1. The prevalence of constipation in the general population of the USA is approximately.
   a. <2%
   b. 2–5%
   c. 5–11%
   d. 12–19%

2. Primary chronic constipation is
   a. Mainly a condition of slow GI transit
   b. Generally a result of insufficient dietary fiber
   c. A condition with multifactorial etiology
   d. More common in men than women

3. Which of the following is not thought to be involved in the pathophysiology/etiology of IBS-C?
   a. Mucosal immune dysregulation
   b. Genetic factors
   c. Hypercalcemia
   d. Psychosocial factors

4. What is the relationship between small intestinal bacterial overgrowth and IBS?
   a. All patients with IBS show evidence of SIBO
   b. Results are conflicting but some patients benefit from antibiotic therapy
   c. There is no relationship between IBS and SIBO
   d. SIBO is the cause of post-infectious IBS

5. Which of the following statements is accurate?
   a. Abdominal pain precludes a diagnosis of chronic constipation
   b. Abdominal pain is relieved with defecation in IBS
   c. IBS-C can be distinguished from dyssynergic defecation on the basis of symptomatology
   d. Abdominal pain is not necessary for a diagnosis of IBS

6. Which of the following statements is false?
   a. Patients with chronic constipation often present with symptoms of heartburn or belching
   b. Patients with chronic constipation are more likely to complain about straining or hard stools than infrequency of bowel movements
   c. Rates of anxiety are higher among patients with chronic constipation than controls
   d. Patients with suspected IBS-C should always undergo colonoscopy

7. Routine initial evaluation of a patient with suspected chronic constipation or IBS-C should include
   a. Digital rectal examination
   b. Colonoscopy
   c. Flexible sigmoidoscopy
   d. Celiac testing
8. Which of the following statements is true regarding lubiprostone in chronic constipation?
   a. Lubiprostone has no effect on straining and stool consistency
   b. 80% of patients experience a bowel movement within 48 hours of first dose
   c. The effects of lubiprostone are not sustained in the long-term
   d. Lubiprostone is not effective in patients over the age of 65

9. Linaclotide acetate has shown some efficacy in patients with chronic constipation: What is it?
   a. A 5-HT agonist
   b. A 5-HT antagonist
   c. A guanylate cyclase-C agonist
   d. A stimulant laxative

10. Which of the following statements about tegaserod is false?
    a. Tegaserod has shown efficacy in improving symptoms of IBS
    b. Tegaserod can only be prescribed under a treatment IND
    c. Tegaserod is more effective than PEG-3350 in chronic constipation
    d. Tegaserod is a serotonin receptor antagonist
Management of Constipation: Considerations for clinical practice
Date: January 10, 2008 thru January 10, 2009 - Job Code: JE8005325 (Slide Deck)

Evaluation Form

Scale: 1=Poor 2=Fair 3=Good 4=Excellent

Please rate how effectively you are able to:

Explain the underlying, multi-factorial mechanisms of constipation. 1 2 3 4

Recognize the value of a symptom-led differential diagnosis of chronic constipation and IBS-C and the optimal use of diagnostic testing. 1 2 3 4

Evaluate therapeutic options for patients with constipation. 1 2 3 4

Activity/Topic

The extent to which this activity met your continuing professional development goals 1 2 3 4

The overall quality of the activity 1 2 3 4

The applicability/usefulness of material to your practice 1 2 3 4

Based on your previous knowledge and experience, the level of this activity was:

- Too Basic
- Appropriate
- Too Complex

Do you feel that the activity was objective, balanced and free of commercial bias? Yes No

If no, why? ________________________________________________________________

Based on this activity, might you change your practice management or patient care? Yes No

If yes, explain: _____________________________________________________________

Please list any speakers and/or topics you would like in future activities.

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