

Cost-Effectiveness and Outcome Optimization Strategies in the Treatment of Residual Cardiovascular Risk Beyond LDL Cholesterol in the Managed Care Setting

To complete the posttest online, log on to www.ajmc.com/LDL.

1. What is the approximate percentage of adults in the United States who have at least 1 lipid abnormality?

- a. 70%
- b. 50%
- c. 30%
- d. 10%

2. A meta-analysis of 4 large prospective trials revealed that coronary heart disease (CHD) risk is decreased by approximately 2% in men and 3% in women in response to which of the following?

- a. A reduction in low-density lipoprotein (LDL) cholesterol from 100 to 70 mg/dL
- b. Meeting a triglyceride (TG) goal <150 mg/dL
- c. A 1-mg/dL increase in high-density lipoprotein (HDL) cholesterol
- d. None of the above

3. According to NHANES III, what percentage of adult men have suboptimal HDL cholesterol values (<40 mg/dL)?

- a. 3%
- b. 35%
- c. 57%
- d. 79%

4. Which of the following trials revealed an increased risk for CHD with decreasing HDL cholesterol levels even when LDL cholesterol levels were <100 mg/dL?

- a. Framingham Heart Study
- b. IDEAL
- c. SEACOAST
- d. TNT

5. In which of the following studies were increasing TG levels associated with 1.6- and 2.6-fold increases in risk for CHD events?

- a. Framingham Offspring Study
- b. PROCAM
- c. SEACOAST
- d. TNT

6. In the PROVE IT-TIMI 22 trial, which of the following was associated with a significantly lower risk of CHD events?

- a. TG <150 mg/dL and HDL cholesterol <70 mg/dL
- b. LDL cholesterol >70 mg/dL and TG <150 mg/dL
- c. HDL cholesterol >40 mg/dL and TG <70 mg/dL
- d. TG <150 mg/dL and LDL cholesterol <70 mg/dL

Accreditation

Accreditation is provided by The Academy for Continued Healthcare Learning.

Pharmacists

The Academy for Continued Healthcare Learning (ACHL) is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. In order to receive credit, pharmacists must complete the activity requirements and evaluation at the conclusion of the program. This activity has been approved for a maximum of **0.1 CEU**.

ACPE Universal Program Number (UPN):
396-000-08-057-H01-P

Release Date: March 15, 2009

Expiration Date: March 15, 2010

Instructions

Upon completion of this activity, answer ALL of the posttest questions. To earn credit, a minimum score of 70% must be achieved on the posttest. The completed posttest and forms should be submitted online at www.ajmc.com/LDL by **March 15, 2010**. The posttest and forms may also be completed and returned by mail or fax to The Academy for Continued Healthcare Learning for processing by March 15, 2010. All posttest results are strictly confidential and intended only for self-assessment, appraisal of overall activity effectiveness, and the awarding of credit.

Please mail or fax the posttest and forms to:

The Academy for Continued
Healthcare Learning
Attn: CME Administrator
8725 W. Higgins Rd, Ste 910
Chicago, IL 60631-2716

Fax: 877-872-2544

**Direct inquiries to the CME Administrator
at 877-444-8435, ext 228.**

7. According to the NCEP ATP III guidelines, the non-HDL cholesterol goal is
- 30 mg/dL above the HDL cholesterol goal
 - 30 mg/dL less than the TG goal
 - 30 mg/dL above the LDL cholesterol goal
 - 30 mg/dL less than the LDL cholesterol goal
8. The American Diabetes Association treatment guidelines suggest HDL cholesterol goal levels of
- >50 mg/dL in men and >40 mg/dL in women
 - >40 mg/dL in men and <70 mg/dL in women
 - >40 mg/dL in men and >50 mg/dL in women
 - <70 mg/dL in men and <100 mg/dL in women
9. In which case is LDL cholesterol not the primary target of lipid-lowering therapy?
- TG between 200 and 499 mg/dL
 - TG >500 mg/dL
 - Non-HDL cholesterol between 200 and 499 mg/dL
 - Non-HDL cholesterol >500 mg/dL
10. Which of the following type of therapeutic trials is associated with the most beneficial effects, as described by the greatest relative risk reduction and the lowest number needed to treat?
- LDL cholesterol-lowering plus HDL cholesterol-raising trials
 - Arteriographic LDL cholesterol-lowering trials
 - Intensive statin therapy trials
 - LDL cholesterol-lowering trials
11. What was the primary end point in the SEACOAST trial?
- Percent stenosis
 - First cardiovascular disease (CVD) event
 - Change in LDL cholesterol
 - Change in non-HDL cholesterol
12. What was the primary difference between SEACOAST I and SEACOAST II?
- Primary end point
 - Niacin extended-release (ER) dose
 - Simvastatin dose
 - None of the above
13. Which of the following guideline-established lipid goals is achieved by the smallest percentage of people with CHD risk equivalents?
- At least 1 of all lipid goals
 - LDL cholesterol
 - HDL cholesterol
 - Non-HDL cholesterol
14. Which group in a retrospective database analysis of patients with mixed dyslipidemia, as defined by any 2 nonoptimal lipid parameters, was least likely to receive treatment?
- Low HDL cholesterol/high TG
 - High LDL cholesterol/low HDL cholesterol
 - High TG/high LDL cholesterol
 - High HDL cholesterol/high LDL cholesterol
15. In a retrospective analysis of appropriately managed and inappropriately managed patients, those patients who were appropriately managed exhibited a 12% reduction in annual total CVD costs and a
- Greater decrease in HDL cholesterol
 - Greater incidence of comorbidities
 - 10% reduction in cardiovascular event rate
 - 25% reduction in all-cause mortality
16. In a population modeling study based on a managed care database, the greatest percentage of patients was predicted to achieve optimal lipid values with which therapeutic intervention?
- Simvastatin/ezetimibe
 - Atorvastatin
 - Rosuvastatin
 - Niacin ER/simvastatin
17. In a modeling study of percentages of patients at nonoptimal lipid values in a managed care database, the least effective treatment was
- Simvastatin 40 mg
 - Simvastatin/ezetimibe 40 mg/10 mg
 - Niacin ER/simvastatin 1000 mg/40 mg
 - Niacin ER/simvastatin 2000 mg/40 mg
18. In a retrospective analysis of healthcare utilization, niacin ER/simvastatin combination therapy significantly decreased which of the following, as compared with simvastatin monotherapy?
- Emergency department visits
 - Outpatient visits
 - Inpatient visits
 - None of the above

