

**2008 SUPPLEMENT, Clinical and Experimental Rheumatology:  
“MORTALITY IN RHEUMATIC DISEASES”**

To receive up to 9.0 CME credits for this activity, complete the evaluation, attestation and post-test (minimum passing grade of 70%) and return both pages to:

NYU Post-Graduate Medical School  
550 First Avenue, SLH 4-20-O  
New York, NY 10016

**The submission deadline is December 14, 2009.**

*Please print clearly*

Name \_\_\_\_\_ Degree \_\_\_\_\_

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Attestation:

**I certify that I have completed this continuing medical education activity. The actual time I spent on this activity was \_\_\_\_\_ hours (maximum of 9.0 hours).**

Signature \_\_\_\_\_ Date of completion \_\_\_\_\_

**Program Evaluation**

1. Were your educational needs met by this activity?

☐ Yes ☐ No

2. Were the educational objectives of this activity met?

☐ Yes ☐ Partially ☐ No

3. What was the overall instructional quality of this activity?

☐ Excellent ☐ Good ☐ Fair ☐ Poor

4. As a result of this activity, will you alter your patient care practice?

☐ Yes ☐ No

If yes, please describe changes you plan to make:

\_\_\_\_\_

\_\_\_\_\_

5. Do you believe this activity was fair, balanced and free of commercial bias?

☐ Yes ☐ No

If no, please state reason: \_\_\_\_\_

# CME Multiple Choice Questions

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## Post-Test Questions

Please circle the correct answer to the following questions.

1. In patients in the 1970s, mortality rates greater than 80% within 2 years were reported for:
  - a) Stage IV Hodgkin's disease
  - b) Systemic sclerosis with renal involvement
  - c) Polymyositis with pneumonitis
  - d) Systemic lupus erythematosus with pulmonary involvement
  - e) All of the above
2. All of the following are risk factors for cardiovascular disease in systemic lupus erythematosus (SLE) except:
  - a) Homocysteine
  - b) Renal disease
  - c) F<sub>2</sub>-isoprostanes
  - d) Tumor necrosis factor alpha (TNF $\alpha$ )
  - e) Glucocorticoids
3. Poor physical functional status is prognostic of premature mortality in which of the following diseases?
  - a) Renal disease
  - b) Cancer
  - c) Rheumatic diseases
  - d) Cardiovascular disease
  - e) All of the above
4. Vital signs for chronic disease, such as physical function, global status and exercise status, are informative in patients with:
  - a) Rheumatoid arthritis
  - b) Systemic sclerosis
  - c) Osteoarthritis
  - d) Fibromyalgia
  - e) All of the above
5. Lower socioeconomic status is associated with higher prevalence of all of the following diseases except:
  - a) Rheumatoid arthritis
  - b) Myocardial infarction
  - c) Diabetes
  - d) Multiple sclerosis
  - e) Renal disease
6. All of the following statements concerning mortality in rheumatoid arthritis (RA) are true except:
  - a) Standard mortality ratios have remained similar over 60 years.
  - b) Standard mortality ratios are lower in inception cohorts than in non-inception cohorts.
  - c) The cause of death that differs most between patients with RA and the general population is infection.
  - d) Radiographic scores and erythrocyte sedimentation rates (ESR) are significant predictors of mortality in more than 90% of reports in which they are included.
  - e) Functional status and comorbidities are significant predictors of mortality in more than 90% of reports in which they are included.
7. The following statements are true concerning mortality in psoriatic arthritis, except:
  - a) Mortality rates appear to be lower at this time than in the 1970s and 1980s.
  - b) Patients with mild psoriatic arthritis have higher rates of mortality than the general population.
  - c) Elevated ESR is prognostic of mortality in patients with psoriatic arthritis.
  - d) Radiographic damage is prognostic of mortality in patients with psoriatic arthritis.

