Disclaimer

These are not validated questions. They have been created to enhance your learning and provide practice in reading and answering multiple choice questions.

Some questions have been created to address specific topic areas.
Sample Exam Questions
Eric is on glimipride 4 mg, janumet 50/850 bid, and dapagliflozin 10 mg to control his blood glucose. He is experiencing hypoglycemia at work.

Which medication would need to be adjusted?

- Glimipride
- Janumet
- Dapagliflozin
- All his medications
Eric’s educator is concerned that he is not on which class of medication given he just turned 45.

✓ Statin
b) ACE
c) ARB
d) ASA
## Assessing for Cardiovascular Risk

### Prescription for Cardiovascular Protection with diabetes

**STEP 1:**

- Is the patient...
  - age >40?
  - age >30, and diabetes >15 years?
  - warranted for statin therapy based on the Canadian Cardiovascular Society Lipid Guidelines?

**STEP 2:** Choose Cardiovascular protection strategy

<table>
<thead>
<tr>
<th>Statin +</th>
<th>ACEI or ARB +</th>
<th>ASA +</th>
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</thead>
<tbody>
<tr>
<td>Atorvastatin (Liptor®)</td>
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<tr>
<td>80 mg (max 80 mg OD)</td>
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</table>

| Pravastatin (Pravachol®) |
| 10 mg (start 10 mg OD) |
| 20 mg |
| 40 mg |
| 80 mg (max 80 mg OD) |

**ACE INH:**

- Perindopril (Aceon®, Coversyl®)
  - 2 mg
  - 4 mg (start 4 mg OD)
  - 8 mg (max 16 mg OD)

**STEP 3:**

- Is the patient...
  - age >55 with additional CV risk factors?
  - microvascular disease?
    - Retinopathy
    - Kidney disease (ACR>2.0)
    - Neuropathy

- Cardiac ischemia (silent or overt)
- Peripheral arterial disease
- Cerebrovascular/carotid disease

**STEP 4:**

- AND the patient has type 2 diabetes and is NOT at glycemic target

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<thead>
<tr>
<th>Statin +</th>
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<tbody>
<tr>
<td>Canagliflozin (Invokana®)</td>
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<tr>
<th>SGLT-2i or GLP-1ra</th>
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<td>Fondaparinux</td>
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<td>10 mg (start 10 mg OD)</td>
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<td>25 mg (max 25 mg OD)</td>
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GLP-1 receptor agonist

- Liraglutide (Victoza®)
  - 0.6 mg (start 0.6 mg OD)
  - 1.2 mg
  - 1.8 mg (max 1.8 mg OD)
# Cardiovascular Protection

## Prescription for Cardiovascular Protection with diabetes

<table>
<thead>
<tr>
<th>STEP 1: Is the patient...</th>
<th>STEP 2: Choose Cardiovascular protection agent(s) from the following list</th>
<th>Dosing</th>
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<tr>
<td>age &gt;40? OR are age &gt;30, and diabetes &gt;15 years? OR warranted for statin therapy based on the Canadian Cardiovascular Society Lipid Guidelines?</td>
<td><strong>Statin</strong></td>
<td><strong>Dosing:</strong> see start and maximum doses listed for each statin</td>
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<td>age &gt;55 with additional CV risk factors?</td>
<td>YES</td>
<td><strong>ACE INHIBITORS</strong></td>
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<td>Does the patient have microvascular disease? - Retinopathy - Kidney disease (ACR&gt;2.0) - Neuropathy</td>
<td>YES</td>
<td><strong>ARB</strong></td>
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<td>Does the patient have cardiovascular disease? - Cardiac ischemia (silent or overt) - Peripheral arterial disease - Cerebrovascular/carotid disease</td>
<td>YES</td>
<td><strong>ASA (if CVD)</strong></td>
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<td>AND the patient has type 2 diabetes and is NOT at glycemic target</td>
<td>YES</td>
<td><strong>SGLT-2 inhibitor</strong></td>
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<th>Statin + ACEI or ARB + ASA</th>
<th>Statin + ACEI or ARB + SGLT-2 or GLP-1ra</th>
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<td><strong>ACE INHIBITORS</strong></td>
<td><strong>ARB</strong></td>
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<tr>
<td>□ Atorvastatin (Lipitor®) 10 mg (start 10 mg OD)</td>
<td>□ Ramipril (Altace®) 1.25 mg</td>
<td>□ Liraglutide (Victoza®) 0.6 mg (start 0.6 mg OD)</td>
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<td>□ 20 mg</td>
<td>□ 2.5 mg (start 2.5 mg OD)</td>
<td>□ 1.2 mg</td>
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<td>□ 40 mg</td>
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<td>□ 10 mg (start 10 mg OD)</td>
<td>□ 25 mg (max 25 mg OD)</td>
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<th>Statin + ACEI or ARB + SGLT-2 or GLP-1ra</th>
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<td><strong>ACE INHIBITORS</strong></td>
<td><strong>ARB</strong></td>
<td><strong>GLP-1 receptor agonist</strong></td>
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<td>□ Perindopril (Acomplia®) 2 mg</td>
<td>□ Telmisartan (Micardis®) 20 mg</td>
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<tr>
<td>□ 4 mg (start 4 mg OD)</td>
<td>□ 40 mg (start 40 mg OD)</td>
<td>□ Canagliflozin (Invokana®) 100 mg (start 100 mg OD)</td>
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<tr>
<td>□ 8 mg (max 16 mg OD)</td>
<td>□ 80 mg (max 80 mg OD)</td>
<td>□ Empagliflozin (Jardiance®) 10 mg (start 10 mg OD)</td>
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**Starting dose:** Start at 0.6 mg s.c. OD, increase by 0.6 mg Q weekly until maximum dose reached. If nausea experienced, reduce dose down by 0.6 mg and use slower titration schedule (Q 2 – 3 weeks between increases). See benefits and precautions on next page.
Mrs. Garcia is travelling from Toronto to Rome to visit family. She will be there one month. She takes NPH 36 units at bedtime and Jentadueto 2.5/1000 (linagliptin/metformin) in the morning. Her flight leaves at 8 pm and she arrives in Rome at 9:30 am. How would you advise her to adjust her insulin?