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Answer Form:

1.	a	b	c	d
2.	a	b	c	d
3.	a	b	c	d
4.	a	b	c	d
5.	a	b	c	d
6.	a	b	c	d
7.	a	b	c	d
8.	a	b	c	d
9.	a	b	c	d
10.	a	b	c	d
11.	a	b	c	d
12.	a	b	c	d
13.	a	b	c	d
14.	a	b	c	d
15.	a	b	c	d
16.	a	b	c	d
17.	a	b	c	d
18.	a	b	c	d

Upon completion of this activity, the enrollment and evaluation forms should be submitted online at www.ajmc.com/LDL by **March 15, 2010**. The forms may also be filled out and returned by mail or fax to The Academy for Continued Healthcare Learning for processing by March 15, 2010. All responses will be kept strictly confidential and are intended for overall activity evaluation purposes only. Please answer all questions and indicate your response using a pencil or blue- or black-inked pen. Direct inquiries to the CME Administrator at 877-444-8435, ext 228.

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 Chicago, IL 60631-2716
Fax: 877-872-2544

Date _____

Name (print) _____
First MI Last Degree

Affiliation _____

Address Home Work _____
Street Address

_____ City State/Province Zip/Mail Code Country

Daytime Phone _____ E-mail _____

Signature _____

ACTIVITY EVALUATION

Using this scale (1=Poor, 2=Fair, 3=Average, 4=Good, 5=Excellent), please rate the following:

Quality of educational content	1	2	3	4	5
Objective and balanced material	1	2	3	4	5
Scientifically rigorous	1	2	3	4	5
Level of instruction	1	2	3	4	5
Usefulness of course materials	1	2	3	4	5

EDUCATIONAL OBJECTIVES

Please rate whether the following objectives were met:

	Yes	No
Evaluate the economic impact of untreated residual cardiovascular risk in patients with suboptimal lipid values based on current epidemiologic trends and treatment patterns	<input type="checkbox"/>	<input type="checkbox"/>
Analyze the costs and outcomes associated with treatments for the management of lipid parameters, including high-density lipoprotein cholesterol and triglycerides, in various member populations	<input type="checkbox"/>	<input type="checkbox"/>
Apply the presented health plan-level data from various patient populations to select appropriate treatments for residual cardiovascular disease risk as a way of improving disease management, leading to potentially improved outcomes and cost savings	<input type="checkbox"/>	<input type="checkbox"/>

This activity was free of commercial bias.	<input type="checkbox"/>	<input type="checkbox"/>
This activity increased your knowledge in delivering patient care.	<input type="checkbox"/>	<input type="checkbox"/>
This activity will change your practice behavior.	<input type="checkbox"/>	<input type="checkbox"/>

If yes, how soon will you implement a change? <input type="checkbox"/> Immediately <input type="checkbox"/> 1 month <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months				
How did you hear about this activity? (Please select all that apply)	1 Brochure	2 E-mail	3 Colleague	4 Telephone
	5 Web site	6 Fax	7 Other _____	
Would you recommend this activity to a colleague?				
			<input type="checkbox"/>	<input type="checkbox"/>

EDUCATIONAL NEEDS

1) What topics would you like to see in future programs? _____

2) How can we improve this activity? _____

General comments: _____
