

Multiple Sclerosis Part 1: Prompt Diagnosis and Early Intervention

AMA/CME Test 226

(Test valid through September 30, 2003)

This activity has been planned and produced in accordance with ACCME Essentials.
The estimated time to complete this activity is 1 hour.

Instructions: Read the article beginning on page 24 and select the best answer for each of the following questions. Test form and mailing instructions are on the next page.

1. From an epidemiologic viewpoint, who is at greatest risk for multiple sclerosis (MS)?
 - a. a 38-year-old Asian American woman living in Oregon
 - b. a 25-year-old French woman who moved to Louisiana when she was 10
 - c. a 33-year-old woman of Swedish ancestry living in Minnesota
 - d. a 20-year-old Hispanic-American woman living in New Jersey
2. The *sine qua non* of MS diagnosis is:
 - a. serial magnetic resonance imaging (MRI).
 - b. cerebrospinal fluid (CSF) analysis.
 - c. evoked potentials.
 - d. documentation of central nervous system white-matter lesions separated in time and space.
3. "Red flags" suggesting a diagnosis other than MS include all of the following *except*:
 - a. presence of oculomotor involvement.
 - b. steadily progressive disease without remissions.
 - c. absence of genitourinary involvement.
 - d. normal CSF findings.
4. The most common presenting signs and symptoms of MS are:
 - a. motor (eg, paraparesis, hemiparesis).
 - b. sensory (eg, paresthesias, dysesthesias, numbness).
 - c. visual (eg, optic neuritis, diplopia, oscillopsia).
 - d. pain sensations (eg, neuropathic pain, trigeminal neuralgia, musculoskeletal discomfort).
5. In women with MS, which clinical feature is *least* likely to augur a more benign prognosis?
 - a. younger age at onset
 - b. predominance of motor symptoms
 - c. unifocal attacks with good recovery
 - d. fewer attacks early on
6. Which statement about hormonal influences on MS disease course is *true*?
 - a. MS signs and symptoms tend to abate during the week before menses onset.
 - b. Relapses are less likely to occur during pregnancy because of excess production of progesterone, estradiol, and cortisol.
 - c. Pregnancy hormones tend to exacerbate MS symptoms.
 - d. Hormone replacement therapy has a deleterious effect on MS signs and symptoms.
7. The gold standard for treating acute MS exacerbations is:
 - a. methotrexate.
 - b. intravenous (IV) immunoglobulin.
 - c. IV methylprednisolone.
 - d. IV dexamethasone sodium phosphate.
8. Which agent has been approved by the US Food and Drug Administration (FDA) to reduce the frequency of MS exacerbations?
 - a. interferon (IFN) β -1a (Avonex)
 - b. IFN β -1b (Betaseron)
 - c. glatiramer acetate (Copaxone)
 - d. all of the above
9. Which maintenance agent has the mildest side-effect profile?
 - a. glatiramer acetate
 - b. IFN β -1a
 - c. IFN β -1b
 - d. mitoxantrone
10. Administration of mitoxantrone, approved by the FDA to treat severe forms of MS, is limited by the drug's propensity for toxic effects on the:
 - a. liver.
 - b. kidneys.
 - c. heart.
 - d. gastrointestinal tract.

The FEMALE PATIENT® / Test 226

Multiple Sclerosis Part 1: Prompt Diagnosis and Early Intervention Barbara Giesser, MD; Nancy Holland, EdD

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Record your answers here by circling the appropriate letter:

1. a b c d
2. a b c d
3. a b c d
4. a b c d
5. a b c d
6. a b c d
7. a b c d
8. a b c d
9. a b c d
10. a b c d

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