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ACCREDITATION INFORMATION:

ACME: The Medical Letter is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The Medical Letter designates this enduring material for a maximum of 2 AMA PRA Category 1 Credits ™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. This CME activity was planned and produced in accordance with the ACCME Essentials and Policies.

ABIM MOC: Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 2 MOC points in the American Board of Internal Medicine’s (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider’s responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit. Your participation information will be shared with ABIM through PARs.

AACP: This Enduring Material activity, The Medical Letter Continuing Medical Education Program, has been reviewed and is acceptable for credit by the American Academy of Clinical Pharmacy. Terms of approval are until 01/01/2019. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Participants who successfully complete this activity can claim 2 Prescribed credits.

AANP: This program has been reviewed and is approved for a maximum of 52.00 AANA Category 1 CME credits by the AANA Review Panel. Approval is valid for one year from the issue date of 01/01/2019. Participants may submit the post-test at any time during that period. Each issue is approved for 2 AANA Category 1 CME credits. This program was planned in accordance with AANA CME Standards for Enduring Material Programs and for Commercial Support of Enduring Material Programs.

ACPE: The Medical Letter is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This exam is acceptable for 2.0 hour(s) of knowledge-based continuing education credit (0.2 CEU).

AOA: This activity, being ACME (AMA) accredited, is acceptable for Category 2-B credit by the American Osteopathic Association (AOA).

The American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners (AANP) accept AMA PRA Category 1 Credit ™ from organizations accredited by the ACCME.

Physicians in Canada: Members of The College of Family Physicians of Canada are eligible to receive Mainpro-M1 credits (equivalent to AAFP Prescribed credits) as per our reciprocal agreement with The American Academy of Family Physicians.

PRINCIPAL FACULTY FOR THIS ACTIVITY

Mark Abramowicz, M.D., President – The Medical Letter; no disclosure or potential conflict of interest to report.
Jean-Marie Pfommm, Pharm.D., Editor in Chief – The Medical Letter; no disclosure or potential conflict of interest to report.
Brinda M. Shah, Pharm.D., Consulting Editor – The Medical Letter; no disclosure or potential conflict of interest to report.
P. Peter Swanson, M.D., Consulting Editor – The Medical Letter; no disclosure or potential conflict of interest to report.

In addition to the Principal Faculty above, the following have also contributed to this activity:

Sandip Mukherjee, M.D., F.A.C.C., Contributing Editor - The Medical Letter; has disclosed that he is on the Speaker’s Bureau for Pfizer, Bristol-Myers Squibb, Amgen.

MISSION:

The mission of The Medical Letter’s Continuing Medical Education Program is to support the professional development of healthcare providers including physicians, nurse practitioners, pharmacists, and physician assistants by providing independent, unbiased drug information and prescribing recommendations that are free of industry influence. The program content includes current information and unbiased reviews of FDA-approved and off-label uses of drugs, their mechanisms of action, clinical trials, dosage and administration, adverse effects, and drug interactions. The Medical Letter delivers educational content in the form of self-study material.

The expected outcome of the CME program is to increase the participant’s ability to know, or apply knowledge into practice after assimilating, information presented in materials contained in The Medical Letter.

The Medical Letter will strive to continually improve the CME program through periodic assessment of the program and activities. The Medical Letter aims to be a leader in supporting the professional development of healthcare providers through Core Competencies by providing continuing medical education that is unbiased and free of industry influence. The Medical Letter does not sell advertising or receive any commercial support.

GOAL:

Through this program, The Medical Letter expects to provide the healthcare community with unbiased, reliable, and timely educational content that they will use to make independent and informed therapeutic choices in their practice.

LEARNING OBJECTIVES:

Activity participants will read and assimilate unbiased reviews of FDA-approved and off-label uses of drugs and other treatment modalities. Activity participants will be able to select and prescribe, or consider the appropriateness of the prescribed usage of, the drugs and other therapeutic modalities discussed in The Medical Letter with specific attention to clinical trials, pathophysiology, dosage and administration, drug metabolism and interactions, and patient management. Activity participants will make independent and informed therapeutic choices in their practice.

