

PTH AND MINERAL DISORDERS IN PATIENTS WITH CKD: A PRACTICAL CASE-BASED APPROACH FOR RENAL DIETITIANS

CPE ATTESTATION/EVALUATION

In order to obtain 1.5 CPEU, participants are required to:

1. Read the learning objectives and review the activity.
2. Complete this Attestation/Evaluation/CPE Posttest
3. Fax or mail these forms to:

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May we contact you in the future with a brief survey to assess how you have used the information presented in the activity to assess other educational needs?

Yes No

Degree(s)/Specialty: RD RD, CSR NP PA MD
 Other _____

Number of years in practice: < 5 6–10 11–15 16–20
 21–25 > 25 Retired

Indicate the number of CPEU you are claiming _____ (May not exceed 1.5 CPEU)

Signature: _____ Date: _____

I certify that I have completed this CPE activity as designated.

MET LEARNING OBJECTIVES:

4 = strongly agree 3 = agree 2 = disagree 1 = strongly disagree

Upon completion of this activity, I will be able to:

Describe the physiology of PTH and mineral metabolism in patients with CKD

4 3 2 1

Discuss the available therapies for the disorders of PTH and mineral metabolism in patients with CKD

4 3 2 1

Apply this information to clinical management of patients with CKD

4 3 2 1

ENDURING MATERIAL:

4 = strongly agree 3 = agree 2 = disagree 1 = strongly disagree

The information discussed was:

- Presented in a clear and understandable manner
 4 3 2 1
- Provided clinically relevant information
 4 3 2 1
- Able to provide me with an increased understanding/awareness of the subject material
 4 3 2 1

CONTENT:

Please rate the overall content presented in this activity:

Too basic Appropriate Too complex

BIAS:

Was this activity fair, balanced, objective, and free from commercial bias?

Yes No

CPE POSTTEST

- 1. Plasma calcium levels are regulated by hormone action in which organs?**
 - a) Bone
 - b) Liver
 - c) Intestine
 - d) Kidney
 - e) a, c, and d
 - f) All of the above
- 2. Which of the following is observed first when kidney function deteriorates?**
 - a) Plasma PTH elevation
 - b) Plasma 1, 25-OH vitamin D₃ decrease
 - c) Plasma calcium decrease
 - d) Plasma phosphorous increase
 - e) PTH and calcitriol changes are evident before Ca²⁺ and P changes
- 3. According to the KDOQI[™] guidelines for patients with stage 5 CKD, the target range for serum iPTH is:**
 - a) As low as possible
 - b) < 55 mg/dL
 - c) 150–300 pg/mL
 - d) 3.5–5.5 mg/dL
- 4. Which of the following is associated with vascular calcification?**
 - a) Elevated risk of stroke and MI
 - b) Mineral dysregulation
 - c) Increased mortality
 - d) a and c only
 - e) a, b, and c
- 5. Active vitamin D analogues may be used**
 - a) For all patients with stage 5 CKD
 - b) As prophylaxis for vascular calcification
 - c) In patients with hyperphosphatemia
 - d) When Ca and P are controlled but PTH is elevated
 - e) To control secretion of PTH

6. Which is an advantage of sevelamer over calcium-based phosphate binders?

- a) Lower mortality
- b) Lower cost
- c) Higher tolerability
- d) Greater reduction of serum phosphorus

7. In a large clinical trial, patients treated with cinacalcet had mean PTH levels that were:

- a) Transiently reduced
- b) Strongly dependent on the frequency of dialysis
- c) Reduced by 15% ($P < 0.005$)
- d) Reduced by approximately 50%
- e) Reduced by approximately 80%