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

*May 15, 2010  
Atlanta, GA  
Atlanta Marriott Perimeter Center*

**Course Director**  
**Gregg Sherman, MD**

**Activity Director**  
**Michelle Frisch, MPH, CCMEP**

**Program Evaluation**  
**May 24, 2010**

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

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, Osteoporosis and Rheumatoid Arthritis.

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.

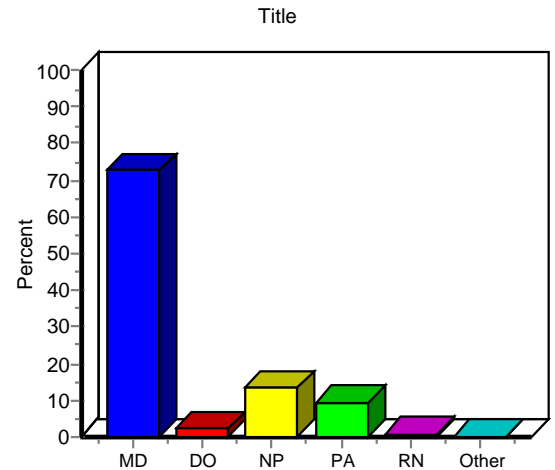
Two hundred twelve healthcare practitioners registered to attend ***Emerging Challenges in Primary Care: 2010*** in Atlanta, GA. One hundred twenty four healthcare practitioners actually attended this conference. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. One hundred eighteen 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 7.25 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

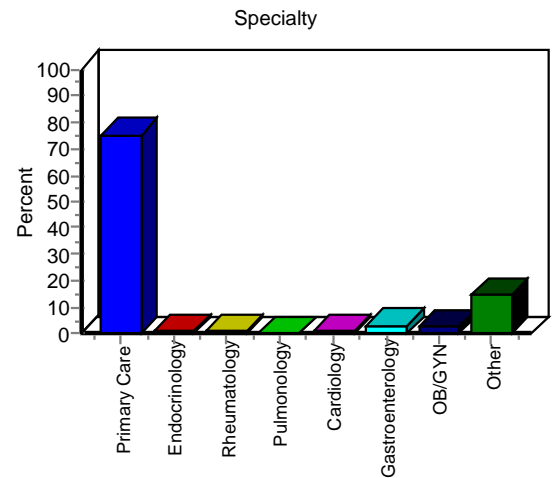
### What is your professional degree?

Label	Frequency	Percent	Valid Percent
MD	86	72.9	73.5
DO	3	2.5	2.6
NP	16	13.6	13.7
PA	11	9.3	9.4
RN	1	0.8	0.9
Other	0	0.0	0.0
Total Valid	117	99.2	100.0
Total Missing	1	0.8	
Total	118	100.0	



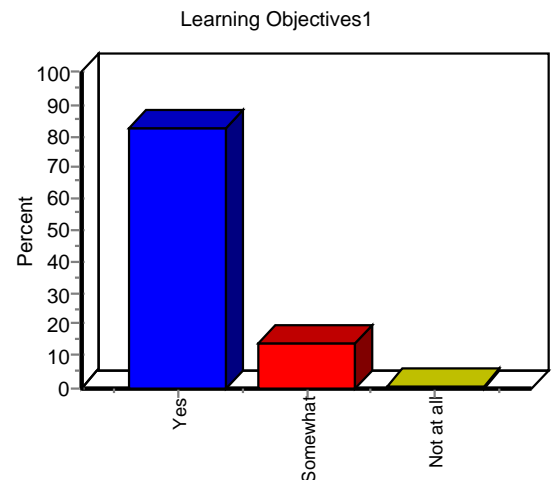
### What is your specialty?

Label	Frequency	Percent	Valid Percent
Primary Care	88	74.6	76.5
Endocrinology	1	0.8	0.9
Rheumatology	1	0.8	0.9
Pulmonology	0	0.0	0.0
Cardiology	1	0.8	0.9
Gastroenterology	4	3.4	3.5
OB/GYN	3	2.5	2.6
Other	17	14.4	14.8
Total Valid	115	97.5	100.0
Total Missing	3	2.5	
Total	118	100.0	



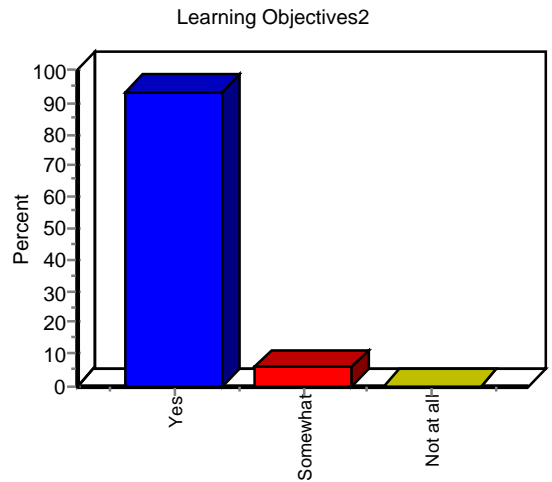
**Upon completion of this activity, I can now - Discuss the pathogenesis of hyperglycemia; Make more effective decisions towards optimizing therapy; Explain the effectiveness of diet and exercise in treatment of diabetes at each stage of disease; Recognize the impact of treatment on cardiovascular disease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

Label	Frequency	Percent	Valid Percent
Yes	97	82.2	84.3
Somewhat	17	14.4	14.8
Not at all	1	0.8	0.9
Total Valid	115	97.5	100.0
Total Missing	3	2.5	
Total	118	100.0	



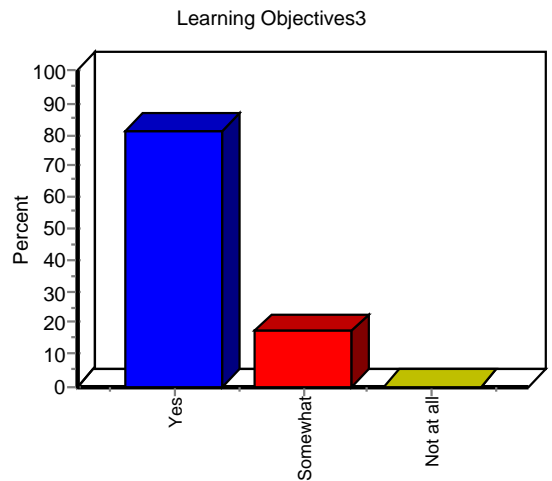
**Upon completion of this activity, I can now - Discuss the prevalence of patients not achieving targeted blood pressure goals and the importance of Clinical or Therapeutic Inertia; Understand the role of combination therapy in management of Hypertension and current treatment guidelines; Recognize the 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	110	93.2	94.0
Somewhat	7	5.9	6.0
Not at all	0	0.0	0.0
Total Valid	117	99.2	100.0
Total Missing	1	0.8	
Total	118	100.0	



