

All posttests must be submitted online to AAPA.

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SMOKING CESSATION, PAGE 22

1. Clinical intervention for tobacco use should be given to tobacco users who
 - a. Specifically request assistance in quitting
 - b. Have a tobacco-related illness
 - c. Receive care in a health care setting
 - d. Want to try the nicotine patch
2. The first step in the 5As clinical intervention for tobacco users is to
 - a. Assist
 - b. Ask
 - c. Advise
 - d. Assess
3. The best way to determine the patient's willingness to make a quit attempt is to ask the patient,
 - a. "Are you willing to give quitting a try?"
 - b. "How often have you tried quitting in the past?"
 - c. "Do you think that you will have trouble quitting?"
 - d. "What has prevented you from quitting smoking?"
4. When using the brief clinical intervention strategy to treat a patient who is willing to quit, before he or she leaves the office
 - a. Provide the patient with smoking cessation materials
 - b. Give the patient samples of nicotine replacement products
 - c. Request that the patient begin a diary of cigarette use
 - d. Have the patient set a quit date for 2-6 weeks later
5. There is insufficient evidence of the effectiveness of medications to treat tobacco dependence in
 - a. Women who are pregnant
 - b. Smokeless tobacco users
 - c. Light smokers
 - d. All of the above
6. The only combination therapy that has received FDA approval for smoking cessation is the
 - a. Patch plus nicotine gum
 - b. Nicotine lozenge plus inhaler
 - c. Patch plus bupropion, sustained release
 - d. Nasal spray plus varenicline

AORTIC ANEURYSM REPAIR, PAGE 44

7. According to the Crawford classification, a type III aneurysm involves the
 - a. Visceral arteries
 - b. Entire aorta distal to the left subclavian artery
 - c. Distal half of the descending thoracic aorta and the entire abdominal aorta
 - d. Infradiaphragmatic aorta
8. Aortic aneurysm should be included in the differential diagnosis of a patient with
 - a. Marfan syndrome
 - b. Fragile X syndrome
 - c. Rheumatoid arthritis
 - d. Scleroderma
9. A multivariate analysis showed the odds of aneurysm rupture were increased by a factor of 3.6 in patients with a history of
 - a. Mitral valve prolapse
 - b. Diverticulitis
 - c. Type II diabetes
 - d. Chronic obstructive pulmonary disease
10. The progression of aneurysmal disease is minimized by treatment with
 - a. A nitrate
 - b. A beta-adrenergic blocker
 - c. Digitalis
 - d. Dipyridamole
11. During surgical resection of an aortic aneurysm, a significant predictor of paraplegia or paraparesis is
 - a. Total aortic clamp time
 - b. A history of renal dysfunction
 - c. Patient age
 - d. All of the above
12. Spinal cord tolerance to ischemia may be increased with perioperative administration of
 - a. An ACE inhibitor
 - b. A corticosteroid
 - c. A narcotic analgesic
 - d. A calcium channel blocker