Upon completion of this activity, the participant will be able to:

1. Explain the current approach to the management of a patient with atrial fibrillation including anticoagulation, rate control, and rhythm control strategies.
2. Discuss the pharmacologic agents available for prevention of thromboembolism in patients with atrial fibrillation and compare them based on their efficacy, dosage and administration, drug interactions, and potential adverse effects.
3. Discuss the pharmacologic agents available for rate and rhythm control in patients with atrial fibrillation and compare them based on their efficacy, dosage and administration, drug interactions, and potential adverse effects.
4. Determine the most appropriate therapy given the clinical presentation of an individual patient with atrial fibrillation.

Privacy and Confidentiality: The Medical Letter guarantees our firm commitment to your privacy. We do not sell any of your information. Secure server software (SSL) is used for commerce transactions through VeriSign, Inc. No credit card information is stored.

IT Requirements: Windows 7/8.10, Mac OS X; current versions of Microsoft IE/Edge, Mozilla Firefox, Google Chrome, Safari, or any other compatible web browser. High-speed connection.

Have any questions? Call us at 800-211-2769 or 914-235-0500 or e-mail us at: custserv@medicalletter.org

Questions on next page
Drugs for Atrial Fibrillation

1. The decision to use an oral anticoagulant in patients with atrial fibrillation who do not have moderate-to-severe mitral stenosis or a mechanical valve is based on:
   a. hepatic function
   b. the CHA2DS2-VASc score
   c. creatinine clearance
   d. activated partial thromboplastin time

2. Warfarin is recommended for patients with atrial fibrillation associated with:
   a. left ventricular dysfunction
   b. a bioprosthetic valve
   c. a mechanical valve
   d. a prior myocardial infarction

3. In patients taking warfarin, maintaining the INR within the desired range is made difficult by:
   a. the small number of labs that can measure it
   b. diurnal variation
   c. numerous drug and food interactions
   d. the high cost of the drug

4. A 62-year-old man with atrial fibrillation without moderate-to-severe mitral stenosis or a mechanical valve and a prior transient ischemic attack has moderate hepatic impairment (Child-Pugh B) and a creatinine clearance of 100 mL/min. Which of the following non-vitamin K oral anticoagulants (NOACs) would be appropriate in this patient?
   a. rivaroxaban
   b. edoxaban
   c. apixaban
   d. warfarin is preferred over a NOAC in this patient

5. The only NOAC that has been shown to be superior to warfarin in reducing the risk of ischemic stroke is:
   a. dabigatran
   b. rivaroxaban
   c. apixaban
   d. edoxaban

6. Andexanet alfa (Andexxa) is FDA-approved to reverse the effect of:
   a. dabigatran
   b. rivaroxaban
   c. edoxaban
   d. all of the above

7. In the ARISTOTLE trial, compared to patients taking warfarin, those taking apixaban had significantly lower rates of:
   a. mortality
   b. major bleeding
   c. stroke or systemic embolism
   d. all of the above

8. Which of the following drugs would be the most appropriate choice for rate control in a 71-year-old woman with atrial fibrillation and asthma?
   a. a beta blocker
   b. a nondihydropyridine calcium channel blocker
   c. a dihydropyridine calcium channel blocker
   d. amiodarone

9. The treatment of choice for urgent conversion of symptomatic unstable atrial fibrillation is:
   a. IV magnesium sulfate
   b. IV amiodarone
   c. IV digoxin
   d. DC cardioversion

10. The most effective antiarrhythmic drug for maintenance of sinus rhythm is:
    a. amiodarone
    b. dronedarone
    c. propafenone
    d. sotalol

ACPE UPN: Per Issue Activity 0379-0000-19-580-H01-P; Release: September 9, 2019, Expire: September 9, 2020
Comprehensive Activity 81: 0379-0000-20-081-H01-P; Release: January 2020, Expire: January 2021