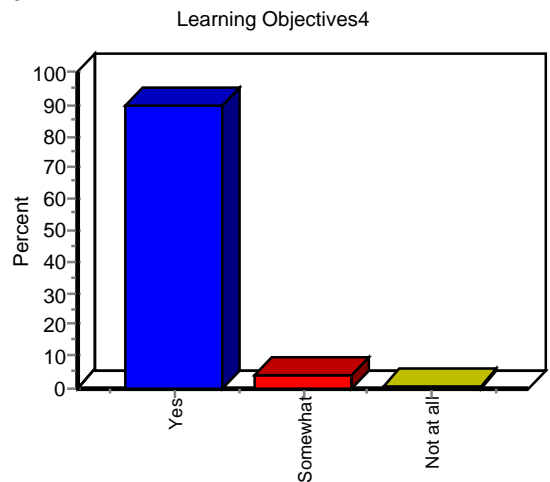
**Upon completion of this activity, I can now - Discuss the various etiologies of female sexual dysfunction; Share current epidemiologic information describing the prevalence, incidence, societal burden and personal impact of female sexual dysfunction and its desire disorder of HSDD (hypoactive sexual 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	96	81.4	82.1
Somewhat	21	17.8	17.9
Not at all	0	0.0	0.0
Total Valid	117	99.2	100.0
Total Missing	1	0.8	
Total	118	100.0	



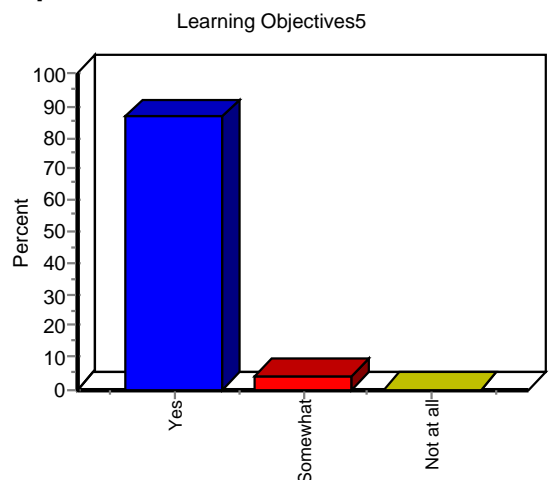
**Upon completion of this activity, I can now - Discuss the prevalence of male hypogonadism; Order appropriate lab tests to make a diagnosis and understand the full scope of the problem; identify appropriate management strategies, utilizing traditional testosterone replacement therapies and newer modalities 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	106	89.8	94.6
Somewhat	5	4.2	4.5
Not at all	1	0.8	0.9
Total Valid	112	94.9	100.0
Total Missing	6	5.1	
Total	118	100.0	



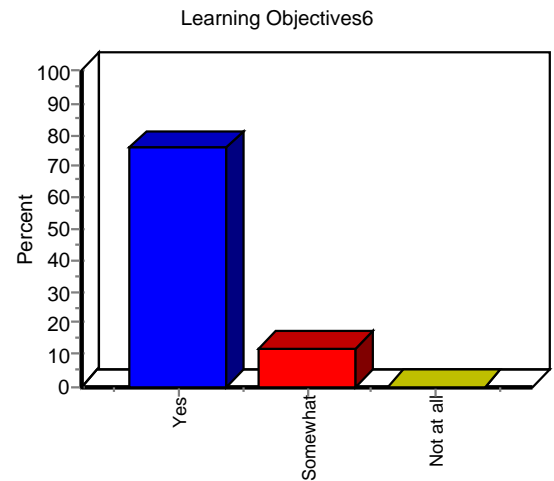
**Upon completion of this activity, I can now - Define criteria for diagnosis of RA; Outline potential benefits of early RA diagnosis and aggressive management; Describe the clinical rationale for why the tumor necrosis factor inhibitors and the newer biologics have the potential to improve outcomes; Summarize the efficacy and safety of the available biologics; Utilize referrals to arthritis specialists when necessary, and initiate prompt treatment if a specialist appointment is not readily available; Examine appropriate RA patient management through a collaborative approach with arthritis specialists, physical therapists, and occupational therapists:**

Label	Frequency	Percent	Valid Percent
Yes	102	86.4	95.3
Somewhat	5	4.2	4.7
Not at all	0	0.0	0.0
Total Valid	107	90.7	100.0
Total Missing	11	9.3	
Total	118	100.0	



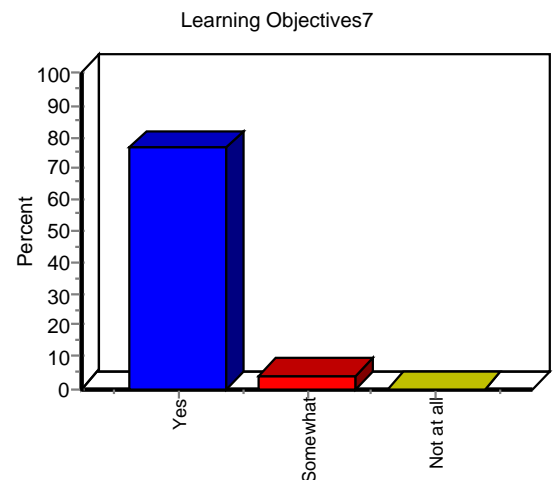
**Upon completion of this activity, I can now - Recognize and diagnose Psoriasis and Psoriatic Arthritis (PsA) earlier, and institute appropriate initial treatment options; Discuss the burden and impact of Psoriasis and PsA; Recognize the systemic impact of Psoriasis and the relationship to the metabolic 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	89	75.4	86.4
Somewhat	14	11.9	13.6
Not at all	0	0.0	0.0
Total Valid	103	87.3	100.0
Total Missing	15	12.7	
Total	118	100.0	



