TEST QUESTIONS

Circles must be filled in, or test will not be graded. Shade circles like this: O Not like this: X

1. Since 1980, the global prevalence of diabetes has
O a. decreased.
O b. stayed the same.
O c. almost doubled.
O d. almost tripled.

2. Which are associated risk factors for those with diabetes?
O a. smoking, physical activity, and lack of sleep
O b. smoking, obesity, and physical inactivity
O c. high blood pressure, high cholesterol, and high blood glucose
O d. both b. and c

3. Comorbidities clearly associated with diabetes include all but
O a. cardiovascular disease.
O b. osteoarthritis.
O c. kidney disease.
O d. malignancy.

4. Self-monitored blood glucose (SMBG) can be a useful tool for guiding nutritional therapy and physical activity.
O a. True
O b. False

5. There is insufficient evidence for integrating SMBG analysis into diabetes management for patients who are
O a. taking oral agents.
O b. diagnosed as prediabetic.
O c. insulin-treated.
O d. none of the above

6. What factor(s) can alter the concentrations of a fasting glucose level?
O a. noncompliance with an eight-hour fast
O b. glycolysis
O c. acute stress
O d. all of the above

7. HbA1c levels represent the average glucose concentration over the past
O a. 2-4 weeks.
O b. 5-7 weeks.
O c. 8-12 weeks.
O d. 15-20 weeks.

8. Studies by the DCCT and UKPDS have concluded that there is not a link between HbA1c and diabetic complications.
O a. True
O b. False

9. Microvascular complications of diabetes has been reduced by achieving an HbA1c result of
O a. less than one percent.
O b. less than three percent.
O c. less than five percent.
O d. less than seven percent.

10. Which test is recommended annually for identification of kidney failure progression in diabetic patients?
O a. urinalysis
O b. urine albumin-to-creatinine ratio
O c. estimated GFR
O d. serum-to-urine creatinine ratio

11. What range of the ACR indicates kidney disease progression?
O a. 10-30 mg/g
O b. 30-300 mg/g
O c. 300-1000 mg/g
O d. none of the above

12. If CKD is detected early and managed well, the deterioration in kidney function can be slowed.
O a. True
O b. False

13. Which program establishes strict guidelines and protocols for standardizing HbA1c POC testing in physician offices?
O a. UKPDS
O b. DCCT
O c. ADA
O d. NGSNP

14. POC testing in physician office labs is associated with improvement in which area(s)?
O a. clinical cost-reduction
O b. patient economic benefits
O c. HbA1c result
O d. all of the above

15. Implementation of which test(s) resulted in high levels of patient satisfaction with onsite POCT?
O a. HbA1c only
O b. HbA1c and lipid panel
O c. HbA1c, lipid panel, and comprehensive metabolic panel
O d. lipid panel and comprehensive metabolic panel

16. The only perceived obstacle to implementing a POC program is the oversight guidance for accreditation purposes.
O a. True
O b. False

17. What is/are the biggest challenge(s) to POC devices that are operated under the central laboratory license?
O a. maintaining control of the devices
O b. overseeing regulatory compliance
O c. keeping up-to-date training records on hundreds of employees
O d. all of the above

18. What advancement has helped the management of accreditation requirements of POC testing within a healthcare organization?
O a. open-access data management system
O b. closed-access data management system
O c. LIS with increased software licensing programs
O d. none of the above

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