

CME Credit Quiz

In association with Dalhousie University



This test offers the opportunity to assess your knowledge and retention of the information presented in the articles in this issue. Physicians who complete the quiz will receive a statement from Dalhousie University, Continuing Medical Education indicating their participation and their score.

Dalhousie University is fully accredited by the Committee on Accreditation of Canadian Medical Schools and, by reciprocity, the Accreditation Council for Continuing Medical Education of the

United States to offer continuing medical education to physicians.

Where applicable, physicians may report their participation in this CME activity to the appropriate professional and health organizations.

Each quiz may be submitted only once for consideration and must be submitted within six months after the date of issue.

Correct answers will be published in the journal six months after the quiz appears.

SELECT THE BEST ANSWER(S) FOR EACH OF THE FOLLOWING

1. *Dementia affects _____ of people over the age of 85.*

- a) 20%
- b) 25%
- c) 30%
- d) 35%

2. *It is estimated that up to _____ of caregivers suffer from "burnout."*

- a) 30%
- b) 35%
- c) 45%
- d) 50%

3. *The clinical diagnosis of Alzheimer's disease (AD) is estimated to be correct _____ to _____ of the time.*

- a) 65% to 80%
- b) 70% to 85%
- c) 65% to 85%
- d) 75% to 90%

4. *Early onset familial AD accounts for less than _____ of all AD cases.*

- a) 5%
- b) 10%
- c) 15%
- d) 20%

5. *In some studies, which factors have been shown to predispose a person to the development of AD?*

- a) Previous head trauma
- b) Lower educational level
- c) Male sex
- d) A and B above
- e) All of the above

6. *It is recommended that pre-symptomatic testing of children, for adult-onset conditions, be carried out.*

- a) True
- b) False

7. *First degree relatives of a patient with early onset AD (EOAD) are at _____ risk of developing EOAD.*

- a) 35%
- b) 45%
- c) 50%
- d) 55%

8. *The vast majority of AD cases present as late onset AD, with an age of onset of symptoms greater than _____ years.*

- a) 65
- b) 70
- c) 75
- d) 80

(Dementia, Page 74).

9. *There was an epidemic of West Nile Virus (WNV) in New York, in 1999.*

- a) True
- b) False

10. *Wild birds are the principal vectors of WNV.*

- a) True
- b) False

CME Credit Quiz

11. In the New York epidemic, there was common association among the infected that included:

- a) All used the subway.
- b) All ate hot dogs, bought from roadside vendors.
- c) All attended an afternoon concert in Central Park.
- d) All had spent time outdoors, especially in the evenings.
- e) A, B and C above.

12. Mild illness to WNV includes three to five days of:

- a) Headache
- b) Fever
- c) Convulsions
- d) Myalgia-arthralgia
- e) A, B and D above

13. The most commonly used method to diagnose this illness is:

- a) Magnetic resonance imaging scan
- b) Computed tomography scan
- c) IgM capture ELISA
- d) Cerebrospinal fluid

14. Definitive serologic diagnosis requires that both acute and convalescent samples be compared, documenting a fourfold increase in antibody titre.

- a) True
- b) False

15. DEET is safe enough to be applied to the skin of people of all ages.

- a) True
 - b) False
- (West Nile Encephalitis, Page 86)

Please indicate your answers on the attached quiz reply form and mail to:
Dalhousie University
Continuing Medical Education
5849 University Avenue
Halifax, Nova Scotia, B3H 4H7

Made possible through an educational grant from Merck Frosst Canada

ANDRIOL™

(testosterone undecanoate)
40 mg capsules

PHARMACOLOGICAL CLASSIFICATION

Androgen

INDICATIONS AND CLINICAL USE

Andriol (testosterone undecanoate) is indicated for replacement therapy in males in conditions associated with symptoms of deficiency or absence of endogenous testosterone: for the management of congenital or acquired primary hypogonadism and hypogonadotropic hypogonadism; to develop and maintain secondary sexual characteristics in males with testosterone deficiency. Andriol is also indicated to stimulate puberty in carefully selected males with clearly delayed puberty not secondary to pathological disorder. It is also used as replacement therapy in impotence or for male climacteric symptoms when the conditions are due to a measured or documented androgen deficiency.

CONTRAINDICATIONS

Known hypersensitivity to any of the components of the product; males with carcinoma of the breast; males with known or suspected carcinoma of the prostate gland; patients with serious cardiac, hepatic or renal disease; hypercalcaemia; impaired liver function; prepubertal males; patients easily stimulated sexually. Androgens are also contraindicated in patients with nephrosis or the nephrotic phase of nephritis.

WARNINGS

Hypercalcaemia may occur in immobilized patients and in patients with breast cancer. If this occurs, the drug should be discontinued. Prolonged use of high doses of androgens (principally the 17- α -alkyl-androgens) has been associated with development of hepatic adenomas, hepatocellular carcinoma and peliosis hepatis - all potentially life-threatening complications. Cholestatic hepatitis and jaundice may occur with 17- α -alkyl-androgens. Should this occur, the drug should be discontinued. This is reversible with discontinuation of the drug. Geriatric patients treated with androgens may be at an increased risk of developing prostatic hypertrophy and prostatic carcinoma although conclusive evidence to support this concept is lacking. Edema, with or without congestive heart failure, may be a serious complication in patients with pre-existing cardiac, renal or hepatic disease. In addition to discontinuation of the drug, diuretic therapy may be required. Gynecomastia may develop and occasionally persists in patients being treated for hypogonadism. Androgen therapy should be used cautiously in males with delayed puberty. Androgens can accelerate bone maturation without producing compensatory gain in linear growth. The effect on bone maturation should be monitored by assessing bone age of the wrist and hand every six months. These adverse effects may result in compromised adult stature. The younger the child the greater the risk of compromising final mature height.

