

Utilizing Advances in Diabetes and Targeting Medication Adherence to Enhance Clinical Outcomes and Manage Costs for Type 2 Diabetes

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Sample of Online Posttest

Choose the best answer for each of the following:

1. Which of the following is true regarding clinical trial data for glucagon-like peptide-1 receptor agonist (GLP-1 RA)/insulin combination products? Versus comparators, they are associated with:
 - A. Similar A1c reductions
 - B. Higher rates of hypoglycemia
 - C. Similar rates of hypoglycemia
 - D. Less weight gain or decreased body weight
2. Which of the following diabetes medications has been shown to significantly reduce cardiovascular complications in patients with type 2 diabetes (T2D)?
 - A. Empagliflozin
 - B. Saxagliptin
 - C. Metaglinide
 - D. Acarbose
3. Which patient factor was associated with an increased risk of heart failure with certain DPP-4 inhibitors?
 - A. Age less than 45 years
 - B. Estimated glomerular filtration rate (eGFR) less than 90 mL/minute
 - C. Prior history of heart failure
 - D. Hyperglycemia
4. How does the American Diabetes Association define adequate medication adherence (percentage of medications taken divided by the number of medications prescribed by the physician within a given time period)?
 - A. 50% compliance
 - B. 60% compliance
 - C. 70% compliance
 - D. 80% compliance
5. According to the 2013 National Health Interview Survey, what percentage of adults with diabetes reported cost-related nonadherence?
 - A. Less than 4%
 - B. 14%
 - C. 34%
 - D. 54%
6. Which of the following is the primary goal of a patient education program?
 - A. Alter patient behavior to promote healthy lifestyle choices.
 - B. Improve disease self-management and reduce healthcare professional burden.
 - C. Reduce patient co-pays for diabetes medications.
 - D. Use online resources and research to self-diagnose and improve self-management.

7. Which of the following was considered by patients with diabetes and their caregivers as the most helpful method for improving medication adherence?

- A. Taking combination treatment, regardless of cost
- B. Taking medications as part of a daily routine and using pill boxes
- C. Establishing a medication routine with loose-pill combinations
- D. Using injections rather than oral combinations

8. Which of the following has NOT been shown to improve treatment adherence?

- A. Fixed-dose combination therapy
- B. Single pen combination of a basal insulin and a glucagon-like peptide-1 receptor agonist
- C. Loose-pill combinations (treatment regimen of 2 or more pills)
- D. Flexible dosing treatment regimens

9. CJ is an obese 69-year-old man with a history of T2D for 15 years, hypertension, hyperlipidemia, myocardial infarction 2 years prior, peripheral neuropathy, and lower extremity edema. He walks with a cane. His current medications include metformin 1000 mg twice a day, insulin glargine 60 units each morning, fosinopril 40 mg once daily, metoprolol 50 mg two times a day, aspirin 81 mg once daily, gabapentin 300 mg 3 times a day, and a daily vitamin. Recent labs are notable for A1C 9.1%, GFR 70 mL/min, and fasting plasma glucose 188 mg/dL. Self-monitoring of blood glucose shows that the morning average is 210 mg/dL and the postprandial glucose value is 190 mg/dL. Based on the above information, what is the most patient-specific A1C goal for this patient?

- A. <6%
- B. <7%
- C. <8%
- D. <9%

10. Based on CJ's information above, which of the following medications is the best option to add to his diabetes medication regimen?

- A. Liraglutide
- B. Pioglitazone
- C. Canagliflozin
- D. Glipizide