



## journal CME quiz



# The Maryland Family Doctor, Winter, 2012

## Articles

1. Preventive Primary Care Services for Men p. 10
2. Medical Therapy for Andrology p. 12
3. Hypogonadism: A Rise in the Fall of Testosterone p. 15
4. Feel a Pulse, Save a Life:  
Minimizing Complications in Critical Limb Ischemia p. 17

*The Maryland Family Doctor* has been reviewed and is acceptable for Prescribed credits by the American Academy of Family Physicians (AAFP). This **Winter, 2012 edition (vol. 48, No. 3)** is approved for 2.5 Prescribed credits. Credit may be claimed for two years from the date of this edition (expiring January 31, 2014). AAFP Prescribed credit is accepted by the American Medical Association (AMA) as equivalent to AMA PRA Category 1 credit toward the AMA Physicians Recognition Award.

**Answers: [www.mdafp.org](http://www.mdafp.org); publications and news tab; Winter, 2012**

Name: \_\_\_\_\_

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### INDICATE EACH CORRECT ANSWER

#### Questions Article #1:

1. All of the following are characteristics the USPSTF uses to evaluate the risks and benefits of preventive services in healthy populations *except*:
  - A. Age
  - B. Gender
  - C. Disease risk factors
  - D. Income

2. The USPSTF defines preventive services receiving a letter grade "A" as:
  - A. Recommended, with a high certainty that the net benefit is moderate or there is moderate certainty that the benefit is moderate to considerable
  - B. Recommended, with a high certainty that the net benefit is considerable
  - C. Not recommended, with a moderate certainty that the net benefit is insignificant
  - D. Recommended against, with a moderate or high certainty that the service has no benefit, or the risks outweigh the benefits
3. Which of the following preventive services has received a grade "D" by the USPSTF?
  - A. Cholesterol screening for men ages twenty to thirty-four at an increased risk for cardiovascular disease
  - B. Aspirin for the prevention of myocardial infarction in all men age forty-five to seventy-nine
  - C. Colorectal cancer screening for adults older than age eighty-five
  - D. Syphilis screening for men who engage in high-risk sexual behavior
4. The Agency of Healthcare Research and Quality's Electronic Preventive Services Selector (ePSS) allows users to search by specific patient characteristics.
  - A. True
  - B. False

#### Questions Article #2:

5. Which of the following statements is false:
  - A. Alfuzosin and silodisin are both selective alpha blockers
  - B. Finasteride (Proscar) and dutasteride (Avodart) are both FDA approved for chemoprevention of prostate cancer
  - C. Tadalafil (Cialis) recently was approved for treatment of BPH as well as erectile dysfunction
  - D. Jalyn is a combination of tamsulosin and dutasteride
  - E. 5 ARI inhibitors have a low incidence of adverse sexual side effects

6. Available testosterone replacement therapies includes the following:
  - A. topical solution
  - B. buccal tablet
  - C. long acting subcutaneous pellets
  - D. all of the above
  - E. A and B only
7. Oral medications such as Viagra, Levitra and Cialis act by altering penile blood flow by constricting both the penile arteries and the penile smooth muscle.
  - A. True
  - B. False
8. Patients receiving combination therapy for BPH with Jalyn should expect which of the following:
  - A. symptom improvement only after 6-12 months of therapy
  - B. a 24% reduction in the PSA level after 1 year
  - C. a lower risk of developing acute urinary retention
  - D. all of the above
  - E. none of the above
9. The recommended daily dose of Cialis for treatment of BPH and erectile dysfunction is:
  - A. 2.5 mg
  - B. 5 mg
  - C. 10 mg
  - D. 20 mg
  - E. none of the above

#### Questions Article #3:

10. Low testosterone levels can be due to:
  - A. A response to an acute stress event
  - B. A natural aging process
  - C. Anything affecting serum sex hormone-binding globulin levels
  - D. Narcotic use
  - E. All of the above
11. A 60 year old male presents to the office with complaints of increasing stomach fat, fatigue, weakness, and decreased sexual performance. After history, physical, and laboratory testing,

you diagnose him with late-onset hypogonadism. He asks you what the benefits would be to treatment. You respond by listing:

- A. An improvement in erections and libido
  - B. An increase in cognitive functions
  - C. An immediate increase in bone mineral density
  - D. A and B
  - E. A and C
  - F. All of the above
12. Your patient then asks you about plans for follow up. You remind him that you want to see him frequently in order to check:
- A. Urine toxicology screen
  - B. BMP
  - C. CBC
  - D. DEXA scan

#### Questions Article #4:

13. According to American Diabetes Association (ADA) guidelines, which of the following patients should be screened for peripheral arterial disease (PAD)?
  - A. 40 year old diabetic male with 30 pack-year smoking history
  - B. 60 year old diabetic female without additional comorbidities
  - C. 45 year old diabetic male with hypertension and dyslipidemia
  - D. All of the above
14. Peripheral arterial disease can be diagnosed with ankle-brachial index (ABI):
  - A.  $\leq 1.0$ .
  - B. Between 0.9-1.0.
  - C.  $\geq 0.9$ .
  - D.  $\leq 0.9$ .
15. Patients with critical limb ischemia (CLI) primarily due to occlusion of arteries below the knee are NOT candidates for minimally invasive endovascular interventions given the small size of these vessels.

- A. True
- B. False

16. Which of the following is false?
  - A. Patients with critical limb ischemia (CLI) generally have a higher mortality than patients with claudication.
  - B. Symptoms of claudication always precede the onset on CLI.
  - C. The majority of patients with claudication do NOT progress to CLI.
  - D. Patients with moderate 10 year cardiovascular risk score and peripheral arterial disease should
17. 68 year old diabetic male with moderate renal insufficiency presents to clinic with a non healing toe ulcer. A CT scan from 5 years ago demonstrates heavy arterial calcification. Which of the following is the best initial test to verify the ischemic etiology of the ulcer?
  - A. ABI
  - B. Toe Pressures
  - C. CT Angiogram with Contrast
  - D. MR Angiogram with Contrast

