



OD's role in diabetes management goes beyond eye exam



1. The percentage of patients with diabetes having some level of retinopathy after 20 years of diabetes is
 - a. 5%
 - b. 10%
 - c. 25%
 - d. nearly 100%
2. Current data by the Centers for Disease Control and Prevention show an estimated _____ Americans with diabetes.
 - a. 12 million
 - b. 21 million
 - c. 30 million
 - d. 45 million
3. The most common cause of vision loss from diabetes is
 - a. nonresolving vitreous hemorrhage.
 - b. traction retinal detachment.
 - c. diabetic macular edema.
 - d. glaucoma.
4. The Diabetes Control and Complications Trial demonstrated that intensive blood glucose control as reflected in HbA1c levels
 - a. reduced the risk of onset and progression of diabetic retinopathy in patients with type 1 diabetes mellitus.
 - b. reduced the risk of onset and progression of diabetic retinopathy in patients with type 2 DM.
 - c. had no effect on the risk of onset and progression of diabetic retinopathy in patients with type 1 DM blood glucose levels.
 - d. had no effect on the risk of onset and progression of diabetic retinopathy in patients with type 2 DM.
5. The United Kingdom Prospective Diabetes Study demonstrated that intensive blood glucose control as reflected in HbA1c levels
 - a. reduced the risk of onset and progression of diabetic retinopathy in patients with type 1 diabetes mellitus.
 - b. reduced the risk of onset and progression of diabetic retinopathy in patients with type 2 DM.
 - c. had no effect on the risk of onset and progression of diabetic retinopathy in patients with type 1 DM blood glucose levels.
 - d. had no effect on the risk of onset and progression of diabetic retinopathy in patients with type 2 DM.
6. The United Kingdom Prospective Diabetes Study demonstrated that reducing the HbA1c from 7.9% to 7.0% reduced the overall risk of microvascular complications by
 - a. 10%
 - b. 25%
 - c. 40%
 - d. 70%
7. The Early Treatment Diabetic Retinopathy Study addressed all the following questions except:
 - a. Does scatter (panretinal) laser photocoagulation reduce the risk of vision loss in high-risk proliferative diabetic retinopathy?
 - b. When is scatter (panretinal) laser photocoagulation most effective in DR?
 - c. Is photocoagulation effective for diabetic macular edema?
 - d. Does 650 mg of aspirin per day affect the course of diabetic retinopathy?
8. Focal laser photocoagulation for clinically significant macular edema
 - a. reduces the risk of moderate visual loss.
 - b. usually results in vision improvement.
 - c. is usually deferred in the presence of proliferative diabetic retinopathy.
 - d. is unnecessary if vision has already been reduced.
9. An acceptable target range for HbA1c for most diabetic patients might be:
 - a. > 1.0 – 2.0%
 - b. > 2.0 – 4.0%
 - c. 6.0 – 8.0%
 - d. > 10%
10. The substance that is reciprocal to VEGF is
 - a. PEDF
 - b. PKC
 - c. VEGF
 - d. HGH
11. Reduction of retinal blood flow may occur as a result of
 - a. increased PEDF concentration.
 - b. decreased VEGF levels.
 - c. aspirin dosage greater than 650 mg.
 - d. leukocyte attachment to the inner blood vessel wall.
12. Which of the following lesions is least predictive for progression of diabetic retinopathy?
 - a. venous beading
 - b. hard exudates
 - c. cotton-wool spots
 - d. intraretinal microvascular abnormalities
13. Resorption of fluid elements from plasma blood products in the retina results in
 - a. cotton-wool spots.
 - b. drusen.
 - c. hard exudates.
 - d. PEDF accumulation.
14. The percentage of people in the United States with type 1 diabetes is about
 - a. 10% to 12%
 - b. 18%
 - c. 25%
 - d. 30%
15. Type 2 diabetes may involve all the following except:
 - a. a sudden, complete absence of insulin.
 - b. impaired glucose uptake.
 - c. relative impaired glucose production.
 - d. treatment with insulin.
16. Function of the endothelial wall of the retinal vessels is supported by
 - a. monocytes.
 - b. lymphocytes.
 - c. pericytes.
 - d. astrocytes.
17. Which of the following is not considered a specific risk factor for onset and progression of diabetic retinopathy?
 - a. hypertension
 - b. elevated glycosylated HbA1c level
 - c. oral medication only vs. insulin therapy for a type 2 diabetic patient
 - d. duration of diabetes
18. Which are sentinel lesions to estimate risk of progression to proliferative diabetic retinopathy as determined by the Early Treatment Diabetic Retinopathy Study?
 - a. hemorrhages/microaneurysms, IRMA, venous beading
 - b. IRMA, cotton-wool spots, hard exudates
 - c. IRMA, hard exudates, venous beading
 - d. venous beading, hemorrhages/microaneurysms, cotton-wool spots
19. Neovascularization in diabetic retinopathy occurs principally
 - a. in the center of nonperfused retinal areas.
 - b. along the temporal vascular arcades.
 - c. in the perimacular area.
 - d. at the border of perfused and nonperfused retina.
20. The criteria for diagnosing metabolic syndrome includes all of the following indicators except:
 - a. hypertension
 - b. abdominal dimension
 - c. age
 - d. low HDL level

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Answers

- | | |
|-------------|-------------|
| 1. a b c d | 11. a b c d |
| 2. a b c d | 12. a b c d |
| 3. a b c d | 13. a b c d |
| 4. a b c d | 14. a b c d |
| 5. a b c d | 15. a b c d |
| 6. a b c d | 16. a b c d |
| 7. a b c d | 17. a b c d |
| 8. a b c d | 18. a b c d |
| 9. a b c d | 19. a b c d |
| 10. a b c d | 20. a b c d |

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