



CME POST-TEST

All post-tests must be completed and submitted online.

EXPIRATION DATE: FEBRUARY 2024

Earn AAPA Category 1 CME credit by reading both CME articles in this issue, reviewing the post-test, then taking the online test at <https://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 AAPA Category 1 CME credit.

HIV PREEXPOSURE PROPHYLAXIS

- The 2021 CDC guidelines advising that all sexually active adults and adolescents should receive information about PrEP and its role in preventing HIV included the following limitation:**
 - The guideline excluded patients under age 18 years.
 - The guidelines excluded patients in a monogamous sexual relationship.
 - The guidelines excluded patients who do not use barrier protection.
 - The CDC did not limit this guideline based on age, relationship status, number of sexual partners, or barrier protection use.
- PrEP use has significantly increased among the 1.2 million people for whom PrEP was recommended according to 2015 guidelines. What was the PrEP use rate in 2020 among those 1.2 million people?**
 - 3%
 - 17%
 - 25%
 - 32%
- Recently the rate of HIV diagnosis has increased in which of the following population groups?**
 - transgender patients, Native Americans/Alaska Natives, MSM, and patients under age 55 years
 - transgender patients, Native Americans/Alaska Natives, MSM, and patients age 55 years and older
 - transgender patients, Black patients, MSM, and patients under age 55 years
 - transgender patients, Native Americans/Alaska Natives, IV drug users, and patients age 55 years and older
- The FDA has approved which of the following drug regimens for HIV PrEP?**
 - oral daily emtricitabine 200 mg-tenofovir disoproxil fumarate 300 mg (F/TDF)
 - oral daily emtricitabine 300 mg-tenofovir disoproxil fumarate 200 mg (F/TDF)
 - oral daily emtricitabine 300 mg-tenofovir alafenamide 25 mg (F/TAF)
 - long-acting injectable cabotegravir (CAB-LA) 1,600 mg
- What is the most common reported adverse reaction to CAB-LA?**
 - musculoskeletal pain
 - headache
 - injection site reaction
 - pyrexia

WELLENS SYNDROME

- Patients exhibiting Wellens syndrome often present with**
 - ventricular tachycardia.
 - subtle ECG abnormalities signifying critical disease of the LAD coronary artery.
 - biphasic T-waves most commonly seen in leads V₅ and V₆.
 - substantial ST-segment depression.
- Which actions should be done immediately when evaluating a patient complaining of chest pain?**
 - a 12-lead ECG and a serum troponin level
 - a 12-lead ECG and echocardiography
 - a serum troponin level and CT coronary angiography
 - vital signs and a 12-lead ECG
- You have diagnosed a patient with Wellens syndrome; the patient's pain has now resolved and cardiac enzymes are normal. What is your plan at this point?**
 - Admit the patient to the hospital with urgent cardiology consultation.
 - Observe the patient for a few more hours, then re-evaluate.
 - Send the patient home with instructions to see a cardiologist within the next 2 weeks.
 - Send the patient home with instructions to return if the chest pain recurs.
- What is a major challenge in the diagnosis of Wellens syndrome?**
 - Serum troponin may be substantially elevated alone with the absence of symptoms.
 - A stress test can be helpful but is difficult to obtain because of issues with patient adherence.
 - The initial ECG can be normal, and ischemic changes often manifest only after pain resolution.
 - Chest radiography has high sensitivity but low specificity in the diagnosis of Wellens syndrome.
- Clinicians can differentiate Wellens from non-Wellensoid T-wave inversions by the patient's clinical presentation as well as**
 - the height of the positive portion of the T wave, which generally is higher in patients with Wellens syndrome.
 - the height of the positive portion of the T wave, which generally is lower in patients with Wellens syndrome.
 - the depth of the negative portion of the T wave, which generally is deeper in patients with Wellens syndrome.
 - the depth of the negative portion of the T wave, which generally is shallower in patients with Wellens syndrome.