

WELCOME TO THE 2024

# CaMDucky Derby!

*THE FASTEST PART OF THE DAY!*



## THE RULES

- Register using the web address or QR code and enter a screen name
- You will have 20 seconds for each question and you can change your answer until the time runs out
- Prizes and bragging rights for top performers as it shows a dedication to continuing education!

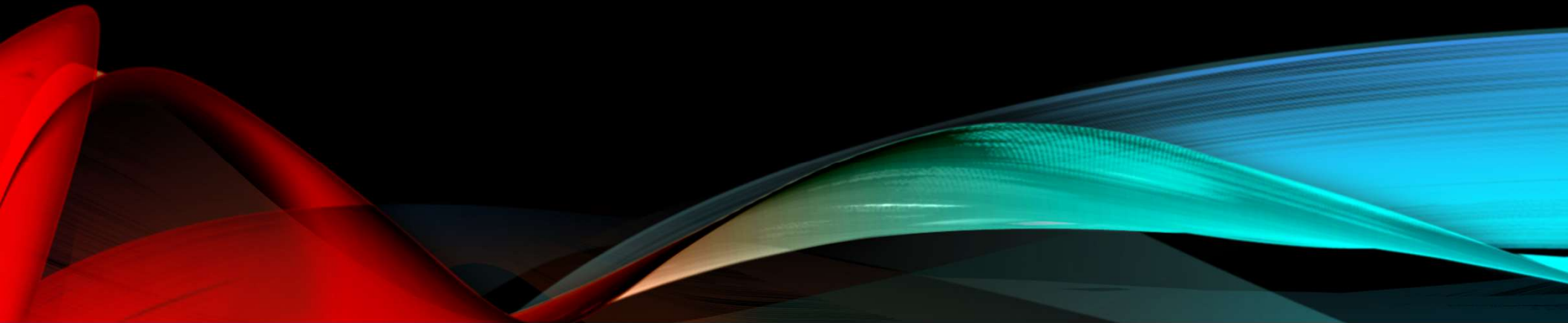
When poll is active respond at [PollEv.com/travisneill338](https://PollEv.com/travisneill338)



## CaMDucky Derby!

Win up to 1,000 points per answer

***HERE WE GO!!!***





## QUESTION 1

**The American Dental Association recommends antibiotic prophylaxis for:**

- A. Patients with Prosthetic Cardiac Valves
- B. Tooth extractions
- C. Patients with Prosthetic Joints
- D. Patients with Cardiac Stents
- E. All of the Above

## A. PATIENTS WITH PROSTHETIC CARDIAC VALVES

- 1) <https://www.ada.org/en/member-center/oral-health-topics/antibiotic-prophylaxis>
- 2) *Antibiotic Stewardship for Dental Procedures and Infections (Handout from CMDA presentation)*
- 3) *Dental care in the nursing home. CMDA presentation by M Musolf, DDS 2024*

## QUESTION 2

All of the following are treatable forms of hyperthyroidism that respond to treatment with Methimazole except:

- A. Graves' Disease
- B. Toxic Multinodular Goiter
- C. Solitary Hyperactive Nodule
- D. Amiodarone induced hyperthyroidism

## D. AMIODARONE INDUCED HYPERTHYROIDISM

*Reference*

An abstract graphic at the bottom of the slide features flowing, ribbon-like shapes in vibrant red and cyan colors against a dark background. The shapes appear to be moving or flowing from left to right, creating a sense of dynamic energy.

## QUESTION 3

**Exposure to which agents was reported in 2019 to be associated with an increased risk of dementia?**

- A. Antihypertensives, esp centrally-acting and calcium channel blockers
- B. Antipsychotics
- C. Proton Pump Inhibitors
- D. Anticholinergic Drugs



