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Join us...
**Emerging
Challenges
in Primary Care:
2010**

*September 25, 2010
Anaheim, CA
Sheraton Park Hotel*

Course Director
Gregg Sherman, MD

Activity Director
Michelle Frisch, MPH, CCMEP

Program Evaluation
October 6, 2010

In September 2010, the National Association for Continuing Education (NACE) sponsored a CME program, ***Emerging Challenges in Primary Care: 2010***, in Anaheim, CA.

This educational activity was designed to provide primary care physicians, nurse practitioners, physician assistants and other primary care providers the opportunity to learn about Diabetes, Hypertension, Female Sexual Dysfunction, Male Hypogonadism, Psoriasis, and Osteoporosis.

In planning this CME activity, the NACE performed a needs assessment. A literature search was conducted, national guidelines were reviewed, survey data was analyzed, and experts in each therapeutic area were consulted to determine gaps in practitioner knowledge, competence or performance.

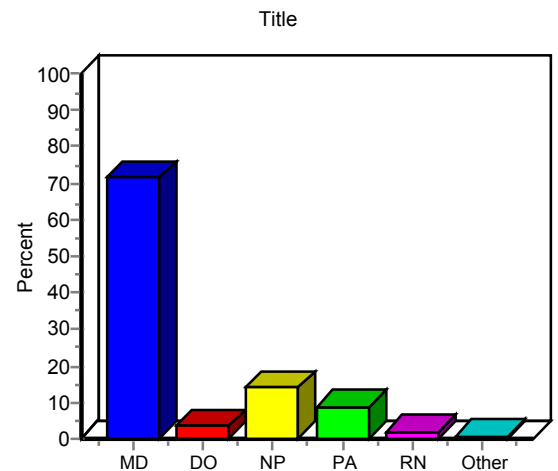
Two hundred ninety healthcare practitioners registered to attend ***Emerging Challenges in Primary Care: 2010*** in Anaheim, NJ. One hundred sixty one healthcare practitioners actually attended this conference. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. One hundred fifty one completed forms were received. The data collected is displayed in this report.

CME ACCREDITATION

The National Association for Continuing Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The National Association for Continuing Education designates this educational activity for a maximum of 7 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

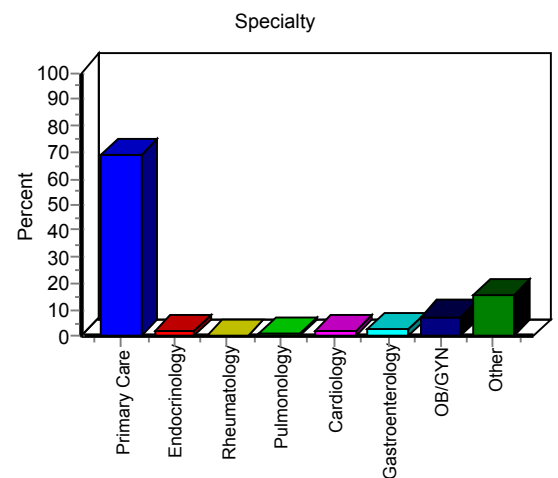
What is your professional degree?

Label	Frequency	Percent	Valid Percent
MD	108	71.5	71.5
DO	5	3.3	3.3
NP	21	13.9	13.9
PA	13	8.6	8.6
RN	3	2.0	2.0
Other	1	0.7	0.7
Total Valid	151	100.0	100.0



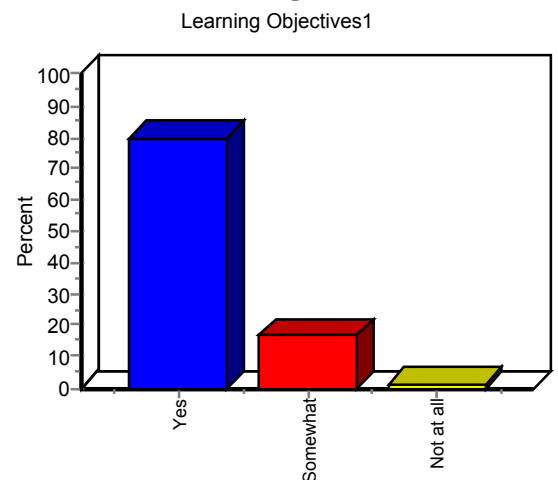
What is your specialty?

Label	Frequency	Percent	Valid Percent
Primary Care	104	68.9	70.7
Endocrinology	2	1.3	1.4
Rheumatology	0	0.0	0.0
Pulmonology	1	0.7	0.7
Cardiology	2	1.3	1.4
Gastroenterology	4	2.6	2.7
OB/GYN	11	7.3	7.5
Other	23	15.2	15.6
Total Valid	147	97.4	100.0
Total Missing	4	2.6	
Total	151	100.0	



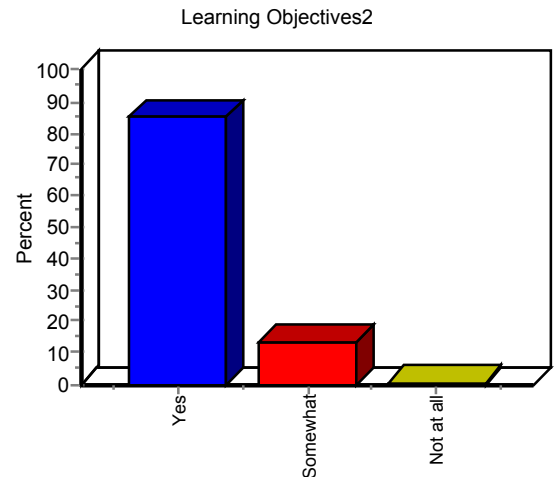
Upon completion of this activity, I can now - Discuss the pathogenesis of hyperglycemia; Make more effective decisions towards optimizing therapy; Explain the effectiveness of diet and exercise in treatment of diabetes at each stage of disease; Recognize the impact of treatment on cardiovascular disease risk; Explain the role of newer therapies in diabetes management:

Label	Frequency	Percent	Valid Percent
Yes	120	79.5	81.6
Somewhat	25	16.6	17.0
Not at all	2	1.3	1.4
Total Valid	147	97.4	100.0
Total Missing	4	2.6	
Total	151	100.0	



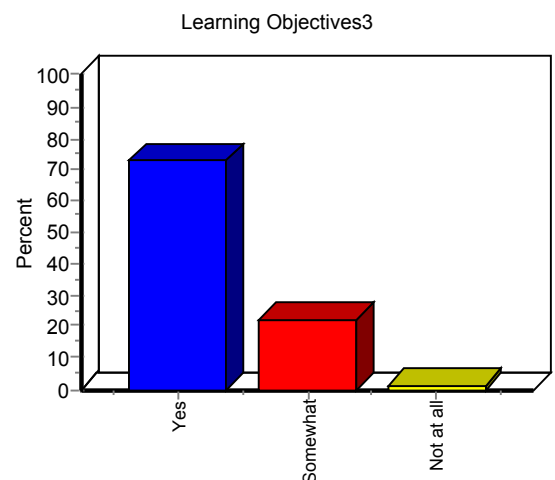
Upon completion of this activity, I can now - Discuss the prevalence of patients not achieving targeted blood pressure goals and the importance of Clinical or Therapeutic Inertia; Understand the role of combination therapy in management of Hypertension and current treatment guidelines; Recognize the impact of Renin-Angiotensin-Aldosterone system manipulation on global cardiovascular risk reduction; Discuss the role of newer agents in achieving blood pressure targets:

Label	Frequency	Percent	Valid Percent
Yes	128	84.8	85.9
Somewhat	20	13.2	13.4
Not at all	1	0.7	0.7
Total Valid	149	98.7	100.0
Total Missing	2	1.3	
Total	151	100.0	



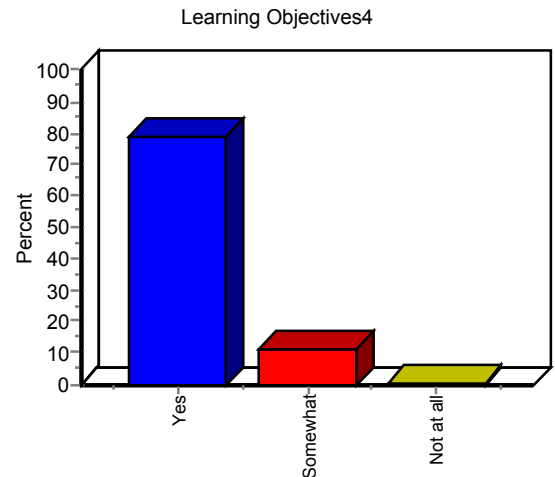
Upon completion of this activity, I can now - Discuss the various etiologies of female sexual dysfunction; Share current epidemiologic information describing the prevalence, incidence, societal burden and personal impact of female sexual dysfunction and its desire disorder of HSDD (hypoactive sexual desire disorder); Address conditions contributing to sexual dysfunction, e.g., depression, anxiety, diabetes, cardiovascular and neurological diseases, pelvic or abdominal surgery, and cancer; Engage in respectful, productive conversation with women regarding the role of sexual health in their overall well-being:

Label	Frequency	Percent	Valid Percent
Yes	110	72.8	75.3
Somewhat	34	22.5	23.3
Not at all	2	1.3	1.4
Total Valid	146	96.7	100.0
Total Missing	5	3.3	
Total	151	100.0	



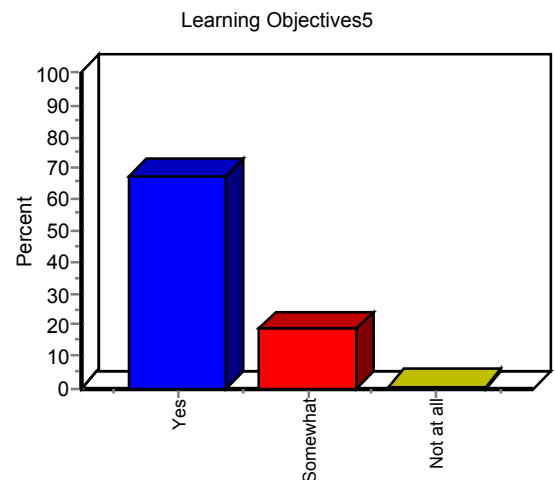
Upon completion of this activity, I can now - Discuss the prevalence of male hypogonadism; Order appropriate lab tests to make a diagnosis and understand the full scope of the problem; identify appropriate management strategies, utilizing traditional testosterone replacement therapies and newer modalities such as transdermal patches, gels and buccal tablets; monitor ongoing therapy more confidently to optimize outcomes and minimize morbidity:

Label	Frequency	Percent	Valid Percent
Yes	119	78.8	86.9
Somewhat	17	11.3	12.4
Not at all	1	0.7	0.7
Total Valid	137	90.7	100.0
Total Missing	14	9.3	
Total	151	100.0	



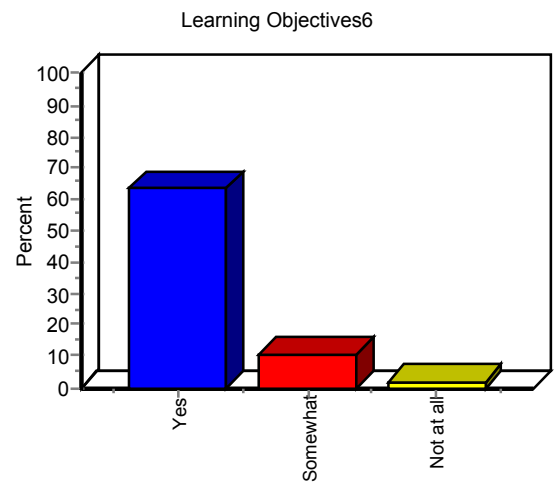
Upon completion of this activity, I can now - Recognize and diagnose Psoriasis and Psoriatic Arthritis (PsA) earlier, and institute appropriate initial treatment options; Discuss the burden and impact of Psoriasis and PsA; Recognize the systemic impact of Psoriasis and the relationship to the metabolic syndrome; Evaluate various management options for Psoriasis ad PsA and recognize which patients are candidates for systemic and biologic therapy; Understand novel therapeutic options in the management of Psoriasis:

Label	Frequency	Percent	Valid Percent
Yes	102	67.5	77.3
Somewhat	29	19.2	22.0
Not at all	1	0.7	0.8
Total Valid	132	87.4	100.0
Total Missing	19	12.6	
Total	151	100.0	



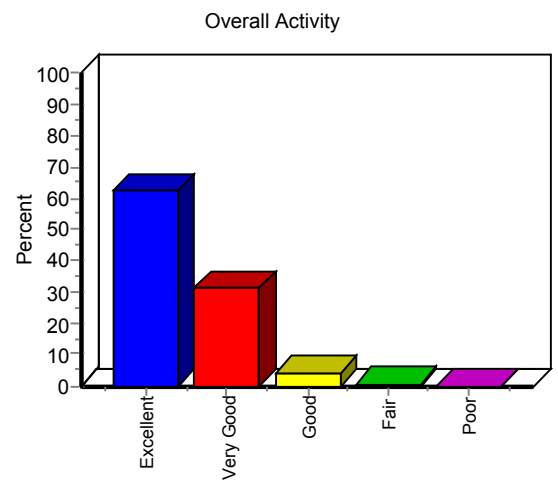
Upon completion of this activity, I can now - Explain the importance of the RANK/RANKL/OPG system in bone health and disease; Describe strategies to identify candidates for pharmacologic treatment; List available therapies for osteoporosis; Identify and overcome barriers to compliance and persistence with therapy:

Label	Frequency	Percent	Valid Percent
Yes	96	63.6	83.5
Somewhat	16	10.6	13.9
Not at all	3	2.0	2.6
Total Valid	115	76.2	100.0
Total Missing	36	23.8	
Total	151	100.0	