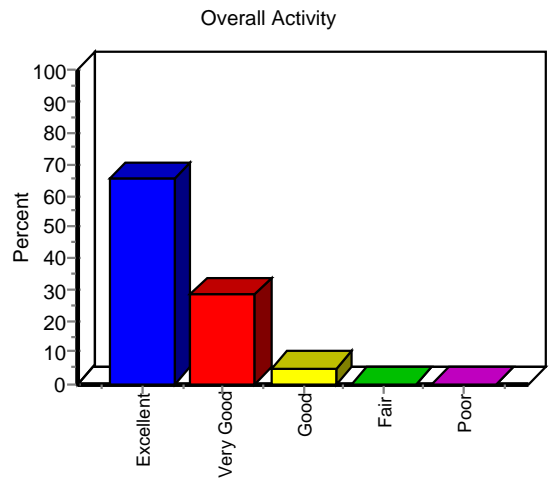
**Upon completion of this activity, I can now - Explain the importance of the RANK/RANKL/OPG system in bone health and disease; Describe strategies to identify candidates for pharmacologic treatment; List available therapies for osteoporosis; Identify and overcome barriers to compliance and persistence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

Label	Frequency	Percent	Valid Percent
Yes	90	76.3	94.7
Somewhat	5	4.2	5.3
Not at all	0	0.0	0.0
Total Valid	95	80.5	100.0
Total Missing	23	19.5	
Total	118	100.0	



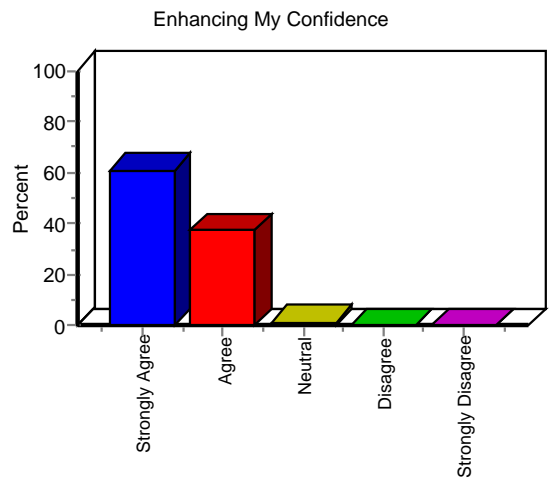
**Overall, I would rate this activity as:**

Label	Frequency	Percent	Valid Percent
Excellent	77	65.3	65.8
Very Good	34	28.8	29.1
Good	6	5.1	5.1
Fair	0	0.0	0.0
Poor	0	0.0	0.0
Total Valid	117	99.2	100.0
Total Missing	1	0.8	
Total	118	100.0	



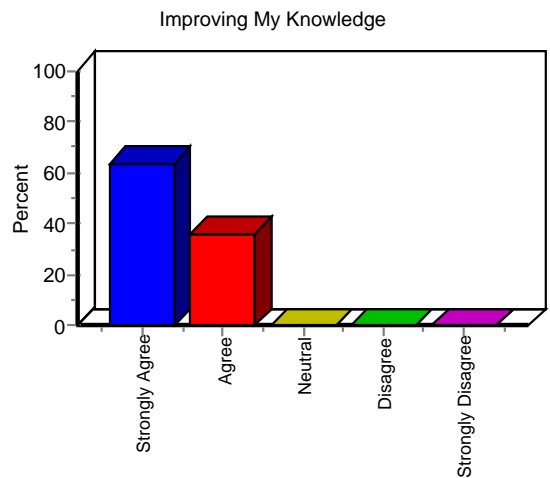
**Overall, this activity was effective in enhancing my confidence in caring for patients with the condition(s) presented?**

Label	Frequency	Percent	Valid Percent
Strongly Agree	72	61.0	61.0
Agree	44	37.3	37.3
Neutral	2	1.7	1.7
Disagree	0	0.0	0.0
Strongly Disagree	0	0.0	0.0
Total Valid	118	100.0	100.0



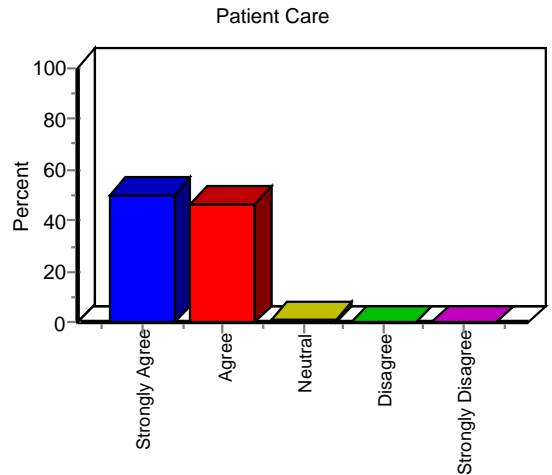
**Overall, this activity was effective in improving my knowledge in the content areas presented:**

Label	Frequency	Percent	Valid Percent
Strongly Agree	75	63.6	64.1
Agree	42	35.6	35.9
Neutral	0	0.0	0.0
Disagree	0	0.0	0.0
Strongly Disagree	0	0.0	0.0
Total Valid	117	99.2	100.0
Total Missing	1	0.8	
Total	118	100.0	



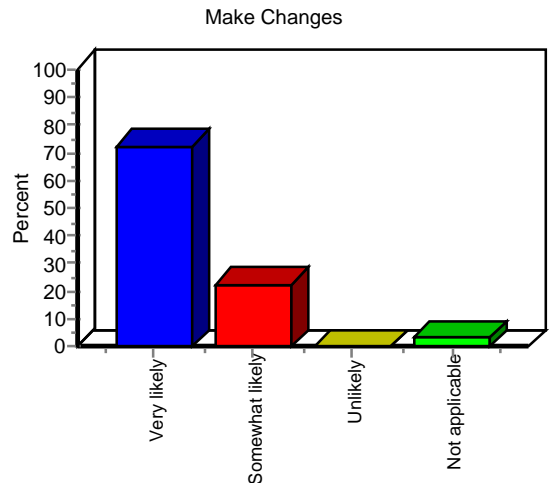
**As a result of this activity, I have learned new strategies for patient care:**

Label	Frequency	Percent	Valid Percent
Strongly Agree	59	50.0	50.9
Agree	55	46.6	47.4
Neutral	2	1.7	1.7
Disagree	0	0.0	0.0
Strongly Disagree	0	0.0	0.0
Total Valid	116	98.3	100.0
Total Missing	2	1.7	
Total	118	100.0	



