



## CME POST-TEST

All post-tests must be completed and submitted online.

EXPIRATION DATE: JULY 2023

Earn Category I CME Credit by reading both CME articles in this issue, reviewing the post-test, then taking the online test at <http://cme.aapa.org>. Successful completion is defined as a cumulative score of at least 70% correct. This material has been reviewed and is approved for 1 hour of clinical Category I (Preapproved) CME credit by the AAPA.

### DIABETES IN CHILDREN

- Which statement is correct about diabetes in children?
  - The prevalence of type 2 diabetes in children has increased in the United States but not worldwide.
  - Only 10% of childhood diabetes cases are type 2.
  - Most children with type 2 diabetes are boys.
  - The prevalence of type 2 diabetes in children has risen 4.8% over the past decade.
- The ADA risk factors for the development of childhood diabetes include
  - a family history of type 2 diabetes only in first-degree relatives.
  - maternal history of diabetes or gestational diabetes during the child's gestation.
  - a family history of hypertension.
  - maternal history of perinatal substance abuse.
- Which of the following is a dermatologic finding on physical examination that should raise suspicion of childhood diabetes?
  - tinea versicolor
  - candidiasis
  - pityriasis rosea
  - acanthosis nigricans
- Which three drugs are available for managing type 2 diabetes in children?
  - metformin, insulin, and liraglutide
  - metformin, insulin, and dulaglutide
  - metformin, insulin, and empagliflozin
  - metformin, insulin, and glipizide
- What is the recommended treatment for children diagnosed with type 2 diabetes?
  - Patients who are asymptomatic, are older than age 10 years, and have an initial A1C of less than 8.5% should be advised to lose weight and be evaluated again in 6 months.
  - Patients who are asymptomatic, are older than age 10 years, and have an initial A1C of less than 8.5% should be started on metformin monotherapy.
  - Patients who are symptomatic, have an initial A1C of 8.5% or greater, or have a random venous or plasma blood glucose greater than 250 mg/dL should be started on metformin monotherapy.
  - Patients who are symptomatic and have an initial A1C of 10.5% or greater, or have a random venous or plasma blood glucose greater than 350 mg/dL should be started on insulin and metformin.

### DIVERTICULITIS

- Which finding helps clinicians distinguish between complicated and uncomplicated acute diverticulitis?
  - left lower quadrant abdominal pain
  - fever
  - presence of an abscess
  - diarrhea
- What percentage of patients over age 60 years is estimated to have diverticular disease?
  - 40%
  - 50%
  - 60%
  - 70%
- What percentage of cases of acute diverticulitis are uncomplicated?
  - 55%
  - 65%
  - 75%
  - 85%
- Which laboratory test should be ordered to rule out a colovesical fistula?
  - urinalysis
  - CBC count
  - metabolic panel
  - stool studies
- Which laboratory test may help distinguish uncomplicated from complicated acute diverticulitis?
  - CBC count
  - CRP
  - metabolic panel
  - serum amylase