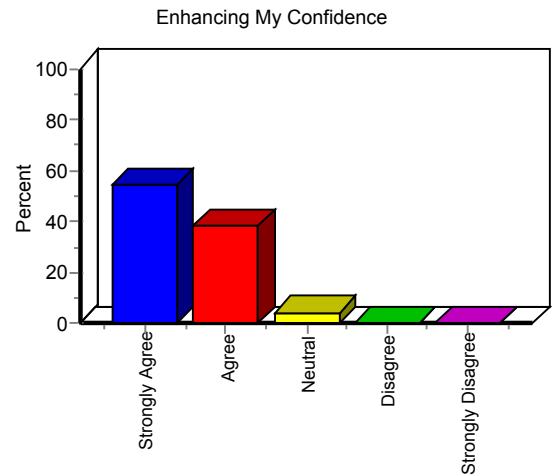
Overall, I would rate this activity as:

Label	Frequency	Percent	Valid Percent
Excellent	95	62.9	63.8
Very Good	47	31.1	31.5
Good	6	4.0	4.0
Fair	1	0.7	0.7
Poor	0	0.0	0.0
Total Valid	149	98.7	100.0
Total Missing	2	1.3	
Total	151	100.0	



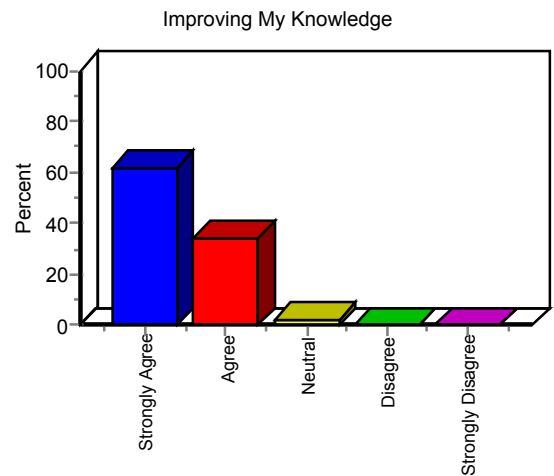
Overall, this activity was effective in enhancing my confidence in caring for patients with the condition(s) presented?

Label	Frequency	Percent	Valid Percent
Strongly Agree	82	54.3	56.2
Agree	58	38.4	39.7
Neutral	6	4.0	4.1
Disagree	0	0.0	0.0
Strongly Disagree	0	0.0	0.0
Total Valid	146	96.7	100.0
Total Missing	5	3.3	
Total	151	100.0	



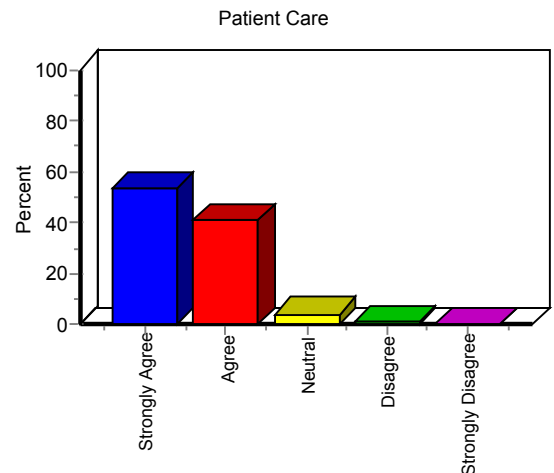
Overall, this activity was effective in improving my knowledge in the content areas presented:

Label	Frequency	Percent	Valid Percent
Strongly Agree	93	61.6	62.4
Agree	52	34.4	34.9
Neutral	4	2.6	2.7
Disagree	0	0.0	0.0
Strongly Disagree	0	0.0	0.0
Total Valid	149	98.7	100.0
Total Missing	2	1.3	
Total	151	100.0	



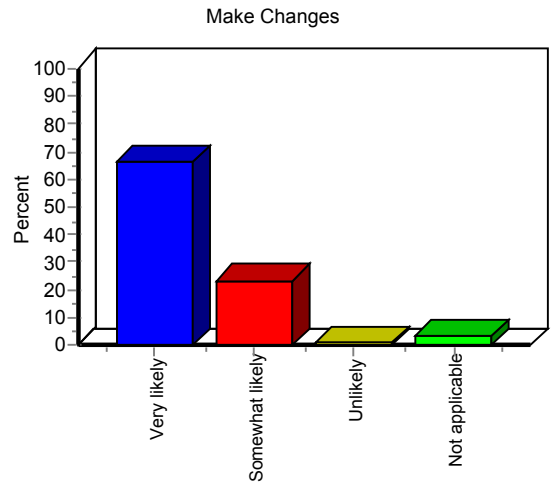
As a result of this activity, I have learned new strategies for patient care:

Label	Frequency	Percent	Valid Percent
Strongly Agree	80	53.0	53.7
Agree	62	41.1	41.6
Neutral	6	4.0	4.0
Disagree	1	0.7	0.7
Strongly Disagree	0	0.0	0.0
Total Valid	149	98.7	100.0
Total Missing	2	1.3	
Total	151	100.0	



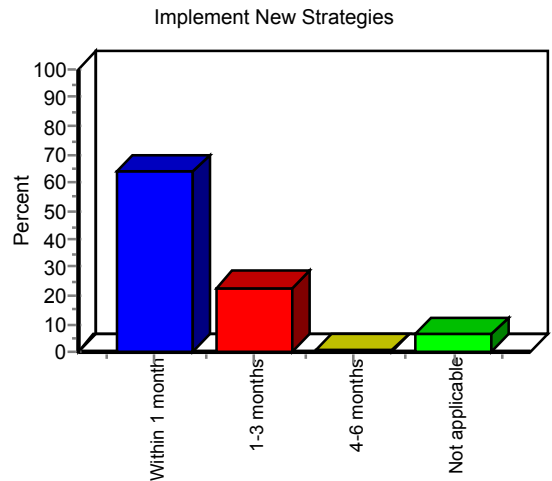
How likely are you to implement these new strategies in your practice?

Label	Frequency	Percent	Valid Percent
Very likely	100	66.2	70.9
Somewhat likely	35	23.2	24.8
Unlikely	1	0.7	0.7
Not applicable	5	3.3	3.5
Total Valid	141	93.4	100.0
Total Missing	10	6.6	
Total	151	100.0	



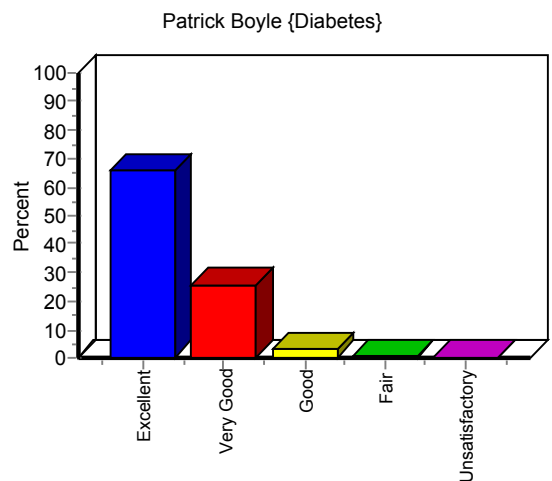
When do you intend to implement these new strategies into your practice?