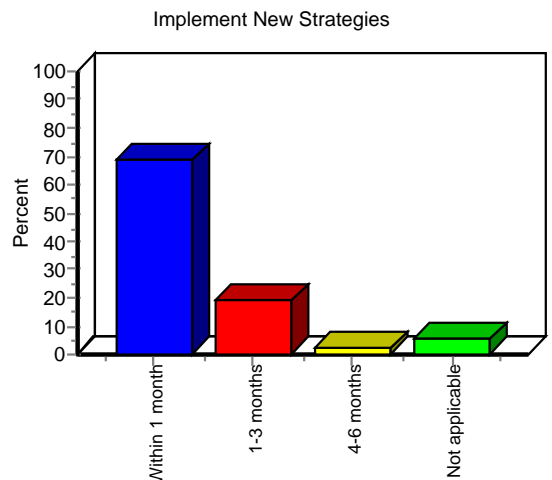
**How likely are you to implement these new strategies in your practice?**

Label	Frequency	Percent	Valid Percent
Very likely	85	72.0	73.9
Somewhat likely	26	22.0	22.6
Unlikely	0	0.0	0.0
Not applicable	4	3.4	3.5
Total Valid	115	97.5	100.0
Total Missing	3	2.5	
Total	118	100.0	



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

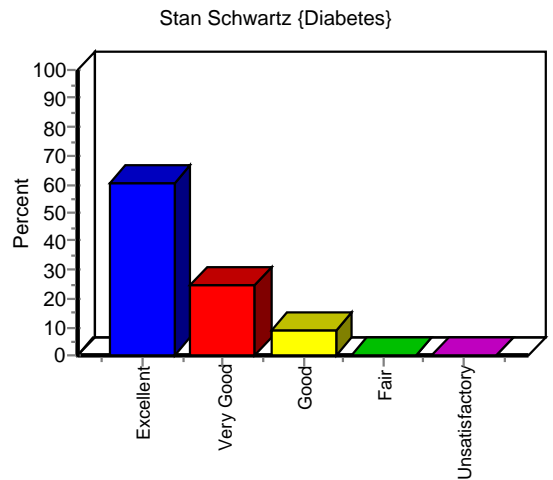
Label	Frequency	Percent	Valid Percent
Within 1 month	81	68.6	72.3
1-3 months	22	18.6	19.6
4-6 months	3	2.5	2.7
Not applicable	6	5.1	5.4
Total Valid	112	94.9	100.0
Total Missing	6	5.1	
Total	118	100.0	





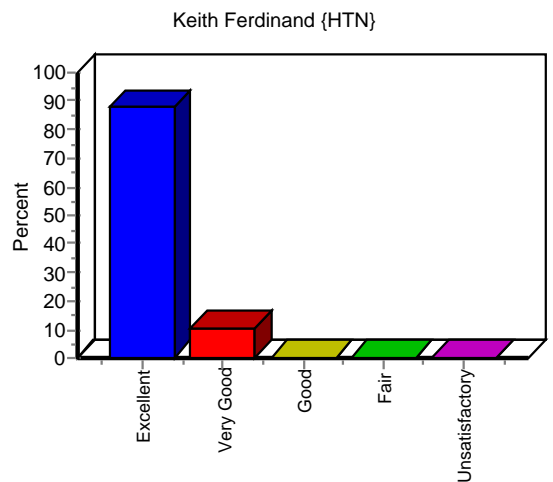
**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Stan Schwartz, MD (Diabetes):**

Label	Frequency	Percent	Valid Percent
Excellent	71	60.2	64.0
Very Good	29	24.6	26.1
Good	11	9.3	9.9
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	111	94.1	100.0
Total Missing	7	5.9	
Total	118	100.0	



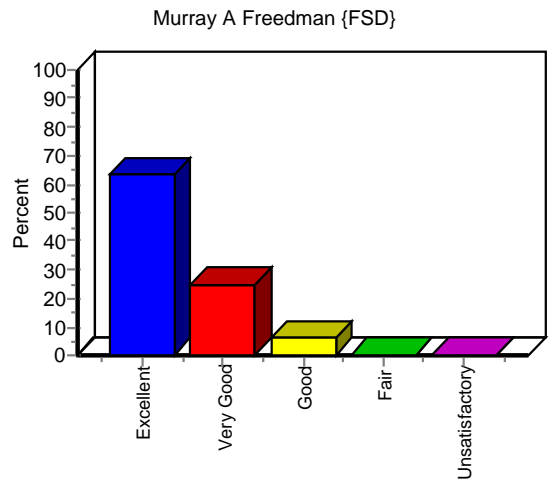
**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Keith Ferdinand, MD (HTN):**

Label	Frequency	Percent	Valid Percent
Excellent	104	88.1	89.7
Very Good	12	10.2	10.3
Good	0	0.0	0.0
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	116	98.3	100.0
Total Missing	2	1.7	
Total	118	100.0	



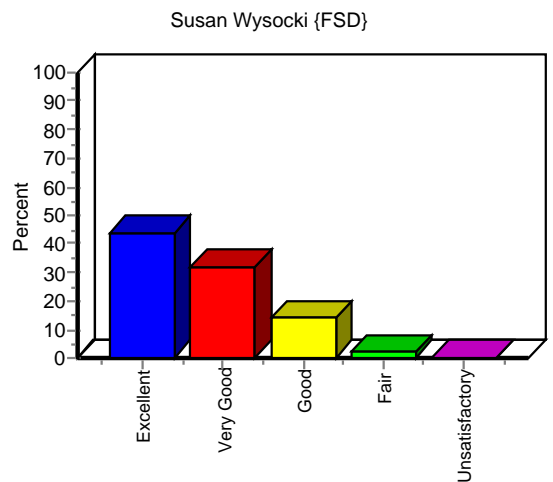
**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Murray A. Freedman, MD (FSD):**

Label	Frequency	Percent	Valid Percent
Excellent	75	63.6	67.6
Very Good	29	24.6	26.1
Good	7	5.9	6.3
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	111	94.1	100.0
Total Missing	7	5.9	
Total	118	100.0	



