

Self-Assessment Test

Using Quality Indicator and Performance Measure Data and Evidence-based Guidelines to Improve the Care of Elderly Patients on Antithrombotic Therapy

This program is located at <http://www.ashpmedia.org/symposia/elderly>



This self-assessment test has been provided as a study aid only. At the conclusion of the internet-based program, click on "Take CE Test" to proceed to the ASHP Learning Center and take the on-line program post-test. You may print your CE statement immediately after successful completion of the post-test.

There are a total of 19 questions associated with this self-assessment test.

A 70 year-old male experiencing a non ST-segment elevation myocardial infarction for which he received a fibrinolytic.

PMH: Hypertension

Social history: 100 pack-year smoker

Blood pressure: 145/90, Pulse 80 bpm

Lipid profile: LDL: 90 HDL: 45 TG: 115

Waist circumference: 45 inches

1. Which of the following would NOT be an appropriate goal for this patient?
 - a. Smoking cessation.
 - b. Weight loss.
 - c. Exercise program.
 - d. Aggressive blood glucose control.
2. What is the appropriate antiplatelet regimen for this patient per the ACC/AHA recommendations?
 - a. Aspirin 325 mg daily.
 - b. Clopidogrel 75 mg indefinitely,
 - c. Aspirin 81 mg daily and clopidogrel for at least 14 days up to a year.
 - d. Warfarin indefinitely with an INR goal of 2-3.

A 65 year old male is receiving home treatment for an unprovoked DVT with enoxaparin every 12 hrs and warfarin 5mg daily (CrCL = 80 mL/min).

3. It is day 5 of combined therapy and the INR is 1.8. What is the appropriate management of this patient at this time?
 - a. Discontinue the enoxaparin since it is day 5 of combined therapy.
 - b. Do not discontinue the enoxaparin until the INR is at least 2 for 24 hrs.
 - c. Discontinue the warfarin and treat with LMWH for 3-6 months prior to initiating warfarin.
 - d. Decrease the dose of enoxaparin and continue the overlap until the INR is at least 2.



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4. How long should the warfarin treatment be continued if the patient has no issues with the medication and is able to make follow-up appointments to monitor his INR?
 - a. At least 3 months at a goal INR of 4-5.
 - b. 6 months at a goal INR of 4-5.
 - c. 3 months at a goal INR of 2-3, then indefinitely at a goal INR of 4-5.
 - d. Indefinitely at a goal INR of 2-3.

5. An 80 year old man with hypertension and diabetes has been diagnosed with paroxysmal atrial fibrillation. Which of the following would be adequate treatment for stroke prevention?
 - a. Warfarin.
 - b. Aspirin.
 - c. Either warfarin or aspirin is appropriate.
 - d. Warfarin and aspirin.

6. Which of the following statements regarding adverse drug events (ADEs) is FALSE?
 - a. ADEs account for 30% of hospital admissions.
 - b. Nationally, ADEs are estimated to cost \$8 billion annually.
 - c. ADEs may lead to other preventable problems in the elderly.
 - d. ADEs are adequately monitored in elderly patients.

7. Does the use of Beer's Criteria lead to a reduction in mortality?
 - a. Yes.
 - b. No.

8. Which of the following organizations DO NOT have quality indicators for minimizing ADEs in the hospital setting?
 - a. Healthcare Effectiveness Data and Information Set (HEDIS).
 - b. Centers for Medicare and Medicaid Services (CMS).
 - c. The Joint Commission.
 - d. American Association for Retired Persons (AARP).

9. Which of the following statements about the use of aspirin in the elderly is TRUE?
 - a. Increasing the dosage will improve cardiovascular outcomes.
 - b. Elderly have the largest benefit in cardiovascular risk reduction with the use of aspirin.
 - c. Switching to the enteric coated form of aspirin decreases GI bleeding while maintaining the cardiovascular outcomes.
 - d. Aspirin and NSAID may be used together if the patient is also placed on a histamine H₂ antagonist.