Label	Frequency	Percent	Valid Percent
Within 1 month	97	64.2	68.8
1-3 months	34	22.5	24.1
4-6 months	1	0.7	0.7
Not applicable	9	6.0	6.4
Total Valid	141	93.4	100.0
Total Missing	10	6.6	
Total	151	100.0	



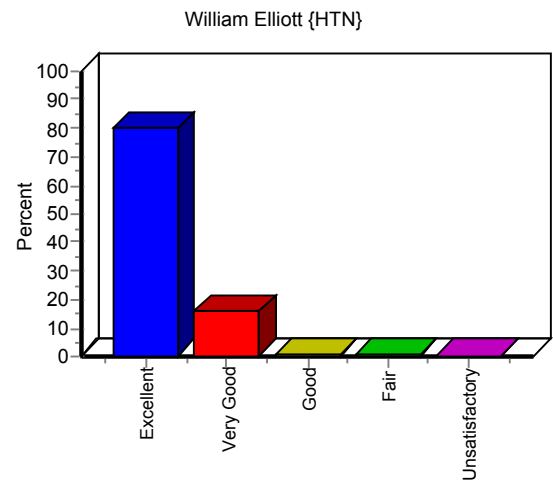
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Patrick Boyle, MD (Diabetes):

Label	Frequency	Percent	Valid Percent
Excellent	99	65.6	69.2
Very Good	38	25.2	26.6
Good	5	3.3	3.5
Fair	1	0.7	0.7
Unsatisfactory	0	0.0	0.0
Total Valid	143	94.7	100.0
Total Missing	8	5.3	
Total	151	100.0	



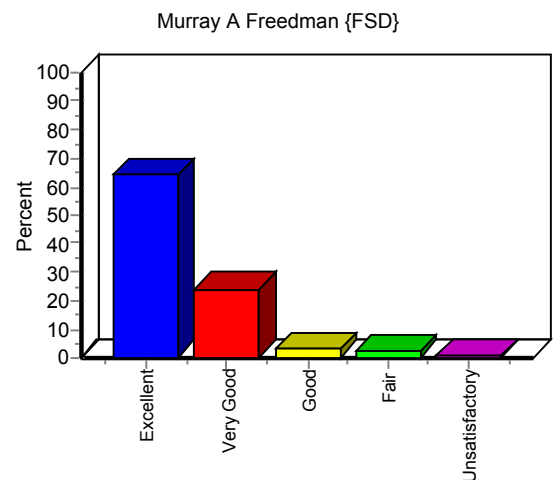
In terms of delivery of the presentation, please rate the effectiveness of the speaker: **William Elliot, MD, PhD, MD (HTN):**

Label	Frequency	Percent	Valid Percent
Excellent	121	80.1	82.3
Very Good	24	15.9	16.3
Good	1	0.7	0.7
Fair	1	0.7	0.7
Unsatisfactory	0	0.0	0.0
Total Valid	147	97.4	100.0
Total Missing	4	2.6	
Total	151	100.0	



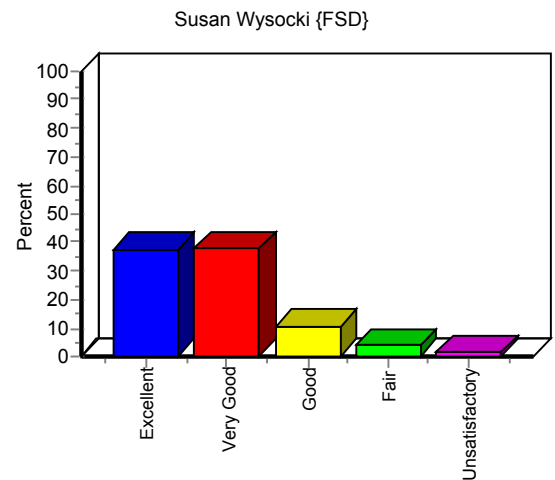
In terms of delivery of the presentation, please rate the effectiveness of the speaker: **Murray A. Freedman, MD (FSD):**

Label	Frequency	Percent	Valid Percent
Excellent	97	64.2	68.3
Very Good	36	23.8	25.4
Good	5	3.3	3.5
Fair	3	2.0	2.1
Unsatisfactory	1	0.7	0.7
Total Valid	142	94.0	100.0
Total Missing	9	6.0	
Total	151	100.0	



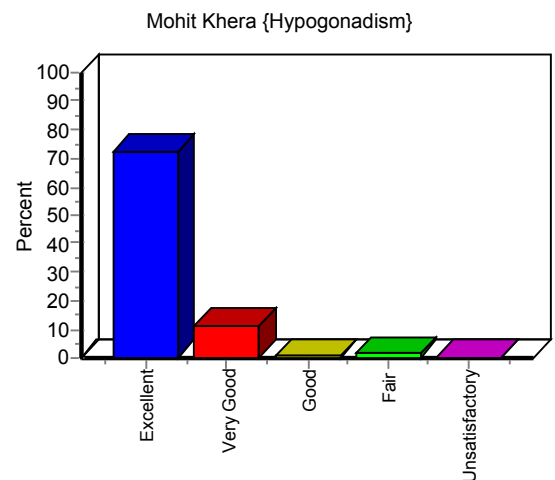
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Susan Wysocki, WHNP-BC (FSD):

Label	Frequency	Percent	Valid Percent
Excellent	56	37.1	40.9
Very Good	57	37.7	41.6
Good	16	10.6	11.7
Fair	6	4.0	4.4
Unsatisfactory	2	1.3	1.5
Total Valid	137	90.7	100.0
Total Missing	14	9.3	
Total	151	100.0	



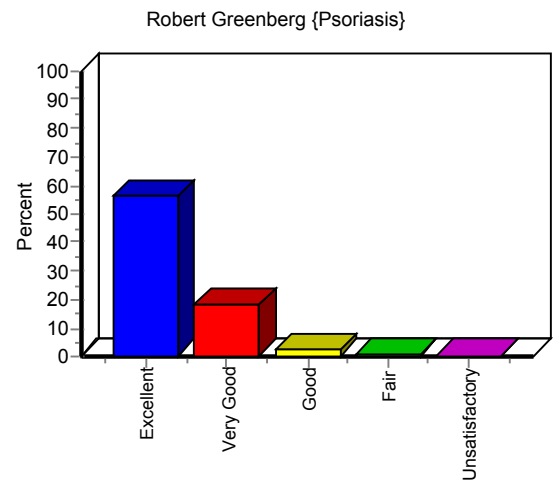
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Mohit Khera, MD (Hypogonadism):

Label	Frequency	Percent	Valid Percent
Excellent	109	72.2	84.5
Very Good	17	11.3	13.2
Good	1	0.7	0.8
Fair	2	1.3	1.6
Unsatisfactory	0	0.0	0.0
Total Valid	129	85.4	100.0
Total Missing	22	14.6	
Total	151	100.0	



