

Improving Glycemic Control with Postprandial Glucose Monitoring

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CME Test Questions

1. With regard to the epidemiology of diabetes, which of the following is true?
 - a. 15% of Americans have diabetes.
 - b. The incidence of diabetes among U.S. adults is about 1.5 million cases per year.
 - c. Due to better availability of quality health care, the prevalence of diabetes worldwide is decreasing.
 - d. Almost 80% of patients with type 2 diabetes have A1C of <7%.

2. You have just diagnosed a patient with type 2 diabetes, and you are discussing the potential complications with the patient. All of the following are true EXCEPT:
 - a. Peripheral neuropathy affects about 30% of diabetic patients.
 - b. Cardiovascular disease is the leading cause of diabetes-related death.
 - c. Diabetes increases the risk of blindness 25 times.
 - d. Diabetes alone increases the risk of myocardial infarction as much as a prior MI increases the risk for nondiabetic patients.

3. Which is true about postprandial glucose levels?
 - a. In type 2 patients, the peak postprandial glucose occurs 2 hours after a meal.
 - b. PPG should not be measured in children and teenagers because of their erratic eating habits.
 - c. If patients self-monitor PPG, they do not need to check fasting glucose levels.
 - d. The composition of a meal has little impact on PPG.

4. Which of the following about A1C is correct?
 - a. A1C assesses glycemic control over the past 2-3 days.
 - b. If the A1C is normal, then by definition the postprandial glucose will also be normal.
 - c. People without diabetes usually have A1C between 3% and 5%.
 - d. A1C is a reflection of both fasting plasma glucose and postprandial glucose.

5. Which of the following best characterizes the relationship of fasting plasma glucose (FPG) and postprandial glucose (PPG) with changing A1C levels?
 - a. As A1C increases, the relative contribution of PPG increases.
 - b. As A1C decreases, the relative contribution of FPG increases.
 - c. As A1C increases, the relative contribution of PPG decreases.
 - d. As A1C approaches 7%, the relative contributions of PPG and FPG become the same.

6. Concerning the following studies of postprandial glucose, which of the following studies is NOT correctly paired with the results?
 - a. DECODE study: After adjustment for fasting plasma glucose, the 2-hour glucose was independently related to mortality.
 - b. Kumamoto study: Intensive therapy in type 2 diabetes improves microvascular outcomes.
 - c. Diabetes Intervention Study: At 11-year follow-up, postprandial glucose was an independent risk factor for cardiovascular events but fasting plasma glucose was not.
 - d. DCCT study: Analysis showed that postchallenge glucose was related to abnormal carotid intima-media thickness.

7. Which of the following glycemic targets is NOT correct?
 - a. AACE: A1C < 6.5%
 - b. AACE: PPG < 140 mg/dl
 - c. ADA: PPG < 140 mg/dl

8. You have a 38 year-old male with type 2 diabetes who checks his blood glucose about one time per week. He realizes that his A1C goal is 6.5%, and his last A1C was 8.1%. He is on metformin and insulin glargine. What could you tell him that may increase his self-monitoring frequency?
 - a. Increased frequency of self-monitoring is associated with lower A1C levels.
 - b. With an A1C of 8.1%, he is at increased risk of complications including retinopathy and blindness.
 - c. Patients on oral medications±insulin with A1C above target should self-monitor at least 2 times/day, according to Global Consensus Conference recommendations.
 - d. All of the above

9. Which of the following insulin preparations would be most useful for improving postprandial glucose?
- a. Regular insulin
 - b. Insulin glargine
 - c. Insulin lispro
 - d. NPH insulin
10. Which of the following was a conclusion of the QuED study?
- a. There is a relationship between physicians' attitudes about glucose control and patient outcomes.
 - b. Many patients are reluctant to take insulin because they believe it can harm them.
 - c. Postprandial glucose monitoring is not cost-effective.
 - d. Insulin lispro is associated with improved postprandial glucose levels compared to insulin aspart.

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Improving Glycemic Control with Postprandial Glucose Monitoring

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