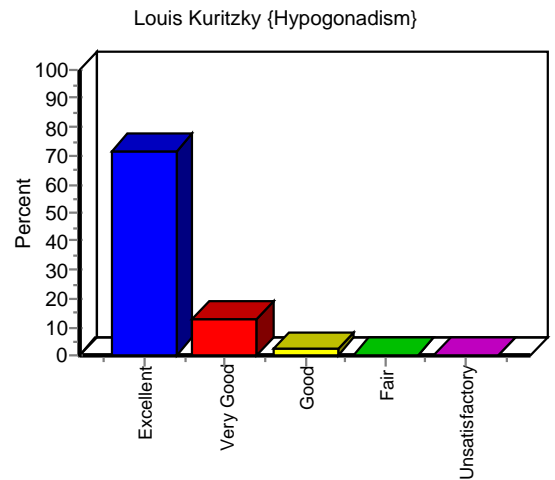
**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Susan Wysocki, WHNP-BC (FSD):**

Label	Frequency	Percent	Valid Percent
Excellent	52	44.1	47.3
Very Good	38	32.2	34.5
Good	17	14.4	15.5
Fair	3	2.5	2.7
Unsatisfactory	0	0.0	0.0
Total Valid	110	93.2	100.0
Total Missing	8	6.8	
Total	118	100.0	



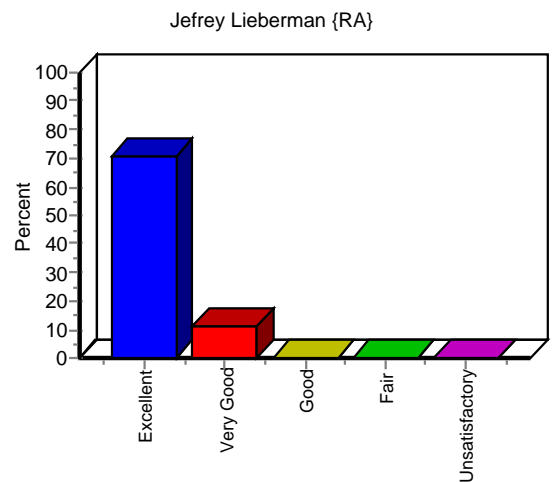
**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Louis Kuritzky, MD (Hypogonadism):**

Label	Frequency	Percent	Valid Percent
Excellent	85	72.0	82.5
Very Good	15	12.7	14.6
Good	3	2.5	2.9
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	103	87.3	100.0
Total Missing	15	12.7	
Total	118	100.0	



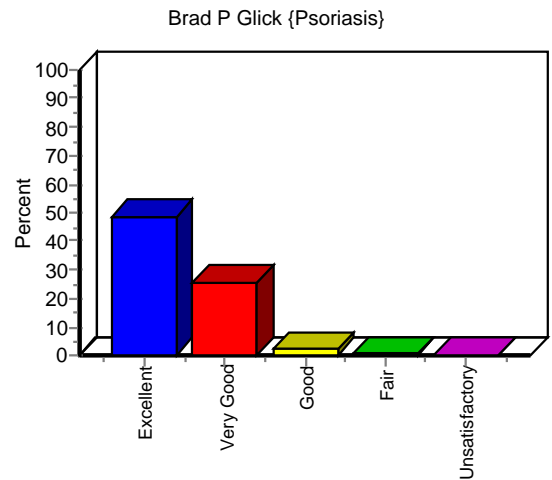
**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Jeffrey Lieberman, MD (RA):**

Label	Frequency	Percent	Valid Percent
Excellent	84	71.2	86.6
Very Good	13	11.0	13.4
Good	0	0.0	0.0
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	97	82.2	100.0
Total Missing	21	17.8	
Total	118	100.0	



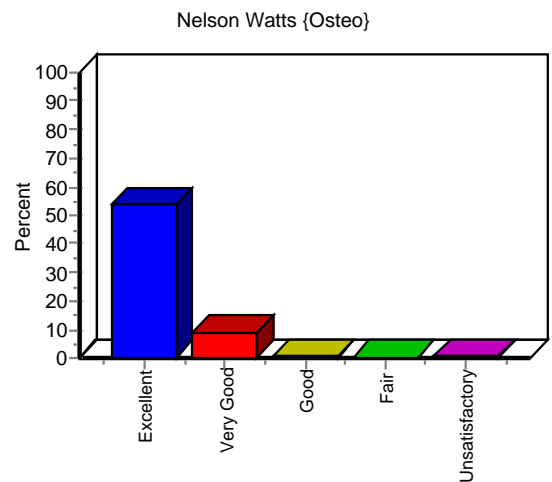
In terms of delivery of the presentation, please rate the effectiveness of the speaker: **Brad P. Glick, DO (Psoriasis):**

Label	Frequency	Percent	Valid Percent
Excellent	57	48.3	62.6
Very Good	30	25.4	33.0
Good	3	2.5	3.3
Fair	1	0.8	1.1
Unsatisfactory	0	0.0	0.0
Total Valid	91	77.1	100.0
Total Missing	27	22.9	
Total	118	100.0	



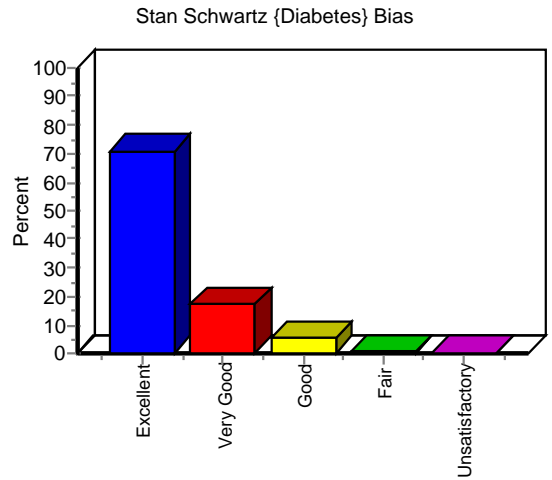
In terms of delivery of the presentation, please rate the effectiveness of the speaker: **Nelson Watts, MD (Osteo):**

Label	Frequency	Percent	Valid Percent
Excellent	63	53.4	82.9
Very Good	11	9.3	14.5
Good	1	0.8	1.3
Fair	0	0.0	0.0
Unsatisfactory	1	0.8	1.3
Total Valid	76	64.4	100.0
Total Missing	42	35.6	
Total	118	100.0	



