

## Traditional Residents Medication Management Pre 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. 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

3. 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

4. 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

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. Which of the following is correct about age related changes?

- The total body water increases and fat content decreases with age
- Decreases in lean muscle mass result in decreased creatinine production
- Medications are absorbed at the same rate, but to a lesser extent
- CYP 450 decreases predictably by 5% each year

7. 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

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 difficulty 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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The federal government should reallocate money from Medicare to research AIDS or pediatric diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I have a choice, I would rather see younger patients than elderly ones.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is society's responsibility to provide care for its elderly persons.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical care for old people uses up too much human and material resources.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As people grow older, they become less organized and more confused.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elderly patients tend to be more appreciative of the medical care I provide than are younger patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking a medical history from elderly patients is frequently an ordeal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Strongly Disagree    Somewhat Disagree    Neutral    Somewhat Agree    Strongly Agree

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.

                      

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

                      

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