Cardiovascular protection in the treatment of type 2 diabetes

CPD Questionnaire

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1. T2DM patients experience an up to ___% increased risk of cardiovascular-related death:

- ☐ **A** 30%
- ☐ **B** 50%
- ☐ **C** 60%

2. CVOT assessment of new glucose-lowering drugs must include a 3P-MACE including _____ prior to registration:

- ☐ **A** Death from CVD, nonfatal stroke, hospitalisation for HF
- ☐ **B** Death from CVD, nonfatal MI, nonfatal stroke
- ☐ **C** Death from CVD, all-cause mortality, renal outcomes

3. Regulations state that if for the risk of MACE, the upper limit of the 95% confidence interval of the estimated risk is ___, the drug cannot be approved:

- ☐ **A** >1.8
- ☐ **B** >1.6
- ☐ **C** >1.5

4. Of the DPP-4 inhibitors, which is/are associated with increased risk of hospitalisation for HF?

- ☐ **A** Saxagliptin
- ☐ **B** Alogliptin
- ☐ **C** Sitagliptin
- ☐ **D** Linagliptin
- ☐ **E** A and C

5. Which statement is incorrect? Mechanisms through which GLP-1 RAs affect glucose control include:

- ☐ **A** Enhancement of glucose-dependent insulin secretion
- ☐ **B** Slowing gastric emptying
- ☐ **C** Promoting renal excretion of glucose
- ☐ **D** Regulation of postprandial glucagon
- ☐ **E** Reduction of food intake

6. Of the GLP-1 RAs, liraglutide, semaglutide and exenatide are the preferred agents for reduction of ASCVD risk:

- ☐ **A** True
- ☐ **B** False

7. GLP-1 RAs should be avoided in patients with a history of:

- ☐ **A** Pancreatitis
- ☐ **B** T1DM
- ☐ **C** Severe renal dysfunction
- ☐ **D** Personal/family history of medullary thyroid cancer
- ☐ **E** All of the above

8. All SGLT-2 inhibitors have demonstrated benefit for MACE in T2DM patients with HF and CKD:

- ☐ **A** True
- ☐ **B** False

9. Which of these SGLT-2 inhibitors is/are preferred for use in the T2DM patient with ASCVD?

- ☐ **A** Empagliflozin
- ☐ **B** Dapagliflozin
- ☐ **C** Ertugliflozin
- ☐ **D** Canagliflozin
- ☐ **E** A and D

10. Which statement is incorrect? Early results of some studies of combination therapy with SGLT-2 inhibitors and GLP-1 RAs have shown positive complementary effects on:

- ☐ **A** Glucose control
- ☐ **B** Body weight
- ☐ **C** Arterial BP
- ☐ **D** Cardiovascular/renal outcomes
- ☐ **E** B and D

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