

Traditional Residents Medication Management Post Test

Thank you for participating in the Connecticut Older Adult Collaborative for Health (COACH) program. By submitting the answers to these questions you imply consent for your participation in the educational study of the impact of training on healthcare providers. There are no risks to your participation and outcomes will be reported in aggregate. No individual identifiers will be reported. Your honest participation is critical to the success of the program and the overall goal of improving healthcare for geriatrics patients (patients over 65 years of age).

1. Net ID:

2. An 80 year-old woman takes ibuprofen for back pain. She is later prescribed omeprazole for heartburn that she developed after initiation of ibuprofen. This is an example of the phenomena called:

- Secondary Effect
- Prescribing Cascade
- De-prescribing
- Hawthorne Effect

3. Mr. Jones is an 85 year-old married male with history of rheumatoid arthritis, atrial fibrillation and congestive heart failure. He is followed by his primary care provider, rheumatologist and cardiologist. He ambulates with a rolling walker. His risk factors for drug-drug interactions include:

- Marital Status
- Rheumatoid Arthritis
- Number of Clinicians
- Functional Status

4. Which of the following statements about sulfonylureas is true?

- Their effects diminish over time
- Glipizide has active metabolites and should be avoided in kidney disease
- They do not increase the risk of hypoglycemic events
- They decrease carbohydrate breakdown

5. A 75 year-old man takes warfarin for atrial fibrillation and wishes to reconsider the risks and benefits of anti coagulation. Which of the following statements is true?

- The CHAD2VASC and HAS BLED scores both estimate stroke risk
- Gait impairment resulting in a fall is a contraindication to warfarin use
- Bleeding events are generally more devastating than strokes
- Poor nutrition may increase the risk of adverse effects from warfarin

6. A 72 year-old woman has been taking omeprazole for years. She denies any heartburn in the past 6 months or any history of GI bleeding. In your conversation with her, what concern related to adverse effects of PPIs might you mention?

- increased risk for c diff diarrhea
- increased risk of esophageal cancer
- increased risk of osteonecrosis
- increased risk of glucose tolerance

7. Micromedex is one resource for healthcare providers to avoid prescribing medications harmful to older patients. An additional resource is:

- Elder Risk Assessment
- BEERs criteria
- Body Mass Index Calculator
- Braden Scale

8. A 70 year-old woman takes temazepam every night for insomnia, but she heard about safety issues surrounding the drug and wants to discontinue it. She states that she has tried sleep hygiene counseling in the past without much success. Anticipating that tapering off temazepam will be difficult for her, what would you recommend as adjunctive therapy during the taper?

- Prescribe lorazepam because it is safer than temazepam
- Advise her to repeat sleep hygiene counseling
- Refer her to a health psychologist for cognitive behavioral therapy
- Prescribe zolpidem because it is safer than temazepam

9. Please rate the following statements on a 5 point scale:

Strongly Disagree Somewhat Disagree Neutral Somewhat Agree Strongly Agree

Most old people are pleasant to be with.

The federal government should reallocate money from Medicare to research AIDS or pediatric diseases.

If I have a choice, I would rather see younger patients than elderly ones.

It is society's responsibility to provide care for its elderly persons.

Medical care for old people uses up too much human and material resources.

As people grow older, they become less organized and more confused.

Elderly patients tend to be more appreciative of the medical care I provide than are younger patients.

Taking a medical history from elderly patients is frequently an ordeal.

I tend to pay more attention and have more sympathy towards my older patients than my younger patients.

Old people in general do not contribute much to society.

Treatment of chronically old patients is hopeless.

Old persons don't contribute their fair share towards paying for their healthcare.

Strongly Disagree Somewhat Disagree Neutral Somewhat Agree Strongly Agree

In general, old people
act too slow for modern
society.

It is interesting listening
to old people's accounts
of their past
experiences.