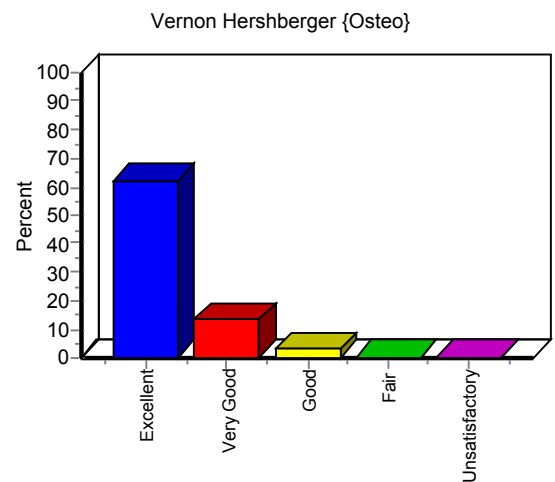
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Robert Greenberg, MD (Psoriasis):

Label	Frequency	Percent	Valid Percent
Excellent	85	56.3	72.6
Very Good	27	17.9	23.1
Good	4	2.6	3.4
Fair	1	0.7	0.9
Unsatisfactory	0	0.0	0.0
Total Valid	117	77.5	100.0
Total Missing	34	22.5	
Total	151	100.0	



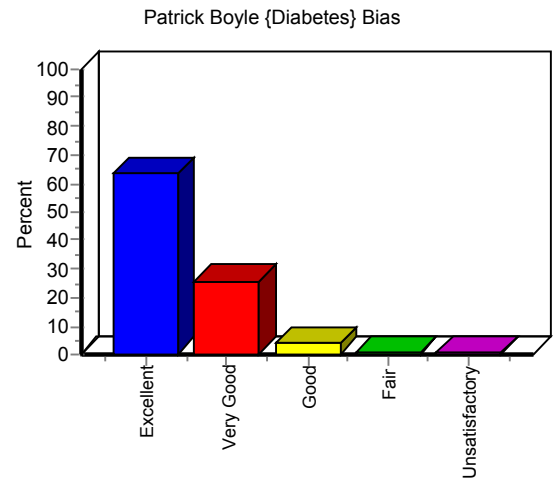
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Vernon Hershberger, MD (Osteo):

Label	Frequency	Percent	Valid Percent
Excellent	93	61.6	78.8
Very Good	20	13.2	16.9
Good	5	3.3	4.2
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	118	78.1	100.0
Total Missing	33	21.9	
Total	151	100.0	



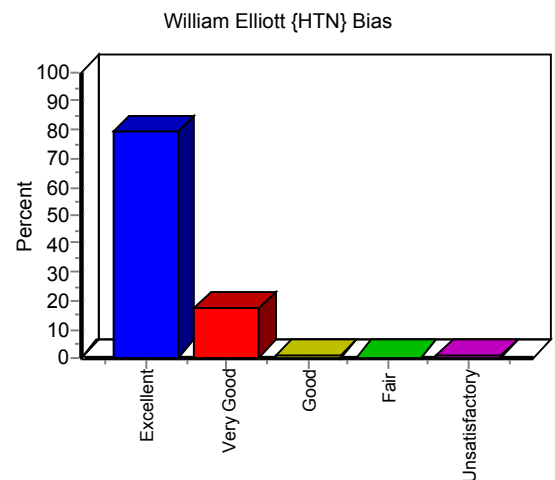
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Patrick Boyle, MD (Diabetes):

Label	Frequency	Percent	Valid Percent
Excellent	96	63.6	67.6
Very Good	38	25.2	26.8
Good	6	4.0	4.2
Fair	1	0.7	0.7
Unsatisfactory	1	0.7	0.7
Total Valid	142	94.0	100.0
Total Missing	9	6.0	
Total	151	100.0	



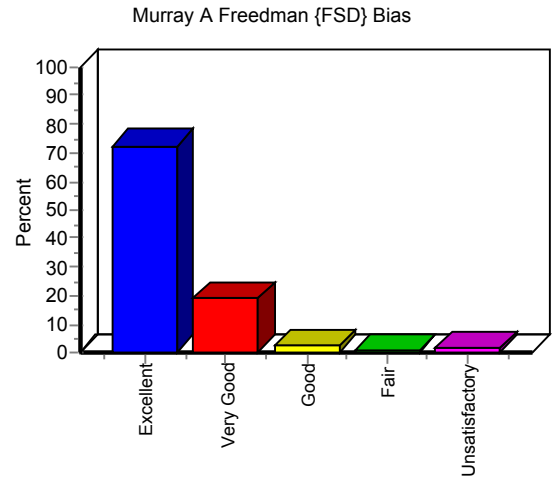
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? William Elliot, MD, PhD, MD (HTN):

Label	Frequency	Percent	Valid Percent
Excellent	119	78.8	81.0
Very Good	26	17.2	17.7
Good	1	0.7	0.7
Fair	0	0.0	0.0
Unsatisfactory	1	0.7	0.7
Total Valid	147	97.4	100.0
Total Missing	4	2.6	
Total	151	100.0	



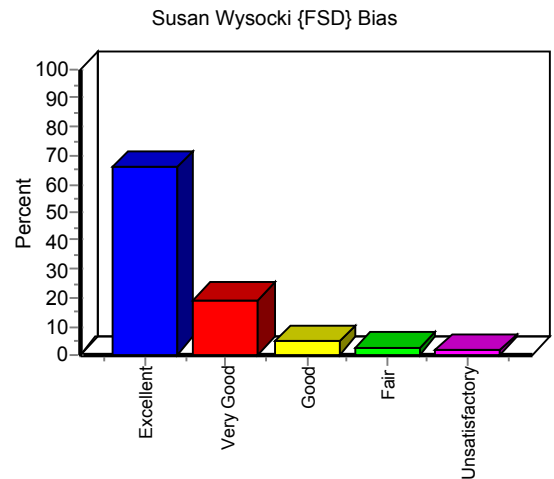
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Murray A. Freedman, MD (FSD):

Label	Frequency	Percent	Valid Percent
Excellent	109	72.2	76.2
Very Good	28	18.5	19.6
Good	3	2.0	2.1
Fair	1	0.7	0.7
Unsatisfactory	2	1.3	1.4
Total Valid	143	94.7	100.0
Total Missing	8	5.3	
Total	151	100.0	



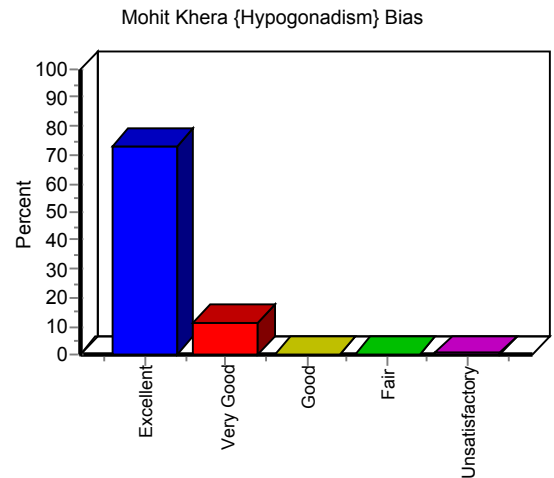
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Susan Wysocki, WHNP-BC (FSD):

