Type 2 diabetes: Overcoming multifaceted pathophysiology and barriers to glycaemic control

CPD Questionnaire

EARN FREE CPD POINTS

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 (✓).

I agree that my CPD-accredited certificate will be forwarded to my e-mail address. (Online) _____

(Signature of healthcare professional)

First Name		**Profession**	
Surname		**Telephone**	
HPC No.		**City**	
E-mail			

1. In South Africa, the percentage of diabetes patients who achieve their glycaemic target is estimated at:

☐ **A** 15% ☐ **B** 25% ☐ **C** 35% ☐ **D** 55%

2. In an internet survey of physicians, the percentage who reported that they do not treat diabetes as aggressively as they would like to because of concerns about hypoglycaemia was:

☐ **A** 75% ☐ **B** 55% ☐ **D** 45% ☐ **C** 25%

3. Among a sample of 1 530 insulin-treated patients, the average number of days a month for which insulin omission/non-adherence was reported was:

☐ **A** 1.2 days ☐ **B** 2.3 days ☐ **C** 3.3 days ☐ **D** 6.7 days

4. Which of the following is associated with loss of the incretin effect in T2DM?

☐ **A** Increased insulin secretion after a meal
☐ **B** Increased secretion of GLP-1
☐ **C** Increased β-cell sensitivity to glucose-dependent insulinotropic polypeptide
☐ **D** Low-grade inflammation

5. Which of the following is directly associated with reduced amylin activity in T2DM?

☐ **A** Early satiety
☐ **B** Accelerated gastric emptying
☐ **C** Decreased glucose absorption in the small intestine
☐ **D** Insulin resistance in adipocytes

6. In T2DM, combination therapy with metformin and a GLP-1RA addresses:

☐ **A** 2 of the 11 pathophysiological pathways
☐ **B** 6 of the 11 pathophysiological pathways
☐ **C** 8 of the 11 pathophysiological pathways
☐ **D** 10 of the 11 pathophysiological pathways

7. Which of the following diabetes treatments may be associated with worsening β-cell exhaustion?

☐ **A** Insulin ☐ **B** GLP-1RA ☐ **C** Sulphonylurea ☐ **D** DPP-4 inhibitor

8. Which of the following pathophysiological mechanisms in T2DM is addressed by a GLP-1RA?

☐ **A** Insulin resistance in adipose tissue
☐ **B** Hepatic insulin resistance
☐ **C** Renal glucose reabsorption
☐ **D** Immune dysregulation/inflammation

9. Which of the following is true of liraglutide?

☐ **A** It promotes weight loss
☐ **B** Mild hypoglycaemia is common
☐ **C** It provides more effective control of fasting plasma glucose than postprandial glucose
☐ **D** Gastrointestinal symptoms are unlikely to occur if it is combined with metformin

10. Which of the following is recommended as a preferred second-line treatment in patients with T2DM and atherosclerotic cardiovascular disease?

☐ **A** Pioglitazone ☐ **B** Glibenclamide ☐ **C** Liraglutide ☐ **D** Vildagliptin

11. The recommended starting dose of IDegLira for patients uncontrolled on oral antihyperglycaemic medication is:

☐ **A** 1 dose step ☐ **B** 6 dose steps ☐ **C** 10 dose steps ☐ **D** 15 dose steps

12. Compared with glargine, the day-to-day pharmacodynamic variability of IDeg is approximately:

☐ **A** 10% lower ☐ **B** 20% lower ☐ **C** 30% lower ☐ **D** 40% lower

13. One rationale for combining a GLP-1RA with a basal insulin is:

☐ **A** It optimises control of both fasting and postprandial glucose
☐ **B** It eliminates nausea
☐ **C** It eliminates weight gain
☐ **D** It eliminates hypoglycaemia

14. In the DUAL VII study, IDegLira was compared with:

☐ **A** Metformin and lifestyle change
☐ **B** Insulin glargine
☐ **C** Insulin degludec
☐ **D** Basal bolus insulin therapy

15. In the DUAL VII study, the proportion of patients treated with IDegLira who achieved HbA_{1c} target with no hypoglycaemia and no weight gain was:

☐ **A** 18.2% ☐ **B** 28.2% ☐ **C** 38.2% ☐ **D** 48.2%

© 2021 deNovo Medica