PRECAUTIONS

Patients with benign prostatic hypertrophy may develop acute urethral obstruction. Priapism or excessive sexual stimulation may develop. Oligospermia may occur after prolonged administration or excessive dosage. If any of these effects appear, the androgen should be stopped and if restarted, a lower dosage should be utilized.

Drug Interactions

Androgens may increase sensitivity to oral anticoagulants. Dosage of the anticoagulant may require reduction in order to maintain satisfactory therapeutic hypoprothrombinemia. Patients receiving oral anticoagulant therapy require close monitoring, especially when androgens are started and stopped. In diabetic patients, the metabolic effects of androgens may decrease blood glucose and, therefore, insulin requirements. May potentiate cyclosporine and increase risk of nephrotoxicity. Concurrent use of somatrem or somatropin with androgens in prepubertal males may accelerate epiphyseal maturation. Increased serum oxyphebutazone concentrations have been reported with concurrent administration of androgen and oxyphebutazone. May interact with adrenocorticoids: glucocorticoids, especially with significant mineralocorticoid activity; mineralocorticoids; or corticosteroids, especially prolonged use; sodium-containing medications or foods.

Laboratory Test Interference:

Alterations may occur in the following clinical laboratory tests: metyrapone test, fasting blood sugar (FBS) and glucose tolerance test, thyroid function tests (decrease in thyroxine-binding capacity and radioactive iodine uptake, and an increase in T3 uptake by the red blood cells or resin; free thyroxine levels remain unchanged); electrolytes (retention of sodium chloride, water, potassium, calcium, and inorganic phosphates), blood coagulation tests (suppression of clotting factors II, V, VII, and X), alteration to liver function tests, increased serum cholesterol and miscellaneous laboratory tests (decreased creatinine and creatine excretion lasting up to 2 weeks after discontinuing therapy). Androgens enhance blood fibrinolytic activity and increase hematocrit and serum hemoglobin levels; effects on plasma lipids are variable. Administration of testosterone, but not the 17- α -alkyl substituted derivatives, elevates the level of urinary 17-ketosteroids.

Laboratory Tests

Because of the hepatotoxicity associated with the use of 17- α -alkylated androgens, liver function tests should be obtained periodically. Hemoglobin and hematocrit levels (to detect polycythemia) should be checked periodically in patients receiving long-term androgen administration. Serum cholesterol may increase during androgen therapy. Periodic (every 6 months) x-ray examinations of bone age should be made during treatment of prepubertal males to determine the rate of bone maturation and the effect of androgen therapy on the epiphyseal centers.

ADVERSE REACTIONS

The following adverse reactions have occurred with androgen therapy: inhibition of testicular function, testicular atrophy and oligospermia, impotence, gynecomastia, epididymitis and bladder irritability, excessive frequency and duration of penile erections, nausea, cholestatic jaundice, peliosis hepatis, polyerythemia, headache, anxiety, depression, generalized paresthesia and rarely anaphylactoid reaction. In addition, the following reactions are known to occur with anabolic steroids: increased or decreased libido, flushing of the skin, acne, habituation, excitation and sleeplessness, chills, leukopenia, and bleeding in patients on concomitant anticoagulant therapy. There have been rare reports of hepatocellular carcinoma, particularly in association with long-term therapy, in patients receiving methyltestosterone or other androgenic and anabolic steroids.

SYMPTOMS AND TREATMENT OF OVERDOSAGE

No experience with overdosage has been reported. No specific antidote is available.

DOSAGE AND ADMINISTRATION

The dosage should be adjusted according to the response of the individual patient. Usually, an initial dosage of 120-160 mg daily in two divided doses for 2-3 weeks is adequate, followed by a maintenance dosage of 40-120 mg daily. Andriol capsules are to be taken immediately after meals and swallowed without chewing.

AVAILABILITY

Each Andriol Capsule contains 40 mg of testosterone undecanoate in oleic acid. Each Andriol Capsule is an oval reddish-brown soft gelatin capsule marked D₃V. Andriol 40 mg is available in bottles of 60 and 100 capsules.

Full Product monograph available upon request to physicians and pharmacists.

- 1 Tremblay, R.R., Morales, A., Canadian practice recommendations for screening, monitoring and treating men affected by andropause or partial androgen deficiency, *The Aging Male*, 1:(1998) 215-218.
- 2 Morales, A., Jeremy, P.W. et al., Andropause: A Misnomer For A True Clinical Entity, *J Urol*, Vol. 163, 705-712, March 2000.
- 3 Behre et al., Long-Term Effect of Testosterone Therapy on Bone Mineral Density in Hypogonadal Men, *Clin Endoc & Metab*, Vol. 8, No. 8, 1997.
- 4 *Andriol™ (testosterone undecanoate) Product Monograph, Organon Canada Ltd., 1992.

Organon Canada Ltd., Suite 700-200 Concession Place,
Scarborough, Ontario M1H 3E4