# D. ANTICHOLINERGIC DRUGS

- 1) *JAMA Intern Med.* 2019;179(8):1084-1093. doi:10.1001/jamainternmed.2019.0677. Published online June 24, 2019
- 2) *Post hoc Analysis of a Randomized Controlled Trial for the effect of pharmacist deprescribing intervention on anticholinergic burden in frail community-dwelling older adults.* <https://doi.org/10.1016/j.jamda.2023.05.014>. 1525-8610/ 2023 The Authors. Published by Elsevier
- 3) *Magellan anticholinergic risk scale*
- 4) Rudolph JL, Salow MJ, Angelini MC et al. The anticholinergic risk scale and anticholinergic adverse effects in older persons. *Arch Intern Med.* 2008;168(5):508-13.
- 5) Indianapolis Discovery Network for Dementia. Anticholinergic cognitive burden list. [www.indydiscoverynetwork.org/anticholinergiccognitiveburdenscale.html](http://www.indydiscoverynetwork.org/anticholinergiccognitiveburdenscale.html) (accessed 2013 Oct 3)
- 6) Kansas Foundation for Medical Care, Inc. Anticholinergic Risk Scale for Commonly Prescribed Medications. <http://www.kfmc.org/qio/images/docs/Providers/ADE/Anticholinergic%20Risk%20Scale%20Table.pdf> (accessed 2013 Oct 3)
- 7) Micromedex 2.0. [http://0-www.micromedexsolutions.com.millennium.midwestern.edu/micromedex2/librarian/ND\\_T/evidencexpert/ND\\_PR/evidencexpert/CS/5C31C9/ND\\_AppProduct/evidencexpert/DUPLICATIONSHIELDSYNC/B806D1/ND\\_PG/evidencexpert/ND\\_B/evidencexpert/ND\\_P/evidencexpert/PFActionId/pf.HomePage](http://0-www.micromedexsolutions.com.millennium.midwestern.edu/micromedex2/librarian/ND_T/evidencexpert/ND_PR/evidencexpert/CS/5C31C9/ND_AppProduct/evidencexpert/DUPLICATIONSHIELDSYNC/B806D1/ND_PG/evidencexpert/ND_B/evidencexpert/ND_P/evidencexpert/PFActionId/pf.HomePage) (accessed 2013 Oct 14)
- 8) Facts & Comparisons eAnswers. <http://0-online.factsandcomparisons.com.millennium.midwestern.edu/index.aspx> (accessed 2013 Oct 14)
- 9) Lexicomp Online. <http://0-online.lexi.com.millennium.midwestern.edu/lco/action/home> (accessed 2013 Oct 14).

## QUESTION 4

**Which of these is not 1 of the 4 major ethical principles in Long Term Care?**

- A. Autonomy
- B. Beneficence
- C. Egalitarianism
- D. Non-maleficence

## C.Egalitarianism

1. *Code of Medical Ethics | Ethical Guidance for Physicians | AMA (ama-assn.org)*
2. *Ethics in LTC Presentation; L Anneberg, MD; 8/3/23*

## QUESTION 5

**According to evidenced based recommendations from the 2023 AGS BEERS Criteria, which of the following would be the most appropriate anticoagulant as initial therapy for treatment of nonvalvular atrial fibrillation in older adults:**

- A. Warfarin
- B. Rivaroxaban
- C. Dabigatran
- D. Apixaban

# D. APIXABAN

*AGS Beers Criteria; <https://americangeriatrics.org>*



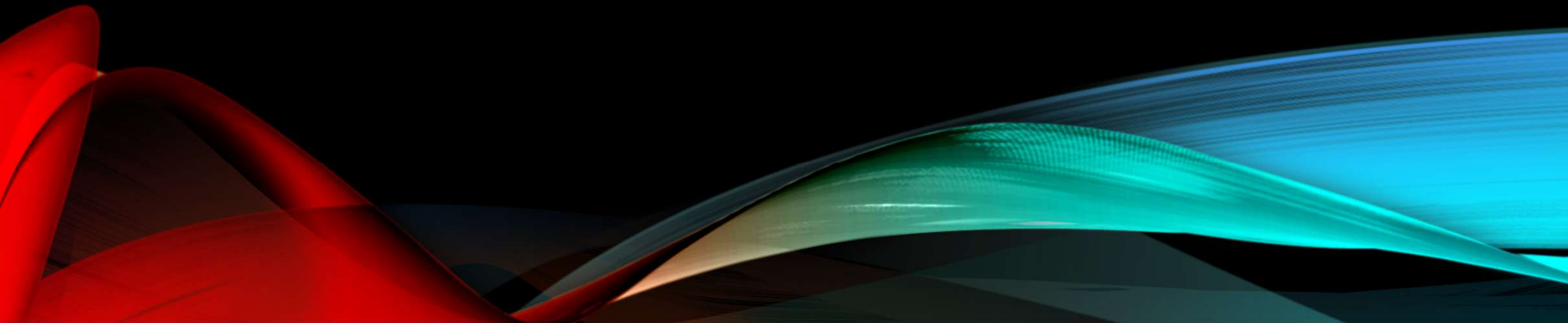
## QUESTION 6

**In 2022, JAMA reported an association between seizure drug use and increased incidence of...**

- A. Early Onset Dementia
- B. Cardiac Arrhythmias
- C. Type 2 Diabetes
- D. Parkinson Disease

