

Diagnosis and Management of Chronic Obstructive Pulmonary Disease: COPD

C M E T E S T Q U E S T I O N S

Course# 8E005 | 1st Edition, Release Date October 2008 | Expires October 2011

- 1. In Dr. Anzueto's experience, how many COPD patients are treated by primary care physicians?**
 - A. 50%
 - B. 60%
 - C. 75%
 - D. 90%
- 2. In what year did the mortality rate for women with COPD first surpass the mortality rate of men?**
 - A. 1987
 - B. 1992
 - C. 2000
 - D. 2005
- 3. What three factors should be taken into consideration when diagnosing COPD?**
 - A. Age, ethnicity, gender
 - B. Symptoms, exposure to risk factors, spirometry result
 - C. Age, weight, geographical location
 - D. Ethnicity, gender, allergies
- 4. What ratio of FEV1 to FVC indicates severe COPD?**
 - A. 30%
 - B. 50%
 - C. 70%
 - D. 80%
- 5. Which of the following antidepressives has demonstrated efficacy in clinical studies of smoking cessation?**
 - A. Bupropion
 - B. Citalopram
 - C. Fluvoxamine
 - D. Sertraline
- 6. What is the only one long-acting anti-cholinergic?**
 - A. Albuterol
 - B. Formoterol
 - C. Salmeterol
 - D. Tiotropium
- 7. Patients' TDI Focal Scores were better when the patients were treated with ipratropium in combination with which form of pharmacotherapy?**
 - A. Long-acting beta2-agonists
 - B. Long-acting anti-cholinergics
 - C. Short-acting beta2-agonists
 - D. Corticosteroids
- 8. The TORCH study showed that patients who use inhaled corticosteroids alone may have what result?**
 - A. Slight improvement
 - B. Significant improvement
 - C. Worsening
 - D. No change

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MARK ANSWERS HERE

- 1. A B C D
- 2. A B C D
- 3. A B C D
- 4. A B C D
- 5. A B C D
- 6. A B C D
- 7. A B C D
- 8. A B C D

Please fill in the space that corresponds to your answer for each question. When you have completed this answer sheet, please mail or fax it and the completed evaluation form to the address indicated at the bottom of the course evaluation for processing. Your CME certificate will be mailed to you. You need a score of at least 70% and a completed course evaluation to receive credit. You will be notified promptly if you need to retake the test and a new answer sheet will be forwarded to you.

Acceptable for up to two (2) Prescribed credits by the American Academy of Family Physicians.

This program is also eligible for application for CME credit under category 2-B of the American Osteopathic Association's CME program.

On-line option: You can complete the program on-line and print the CME certificate immediately upon successfully passing the test and completing the course evaluation. To do so, go to www.usawellnesscme.com/copd and follow the simple instructions. If you have any questions or problems, please call 800-473-0138 or e-mail service@tivcme.com.

Rush Processing: Rush processing is available and requires an additional \$25 processing fee. You must fax your test and evaluation form to TIV, Inc. at 866-965-8999 and include your credit card information on the form. Your request will be processed and a certificate will be faxed to you within two business days after receipt of your test, pending pass/fail results. Mail requests do not qualify for rush processing.

This answer sheet expires October 2011.

Please retain a copy of the test for your files.

The University of Oklahoma College of Medicine designates this activity for a maximum of two (2) *AMA PRA Category 1 Credits*™.

PLEASE MAIL THE TEST AND COURSE EVALUATION FORM TO:

TIV, INC., 124 W. MONROE, ST. LOUIS, MO 63122 OR FAX BOTH OF THEM TO TIV, INC. AT 866-965-8999.

A certificate of completion will be mailed within 7-10 working days after the receipt of the test and evaluation form. In the event you do not pass, you will be notified regarding a retake examination on the same concepts.

NAME:DEGREE:

SPECIALTY:

ADDRESS:

CITY:STATE:ZIP:

TELEPHONE:FAX:

E-MAIL:

REQUIRED FOR RUSH PROCESSING

CREDIT CARD INFORMATION:    ACCOUNT #:

EXP. DATE:

CARDHOLDER'S NAME:

CARDHOLDER SIGNATURE:

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C M E E V A L U A T I O N

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1. I am: Male Female
2. My profession is: MD DO Physician Assistant Nurse Practitioner Other _____
3. My practice is best described as: Office/Community Academic/University/Teaching Other _____
4. Number of years in practice: Less than 5 6-10 11-15 16-25 More than 25
5. The size of my practice: Solo 2-5 MDs 6-10 MDs 11-30 MDs Over 30 MDs
6. Rate your level of knowledge of topics covered BEFORE completing this activity:
 Expert Very knowledgeable Somewhat knowledgeable Slightly knowledgeable Novice
7. Rate your level of knowledge of topics covered AFTER completing this activity:
 Expert Very knowledgeable Somewhat knowledgeable Slightly knowledgeable Novice
8. Rate the level of assistance you received from this course for enhancing patient care:
 Excellent Good Adequate Poor Very Poor
9. Information from this activity will expand or alter the way you practice medicine or perform business. Yes No
10. This activity met its stated purpose and/or objectives. Yes No
11. Product promotion or product specific advertisements were not included in this education material. Yes No NA
12. Faculty evaluation: Antonio Anzueto, MD
 - a. The discussion of experimental or off-label therapies was disclosed. Yes No NA
 - b. Disclosure was made regarding the presenter's relationship with commercial interests. Yes No NA
 - c. Presenter's content was objective, balanced and evidence-based. Yes No NA
 - d. The types and sources of evidence were identified. Yes No NA
13. I perceived a commercial bias in this program? Yes No NA
If Yes, please explain _____
14. Please evaluate the effectiveness of this faculty. Excellent Good Adequate Poor Very Poor
15. Do you have any suggestions for future continuing education topics? _____

PLEASE MAIL YOUR COMPLETED ANSWER SHEET & COURSE EVALUATION TO:

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If you would like to be included in an occasional, brief on-line survey designed to help improve the utility and quality of the CME we produce, please enter your e-mail address below. TIV, Inc. guarantees that your information will be kept private and will never be sold or given in any form to any other entity for any reason.

E-MAIL: _____

Thank you for your assistance.