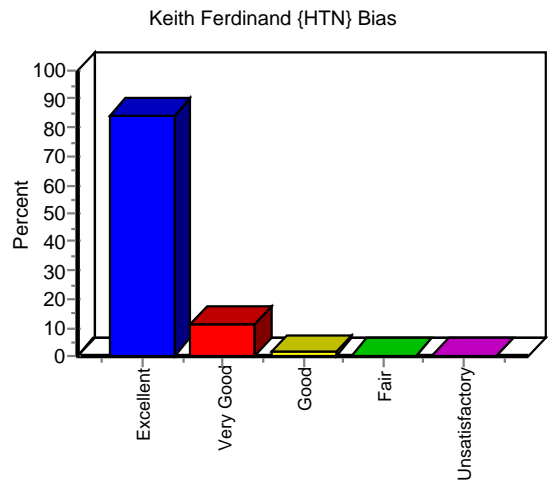
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Stan Schwartz, MD (Diabetes):**

Label	Frequency	Percent	Valid Percent
Excellent	84	71.2	75.7
Very Good	20	16.9	18.0
Good	6	5.1	5.4
Fair	1	0.8	0.9
Unsatisfactory	0	0.0	0.0
Total Valid	111	94.1	100.0
Total Missing	7	5.9	
Total	118	100.0	



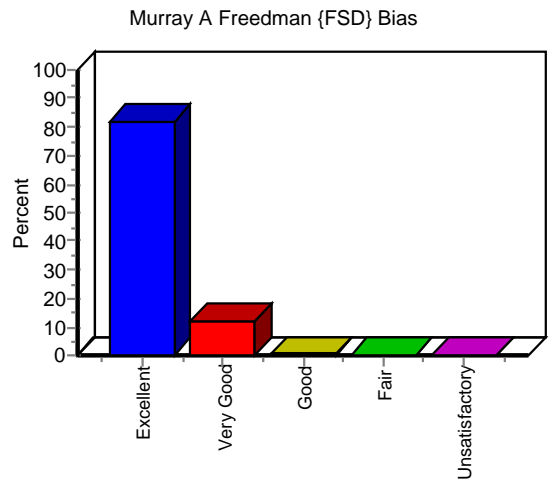
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Keith Ferdinand, MD (HTN):**

Label	Frequency	Percent	Valid Percent
Excellent	100	84.7	87.0
Very Good	13	11.0	11.3
Good	2	1.7	1.7
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	115	97.5	100.0
Total Missing	3	2.5	
Total	118	100.0	



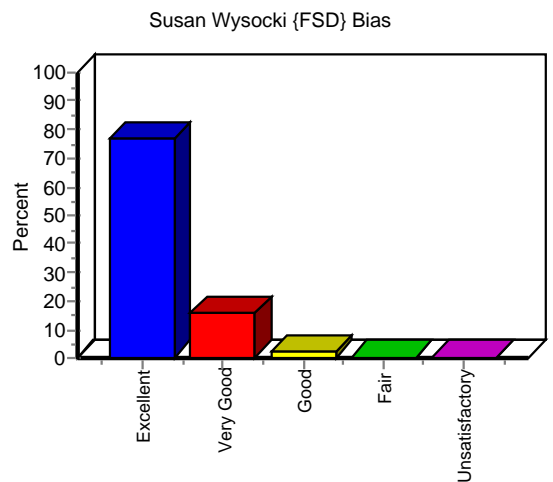
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Murray A. Freedman, MD (FSD):**

Label	Frequency	Percent	Valid Percent
Excellent	97	82.2	86.6
Very Good	14	11.9	12.5
Good	1	0.8	0.9
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	112	94.9	100.0
Total Missing	6	5.1	
Total	118	100.0	



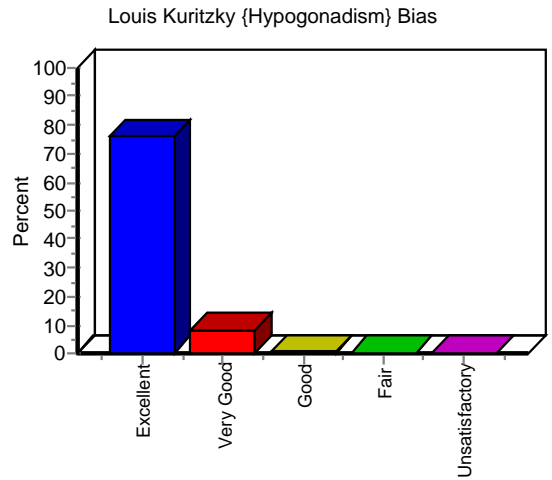
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Susan Wysocki, WHNP-BC (FSD):**

Label	Frequency	Percent	Valid Percent
Excellent	91	77.1	81.3
Very Good	18	15.3	16.1
Good	3	2.5	2.7
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	112	94.9	100.0
Total Missing	6	5.1	
Total	118	100.0	



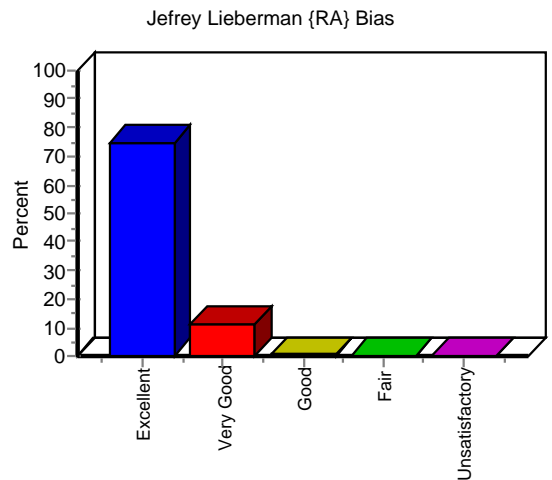
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Louis Kuritzky, MD (Hypogonadism):**

Label	Frequency	Percent	Valid Percent
Excellent	90	76.3	89.1
Very Good	10	8.5	9.9
Good	1	0.8	1.0
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	101	85.6	100.0
Total Missing	17	14.4	
Total	118	100.0	



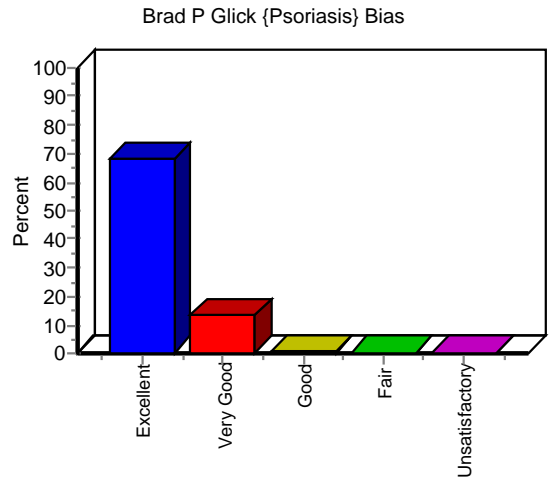
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Jeffrey Lieberman, MD (RA):**