Label	Frequency	Percent	Valid Percent
Excellent	99	65.6	70.2
Very Good	29	19.2	20.6
Good	7	4.6	5.0
Fair	4	2.6	2.8
Unsatisfactory	2	1.3	1.4
Total Valid	141	93.4	100.0
Total Missing	10	6.6	
Total	151	100.0	



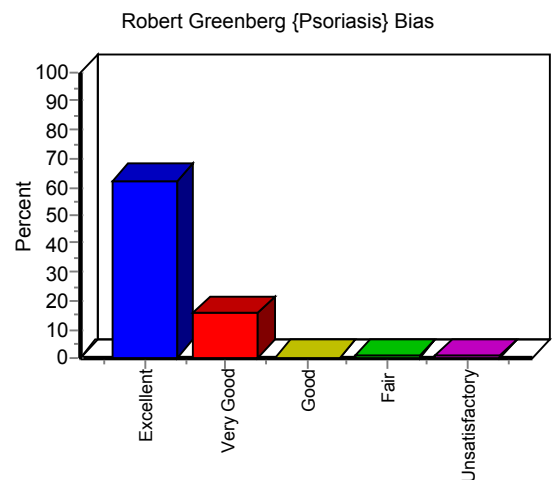
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Mohit Khera, MD (Hypogonadism):

Label	Frequency	Percent	Valid Percent
Excellent	111	73.5	86.0
Very Good	17	11.3	13.2
Good	0	0.0	0.0
Fair	0	0.0	0.0
Unsatisfactory	1	0.7	0.8
Total Valid	129	85.4	100.0
Total Missing	22	14.6	
Total	151	100.0	



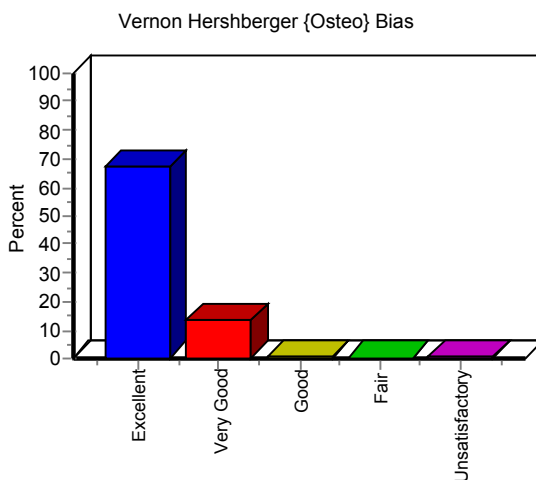
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Robert Greenberg, MD (Psoriasis):

Label	Frequency	Percent	Valid Percent
Excellent	93	61.6	78.2
Very Good	24	15.9	20.2
Good	0	0.0	0.0
Fair	1	0.7	0.8
Unsatisfactory	1	0.7	0.8
Total Valid	119	78.8	100.0
Total Missing	32	21.2	
Total	151	100.0	



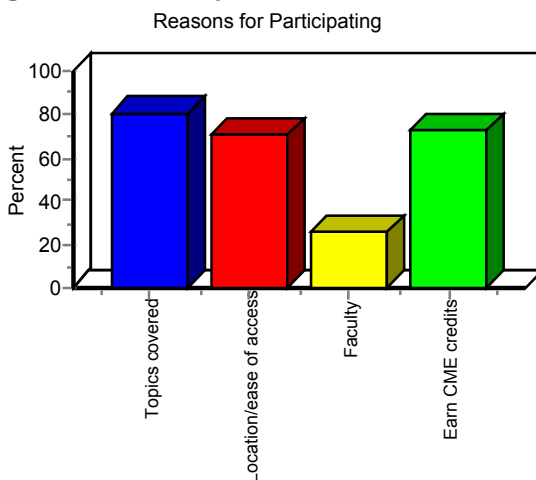
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Vernon Hershberger, MD (Osteo):

Label	Frequency	Percent	Valid Percent
Excellent	101	66.9	82.1
Very Good	20	13.2	16.3
Good	1	0.7	0.8
Fair	0	0.0	0.0
Unsatisfactory	1	0.7	0.8
Total Valid	123	81.5	100.0
Total Missing	28	18.5	
Total	151	100.0	



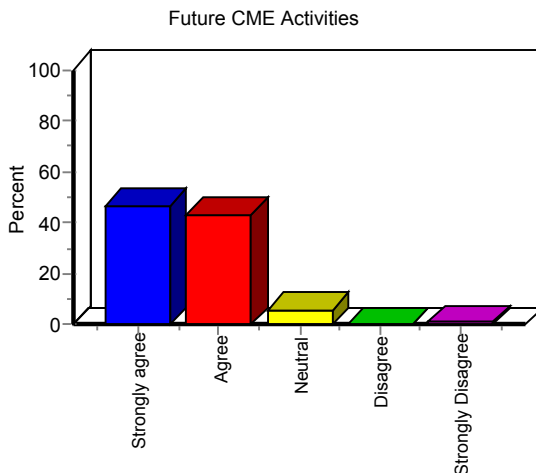
Which statement(s) best reflects your reasons for participating in this activity:

Label	Frequency	Percent	Valid Percent
Topics covered	121	80.1	82.3
Location/ease of access	106	70.2	72.1
Faculty	38	25.2	25.9
Earn CME credits	109	72.2	74.1
Total Valid	147	97.4	100.0
Total Missing	4	2.6	
Total	151	100.0	



Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent	Valid Percent
Strongly agree	71	47.0	48.3
Agree	66	43.7	44.9
Neutral	9	6.0	6.1
Disagree	0	0.0	0.0
Strongly Disagree	1	0.7	0.7
Total Valid	147	97.4	100.0
Total Missing	4	2.6	
Total	151	100.0	



What is your professional degree?

Comment
MSN
CNA

What is your specialty?

Comment
Family Practice
Internal Medicine x3
Women's Health
Psychiatry x2
Urology x2
Anesthesiology x2
Student Health
Urgent Care
Pediatrics
Oncology
Infectious Disease
Dermatology
Surgery
Nephrology x2

As a result of this activity, I have learned new strategies for patient care. List these strategies:

Comment
I have learned to effectively manage patients with DM, HTN, psoriasis, diagnose and treat hypogonadism, and communicate with patients regarding sexual dysfunction
Treatment of psoriasis with newer medications was interesting
Diabetics treatment strategies and sexual dysfunction- discuss with patients
Sexual data questionnaire to save time. Refer to immunologist rather than dermatologist. Send my partner for testosterone
Assessing hypogonadism and its treatment. Be more open discussing female sexual dysfunction in female patients
This was an interesting mix of topics. Some more relevant to my practice than others. However all of the speakers were informative and engaging. Thank you for coming to Anaheim. Please come back to this area for future CME conferences.
Including how to talk to patients comfortably regarding sex and stay professional about this topic
Confidence, Communication, and knowledge
Utilize new treatment modalities
Use of Exenatide/Liraglutide for Type II DM; combination therapy better started at the beginning of treatment of HTN; lab tests for hypogonadism
Greater use of Incretin based therapies for dmL patients. Consider use of ACEI and CCB in appropriate patients. Use the strategies learned to deal with female sexual dysfunction. Evaluate hypogonadism in male patient as well explained by the presenter Dr. Khera. Use methods learned for primary care management of psoriasis. Implement strategies for management of osteoporosis