a) No change
b) Decrease NPH by 1/3
c) Increase NPH by 1/3
d) Skip her bedtime insulin as she is on the plane.

(She will lose 8 hours or 1/3 of the day)
Mrs. Garcia is travelling from Toronto to Rome to visit family. She will be there one month. He takes NPH 36 units at bedtime and Jentaduetto 2.5/1000 (linagliptin/metformin) in the morning. Her flight leaves at 8 pm and she arrives in Rome at 9:30 am. How would you advise her to adjust her insulin?

a) No change
b) Decrease NPH by 1/3
✓
c) Increase NPH by 1/3
d) Skip her bedtime insulin as she is on the plane.
A difference of 3 hours does not require an adjustment of insulin time.
**Sweeteners**

The acceptable daily intake of sucralose is:

a) 40 mg/kg body weight
b) 10% of carbohydrate
c) 60 gram/day
d) 9 mg/kg body weight

✅
How much carbohydrate would be in this meal: 250 ml strawberries, 125 ml milk, 3 arrowroot type cookies?

a) 52 grams
b) 60 grams
c) 45 grams
d) 30 grams

✓ d) 30 grams
What is the dose of folic acid recommended for women with Type 1 & 2 diabetes in the first trimester of pregnancy?

- a) 1 mg
- b) 3 mg
- c) 5 mg
- d) the usual amount in a prenatal vitamin
Fibre

What is the upper limit of fibre recommended for a person with diabetes?

a) There is no limit
b) 30 grams
c) 50 grams

✔ d) 25 grams
Insulin Pumps

In what case would a temporary rate **not** be used?

a) Illness
b) Exercise
c) Menstrual cycle
d) Hypoglycemia
Insulin Pumps

What insulin would be used in an insulin pump?

✓ a) Rapid
b) Regular
c) Basal
A 35 year old woman has had an insulin pump for the last 3 years. Recently her A1c has been elevated. What is the most likely cause?

a) She is counting carbohydrate more accurately since purchasing a scale

b) She changes her site every 5 days

c) She is exercising daily

d) She has less hypoglycemia
Hypoglycemia

Seema is presently on glimipride and metformin. Acarbose has been added as the A1c is still elevated.

What would be the most important information to tell her about this change in medication?

a) Acarbose does not cause hypoglycemia
b) Fruit juice is the best way to treat hypoglycemia
c) Hypoglycemia must be treated with glucose tablets or milk
d) Hypoglycemia is best treated with food e.g. crackers
e) If hypoglycemia occurs the metformin should be reduced.
What vitamin supplements could decrease A1c?

a) Vitamin D

b) Vitamin C & E

✓

c) Vitamin A & E

d) Vitamin B12 & folic acid
**Position Statement**

Use of Glycated Hemoglobin (A1C) in the Diagnosis of Type 2 Diabetes Mellitus in Adults
Ronald M. Goldenberg1 MD FRCPC FACE, Alice Y.Y. Cheng2 MD FRCPC, Zubin Punthakee3 MD FRCPC, Maureen Clement4 MD CCFP