10. For elderly patients who receive both aspirin and warfarin,



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- a. An INR of 1.2-1.5 must be maintained to decrease the risk of bleeding.
 - b. The aspirin dose should be decreased to 81 mg every other day.
 - c. The indication for use and duration of treatment must be known.
 - d. Both hemoglobin and hematocrit must be monitored daily.
11. Which of the following would NOT be appropriate for an elderly patient on triple therapy with aspirin, clopidogrel, and warfarin?
- a. Decrease the aspirin dosage to 81mg daily.
 - b. Determine duration of therapy.
 - c. Reduce the INR goal to 2.0-2.5.
 - d. Increase the aspirin dosage to 650 mg daily.
12. Which one of the following statements regarding clopidogrel is TRUE?
- a. Clopidogrel should never be used in combination with statin therapy.
 - b. Patients on nonsteroidal anti-inflammatory agents (NSAIDs) and clopidogrel are at increased risk for bleeding.
 - c. Combination therapy with clopidogrel and proton pump inhibitors should always be avoided.
 - d. Patients on NSAIDs and clopidogrel require no additional monitoring.
13. Which of the following combinations has the greatest potential for increasing of bleeding in elderly patients?
- a. Simvastatin 20 mg and clopidogrel 75mg.
 - b. Aspirin 81 mg, clopidogrel 75 mg, and warfarin to a target INR of 2.0.
 - c. Warfarin 10 mg and amiodarone 200 mg.
 - d. Aspirin 81 mg and ibuprofen 200 mg every 6 hrs prn.
14. Which of the following would NOT be considered a strategy for avoiding ADEs with antithrombotic therapy?
- a. Perform medication reconciliation at every transition of care.
 - b. Determine therapeutic endpoints.
 - c. Reduce aspirin to the lowest possible dose.
 - d. Increase clopidogrel to the highest possible dose.
15. A post-myocardial patient with a drug eluting stent is being discharged on clopidogrel and aspirin. The patient is indigent and will have trouble affording clopidogrel. What is the minimal amount of the time the patient should continue clopidogrel?
- a. 3 months.
 - b. 6 months.
 - c. 9 months.
 - d. 12 months.



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16. A patient is receiving concomitant immediate-release aspirin (81 mg daily) for secondary prevention of cardiovascular disease and ibuprofen (400 mg four times daily) for osteoarthritis. Based on recommendations from the American Heart Association, what would you NOT recommend to this patient?
 - a. Take the ibuprofen at least 30 minutes after aspirin ingestion.
 - b. Take the ibuprofen at least 8 hours before aspirin ingestion.
 - c. Limited data exist regarding use of ibuprofen and enteric coated aspirin.
 - d. Take only enteric coated aspirin.

17. Which of the following can contribute to late stent thrombosis in a patient who has received a drug-eluting stent?
 - a. Early antiplatelet discontinuation.
 - b. Placement of the stent.
 - c. Delayed endothelialization.
 - d. Extended antiplatelet therapy.

18. Which of the following would likely result in a clinically significant drug-drug interaction in an older adult receiving antiplatelet therapy?
 - a. Atorvastatin-clopidogrel.
 - b. Aspirin-ibuprofen.
 - c. Aspirin-gabapentin.
 - d. Simvastatin-clopidogrel.

19. A patient with a drug-eluting stent has been discharged from the hospital on aspirin 325 mg daily and clopidogrel 75 mg daily. The patient is scheduled to undergo elective dental surgery three weeks after discharge. Which of the following would be the most appropriate course of action?
 - a. Continue with the procedure, but discontinue both the aspirin and clopidogrel three days before surgery.
 - b. Continue with the procedure and discontinue the aspirin only three days prior to the surgery.
 - c. Delay the procedure until the entire course of antiplatelet therapy has been completed.
 - d. Delay the procedure until one month of antiplatelet therapy has been completed.



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