



Articles

- 1. Identifying and Treating Eating Disorders p. 9
2. A Non-restrictive Approach to Weight Management p. 13
3. Connecting the Dots: Obesity to CAD p. 17
4. Which Comes First: The Child or The Obesity p. 20

The Maryland Family Doctor has been reviewed and is acceptable for Prescribed credits by the American Academy of Family Physicians (AAFP). This Spring, 2011 edition (vol. 47, No. 4) is approved for 2 Prescribed credits.

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Answers p. 30

Instructions: Read the articles and answer all questions by indicating the correct answers. Mail, fax or e-mail the entire quiz form within two years (by April 31, 2012) to:

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Questions Article #1:

- 1. In AN there is a 5% to 10% incidence of morality in the populations at risk
A. True
B. False
2. Two AN subtypes are "restrictor" and "binge-purge"
A. True
B. False
3. By definition individuals with bulimia nervosa (BN) have a weight at least 15% below their expected weight.
A. True
B. False
4. Binge eating disorder (BED) is more prevalent than either AN or BN and may reach over 4-8% in weight management programs and in the significantly obese.
A. True
B. False

Questions Article #2:

- 5. Most non-restrictive approaches to lifestyle change incorporate all of these concepts, except:
A. Lifestyle changes are beneficial even without weight loss
B. Learning to recognize internal regulatory processes such as hunger and fullness
C. Awareness of the current experience of eating
D. Avoidance of foods known to be calorically dense but nutrient poor
E. Identification of physical activity that is enjoyable for the individual
6. In a non-restrictive approach, the individual:
A. Earns the privilege of eating additional calories by exercising
B. Is taught to resist certain bad foods
C. Follows a specially designed meal plan to reach their goals
D. Has unconditional permission to eat all types of food
E. Counts calories, exchanges, fat grams, points, or carbs to lose weight

- 7. In intuitive eating, the primary drive to eat is triggered by:
A. Stress
B. Hunger
C. Mealtimes
D. Social pressure
E. Appetizing food
8. Use of hunger and satiety for regulation of fuel intake:
A. is an instinctive, natural, and effective mechanism that can be unlearned
B. is helpful for managing intake and weight in a food-abundant environment
C. requires attunement to physical cues
D. can be relearned with appropriate coaching and awareness
E. All of the above

Questions Article #3:

- 9. The Metabolic Syndrome or a BMI of > 30 are equivalent coronary risks.
A. True
B. False
10. According to the CDC, in the last 20 years the prevalence of obesity in the USA has gone from 0 states with an obesity prevalence of 15% or more to 23 states with an obesity prevalence of equal or greater than 25%.
A. True
B. False
11. Pharmacotherapy is always necessary to prevent the metabolic syndrome and supersedes behavioral management with diet and exercise.
A. True
B. False
12. The dyslipidemia triad common in the metabolic syndrome (low HDL-C / ApoA, elevated Triglycerides / ApoB / non HDL-C, and elevated LDL-Particles) requires aggressive lipid management with diet and pharmacotherapy.
A. True
B. False

- 13. Clinicians must use an aggressive multifactorial approach to help their patients with the metabolic syndrome
A. True
B. False

Questions Article #4:

- 14. One third of children and adolescents in the US are either overweight or obese.
A. True
B. False
15. Which of the following is not suggested in the screening blood work for obesity related co morbidities:
A. TSH
B. CBC
C. LFTs
D. insulin
E. glucose
16. Childhood obesity is defined as BMI > 85th percentile.
A. True
B. False