Comment
Listen less to the drug people and more to the printed results. Encourage patient response to sexual comfort and then refer to proper treatment
Diabetic and hypertensing care reinforce treatment recommendations- enthusiasm in their presentation
More research
Managing diabetes mellitus; achieving targeted blood pressure; engaging in communication with women about sexual dysfunction
Effective use of meds for diabetes, HTN, SD
Use GIp-analogue for glycemic control instead of insulin. Use combo antihypertensive agents initially to lower BP. Use PLISSIT model when assessing patients. Check total morning testosterone level to check for hypogonadism. Consider biologic therapy as first line therapy for patients who are candidates for systemic treatment
Treatment of osteoporosis, psoriasis, and HPN
Use all new knowledge daily
We have acquired knowledge about the new medications which I started to use to accomplish better control on blood sugar and prevent complications
How to optimize therapy for diabetes and use of inject able therapies effectively, how to achieve hypertension control, how to initiate a conversation with female patients on female sexual dysfunction, how to treat males with hypogonadism, how to treat and approach patients with psoriasis in co-management with dermatologists, how to diagnose and treat osteoporosis
BP control to be 120/80
Type II DM- new ADA guidelines; HTN- STITCH; psoriasis- biologic treatment; osteoporosis- FRAX
More up to date treatment of DM and hypertension will affect my practice
Combination therapy is the best in treating HTN. The best strategy to deal with patients above re dysfunction is PLISSIT. Hypogonadism among 30-40 year olds are also common and needs screening and treatment. Biological therapy or psoriasis
Developed a new perspective on psoriasis; will D/C stepwise approach and strongly consider biologics as initial treatment; be more aggressive with male hypogonadism
Better bed-side manner
Use of GLR1 with patients who aren't well controlled, even while on basal insulin; use of ALE-I/CCB medications; using testosterone level with symptoms to treat; FRAX tool very helpful
It's well and good that we learn the best treatment strategy but no one realized the difficulty of using the best medicine with all the restrictions enforced by insurance companies
Will inquire female patients re sexual dysfunction. Better eval men sx from hypogonadism
Immunology for psoriasis; sxs hypogonadism- fatigue, depression, etc; FRAX calculation
Many of these conditions are not treated by an OB/GYN NP but it was a good review and good to be aware of current treatments
Individualizing therapeutic strategies; breaking down barriers; validate patient inquiries and concerns; acquiring and practicing new directions in patient care
I will discourage use of ARB and ACEI together for increase CV protection and renal protection
Follow the protocol of insulin intensification- 4T trial. The benazepril and amlodipine combination was superior to the benazepril and HCT2
Take care of sexual function if female
Become aware incretins- GLP1
PLISSIT and shepherding treatment
I have learned the newer treatments of these diseases which will allow me to make more informed decisions as I care for these patients as an anesthesiologist
Hot to use testosterone to treat hypogonadism; to consider GLP1 agonists more often; to use combo drugs for HTN early on when necessary; and how to approach patients with FSD
Newer treatments of DM; decrease usage of glyburide; better combinations of antihypertensives will be very useful when there are so many choices now; better discussions re FSD and more screening on hypogonadism

Comment
Tactics and strategies unique while discussing with patients
Importance of incorporating new drug therapies in current management and appropriate timing of referrals
Not to combine ACE and ARB in treatment HTN; CCB and ACE preferable than ACE and HCTb; FSD resources will be used and locate for sex therapists; application of calculation use of FRAX chart; check vitamin D level as part of routine blood test
Use PLISSIT to approach patient of sexuality issues; systematic and aggressive approach to manage psoriatic patient; check morning testosterone level to screen hypogonadism patient
Exenatide for DM2; treating systolic hypertension; discussing female sex dysfunction
In depth case approach to HTN and DM treatment
Excellent
Excellent topics, excellent speakers who have so much knowledge and talent to interpret, so everybody could understand and excell and those field. No doubt anybody can gain knowledge having this kind of conference or meetings
Consideration of newer treatment for type II DM; clarification of BP goal in HTN; openness and willingness to initiate discussion of sexual health
More involvement with the audience. I have learned more about combo therapy for DM and what is the goal with HTN patients as far as BP readings; more open dialogue with patients with FSD
Combination hypertensive therapy; brief more sexual dysfunction effectively; DXA and FRAX
To achieve recommended BP goals most patients require 2 or more antihypertensive agents
Avoid glyboride; keep GLP-1 in mind all the time; avoid NPH; control FBS first and then PPBS; not combine ACEI and ARB
Role of newer patient options of incretion analogs; role of combination therapy with current guidelines for HTN- Renin-angiotension and cardiovascular risk; hypogonadism algorithm, hypogonadism equals problems
Timing of specific lab draws; being aware of long term damage from psoriasis; stress goes up- cortisol and testosterone goes down
Communication regarding sexual dysfunction in female- how to start asking questions
Considering hypogonadism in male patients presenting with depression; possible decreasing frequency of use of sulfonylureas and instead consider initiating GLP1 analogue instead; skipping stepwise approach in treating psoriasis
Consider other treatments for DM other than sulfonylures consider low testosterone for low energy not just depression
ACEI or ARB amlodipin combination; avoid sulfonylures; aggressive treatment of psoriasis and male hypogonadism
Two drugs for blood pressure
Elicit a more open conversation regarding sexuality and caution use of Avardin
Best therapeutic choices for glycemic control; the amount of radiation is not the choice of anti-hypertension drugs; long-term monitoring testosterone; psoriasis needed systemic and biologic treatment
Control of DM and HTN; sexual history talking
Treat the total patient, be aggressive and follow closely if necessary
Talk about sexual concerns of patients
Newer drugs for treatment of diabetes and treat hypogonadism with confidence
How to diagnose and treat hypogonadism; new or standard treatments for psoriasis; better understanding of new HTN agents
Increase use of varied pharmacologic agents eg GLP-1 in DM; use increased screening for hypogonadism; systemic approach to psoriasis patients and management; FRAX tool and use
Will try new approaches to treat HPN and DM
Evaluating men for hypogonadism and improved strategies to evaluate and treat FSD
Stop using sulfonylureas; keep DM blood pressure 130/80; avoid the barriers that limit talk of FSD; best method of diagnosing low testosterone; recognizing first line therapy of psoriasis; use of FRAX score
Psoriasis and hypogonadism
Discuss/consider Quantifaron Gold for TB testing for psoriatic patients. I will discuss the Burdens of Illness more so with psoriatic patients

