ACT Module 4

Review of renal therapies prior to SGLT-2 inhibitor therapy

CPD QUESTIONNAIRE

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First Name		**Profession**	
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1. Intensive HbA_{1c} control offers a consistent benefit over standard HbA_{1c} control, with meta-analysis of cumulative studies showing a RRR of __% for macroalbuminuria.

- ☐ **A** 14%
- ☐ **B** 26%
- ☐ **C** 46%

2. From the ADVANCE-ON trial, intensive HbA_{1c} control reduced the risk of ESRD by __% compared to standard HbA_{1c} control.

- ☐ **A** 14%
- ☐ **B** 26%
- ☐ **C** 46%

3. There is an inverse relationship between reducing blood pressure and overall renal protection; the lower the blood pressure, the greater the overall renal protection observed.

- ☐ **A** True
- ☐ **B** False

4. The results of which trial indicate that multifactorial risk factor interventions lower cardiovascular complications, risk of nephropathy and all-cause mortality?

- ☐ **A** ADVANCE
- ☐ **B** Steno-2
- ☐ **C** BENEDICT

5. An intensive multifactorial intervention strategy reduces the risk of which of the following microvascular complications of T2DM?

- ☐ **A** Nephropathy
- ☐ **B** Retinopathy
- ☐ **C** Autonomic neuropathy
- ☐ **D** Peripheral neuropathy
- ☐ **E** All of the above
- ☐ **F** A and B

6. The BENEDICT trial evaluating primary prevention of new renal events in T2DM compared which agent(s) to placebo?

- ☐ **A** Trandolapril + verapamil
- ☐ **B** Olmesartan
- ☐ **C** A and B

7. Data from the BENEDICT trial and the ROADMAP study show that the use of which drug classes are significantly associated with a reduction in the development of new microalbuminuria?

- ☐ **A** ACE inhibitors
- ☐ **B** ARBs
- ☐ **C** CCBs
- ☐ **D** All of the above
- ☐ **E** A and C

8. In T2DM with established nephropathy, the IDNT demonstrated the superiority of which agent in respect of renal mortality outcomes?

- ☐ **A** Irbesartan
- ☐ **B** Amlodipine

9. The primary outcome of the RENAAL study included:

- ☐ **A** Doubling of baseline serum creatinine concentration
- ☐ **B** ESRD
- ☐ **C** Death
- ☐ **D** All of the above
- ☐ **E** A and B

10. Because of the potential for development of hyperkalaemia and hypotension when using RAAS inhibitors, the use of these agents are limited in patients with:

- ☐ **A** Late-stage chronic kidney disease
- ☐ **B** Hyporeninaemic hypoaldosteronism
- ☐ **C** A and B

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