# D. PARKINSON DISEASE

*JAMA Neurol. Doi:10.1001/jamaneurol.2022.4699; Published online December 27, 2022*



## QUESTION 7

**Among patients at high cardiovascular risk on a statin, the addition of Omega-3 fatty acids...**

- A. Primarily lowered triglycerides and elevated HDL, leading to a small but significant decrease in cardiovascular mortality over the ensuing 10 years
- B. Resulted in no significant difference in a composite outcome of major adverse cardiovascular events
- C. Led to a statistically significant decrease in major adverse cardiovascular events, but a slight increase in cancer deaths
- D. Led to a statistically significant decrease in myocardial infarction and stroke, but had no effect on cardiac arrhythmias



## B. RESULTED IN NO SIGNIFICANT DIFFERENCE IN A COMPOSITE OUTCOME OF MAJOR ADVERSE CARDIOVASCULAR EVENTS

- 1) *Health Claims and Doses of Fish Oil Supplements in the US; JAMA Cardiol. Doi:10.1001/jamacardio.2023.2424*
- 2) *N-3 Fatty Acids and Cardiovascular Outcomes in Patients with Dysglycemia; NEJM 367;4; July 26, 2012*
- 3) *Effects of n-3 Fatty Acid Supplements in Diabetes Mellitus; NEJM 379;16; October 18 2018*
- 4) *Effects of Omega-3 Fatty Acids on Cancer Risk; JAMA; January 25, 2006; Vol 295, No. 4*
- 5) *Association Between Omega-3 Fatty Acid Supplementation and Risk of Major CV Disease Events; JAMA; Sept 12, 2012; Vol 308, No. 10*
- 6) *Effect of High-Dose Omega-3 FAs vs Corn Oil on Major Adverse CV Events in Patients at High CV Risk; JAMA. 2020;324(22):2268-2280*
- 7) *Fish Oil and Postoperative Atrial Fibrillation; JAMA; November 21, 2012; Vol 308, No. 19*
- 8) *N-3 FAs in Patients with Multiple CV Risk Factors; NEJM 368;19; May 9, 2013*
- 9) *Efficacy & Safety of Prescription Omega-3 FAs for Prevention of Recurrent Symptomatic Atrial Fib; JAMA; Dec 1, 2010; Vol 304, No. 21*
- 10) *Effect of Long-Term Marine Omega-3 FA Supplementation on Risk of AF in RCTs of CV Outcomes; Circulation. 2021;0*

## QUESTION 8

### The G.O.L.D. Guidelines (Global Obstructive Lung Disease)

**recommend all but which one** of the following:

- A. Inhaled LAMAs, LABAs and steroids are the standard of care
- B. While steroids may be useful for a few days during exacerbations, they have no role in chronic daily COPD treatment
- C. Inhaled steroids should be reserved for those with blood eosinophils  $>300/\text{microliter}$  and are rarely beneficial when this is  $<100$
- D. LAMAs / LABAs are preferred over short-acting agents except for patients with only occasional dyspnea

**A. INHALED LAMAS & LABAS ARE THE STANDARD OF CARE,  
WHILE INHALED STEROIDS INCREASE THE INCIDENCE OF  
PNEUMONIA & ARE GENERALLY RESERVED FOR THOSE WITH  
BLOOD EOSINOPHILS >300 CELLS/ML AND ARE RARELY  
CONSIDERED BENEFICIAL AT <100 CELLS/ML**

*Global strategy for the diagnosis, management and prevention of COPD; Global Initiative for Chronic Obstructive Lung Disease 2024 report. Available at <https://www.goldcopd.org>*

## QUESTION 9

Which class of drugs listed below does **not** lead to a significantly increased risk of falls and fractures when used concurrently with the other 2 classes according to the 2023 AGS BEERS criteria:

- A. Antiepileptics (including gabapentinoids)
- B. Antidepressants
- C. Antiemetics
- D. Skeletal muscle relaxants

