

- 1) Which of the following is recognized as a cause of secondary dyslipidemia?
 - a. Hyperthyroidism
 - b. Diabetes mellitus
 - c. Acute renal failure
 - d. Hypertension

- 2) All but which of the following are being recognized as risk factors for dyslipidemia?
 - a. Homocysteine
 - b. Proinflammatory factors
 - c. Low saturated fat intake
 - d. Prothrombotic factors

- 3) Therapeutic lifestyle changes include all but which of the following?
 - a. Saturated fat intake of <7%
 - b. Total cholesterol intake of <300 mg daily
 - c. Stanols/sterols intake of 2 Gm daily
 - d. Soluble fiber intake of 10-25 Gm daily

- 4) Which of the following is considered a first choice for treating elevated LDL-cholesterol?
 - a. Nicotinic acid, 100 mg three times daily
 - b. Gemfibrozil 600 mg twice daily
 - c. Simvastatin 20 mg daily
 - d. Colestipol 2 Gm twice daily

- 5) According to ATP III, a person with two risk factors has an LDL-C goal of:
 - a. 70 mg/dL.
 - b. <100 mg/dL.
 - c. <130 mg/dL.
 - d. <160 mg/dL.

- 6) A patient presents with abnormally high triglycerides (TG = 226 mg/dL) and LDL-C of 132 mg/dL. This individual has one risk factor identified. What treatment might be most appropriate?
 - a. Gemfibrozil 600 mg twice daily
 - b. Simvastatin 20 mg daily
 - c. Colestipol 2 Gm twice daily
 - d. Ezetimibe 10 mg daily

- 7) Patients who are taking statins generally should receive which of the following monitoring tests:
 - a. Serum creatinine every three months due to renal toxicity potential
 - b. Chest X-ray annually due to pulmonary fibrosis potential
 - c. Review for signs of myopathy and rhabdomyolysis with accompanying creatinine kinase
 - d. Liver function tests every three months to assess potential of hepatocellular change

- 8) Which of the following is correct concerning omega-3 fatty acids?
 - a. Omega-3 fatty acids primarily lower LDL-C.
 - b. Omega-3 fatty acids are demonstrated to be relatively safe for use during pregnancy.
 - c. Omega-3 fatty acids are safe for all elderly patients.
 - d. Omega-3 fatty acids can cause an increased INR in patients using warfarin.

- 9) Which of the following represents an abnormal (high or low) serum level?
 - a. Total cholesterol of 188 mg/dL
 - b. LDL-C of 81 mg/dL
 - c. HDL-C of 81 mg/dL
 - d. LDL-C of 110 mg/dL with two risk factors present

- 10) Which of the following is helpful in limiting side effects of nicotinic acid?
 - a. Routinely consume a small amount of alcohol about 30 minutes prior to a dose of nicotinic acid.
 - b. Recommend doses of nicotinic acid routinely during times the patient consumes their daily coffee.
 - c. Start the dosage regimen at approximately 500 mg three times a day.
 - d. Take aspirin once a day about thirty minutes before a dose of nicotinic acid.

This activity is a FREE service to members of the Kentucky Pharmacists Association. The fee for non-members is \$30. The fee for duplicate certificates is \$5. Please send a self addressed, stamped envelope to KPERF, 1228 US 127 South, Frankfort, KY 40601.

Expiration Date: July 1, 2014

Successful Completion: Score of 80% will result in 1.5 contact hour or 0.15 CEUs. Participants who score less than 80% will be notified and permitted one re-examination.

July 2011– Lipid Management in Adults

TECHNICIANS ANSWER SHEET. Not ACPE approved for Technicians.

Name _____ KY Cert. # _____

Address _____

PLEASE CIRCLE THE APPROPRIATE ANSWERS:

- | | | | | |
|------------|------------|------------|------------|-------------|
| 1. A B C D | 3. A B C D | 5. A B C D | 7. A B C D | 9. A B C D |
| 2. A B C D | 4. A B C D | 6. A B C D | 8. A B C D | 10. A B C D |

Met my educational needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Figures and tables were useful	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Achieve the stated objectives	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Posttest was appropriate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was well written	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Commercial bias was present	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is relevant to my practice	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

I hereby certify that I completed this self-study program independently and without assistance from any other party.

Signature _____ Date _____

July 2011– Lipid Management in Adults

Universal Activity # 0143-0000-11-007-H01-P

PHARMACISTS ANSWER SHEET

Name _____ KY Lic. # _____

Address _____

PLEASE CIRCLE THE APPROPRIATE ANSWERS:

- | | | | | |
|------------|------------|------------|------------|-------------|
| 1. A B C D | 3. A B C D | 5. A B C D | 7. A B C D | 9. A B C D |
| 2. A B C D | 4. A B C D | 6. A B C D | 8. A B C D | 10. A B C D |

Information presented in the activity:

Met my educational needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Figures and tables were useful	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Achieve the stated objectives	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Posttest was appropriate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was well written	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Commercial bias was present	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is relevant to my practice	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Unmet Objectives: _____

I hereby certify that I completed this self-study program independently and without assistance from any other party.

Signature _____ Date _____

