## **Anabolic treatment of osteoporosis in 2020**

## **CPD Questionnaire**

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Complete, scan and email to **cpd@denovomedica.com**. Alternatively, you can complete this questionnaire online at **www.denovomedica.com**. Fill in your details using **clear block letters** and mark the answers with a tick ( ).

	gree that nline)	my CP	tific	ate v	vill	be	for	orwarded to my e-mail address.										(Signature of healthcare professional)													
First Name																			Profession												
Su	rname																		Telephone							T	T	$\Box$			П
HF	PC No.																		City							$\top$		$\Box$			
E-1	mail																									İ					
1.	The objecti	ves of	ostec	porosi	s ther	ару	are t	to:																							
☐ A Improve bone strength ☐ B Reduce risk of fracture																															
	☐ <b>C</b> Prevent rapid bone loss										D	All c	of the	above																	
	☐ <b>E</b> A and B										F	A ar	nd C																		
2.	Osteoporotic patients at very high risk for fracture include those with:																														
	☐ <b>A</b> A fracture within the past year								В	Mult	tiple	fractures																			
	$\ \square$ <b>C</b> A fracture while on osteoporosis treatment									☐ <b>D</b> A fracture while on medication harmful to bone																					
	☐ <b>E</b> All of the above										☐ <b>F</b> B, C and D																				
3.	Most guide agents:	st guidelines recommend bisphosphonates as the preferred first-line treatment for patients at very high risk for fracture, followed by anabolic ents:																													
	☐ A True										В	False	5																		
4.	Under which circumstances is anabolic therapy recommended as second-line treatment for osteoporosis?																														
	<ul> <li>□ A New fracture on current osteoporosis treatment</li> <li>□ B Unacceptable rates of bone loss following compliance with appropriate antiresorptive therapy</li> </ul>																														
☐ <b>C</b> Chronic glucocorticosteroid therapy																															
	□ <b>D</b> All of the above																														
☐ <b>E</b> A and B																															
	☐ <b>F</b> B and	□ <b>F</b> B and C																													
5.	The anabolic effects of teriparatide result in an increase in:																														
	☐ A Total bone volume									В	Periosteal diameter																				
	☐ <b>C</b> Cortical thickness											D	End	ocort	ical diam	eter															
	☐ <b>E</b> All of	the abov	ve													☐ <b>F</b> A, B and C															
☐ <b>G</b> A, C and D																															
6.	From the VERO study, which statement is incorrect?																														
	☐ A Teriparatide was compared to risedronate at 24 months of treatment in postmenopausal women who had severe osteoporosis																														
☐ <b>B</b> Of the study cohort, >70% had prior osteoporosis therapy																															
	☐ C Previous bisphosphonate therapy precludes the use of teriparatide																														
7.	Abaloparat	baloparatide is a:																													
	☐ <b>A</b> Select	ective oestrogen receptor modulator																													
☐ <b>B</b> An analogue of human PTHrP																															
	☐ <b>C</b> A sclerostin inhibitor																														
8.	From the A	CTIVE t	rial,	at 18 n	onths	of	treat	ment	with	ab	alop	ara	tide,	nev	v ve	rtebı	ral fr	actı	ires wer	e redu	iced by	/ <sup>9</sup>	<b>%?</b>								
	□ <b>A</b> 65%									В	80%										<b>C</b> 86	%									
9.	Sclerostin i	s a pro	tein 1	that is	releas	ed k	y th	e oste	ocyt	es,	gene	rall	ly in	res	oons	e to	oest	rog	en defici	iency,	lack of	ske	letal	load	ding	, and	l glu	cocort	icoi	ds:	
	☐ <b>A</b> True															В	False	9													
10.	From the A	RCH stu	udy, ł	nip frac	tures	wer	e rec	luced	by a	ppı	oxin	ate	ly_	_%	at 24	4 mo	nths	of t	reatmer	nt witl	h romo	sozu	ımab	?							

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□ C 40%

■ B 20%

□ A 12%