

# TYPE 2 DIABETES

## Post Graduate Excellence Program

### POSTTEST

Name : .....

City : .....

Email : .....

**Q1.** According to the American Diabetes Association (ADA) current guidelines on diabetes care, impaired fasting glucose is defined as:

- ☐ A. Fasting plasma glucose between 90-110 mg/dL
- ☐ B. Fasting plasma glucose between 105-115 mg/dL
- ☐ C. Fasting plasma glucose between 100-110 mg/dL
- ☐ D. Fasting plasma glucose between 100-125 mg/dL

**Q2.** Which one is a criterion for diagnosing diabetes (as per ADA Clinical Practice Recommendations 2018)?

- ☐ A. HbA1c  $\geq 6.5\%$
- ☐ B. Random plasma glucose  $> 180$  mg/dL
- ☐ C. Fasting plasma glucose  $> 120$  mg/dL
- ☐ D. Two-hour postprandial glucose  $\geq 180$  mg/dL

**Q3.** Which of the following is a recommended treatment protocol as per ADA 2018 recommendations for diabetes management?

- ☐ A. Treatment of type 2 diabetes should preferably be started with metformin monotherapy (unless contraindicated) along with lifestyle changes
- ☐ B. A second antidiabetes drug should be added to metformin after  $\sim 3$  months if an individualized glycemic target cannot be achieved
- ☐ C. Insulin should be considered in patients with a high baseline HbA1c ( $\geq 9\%$ ) who have catabolic symptoms
- ☐ D. All the above statements are correct

**Q4.** Antihypertensive treatment in diabetic patients should usually target a blood pressure of (ADA 2018 recommendations):

- ☐ A.  $< 120/80$  mm Hg
- ☐ B.  $< 130/90$  mm Hg
- ☐ C.  $< 140/80$  mm Hg
- ☐ D.  $< 140/90$  mm Hg

**Q5.** Which of the following statements is not true for SGLT2 inhibitors?

- ☐ A. Effective at different stages of type 2 diabetes
- ☐ B. Tendency to cause weight gain
- ☐ C. Low propensity to cause hypoglycemia
- ☐ D. Synergistic effects with other antidiabetes agents

**Q6.** Which of the following is not a risk factor for microvascular complications of diabetes?

- ☐ A. Poor glycemic control
- ☐ B. Cigarette smoking
- ☐ C. Recent onset of diabetes
- ☐ D. Hypertension

**Q7.** When should treatment for albuminuria be initiated with RAS blockers in diabetes per ADA 2018 recommendations?

- ☐ A. For albuminuria between 30-299 mg/24 hour
- ☐ B. For albuminuria  $\geq 300$  mg/24 hour
- ☐ C. For moderate albuminuria (30-299 mg/24 hour) and clinical grade albuminuria ( $\geq 300$  mg/24 hour)
- ☐ D. None of the above statements

**Q8.** Which of the following is true regarding European Society of Cardiology (ESC) guidelines on management of diabetes, prediabetes and cardiovascular (CV) disease developed in collaboration with the European Association for the Study of Diabetes (EASD)?

- ☐ A. To reduce CV risk in diabetes, a blood pressure target  $< 140/85$  mm Hg should be sought in most patients
- ☐ B. Aspirin should be started as primary prevention in all patients with diabetes, even those with low CV risk
- ☐ C. Aspirin at a dose of 325 mg once a day is recommended as secondary prevention
- ☐ D. All the above statements are true

**Q9.** Which of the following antidiabetes drugs has a favorable effect in lowering CV risk in diabetic patients?

- ☐ A. Rosiglitazone
- ☐ B. Glibenclamide
- ☐ C. Metformin
- ☐ D. None of these

**Q10.** The SAVOR-TIMI 53 trial evaluated the CV impact of which of the following antidiabetes drugs?

- ☐ A. Acarbose
- ☐ B. Saxagliptin
- ☐ C. Voglibose
- ☐ D. Saroglitazar

Signature

Date .....