<table>
<thead>
<tr>
<th>Table 1. Factors that can affect A1C (adapted from 11)</th>
<th>Increased A1C</th>
<th>Decreased A1C</th>
<th>Variable change in A1C</th>
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<td>Iron deficiency</td>
<td>Use of erythropoietin, iron or B12</td>
<td>Fetal hemoglobin</td>
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<td>Reticulocytosis</td>
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<td>Genetic determinants</td>
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<td>Glycation</td>
<td>Alcoholism</td>
<td>Ingestion of aspirin, vitamin C or</td>
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<td>Large doses of aspirin</td>
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<td>Chronic opiate use</td>
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</table>
Ravneet is 10 and is newly diagnosed with type 2 diabetes. What is the recommended amount of activity for a child this age?

- **a)** 60 minutes of moderate activity and limit screen time to 2 hours
- **b)** 30 minutes of light activity and limit screen time to 3 hours
- **c)** 60 minutes of light activity and limit screen time to 3 hours
- **d)** 30 minutes of vigorous activity and limit screen time to 2 hours
Diabulmia can be described as:

a) People with diabetes using binging and purging to control weight

✓ b) People with diabetes underdosing or omitting insulin to control weight

c) People with diabetes with depression purposely omitting carbohydrate foods

d) A person with both diabetes, depression and bulimia
Aziz is newly diagnosed with diabetes. He informs you that Ramadan starts in several weeks and according to his religion he needs to fast from sunrise to sunset. Your most appropriate response would be:

a) You cannot fast because you have diabetes
b) Go ahead and fast

✓ c) Discuss with Aziz what is involved in his fasting routine and ways to do this safely.

d) Tell him to discuss his new diagnosis with his religious leader.
Fasting

Aziz is taking 20 units of glargine at bedtime, 500 mg metformin twice daily, gliclazide 30 mg bid, Candesartan 16 mg and rosuvastatin 40 mg. What would you recommend to do with his medications during Ramadan?

a) No changes are required
b) Discontinue the glargine
c) Discontinue the metformin
d) Discontinue or reduce the am dose of gliclazide
Surgery

Which statement is **not** correct?

a) Blood glucose targets for a critically ill patient would be 8.0-10.0 mmol/L

b) Blood glucose target for a critically ill patient would be 5.0-8.0 mmol/L

c) Basal bolus insulin is the best choice to control blood glucose post-operatively

d) Hyperglycemia is associated with increased morbidity and mortality post-operatively
Driving Guidelines

According to the *Diabetes and Driving: 2015 Canadian Diabetes Association Updated Recommendations for Private and Commercial Drivers Driving* Which answer is correct?

a) A commercial drivers should test their blood glucose before driving and every 4 hours

b) A commercial driver should have a medical review of their diabetes every 2 years

c) A driver should wait 45 minutes after an episode of hypoglycemia before resuming driving

☑️ All of the above
Motivational Interviewing

Which would best describe motivational interviewing?

a) Open ended questions, affirmation, reflective listening, summary of the interaction

b) Objectives, assessment, realistic expectations, SMART goals

c) Observation, appropriate eye contact, review of diagnosis, stages of change evaluation

d) Asses what the person knows, determine most pressing concern, determine preferred learning style
Tom has had type 2 diabetes for 1 year. He is presently taking metformin 500 mg tid, empagliflozin 25 mg, vitamin D 1000 mg and candesartan 16 mg. His A1c is 8.7%.

The focus of improving his glycemic control should be

1. Reduce postprandial blood sugars
2. Reduce fasting blood sugar
3. Reducing his weight
4. Maintaining his weight
PPG contributes up to ~70% of glucose load

FPG = fasting plasma glucose; PPG = postprandial glucose

Adapted from Monnier L, et al. Diabetes Care 2003;26:881
A1c reduction

Six months later Tom returns for follow-up. His A1c is now 7.1mmol/L. Tom is 54 and has no problems except his hypertension. He is on synjardy (empagliflozin + metformin), januvia 100 mg, vitamin D and candesartan.

What would a target A1c be for Tom?

1. 7.0
2. 7.0-8.0
3. < 6.5
4. 6.5-7.5

✓  < 6.5
Kelly is travelling in the Caribbean and loses her blood glucose meter. The new meter she purchases give her very different numbers in mg/dl. What would 180 be in mmol/L.

