

# Aspirin Therapy: Maximizing the Benefits

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## CME Test Questions

1. According to current guidelines, aspirin can be used for
  - a. primary prevention in both men and women
  - b. secondary prevention in men but not women
  - c. primary prevention in men but not women
  - d. secondary prevention but not primary prevention
  
2. When used for secondary prevention, aspirin can:
  - a. reduce the risk of hemorrhagic stroke
  - b. reduce the risk of a second myocardial infarction
  - c. reduce the risk of ischemic stroke
  - d. b and c
  - e. a, b, and c
  
3. According to a meta-analysis of five large trials of aspirin for primary prevention, aspirin can reduce the risk of a first myocardial infarction by \_\_\_\_\_.
  - a. 15%
  - b. 32%
  - c. 48%
  - d. 72%

4. As part of the ISIS-2 study, patients who were randomly assigned to receive aspirin for one month, starting in the hospital within 24 hours after suspected acute myocardial infarction (MI), were compared to patients who received a placebo. The patients who received aspirin had:
  - a. Lowered risk of recurrent MI while in the hospital and lowered risk of stroke while in the hospital, but not lowered risk of vascular death at 35 days
  - b. Lowered risk of recurrent MI while in the hospital and lowered risk of vascular death at 35 days, but not lowered risk of stroke while in the hospital
  - c. Lowered risk of stroke while in the hospital and lowered risk of vascular death at 35 days, but not lowered risk of recurrent MI while in the hospital
  - d. Lowered risk of recurrent MI while in the hospital, lowered risk of stroke while in the hospital, and lowered risk of vascular death at 35 days
5. The Framingham Risk Score is
  - a. A tool to estimate risk of coronary heart disease events
  - b. A tool to estimate the risk of adverse events from aspirin therapy
  - c. A way to determine whether a patient is too old to begin aspirin therapy
  - d. Appropriate for use only by cardiologists
6. All of the following are elements of the Framingham Risk Score except:
  - a. Gender
  - b. Smoking status
  - c. Blood pressure
  - d. Use of lipid-lowering medications
7. An individual patient's risk of a vascular event
  - a. Depends only on age
  - b. Can be influenced by ethnic background
  - c. Is always lower for women than for men
  - d. Can not be determined
8. In general, the risk of major gastrointestinal bleeding for a patient on aspirin is \_\_\_\_\_, and the risk of hemorrhagic stroke is \_\_\_\_\_:
  - a. 1 in 1,000; 1 in 1,500
  - b. 1 in 1,500; 1 in 1,000
  - c. 1 in 1,000; 1 in 5,000
  - a. 1 in 5,000; 1 in 1,000

9. For patients who have a history of myocardial infarction,
  - a. History of a GI bleed is a definite contraindication to using aspirin.
  - b. The benefits of aspirin outweigh the risks in most patients.
  - c. The benefits of aspirin outweigh the risks only in patients who have hypertension.
  - d. The risk-benefit ratio can not be determined.
  
10. Several medical organizations have issued guidelines for aspirin use for primary prevention. Which of the following is correct?
  - a. The U.S. Preventive Services Task Force guidelines recommend evaluating each individual patient's risk of a coronary heart disease event when deciding whether to prescribe aspirin for primary prevention in that patient.
  - b. The American Heart Association recommends considering aspirin for adults who have >10% ten-year risk of a cardiovascular event, and who do not have contraindications to aspirin use.
  - c. For secondary prevention, most guidelines recommend a daily dose of aspirin, for all patients, of 325mg.
  - d. a and b
  - e. a, b, and c

## CME Evaluation

### Aspirin Therapy: Maximizing the Benefits

1. Overall, how do you rate the concept of CME presented on the Discovery Health Channel?

- Excellent       Good       Fair       Poor

2. Was the topic relevant to your needs and interests?

- Yes       No

3. Was the information presented useful in your practice?

- Yes       No

4. Were the course objectives met?

- Yes       No

5. Did you find the information presented on the program to be fair, balanced, and free of commercial bias?

- Yes       No

If no, please state reasons:

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- Not at all       Somewhat       Very       Extremely

7. Please list topics and/or therapeutic categories you would be interested in seeing on future Discovery Health CME programs:

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8. Please tell us how you found out about Discovery Health CME.

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