Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Score: \_\_\_\_\_\_ / \_\_\_\_\_\_

Hyperlipidemia 2015

1. What is the appropriate description for a Class I recommendation, as described in "Classification of Recommendation and Level of Evidence" in the 2013 ACC/AHA Blood Cholesterol Guideline?

A. Treatment should be administered and prescribed to all patients unless contraindicated.

B. Treatment is reasonable to administer to all patients unless contraindicated.

C. Treatment may be considered and prescribed to some patients

D. Treatment is harmful and should not be given to any patients.

1. Which of the following non-cholesterol therapies can increase BOTH LDL and triglycerides?

A. Oral estrogens

B. Glucocorticoids

C. Amiodarone

D. Beta blockers

1. Which of the following cholesterol therapies increases LDL?

A. Statins

B. Bile acid sequestrates

C. Niacin

D. Omega-3 ethyl esters

1. Which of the following therapies reduces triglycerides?
2. Niacin
3. Fibric Acid
4. Omega-3 ethyl esters
5. All of the above
6. Which of the following groups benefit from statin therapy?

A. ASCVD

B. LDL > 190

C. Age 40-75 years with DM and LDL 70-189

D. All of the above

1. If a patient age 40-75 with a LDL 70-189 does not have ASCVD or DM, at what 10-year ASCVD risk level would statin therapy be indicated?

A. > 7.5%

B. > 10%

C. > 15%

D. > 20%

1. Which of the following is considered “High-Intensity Statin” therapy?
2. Simvastatin 10 mg and Lovastatin 20 mg
3. Atorvastatin 10 mg and Rosuvastatin 10 mg
4. Simvastatin 2-40 mg and Lovastatin 40 mg
5. Atorvastatin 40 mg and Rosuvastatin 20 mg
6. Which of the following characteristic/s predispose individuals to statin adverse effects?
7. Multiple or serious comorbidities, including impaired renal or hepatic function
8. Unexplained ALT elevations > 3 times ULN
9. >75 years of age
10. All of the above

9- At what dose should simvastatin not be initiated?

A. 10 mg

B. 20 mg

C. 40 mg

D. 80 mg

1. How may adverse effects associated with niacin be minimized?
2. Start at low dose and titrate to a higher dose over a period of weeks
3. Take with food
4. Premedication with ASA
5. All of the above