Label	Frequency	Percent	Valid Percent
Excellent	88	74.6	86.3
Very Good	13	11.0	12.7
Good	1	0.8	1.0
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	102	86.4	100.0
Total Missing	16	13.6	
Total	118	100.0	



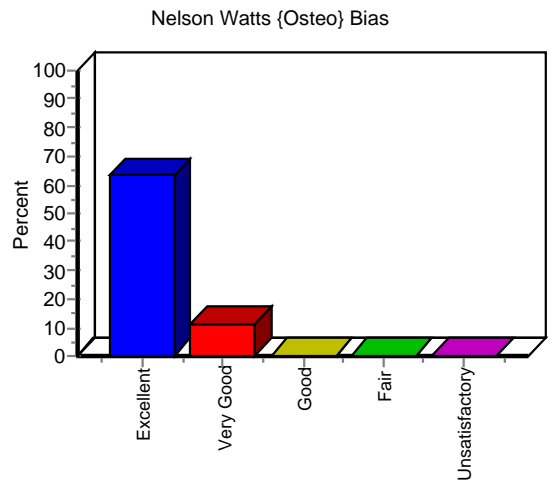
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Brad P. Glick, DO (Psoriasis):**

Label	Frequency	Percent	Valid Percent
Excellent	80	67.8	82.5
Very Good	16	13.6	16.5
Good	1	0.8	1.0
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	97	82.2	100.0
Total Missing	21	17.8	
Total	118	100.0	



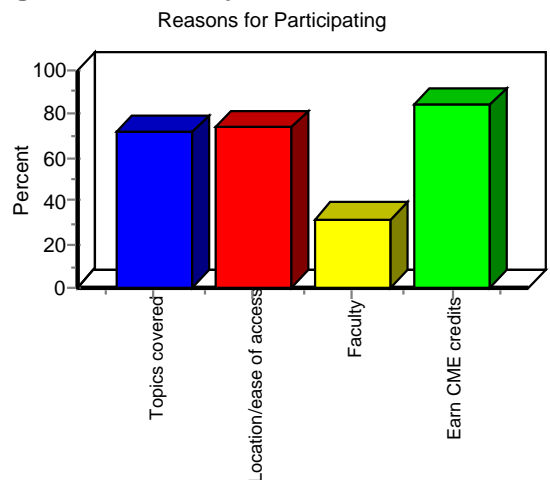
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Nelson Watts, MD (Osteo):**

Label	Frequency	Percent	Valid Percent
Excellent	75	63.6	85.2
Very Good	13	11.0	14.8
Good	0	0.0	0.0
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	88	74.6	100.0
Total Missing	30	25.4	
Total	118	100.0	



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

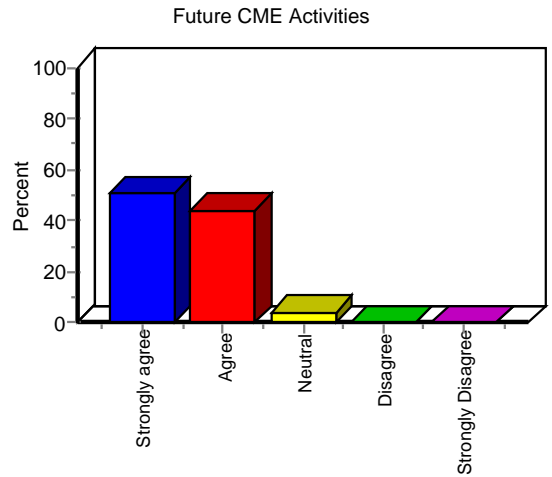
Label	Frequency	Percent	Valid Percent
Topics covered	84	71.2	71.2
Location/ease of access	87	73.7	73.7
Faculty	37	31.4	31.4
Earn CME credits	100	84.7	84.7
Total Valid	118	100.0	100.0





**Future CME activities concerning this subject matter are necessary:**

Label	Frequency	Percent	Valid Percent
Strongly agree	60	50.8	51.3
Agree	52	44.1	44.4
Neutral	5	4.2	4.3
Disagree	0	0.0	0.0
Strongly Disagree	0	0.0	0.0
Total Valid	117	99.2	100.0
Total Missing	1	0.8	
Total	118	100.0	



## What is your professional degree?

Comment

## What is your specialty?

Comment
Internal Medicine x3
Emergency Medicine
Family
Gastroenterology
General Surgery
Pain Management x2
Nephrology
Bariatrics
Geriatrics x2
HIV/AIDS
Infectious Disease

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

Comment
Further consideration of modalities
Better use of diabetic agents, lifestyle modifications, and adverse effects. Also identify other disease entities discussed in this session and how to approach them
Discuss with female patients about FSD and work up more frequently for male patients about hypogonadism
For RA patients-PPD, Hep B and C, check common Zatin statistics; FRAX tool
How to/when to initiate combination HTN treatment. When to initiate exenatide and approach to RA (diagnosis and treatment)
Lifestyle modification, medications compliance, and preventive health
Combination treatment for HTN, approaching sexuality in a visit diagnosing hypogonadism and labs (which are appropriate), identifying RA and psoriasis and when to refer, what medications to use specifically in certain populations with osteoporosis
Improve communications, encourage conversations, use proper medications-improve outcomes and early detection
Explain roles and the importance of blood pressure and diabetes control. Discuss with patients their sexual health. Evaluation of clinical syndrome for hypogonadism; rheumatoid disease and osteoporosis
New treatments for psoriasis and recognize what to test prior to starting TNFs. Management of hypertension-with combination predictions earlier; clarification of T score and problem with osteopenia term and treatment; FRAX assessment and to use it
Follow guidelines yearly
Hypogonadism evaluation algorithm and RA treatment options
Knowledge is much enhanced. I am a retired gynecologist
Better diaretic choice, stroke prevention best teaching tool to motivate AA patients, screen for hypogonadism early with 40 decrease lipids
Application of what I learned tools from the conference to my practice
I have learned to be more confident in evaluating and treating hypogonadism. I have reached some comfort level with the method for dealing with patients sexual dysfunction
Review with my patients and implement AV pilot
Screening more effectively for causes of secondary HTN, earlier increases use of Byetta/Victoza, being more open with discussion of sexual health

