

Self-Assessment Test

Preventing Stroke in Atrial Fibrillation: Overview of New and Emerging Antithrombotic Agents and Roles for Pharmacists

This activity is located at <http://www.ashpadvantage.com/strokeafib>



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

There are a total of 9 questions associated with this self-assessment test.

1. Which of the following statements regarding atrial fibrillation-induced stroke is CORRECT?
 - a. The annual risk of stroke in patients not treated with anticoagulants is 10%.
 - b. Patients with asymptomatic atrial fibrillation are still at risk for stroke.
 - c. The risk of stroke associated with atrial fibrillation decreases with age.
 - d. 50% of all ischemic strokes occur in patients with atrial fibrillation.
2. According to the 2011 ACCF/AHA/HRS guidelines for atrial fibrillation, which of the following patients would NOT be considered an appropriate candidate for dabigatran therapy for stroke prevention?
 - a. A 65 year-old male with a prosthetic mitral valve.
 - b. A 76 year-old female with a left ventricular ejection fraction of 25%.
 - c. A 55 year-old female with a creatinine clearance of 65 mL/min.
 - d. A and B only.
 - e. A, B, and C.
3. Which of the following drugs may reduce the efficacy of dabigatran?
 - a. Verapamil.
 - b. Amiodarone.
 - c. Ketoconazole.
 - d. Rifampin.
4. The dose of rivaroxaban and dabigatran should be reduced in patients with renal impairment.
 - a. True.
 - b. False.



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5. In which of the following pharmacologic classes does apixaban belong?
 - a. Vitamin K antagonist.
 - b. Direct thrombin inhibitor.
 - c. Factor Xa inhibitor.
 - d. Low-molecular weight heparin.

6. Which of the following statements regarding the results of clinical trials performed with oral antithrombotic agents in patients with atrial fibrillation is CORRECT?
 - a. Bleeding was less likely to occur with dabigatran 75 mg po BID than warfarin in the RE-LY trial.
 - b. Warfarin was superior to dabigatran 150 mg po BID in preventing stroke or systemic embolism in the RE-LY trial.
 - c. Rivaroxaban was non-inferior to aspirin in preventing stroke or systemic embolism in the ROCKET-AF trial.
 - d. Stroke or systemic embolism was significantly reduced with apixaban compared to aspirin in the AVERROES trial.

7. Which of the following is/are potential role(s) of the pharmacist in using dabigatran for stroke prevention in patients with atrial fibrillation?
 - a. Making the appropriate dosage adjustments based on the patient's renal function.
 - b. Appropriately transitioning patients from warfarin to dabigatran therapy.
 - c. Providing recommendations regarding drug discontinuation in patients undergoing surgical procedures.
 - d. Providing input to the Pharmacy and Therapeutics Committee regarding dabigatran's status on the hospital formulary.
 - e. All of the above.

8. Which of the following statements regarding dabigatran is CORRECT?
 - a. The contents of the capsule can be sprinkled on applesauce or pudding if patients have difficulty swallowing.
 - b. Once a bottle is opened, the capsules must be used within 100 days.
 - c. When transitioning patients from warfarin, dabigatran can be started once the INR is less than 2.
 - d. It is a potent inhibitor of the CYP3A4 isoenzyme.



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9. A 58 year-old male has a history of persistent AF, type 2 diabetes, and chronic kidney disease (CrCl 20 mL/min). He was recently started on amiodarone. Which of the following antithrombotic regimens would be MOST appropriate for preventing stroke in this patient?
- Dabigatran 150 mg po BID.
 - Rivaroxaban 20 mg po daily.
 - Apixaban 5 mg po BID.
 - Warfarin titrated to INR 2-3.



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