

INCRETIN-RELATED THERAPIES: Targeting the underlying physiology and cardiometabolic factors of type 2 diabetes

RELEASE DATE: February 6, 2009
EXPIRATION DATE: February 6, 2010
ESTIMATED TIME TO COMPLETE ACTIVITY: 1.25 hours

Continuing Education Credit There are 2 options for receiving CME/CE credit:

Option 1: The DIME online enrollment system

- a. Please visit the url: <http://incretin.cme360.net>.
- b. Complete the enrollment form, posttest, and evaluation.
- c. Successful completion of the self-assessment is required to earn Category I CME credit. Successful completion is defined as a cumulative score of at least 70% correct. If you receive a passing score, your certificate of credit will be made available to you immediately.

If you have difficulty accessing the link, please contact the DIME office at (312) 553-8000 or dimeservices@dimed.org.

Option 2: Complete this enrollment form, posttest, and evaluation form and mail them to:

DIME 20013
222 Merchandise Mart Plaza, Suite 4-160
Chicago, IL 60654

A certificate of credit will be e-mailed or mailed to you within 6 weeks.

POSTTEST QUESTIONS Please circle or check the correct answer to each question.

1. A normal glucose-tolerant person whose monozygotic twin has type 2 diabetes has a ___ probability of developing type 2 diabetes.

- a. 10% b. 25% c. 50% d. 80%

2. It is estimated that ___ of β -cell function is present at the time of diagnosis of type 2 diabetes.

- a. 10% b. 25% c. 50% d. 80%

3. Which of the following statements regarding the incretin system in type 2 diabetes is not true?

- a. GLP-1 and GIP are both degraded by dipeptidyl peptidase-4
- b. The β -cell is resistant to GIP
- c. GLP-1 secretion is deficient
- d. GIP secretion is decreased

4. The AACE recommends that patients with type 2 diabetes achieve an HbA1c target of:

- a. <7.5% b. <7.0% c. <6.5% d. <6.0%

5. Which of the following statements best describes data from large clinical trials employing intensive therapy to reduce HbA1c levels to <6.0% to 6.5% in patients with type 2 diabetes at high risk of cardiovascular events?

- a. All trials to date have reported that intensive treatment to a target HbA1c of <6.0% increases mortality rates
- b. Data are conflicting; some trials demonstrated a reduction in macrovascular events while others failed to find a reduced risk
- c. All trials to date failed to find a reduced risk of macrovascular events with intensive treatment to a target HbA1c of <6.0%
- d. Data indicate that intensive treatment to a target HbA1c of <6.0% only reduces the risk of microvascular events

6. What percentage of type 2 diabetes cases are attributed to obesity?

- a. 20% c. 75%
b. 40% d. 90%

7. Which of the antidiabetes classes is associated with weight gain?

- a. Thiazolidinediones
- b. DPP-4 inhibitors
- c. Sulfonylureas
- d. All of the above
- e. Both A and C

8. Amylin is secreted by:

- a. Pancreatic α -cells
- b. Pancreatic β -cells
- c. κ -cells of the jejunum
- d. Adipocytes

9. The GLP-1 agonists are not associated with hypoglycemia.

- a. True b. False

10. How does the recent ADA/EASD consensus algorithm for managing hyperglycemia in type 2 diabetes differ from previous consensus statements?

- a. Rosiglitazone is not recommended due to potential cardiovascular risks
- b. Use of a GLP-1 agonist is included as a tier 2 therapy
- c. Use of a DPP-4 inhibitor is included as a tier 2 therapy
- d. All of the above
- e. Both a and b

EVALUATION FORM

Overall Evaluation

5 = Excellent, 4 = Good, 3 = Satisfactory, 2 = Fair, 1 = Poor

Using the above scale, please evaluate this activity by marking the appropriate response.

1. Objectivity and balance 5 4 3 2 1
2. Did you perceive any bias or commercialism in this activity (toward any product or drug)?

YES NO If Yes, please explain:

3. Scientific rigor 5 4 3 2 1
4. Amount of information presented 5 4 3 2 1
5. Level of instruction 5 4 3 2 1

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Learning Objectives

5=Strongly agree, 4=Agree, 3=Neutral, 2=Disagree, 1=Strongly disagree

Using the above scale, indicate whether after completing this activity you are better able to:

- 6. Describe the physiological actions of the incretin hormones and their role in type 2 diabetes 5 4 3 2 1
- 7. Assess the relative merits and drawbacks of available and emerging incretin-related therapies 5 4 3 2 1
- 8. Implement treatment approaches to control hyperglycemia, manage obesity, and prevent long-term micro- and macrovascular complications 5 4 3 2 1

Reason for Participation

5=Extremely, 4=Very, 3=Somewhat, 2=Not very, 1=Not at all
 Using the above scale, indicate how important the following reasons are for your participation in educational activities:

- 9. Topics 5 4 3 2 1
- 10. Authors' reputations 5 4 3 2 1
- 11. CME/CE credit 5 4 3 2 1

12. As a result of participating in this activity, did you learn anything that would cause you to make a change in your clinical practice?

- Yes, I am going to try to incorporate some of the information presented into my clinical practice
- No, I am not going to incorporate the information into my clinical practice

13. If yes, how soon do you intend to incorporate changes in your practice as a result of this CME/CE activity?

- Immediately In 6 months
- In 1 month I do not know
- In 3 months

14. If no, why not?

- I learned some new information, but the information presented is not applicable to my clinical practice
- The information presented confirmed my current clinical practice
- I did not find the information useful and I will not change my current clinical practice
- I do not know

15. Indicate whether you would recommend this activity to others.

- YES NO

16. Please rate your interest in the following educational topics for type 2 diabetes from 5 (highest interest) to 1 (lowest interest):

- ___ Patient adherence strategies
- ___ Weight management
- ___ Pathophysiology of type 2 diabetes
- ___ Efficacy of novel therapies
- ___ Comorbid conditions
- ___ Pharmacoeconomic data
- ___ Prediabetes
- ___ Initiating insulin therapy
- ___ Patient selection criteria for incretin-related therapies

17. Additional comments:

Educational Outcomes Questions

Please answer to the best of your ability. These questions are not graded and your answers will NOT affect your CME/CE credit.

18. It is estimated that β -cell function progressively decreases ___ annually in patients with type 2 diabetes.

- a. 4% c. 20%
- b. 10% d. 40%

19. A 61-year-old obese woman (BMI, 36 kg/m²) with a 3-year history of type 2 diabetes presents for a routine examination. She has been taking metformin 1500 mg bid, but she continues to gain weight and her HbA1c level has continued to increase over the past year. Her HbA1c level is currently 7.8%. She has been unable to tolerate pioglitazone because of weight gain and fluid retention. Which of the following would be the best course of treatment for this patient?

- a. Increase metformin dose c. Add a sulfonylurea
- b. Add exenatide d. Add sitagliptin

20. Which of these antidiabetic agents is associated with sustained reductions in body weight?

- a. Metformin c. Sulfonylurea
- b. Exenatide d. Sitagliptin

21. Sitagliptin controls hyperglycemia by:

- a. Inactivation of GIP c. Inhibition of DPP-4
- b. Inactivation of GLP-1 d. All of the above

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