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Continuing Medical Education

CME QUESTIONS VOL. 8, NO. 2

This section provides a review. Mark each statement (circle the correct answer) according to the factual material contained in this issue and the opinions of the authors. A score of 70% is required to qualify for CME credit.

Fish Oil in Primary and Secondary Cardiovascular Prevention (pp. 49-60)

1. Fish oils have all of the following potential benefits except:
 - a. Reducing the risk of atrial fibrillation.
 - b. Reducing the risk of paroxysmal atrial tachycardia.
 - c. Anti-platelet effects.
 - d. Anti-inflammatory effects.
2. A low dose of fish oil [800-1,000 mg of eicosapentaenoic acid (EPA)/ docosahexaenoic acid (DHA)]:
 - a. May reduce the risk of coronary heart disease (CHD) events.
 - b. Has a potent 30-50% effect to reduce triglycerides.
 - c. May reduce the risk of sudden cardiac death.
 - d. All of the above.
 - e. Both A and C are correct.
3. The American Heart Association (AHA) recommends the following for primary and secondary prevention of CHD:
 - a. 2 fatty fish meals per week for primary prevention and 3 g of EPA/DHA per day for secondary prevention of CHD.
 - b. 2 fatty fish meals per week for primary prevention and 3 g of only EPA per day for secondary prevention of CHD.
 - c. 2 fatty fish meals per week for primary prevention and 1 g of EPA/DHA per day for secondary prevention of CHD.
 - d. None of the above.
 - e. Both A and B are correct.
4. Fish that tend to have high concentrations of omega-3 fatty acids include
 - a. Tuna, sardines, salmon, mackerel, herring.
 - b. Cod, clams, catfish.
 - c. Tuna, haddock, shrimp.
 - d. Sardines, haddock, cod, catfish.
5. All of the following are correct regarding fish and fish oils except:
 - a. All fish and fish oils are absolutely contraindicated in pregnant and nursing women.
 - b. Only fish with high mercury levels—including mackerel, swordfish, shark, and tile fish—are contraindicated in pregnant and nursing women.
 - c. Most routinely consumed omega-3-rich fish and seafood—including shrimp, trout, sardines, salmon, oysters, and herring—can be safely eaten by pregnant and nursing women.
 - d. Fish oils can be safely consumed by pregnant women, women anticipating pregnancy, and nursing women.
 - e. All of the above are true.

6. Which of the following statements are true?
 - a. High doses of EPA/DHA (3-4 g/d) are needed for significant decreases in triglycerides.
 - b. Low doses of EPA/DHA (800-1,000 mg/d) can lead to significant benefits in CHD event and sudden cardiac death reduction.
 - c. The AHA-recommended doses (1-4 g/d of EPA/DHA) can be safely used without any risk of bleeding complications.
 - d. Fish oils may have potential benefits in patients with rheumatoid arthritis, Crohn's disease, and ulcerative colitis and may improve cognitive performance in infants and the elderly.
 - e. All of the above are true.

Why Nutrition Matters in Healthcare Outcomes (pp. 61-64)

1. To avoid unwanted weight loss while improving the lipid profile, the intake of calories from fat can be replaced with:
 - a. Trans-fatty acids.
 - b. Complex carbohydrates.
 - c. High-protein foods.
2. The International Classification of Diseases code for metabolic syndrome can be used if the patient has three of the five specific criteria. (*True or False*)
3. Strong evidence for the prevention and treatment of hypertension includes: (*Select all that apply*):
 - a. Maintaining a body mass index between 24.9-29.9 kg/m².
 - b. Taking 3,500 mg of potassium per day.
 - c. Including Vitamin D supplementation of 600 International Units per day.
 - d. Increasing calcium intake to >1,200 mg per day.

The maximum number of credit hours awarded for this activity is 5 hours.