- a) 10 mmol/L
- b) 8 mmol/L
- c) 5 mmol/L
- d) 18 mmol/L
Insulin Adjustment
Insulin Adjustment

Adjust to
1. Get rid of hypoglycemia
2. Fix fasting first
3. Address high sugars
Paul is 45 and has Type 1 diabetes. He works in a physical job doing landscaping.
He takes Toronto 16, NPH 30 in the am; Toronto 10 at dinner; NPH 30 at HS
He doesn’t have benefits.
He has started drinking juice at work to make it to lunch.
<table>
<thead>
<tr>
<th></th>
<th>FBS</th>
<th>pc</th>
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<th>Pc L</th>
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What would you change?
- a) Decrease NPH in the morning
- b) Decrease Toronto in the morning
- c) Increase NPH in the Morning
- d) Increase Toronto at dinner
- e) Decrease NPH at bedtime

Toronto 16, NPH 30 in the am; Toronto 10 at dinner; NPH 30 at HS
What would you change?
- a) Decrease NPH in the morning
- b) Decrease Toronto in the morning
- c) Increase NPH in the Morning
- d) Increase Toronto at dinner
- e) Decrease NPH at bedtime
Paul visits a diabetes educator. His BMI is 22 and A1c is 7.9%.

What recommendation might they give to the prescribing physician?

a) Paul should also be on metformin
b) No change is required

c) Paul could benefit from being on a long acting analogue insulin instead of NPH

d) He should be taking an ACE or ARB
Age 61 and has limited finances
He lives in a boarding house and has cooking facilities
A1c 9.9 %
Metformin 1 gm bid, Glyburide 10 mg bid
His Dr. recommends he start NPH 20 units at bedtime, which he did reluctantly.
Based on the previous blood glucose readings what would the next step would be:
a) Increase the NPH at bedtime
b) Switch the NPH to morning as his evening sugars are higher
c) Add an additional dose of NPH in the morning
d) Switch to a long acting analogue

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<th></th>
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<th>Pc</th>
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20 units of NPH at bedtime
Based on Jeff’s medications, how many times per day should he test his blood glucose according to the CPG?

- a) Once per day
- b) Before each meal
- c) Twice daily
- d) Fasting and altering 2 hr after various meals
What would be the best time for Jeff to test his blood glucose?

a) Bedtime

b) Altering before each meal

✓) Fasting

d) 2 hr after various meals
Suggested SMBG Patterns for People Using Insulin

**Basal Insulin Only** - NPH or long-acting insulin analog, typically given at bedtime. SMBG at least as often as insulin is being given. Optional, less frequent SMBG can be done at other times of day to ensure glycemic stability throughout the day.

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<th>BREAKFAST</th>
<th>LUNCH</th>
<th>SUPPER</th>
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<td>NPH/long (basal)</td>
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</table>
Jeff gets a new job as a truck driver.

According to the driving guidelines for commercial drivers what would be the most important information to share with Jeff?

a) He should test within 30 minutes of starting to drive
b) He should have simple sugar/snacks within reach while driving
c) He should test every 4 hours while on the road

✓) All of the above
Barry’s job involves extensive travel. His A1c is above target at 7.6%. He sporadically misses injections due to the changed time zones, and not knowing when to take his insulin. What would you suggest?

a) Get another job
b) Switch to twice daily basal
✔️ Use degludec with longer duration
d) Use regular insulin instead of rapid
Switching Insulin

What would you tell Barry about the use of degludec?

a) Its duration is 42 hours

b) You can take a missed dose up to 8 hours after you missed the injection

c) It is titrated every 4-5 days

d) It can be left 56 days at room temperature

✔ All of the above
Florence is taking 100 units of glargine at bedtime. She doesn’t like taking two injections and wonders if there is another insulin she could use.

How would you transfer her to toujeo?

✔️ Unit for unit
b) Decrease by 20%
c) Increase by 20%
d) Cut the dose in half as it is more concentrated
Craig has type 1 diabetes. He takes determir 5 units in am and 10 units at bedtime. He currently takes lispro 12/10/13 at meals. Calculate the insulin:carbohydrate ratio.

a) 1: 2
b) 1:1
c) 1:5

✓ 1:10
Favio has seen the diabetes educator and they have determined the insulin:carbohydrate ratio is 1:10. He goes out for lunch and orders a single serving pizza (60 g carbohydrate). How much insulin would he give?

a) 10 units
b) 6 units

correct answer

✓ 6 units
c) 13 units
d) 5 units
Robyn is struggling with her blood sugar control. She decides to work on carbohydrate counting. For lunch she has 1 white pita bread, lettuce, cucumber, ground beef, cheese, 15 ml sour cream, 15 ml salsa, diet coke and 125 ml grapes. She took 8 units of insulin. Presuming her pre/post meal blood sugars were in target, what would her I:C ratio be for this meal.

a) 1:10
b) 1:8
c) 1:4
d) 1:1