibrillation (AF) may be attributed to:
 - a. A lower incidence of AF in elderly patients compared with younger patients.
 - b. A higher risk for bleeding from warfarin in elderly patients compared with younger patients.
 - c. A lack of authoritative guidelines for antithrombotic therapy in patients with AF.
 - d. A lack of data demonstrating a cause-effect relationship between AF and stroke.

6. Which of the following types of patients with AF are unlikely to benefit from adding clopidogrel to aspirin therapy for the prevention of stroke?
 - a. Patients with diabetes mellitus.
 - b. Patients with dyslipidemia.
 - c. Patients with hypothyroidism.
 - d. Patients with chronic renal failure.

7. Which of the following are associated with the addition of clopidogrel to aspirin in patients with AF?
 - a. A reduced risk for stroke and to a lesser extent myocardial infarction (MI), non-central nervous system (CNS) systemic embolism, and vascular death, but an increased risk for major bleeding.
 - b. A reduced risk for stroke and to a lesser extent MI, non-CNS systemic embolism, vascular death, and major bleeding.
 - c. A reduced risk for stroke and to a lesser extent MI, non-CNS systemic embolism, and vascular death, with no impact on risk for major bleeding.
 - d. A reduced risk for stroke and to a greater extent MI, non-CNS systemic embolism, and vascular death, with no impact on risk for major bleeding.



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8. Which of the following is a new 2008 American College of Cardiology/American Heart Association quality performance *test* measure for myocardial infarction?
 - a. Cardiac rehabilitation patient referral from an inpatient setting.
 - b. Lipid-lowering therapy prescribed at discharge.
 - c. Clopidogrel prescribed at discharge in medically-managed patients.
 - d. Time from emergency department (ED) arrival to ED discharge when transferring for PCI at another hospital.

9. Which of the following is a predictor of clopidogrel nonuse in medically-managed patients with non-ST-elevation myocardial infarction (NSTEMI)?
 - a. Female sex.
 - b. History of stroke or transient ischemic attack.
 - c. Low quality-of-care score.
 - d. Low hematocrit.

10. Which of the following interventions attenuates the risk for acute stent thrombosis in patients with ST-elevation MI (STEMI) undergoing primary PCI?
 - a. Use of a bare-metal stent instead of a paclitaxel-eluting stent.
 - b. Use of a 600-mg loading dose of clopidogrel instead of a 300-mg loading dose.
 - c. Use of bivalirudin instead of unfractionated heparin (UFH) plus a glycoprotein (GP) IIb/IIIa inhibitor.
 - d. Use of UFH in the emergency department before angiography.

11. Which of the following interventions attenuates the risk of subacute stent thrombosis associated with the use of bivalirudin in patients with STEMI undergoing primary PCI?
 - a. Use of a paclitaxel-eluting stent instead of a bare-metal stent.
 - b. Use of a 300-mg loading dose of clopidogrel instead of a 600-mg loading dose.
 - c. Use of a 600-mg loading dose of clopidogrel instead of a 300-mg loading dose.
 - d. Use of UFH in the emergency department before angiography.

12. Which of the following recommendations about GP IIb/IIIa inhibitor use in high-risk NSTEMI ACS patients managed with an invasive strategy may be made based on the results of the EARLY ACS study?
 - a. Routine, early use is NOT preferred over delayed, provisional use because although it significantly reduces the risk of death, MI, recurrent ischemia requiring urgent revascularization, and the need for thrombotic bailout, it increases the risk of non-life-threatening bleeding and need for transfusions.



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- b. Routine, early use is NOT preferred over delayed, provisional use because it does not significantly reduce the risk of death, MI, recurrent ischemia requiring urgent revascularization, and the need for thrombotic bailout, and it increases the risk of non-life-threatening bleeding and need for transfusions.
 - c. Routine, early use is preferred over delayed, provisional use because it significantly reduces the risk of death, MI, recurrent ischemia requiring urgent revascularization, and the need for thrombotic bailout, without increasing the risk of bleeding or need for transfusions.
 - d. Routine, early use is preferred over delayed, provisional use because it significantly reduces the risk of death, MI, recurrent ischemia requiring urgent revascularization, and the need for thrombotic bailout, although it increases the risk of non-life-threatening bleeding and need for transfusions.
13. Which of the following is taken into consideration in calculating the CRUSADE bleeding risk score?
- a. Age.
 - b. History of myocardial infarction.
 - c. Home aspirin use.
 - d. Systolic blood pressure.



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