# C. ANTIEMETICS

*AGS Beers Criteria; <https://americangeriatrics.org>*



## QUESTION 10

**What drug received an irregular, accelerated FDA-approval in 2021, only to have the company decide in February 2024 that they would no longer be manufacturing it:**

- A. Mounjaro (tirzepatide)
- B. Fexinidazole (fexinidazole)
- C. Aduhelm (aducanumab-avwa)
- D. Verquvo (vericiguat)

# C. ADUHELM (ADUCANUMAB-AVWA)

*Controversial Alzheimer's Drug Abandoned; MedPage; February 2024*



# **RAPID REFLEX RESPONSES**

The next 5 questions are basic questions that every provider in Long Term Care should not have to think about to answer.

As a result, questions will not be read and will only be on the screen for a few seconds before going to the next question.

Get your quick buzzers ready... ***Here we go!***



## QUESTION 11

For a patient with iron deficiency anemia, what is the **most effective** treatment regimen using a normal dose of iron:

- A. Once daily
- B. BID
- C. TID
- D. Every other day

## D. EVERY OTHER DAY

- 1) So you know how to treat iron deficiency anemia. Schrier SL. *Blood*. 2015 Oct;126(17):1971. STANFORD UNIVERSITY SCHOOL OF MEDICINE. PMID [26494915](#)
- 2) Treatment of iron deficiency is getting trendy. Auerbach M, Schrier S. *Lancet Haematol*. 2017;4(11):e500. Epub 2017 Oct 9. PMID [29032958](#)
- 3) Oral iron supplements increase hepcidin and decrease iron absorption from daily or twice-daily doses in iron-depleted young women. Moretti D, Goede JS, Zeder C, Jiskra M, Chatzinakou V, Tjalsma H, Melse-Boonstra A, Brittenham G, Swinkels DW, Zimmermann MB. *Blood*. 2015 Oct;126(17):1981-9. Epub 2015 Aug 19.
- 4) Laboratory of Human Nutrition, Institute of Food Nutrition and Health, Department of Health Sciences and Technology, Swiss Federal Institute of Technology (ETH Zürich), Zürich, Switzerland; PMID [26289639](#)
- 5) Iron absorption from oral iron supplements given on consecutive versus alternate days and as single morning doses versus twice-daily split dosing in iron-depleted women: two open-label, randomised controlled trials. Stoffel NU, Cercamondi CI, Brittenham G, Zeder C, Geurts-Moespot AJ, Swinkels DW, Moretti D, Zimmermann MB. *Lancet Haematol*. 2017;4(11):e524. Epub 2017 Oct 9.
- 6) Powers JM, Buchanan GR, Adix L, Zhang S, Gao A, McCavit TL. Effect of Low-Dose Ferrous Sulfate vs Iron Polysaccharide Complex on Hemoglobin Concentration in Young Children With Nutritional Iron –Deficiency Anemia: A Randomized Clinical Trial. *JAMA*. 2017 Jun 13;317(22):2297-2304. doi: 10.1001/jama.2017.6846. PMID:28609534; PMCID: PMC5815003.
- 7) Boggs DR. Fate of a ferrous sulfate prescription. *Am J Med*. 1987; Jan;82(1):124-8. doi: 10.1016/0002-9343(87)90387-1. PMID: 3799670

## QUESTION 12

**In regard to using aspirin for prevention of cardiovascular disease...**

- A. Benefits of low-dose ASA for primary or secondary prevention outweigh risks of bleeding
- B. Benefits of low-dose aspirin for primary or secondary prevention are offset by increased major bleeding and cancer
- C. Benefits of low-dose ASA for secondary prevention outweigh risks of bleeding

**C. THE BENEFITS OF LOW-DOSE ASPIRIN ONLY OUTWEIGH THE RISKS OF BLEEDING / DEATH FOR SECONDARY PREVENTION (IE, THOSE WITH A PREVIOUS MI, TIA OR CVA)**