Comment
Evaluating patients current med lists to see what possible changes could be made to improve their underlying contributing factors to vascular disease
More confidence starting biologics in psoriasis through referral; better screening for hypogonadism; better DM and HTN control using recommended treatment modalities; managing co-morbidities with psoriasis; addressing female sexuality; osteoporosis screening and initiating pharmacologics
Use GLP agonist
Case studies
Better control diabetes and injections
In elderly patients mean BP is normally high and FSD- more open to patient
Metformin will not improve significantly the short or long term glycemia. Manipulation of Renin-Angiotensin-Aldosteron system; new NOF guidelines to treat osteoporosis. GETTER- what is this? On Stitch HTN Slide Conclusion last sentence
I will now use combination drug therapy in hypertension
Refreshing continued education on HTN meds
Will ask my patients about sexual health more routinely
Avoid hypoglycemia and decrease Glyburide use; refer patients with psoriasis to immunology instead of dermatology; will try to introduce Nebivolol; use PLISSIT model; males who complain of depression should be checked for hypogonadism; don't forget to screen patients for BMD
Start GLP-1 agonists or DPP-4 earlier in DM management. Be more proactive in addressing female sexual dysfunction and male hypogonadism
I now feel more comfortable with giving testosterone replacement. The hypertension lecture was excellent and definitely clinically useful

What topics would you like to see offered as CME activities in the future?

Comment
Ortho topics and common office procedures
Sleep disorder and rheumatoid disorder
Case studies
GI cancer and asthma
Thyroid problems, Afib, and CHF
Lipids, asthma, CHF, CAD
Women's health
Respiratory and HIV
Autism
Women's health
GI disorder
Pediatrics asthma and childhood obesity
Resistant HTN, endocrinal emergencies, CHF, Afib, HIV, STD, and infections in geriatric populations
Chronic kidney disease and joint pain
Allergy and immunology
Geriatrics
Endocrine disorders and thyroid
GERD
Women's health related topics like menorrhagia, ovarian cancer, uterine cancer, and breast cancer
Stroke
Antibiotic therapy, pain management, and dyslipidemia
Updates periodically
Sports medicine for primary care physicians, aging, and geriatrics disorders and management

Comment
Management of common fractures, updates in asthma treatment, pain management, and immunizations for adults
Nephrology
Allergies and problems with insurances or health plans
Papsmear, OCP, and post menopause
Rheumatoid Arthritis and metabolic syndrome
Cardiology
Any
Thyroid disease and dermatology
Pharmacology and side effects of drugs
Ophthalmic pathology and ear pathology
More dermatology! Medical management of female hormone RT
HIV update, STD, ACS, and dermatology
Neurogenic bladder and pelvic floor disorder
Asthma, infectious diseases, and gerontology topics
DM, HTN, Thyroid, dermatological diagnosis and treatment
Breast cancer and prostate cancer
Joint replacement, congestive heart failure, emphysema, Obama healthcare, back pain, and weight loss
All dermatology topics and gynecology and fibroid tumors
Obesity
Dermatology and ophthalmology
Dermatology and ENT
DM HTN
Musculoskeletal problems- diagnosis and treatment
Any subject in Ob-Gyn
Hi tech and medicine reflexology
Pulmonary Arenal Hypertension, Peripheral Arterial Disease, and treatment of common MSK injuries
Treatments for acne
Student health topics
Ob-Gyn, ortho, and neurology
Dermatology and neurology
Diabetes, HTN, Hypogonadism, and psoriasis
Hepatitis management especially type C
Asthma, pediatric exzema, pediatric constipation
Hepatitis ABCD and depression or anxiety
Urological problems
Difibrillator implants and total knee replacements
Any topics related to primary care
Pediatric topics
Thyroid abnormalities
Hypothyroidism and hyperthyroidism
Sleep apnea for primary care and chronic pain with methadone and how to manage it
Treatment plant for Type I diabetes
Treatment of hypertension with exercises and not medications
Hyperlipidemia and CAD prevention
Asthma and pulmonary HTN
Prostatism and obesity
Medical management of female sexual dysfunction
Auto-immune diseases
Liver disease

Comment
Add ADHD-peds and mental health topics
Obesity and thyroid disease
Vascular screening in primary care
More dermatology conditions seen in primary care
Strokes and brain injury
Male hormone replacement therapy
Appropriate use of diagnostic imaging techniques- CT, MRI, PET, SPECT, digital mammogram- advantages, disadvantages, and complimentary findings
Ob-Gyn
Thyroid disorders and current treatment modalities
Update on STD treatments
More regarding geriatrics and woman health
Gastroenterology
Hormone replacement for women with female sexual dysfunction

Additional comments:

Comment
Excellent speakers especially Drs. Boyle, Elliott, and Khera
Thank you very much
Thank you for offering a free CME activity. Broad choice of topics but they were interesting and relevant to my practice.
STDs, family planning, and women's health
A well organized educational event. I enjoyed learning and review process. Thank you
Great topics for today's conference
Thanks to organizers and all speakers. All should avoid abbreviating
Need more concrete suggestions on treating decreased libido
Thank you for the excellent conference
I really enjoyed this conference. The speakers were excellent and I learned a lot
Location of this conference is 5 star! Room a bit too cold though. This syllabus provided is useful, comprehensive, and easy to follow. Thumbs up for this
Dr. Boyle was excellent
Very well organized meeting- congratulations
Thank you
Excellent handout- thanks
Thank you
Female sexual dysfunction- I would like to have heard more specifically about use of HRT and the type of women that should not use it
Very informative presentation and useful for practice
Thanks- great speakers
Well arranged by staff- good conference
Thanks
FSD talk was good but did not need 2 hours. Enjoyed the selection of topics and speakers. Please have an additional or please move conference to the Los Angeles area
Thank you
Good conference
Great lectures
Excellent

Comment
Great topics
All subjects presented are very important! All of the faculty members are excellent and excellent location
I would recommend your program to a colleague
Excellent CME program
Thanks
Thanks for the five live CME credits. Much appreciated
Thyroid disorder, psychiatric disorder, GYN disorder, arthritic disorder, anemia, hyper and hypo calcemia for next topics
Thank you very much
Overall good presentation
Very good
I like the presentation of Dr. Khera and his syllabus the most
Good CME
Excellent CME
Excellent speakers
More CME about ENT and enlarge prostate and different ways of treating
Excellent one day CME! Thanks
Make available in mp3 or CD format- topics discussed; downloadable format; better use of knowledge and learning of excellent medical conferences. It is easier, faster, better storage and fingertip available dates to review and discern change implementation for patient in office setting in 2010 even with Google, U-tube. Your topics and discussion are excellent, practical approach
Very good presentations
Thank you for an excellent program
Thank you
Door monitor for the first lecture for all the late people
Dr. Elliott- interesting but too much dry humor can be confusing for the learners. Dr. Murray Freedman- good, informative; Other speakers were also interesting and informative. Enjoyed the selection of topics as well.
Excellent vignettes
Thanks
Ob-Gyns are becoming more and more like doctors and these types of topics are welcome. Thanks
I enjoyed this day of CME. Great speakers, topics and handout. Excellent location. Thank you for asking our input
Excellent presentation. Thank you
Well done
Thank you