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8. Which of the following finding predicts lymphoma development in a patient with primary Sjögren's syndrome?
- a) Anti-Ro and anti-La antibodies
  - b) Interstitial kidney disease
  - c) Low C4 serum levels
  - d) Raynaud's phenomenon
  - e) Interstitial cystitis
9. The major cause of death in patients with SLE is:
- a) Opportunistic infections
  - b) Renal failure
  - c) Cardiovascular disease
  - d) Antiphospholipid syndrome
10. Which one of the following statements is NOT true regarding mortality among patients with ankylosing spondylitis (AS)?
- a) Deaths from cancer are increased compared to the general population in patients with AS who have not undergone radiation therapy.
  - b) Deaths related to accidents and violence are increased in patients with AS compared to the general population.
  - c) High age is a significant risk factor for mortality.
  - d) High erythrocyte sedimentation rate (ESR) is a significant risk factor for mortality.
  - e) High number of inflamed joints at baseline is a significant risk factor for mortality.
11. Potential biases that may affect standardized mortality rates in studies conducted in patients with systemic sclerosis (SSc) include all except which of the following?
- a) Better management with better outcomes for patients managed in referral centers
  - b) Selective recruitment of more severe cases in referral centers
  - c) Enrollment of patients who were followed from the first time the disease was diagnosed or within 6 months at most of diagnosis
  - d) Improved sensitization of the general healthcare referring system with referral of earlier diagnosed cases
  - e) Losses to follow-up of patients with worse outcomes (including unrecorded deaths)
12. In patient with systemic vasculitis, which one of the following factors is NOT associated with an increased risk of mortality?
- a) Presence of ear, nose and throat involvement in patient with Wegener's granulomatosis
  - b) Older age at onset in microscopic polyangiitis
  - c) High levels of PR3-ANCA in Wegener's granulomatosis
  - d) Presence of lung involvement at diagnosis
13. Which of the following includes factors associated with increased mortality in mixed cryoglobulinemia?
- a) Hepatitis C virus (HCV) infection, rheumatoid factor (RF) positivity, complement consumption
  - b) Sicca syndrome, female sex, central nervous system involvement
  - c) Age, renal involvement, intestinal vasculitis, widespread vasculitis and type of cryoglobulins
14. Which of the following is the most important predictor of mortality in polymyositis patients?
- a) Diagnosis of dermatomyositis
  - b) Female sex
  - c) Interstitial lung disease
  - d) Age at onset
15. All of the following statements are true, except:
- a) People with hyperuricemia have increased levels of cardiovascular disease.
  - b) Hyperuricemia is associated with insulin resistance and obesity.
  - c) Increased mortality rates have been reported in all series of patients with gout.
  - d) Clinical gout is associated with increased cardiovascular disease.
  - e) Urate levels were not independently associated with the risk of cardiovascular disease in the Framingham study.

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- 16.** All of the following have been posited as explanations for the increased mortality in persons with symptomatic radiographic OA except for:
- a)* The presence of comorbid chronic conditions, including obesity, hypertension and type II diabetes mellitus
  - b)* Systemic inflammation
  - c)* Gastrointestinal and cardiovascular thrombotic side effects of nonsteroidal antiinflammatory drugs
  - d)* Reduced physical activity secondary to pain leading to increased risk for cardiovascular events
- 17.** In the evaluation of risk factors for premature mortality due to hip fractures, which of the following is not a confounding factor?
- a)* Ambulatory status
  - b)* Mental function
  - c)* Medical comorbidities
  - d)* Post-operative infections
  - e)* Age
- 18.** Which of the below relates best to mortality in Behçet's syndrome?
- a)* Intercurrent infections are the main cause of mortality.
  - b)* A longer disease duration is associated with increased mortality.
  - c)* Gastrointestinal disease is the main cause of increased mortality.
  - d)* Increased atherosclerosis is an important disease feature.
  - e)* Mortality in Behçet's syndrome is appreciably increased only among the males.

**Answer Sheet**  
**Mortality in Rheumatic Diseases**

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