- 1) *Aspirin Review for Vivage Journal Club; D Shepherd, DO; May 2022*
- 2) *Low-Dose ASA & risk of stroke & intracerebral bleeding in healthy older people. MAMA 2023;6(7):e2325803. doi:10.1001/jamanetworkopen.2023.25803*
- 3) *Daily Low-Dose Aspirin, Diabetes & Age – Still looking for a Balance. JAMA 2021;4(6):e2112875. doi:10.1001/jamanetworkopen.2021.12875*
- 4) *Anticoagulant prescribing for AF and risk of incident dementia. BMJ; doi:10.1136/heartjnl-2021-319672*
- 5) *Association of anticoagulant therapy with risk of fracture among patients with atrial fibrillation. JAMA Intern Med. Doi:10.1001/jamainternmed.2019.5679*
- 6) *Rivaroxaban & ASA in Patients with Symptomatic Lower Extremity PAD. JAMA Cardiol. 2021;6(1):21-29. doi:10.1001/jamacardio.2020.4390*
- 7) *Aspirin use summary of Journal Club Presentation. G Gahm, MD; September 2023*
- 8) *ASA use is associated with increased risk for heart failure. ECS Heart Failure. 2021. Wiley Online Library. Doi:10.1002/ehf2.13688*
- 9) *Effect of aspirin on disability free survival in the healthy elderly. NEJM 379;16. October 18, 2018*
- 10) *Effect of aspirin on all cause mortality in the healthy elderly. NEJM 379;16. October 18, 2018*
- 11) *Effect of aspirin on cardiovascular events and bleeding in the healthy elderly. NEJM 379;16. October 18, 2018*


## QUESTION 13

Which of the following is **NOT** an indication to use both an anticoagulant and an antiplatelet agent:

- A. Documented, significant peripheral vascular disease
- B. A patient with atrial fib and a history of strokes
- C. Recent stent or bypass surgery
- D. Recent myocardial infarction

# B. A PATIENT WITH ATRIAL FIBRILLATION AND A HISTORY OF STROKES

*Adverse events associated with the addition of aspirin to DOACs without a clear indication. JAMA Intern Med.  
Doi:10.1001/jamainternmed.2021.1197. April 19, 2021*



## QUESTION 14


**Which of the following agents is not called out to be avoided on the 2023 Beers Criteria update?**

- A. Amiodarone
- B. Proton Pump Inhibitors
- C. Reserpine
- D. Ativan

## C. RESERPINE

**AMIODARONE, PPIS AND BENZODIAZEPINES SHOULD BE AVOIDED DUE TO THE MULTIPLICITY OF COMMON ADVERSE EFFECTS**

*AGS Beers Criteria; <https://americangeriatrics.org>*





## QUESTION 15

**Which drug has been shown to effectively increase appetite / weight in seniors and do so without statistically significantly increasing mortality?**

- A. Remeron
- B. Megace
- C. Methyltestosterone
- D. None

## D. NONE OF THESE DRUGS

- 1) *Megestrol Acetate and Mirtazapine for the treatment of unplanned weight loss in the elderly. Pharmacotherapy. Vol 29, No.4. 2009*
- 2) *A retrospective study of the association between Megestrol Acetate administration and mortality among nursing home residents with clinically significant weight loss. American Journal of geriatric pharmacology. Doi:10.1016/jamjopharm.2007.06.004. 1543-5946*



# ***TAKE A DEEP BREATH***

*Time to slow down again as we head for the final furlong...*

## QUESTION 16

**For most dental interventions...**

- A. Aspirin and DOACs should be discontinued 5-7 days in advance
- B. Aspirin should be discontinued a week in advance, DOACs 2 days
- C. Neither DOACs nor Aspirin need to be stopped for those with normal bleeding risk

**C. NEITHER DOACS NOR ASPIRIN NEED TO BE STOPPED FOR THOSE WITH NORMAL BLEEDING RISK**

- 1) *Dental care in the nursing home. CMDA presentation by M Musolf, DDS 2024*
- 2) *Oral anticoagulant and antiplatelet medications and dental procedures. [ada.org](http://ada.org)*

## QUESTION 17

**In regard to Melatonin, which of the following statements is false?**

- A. Sleep onset & maintenance usually occur with doses of 0.1 to 0.5 mg
- B. Though melatonin is relatively non-toxic, higher doses and older age commonly lead to adverse effects, most commonly GI, weight loss and behavioral
- C. 25% of seniors have an insufficiency, so low doses can be used as a supplement
- D. Melatonin is a safe sedative at almost any dose as it is available over the counter

