Beyond Statins: Persistent Myths & Current Controversies in Managing Dyslipidemia
This program is located at http://esymposia.ashp.org/cemornings

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At the conclusion of the internet-based program, click on "Take CE Test" to proceed to the ASHP CE Testing Center and take the on-line program post-test. You may print your CE statement immediately after successful completion of the post-test.

There are 11 questions associated with this self-assessment test.

1. Which of the following describes the prevalence of cardiovascular disease in the United States?
    a. One out of every 5 deaths in the U.S. results from cardiovascular disease.
    b. Cardiovascular disease is the primary cause of death in 36% of the population.
    c. Cardiovascular disease is a contributing cause of death in 36% of the population.
    d. Since 1981, cardiovascular disease has been the most common cause of death in the U.S.

2. The goal HDL-C was defined by NCEP ATP III as >40 mg/dL in men and >50 mg/dL in women.
    a. True
    b. False

3. Which of the following is a possible cause of low HDL-C?
    a. Acute viral illness.
    b. Chronic alcoholism.
    c. Immune deficiency states.
    d. Physical inactivity.

4. Which of the following outcomes was documented with the use of simvastatin plus niacin in the HDL-Atherosclerosis Treatment Study (commonly referred to as HATS)?
    a. Regression in coronary stenosis and 90% CHD risk reduction.
    b. Reduced hospitalization for acute coronary syndrome.
    c. Raising HDL-C was not associated with a reduction in risk of CHD.
    d. Lowering LDL-C was not associated with a reduction in risk of CHD.

5. The rationale for adding laropiprant to niacin is to:
    a. Avoid or minimize cutaneous flushing.
    b. Improve the HDL-C response to niacin.
    c. Improve the LDL-C response to niacin
    d. Improve the triglyceride response to niacin.

6. Which of the following is an investigational therapy for increasing HDL-C that exerts its effect through inhibition of cholesterol ester transfer protein and the reverse cholesterol transport pathway?
    a. Anacetrapib.
    b. Ezetimibe.
    c. Recombinant ApoA-1 Milano phospholipid complex (ETC-216).
    d. Laropiprant.

7. The development of torcetrapib was discontinued because adding the drug to atorvastatin caused:
    a. A decrease in carotid intima media thickness.
    b. An increase in coronary atheroma volume.
    c. A precipitous fall in systolic blood pressure.
    d. An increase in risk of death and heart failure.

8. In patients with metabolic syndrome, according to NCEP/AHA guidelines, which of the following statements is true about when to address non-HDL-C?
    a. Only after LDL-C is <120 mg/dL and HDL-C is >50 mg/dL (men and women).
    b. Only after LDL-C is lowered and if triglycerides are <150 mg/dL.
    c. Only after HDL-C is raised and if triglycerides are <150 mg/dL
    d. Only after LDL-C goal is attained and if triglycerides are 200-499 mg/dL.

9. Use of fibrates in combination with statins increases the risk for:
    a. Cholelithiasis.
    b. Hyperglycemia.
    c. Rhabdomyolysis.
    d. Nephrotoxicity.

10. Which of the following myths pertaining to the treatment of dyslipidemia remains unresolved?
    a. The interaction between gemfibrozil and statins is mediated by CYP P-450.
    b. Niacin is contraindicated in patients with diabetes mellitus.
    c. Adding a fibrate to statin therapy in patients with type 2 diabetes reduces cardiovascular mortality.
    d. Omega-3 fatty acids can cause bleeding.

11. The Cholesterol Treatment Trialists' Collaborators concluded that the use of statins to treat dyslipidemia in elderly patients should be less aggressive than in younger patients because the reduction in major coronary events is smaller and the risk of rhabdomyolysis is higher in elderly patients compared with younger patients.
    a. True.
    b. False.