



## Slide Resource CME/CE Quiz

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



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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:

	Poor	Fair	Good	Excellent
<b>Explain</b> the underlying, multi-factorial mechanisms of constipation.	1	2	3	4
<b>Recognize</b> 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
<b>Evaluate</b> 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 <input type="checkbox"/> <b>Not in Practice</b>	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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***We welcome your comments:***

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***Would you recommend this program to a colleague?***

- Yes       No

***Indicate your preferred live format for obtaining CME credit:***

- Teleconference     Nat'l Conference     Weekend ½ day     Local Dinner Meeting     Other: \_\_\_\_\_

***Indicate your preferred enduring format for obtaining CME credit:***

- Teleconference     CD-ROM     Internet     Monograph     Other: \_\_\_\_\_



## Certificate Request Form

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PLEASE COMPLETE THIS SECTION LEGIBLY TO RECEIVE YOUR STATEMENT OF CREDIT

Full Name: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Certificate Type (circle one):      ACCME                      ANCC                      OTHER

Total time (hours in .25 increments) you spent in this activity: \_\_\_\_\_

The maximum number of *AMA PRA Category 1 Credit*™ for this activity is **2.0**  
This activity is approved for **2.0** ANCC contact hours.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Would you like to receive information regarding future meetings?                       Yes       No

May we contact you 3 months after this activity to evaluate your change in patient care?                       Yes       No

Please indicate your status:       Hospitalist                       Private Practice                       Researcher                       Other