**D. MELATONIN IS NOT A SAFE SEDATIVE AT ALMOST ANY DOSE.**

**0.4 MG USUALLY SATURATES ALL BRAIN RECEPTORS; HIGHER**

**DOSES AND OLDER AGE COMMONLY LEAD TO ADVERSE EFFECTS**

- 1) *Melatonin use in long-term care. G Gahm, MD. Summary of journal club presentation 2022*
- 2) *Up-To-Date summary of physiology and available preparations of melatonin. Updated 2024*
- 3) *Concerning findings on melatonin content in over-the-counter supplements. P Attia, MD.  
[https://peterattiamd.com/melatonin-content-in-sleep-supplements/?utm\\_source=weekly-newsletter&utm\\_medium=email&utm\\_campaign=231001-NL-/...1/4](https://peterattiamd.com/melatonin-content-in-sleep-supplements/?utm_source=weekly-newsletter&utm_medium=email&utm_campaign=231001-NL-/...1/4)*

## QUESTION 18

For Urine PCR testing, which statement is **false**?

- A. There are no studies to know the threshold of bacteria which correlate with infection
- B. Urine PCR detects any genetic material, including commensal or colonizing microorganisms that are not pathogenic
- C. Urine PCR is approved by the FDA and CLSI
- D. Testing should not be done without the presence of urinary symptoms or documented signs of an infection



## C. URINE PCR IS NOT APPROVED BY THE FDA OR CLSI

- 1) *Molecular diagnostics in UTI. Vivage Journal Club presentation by M Fitzpatrick, MD, MS. March 2024*
- 2) *Indiana department of health update for post-acute care clinicians. July 2023*
- 3) *Diagnosing and treating UTIs in nursing homes. <https://www.cdc.gov/antibiotic-use/core-elements/nursing-homes.html>*
- 4) *Stewardship strategies for interpretation of novel urinary diagnostics. L Biehle, PharmD (CDPHE). Vivage Journal Club presentation February 2023*
- 5) *Diagnosing UTI: the newest lab is not always better. Vivage Journal Club presentation by M Fitzpatrick, MD, MS. March 2024*
- 6) *The new Gold Rush colon a review of current and developing diagnostic tools for urinary tract infections. Diagnostics 2021, 11, 479. <https://doi.org/10.3390/diagnostics11030479>*

## QUESTION 19

**For patients admitted to a LTC Facility, in regard to Non-Physician Practitioners (NPPs) and Physicians...**

- A. Since the updated Colorado Nurse Practice Act of 2022, either the NPP or physician may do the initial visit for any patients
- B. The physician must always do the initial comprehensive visit for both skilled and custodial patients, after which either NPPs or the physician may see the patient when indicated
- C. Either may do the Initial Comprehensive Visit for LTC patients, but the physician must personally do this visit for skilled patients

**C. EITHER MAY DO THE INITIAL COMPREHENSIVE  
VISIT FOR LTC PATIENTS, BUT THE PHYSICIAN MUST  
PERSONALLY DO THIS VISIT FOR SKILLED PATIENTS**

- 1) *Colorado chapter 5 medical care services regulations. Updated 2017*
- 2) *Provider visit summary of CMS F712. L Anneberg, MD. Vivage Journal Club presentation. May 2023*

## QUESTION 20

**In an effort to help ensure persons with disabilities are not segregated from the community, the Olmstead Act requires governmental support for a transition out of long-term care if all of the following requirements are met except:**

- A. The individual can benefit from community placement
- B. The individual does not oppose the transfer
- C. Community placement would not cause the state to fundamentally alter its programs and services
- D. The individual submits a formal request for transfer

**D. THE INDIVIDUAL DOES NOT NEED TO SUBMIT A  
FORMAL REQUEST FOR TRANSFER**

*Reference*

An abstract graphic at the bottom of the slide featuring flowing, wavy shapes in red and blue against a black background. The red shapes are on the left, and the blue shapes are on the right, creating a sense of movement and depth.

# THANK YOU FOR RACING!

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## Geriatric Journal Club

First Thursday each month; 12:30 – 1 PM

Zoom: <https://us02web.zoom.us/j/9024516034>

Meeting ID: 902 451 6034

One tap mobile: 1-669-900-6833, 902 451 1603#

## CMDA Meeting

First Tuesday of each month; 12 – 1 PM

Zoom: <https://us02web.zoom.us/j/7204905079>

Meeting ID: 720 490 5079

One tap mobile: 1-669-900-6833, 720 490 5079#