Comment
Decrease use of generic anti hypertensives (some of them) and diff use of diabetes treatment
Improve sexual discussions with patients and improve hypogonadism screening and treatment
Consider systemic treatment in early stage of psoriasis; check immunologic status before indicating treatment in RA; double treatment in modonatic hypertension and investigate secondary sources in resistant hypertension; use of CCP in diagnosis of RA
Using biologics earlier in treating psoriasis using FRAX
By using the information heard from some with handouts and websites references to, I will be able to better affect patient outcomes
Update on HTN medications, updates on RA, and eare in asking FSD
Following ACE guidelines, adding antihypertensive agents, techniques to get HgbA1C to goal while limiting weight gain
Freedman/Wysocki could spend less time reviewing outline in their introduction and Glick could please include cases and their pictures
Use the "Lifestyle Vitals Signs" question as a tool to stimulate patient discussion on sexual dysfunction. Use of ACE and Ca channel blockers combination more often to reduce CV events. Checking testosterone level more often in men over 50. Using CCP to help diagnose RA. Using FRAX to help treatment decision in osteopenia patients
Change intervention for diabetes to include Byetta, reduce use of Metoprolol, more attention to hypoglycemia, HTN- better choice of pharmaceuticals, and rheumatoid arthritis-better evaluation and diagnostic work up sooner
More aggressive treatment of osteoporosis and screen more often for hypogonadism
Use of combination therapies in treatment of HTP, lifestyle changes treatment of DM and HTP, discussion with patient regarding sexual function/dysfunction, incorporation of lifestyle vital signs during interview of new patient
Use of "Lifestyle Vital Signs" as entry point for many discussions (not just for sex). Start anti-hypertensive therapy with combination therapy more often. Increase use of GLP agonists and DPP 4 inhibitors
Even though I refer many of the conditions discussed today, I did learn more about tests and treatments (as well as dos/don'ts) prior to referral I can institute
Order anti-CCP if suspect RA, consider write up for hypogonadism, earlier referral to dermatologist for psoriasis in men with ED or decrease libido
Diabetes care-improved management with use of incretins
BP management with multiple drugs at onset and increase discussions with patients on lifestyle changes
More use of combination therapy on initial visit for hypertension and less use of TZD more on Limglutide and Ecenatide
Using Byetta's and starting combination BP medications from initial visit if needed
Early recognition of RA with exam/history and lab tests; who to treat with testosterone; recognize psoriasis and treat rather than refer everyone
RA-early treatment, referral, use of anti CCB; sexual history (use); osteoporosis screening and management
Not using Avandia, using double therapy for HTN, asking about FSD in my practice, refer ASAP if psoriasis or RA, refer ASAP for PSA, ONJ is rare (!) so don't be afraid to treat
Diabetes-lifestyle information and starting some medications sooner, BP-ARB/CEB combinations and being able to discuss study results with patients, will use lots of the info, I work in GI but will use many strategies/information in educating patients etc
No additional benefit in using a combination of ACEI and ARB
Will use combination therapy for hypertension, will use Tyecteble Byelle, and will use biophosphate for osteoporosis
More methodical diabetes with lifestyle changes, be open to symptoms of hypogonadism, and more responsive to marital concerns
Monitor and treat psoriasis patient for systemic involvement, intensifying BP control to prevent stroke, referral to sex therapy as option for treating female sexual dysfunction, RA is associated with male hypogonadism, and anti CCP and IF ANA tests for RA and early referral
You can start a patient on biologics as first line with psoriasis and using incretion in management of diabetes
Better understanding of hypogonadism-who and when to treat decrease testosterone, attempt to make patients more comfortable in discussing sexual concerns, use anti CCP in RA workup (while awaiting rheumatologist appointment), incorporate FRAX into decisions regarding treating patients with "osteopenic" T scores on DEXA

Comment
More refined testing especially in lab orders
PLISSIT model-Rogerian techniques, hypogonadism algorithm-problems, early diagnosis and treatment of RA
Systemic complications RA, psoriasis, morbidity, diagnose and treat early questions concerning/testing male/female sexual dysfunction, implement FRAX calculator to intermediate patients
Initial treatment of diabetes with two medications
Patients with diabetes may not have lower beta cell mass which means diagnosis may be reversible. I will attempt to explore this with possible healing therapies as an alternative in these patients-are there alternatives? That is the question
Algorithms for specific conditions especially HTN, RA, osteoporosis (more like guidelines)
Interviewing techniques for sexual function, ACCORD study, and treatment for testosterone deficiency
Increase use of GLP/agonists and DPP inhibitors, increase use of fixed combinations and combined therapy in treating hypertension, and use of FRAX system in measuring osteoporosis/10 year prognosis
BP good
Different testosterone replacement therapies that are available (in addition to injections), application and efficacy
Baseline polypharm for HTN, open discussion for FSD, and behavior modification with diabetes
Specific ways to open communication regarding sexual dysfunction in females and males, order of treatment for diabetes and HTN, and when to treat hypogonadism
How do you code to get paid for FSD? More treatment strategies with FSD
Apply PLISSIT and start RA treatment early
In hypogonadism in RA
Anti HTN treatment and importance of GLP-1 analogues in diabetes treatment and weight loss, address patients concerns about FSD
I have a better idea of how to treat hypertension, diabetes, hypogonadism, and rheumatoid arthritis. Understand better diagnosis of FSD and psoriasis
Incretin role in diabetes treatment of hypogonadism and sex therapist referral
Implement and partner with patients engaged in treatment goals, implement reward program for patients who achieve treatment goals of care, encourage patients to discuss at least one concern that will be addressed by provider
Treatment of hypogonadism and rheumatology discussion signs and symptoms
Will diagnose and treat RA, OA, and psoriasis with more confidence, will consider bracing topic of female sexuality more often but admittedly this is an awkward topic, will surely check testosterone more frequently in ED patients
Exploring incretion mimetics more, starting with combination treatment for HTN management, how to correctly screen for hypogonadism, aggressively screening for/treating RA/PSA
Most likely to use in my practice and increase my knowledge/confidence in treating conditions presented
Better diagnostic acumen, being more proactive in broaching subject matter, and feeling more confident
Heart disease with female diabetes, high risk screening, left ventricular systolic-needs treatment with ALE or ARB then beta blocker
Discuss FSD, diagnose and follow up hypogonadism, and recognize RA
Use ACE inhibitors more and refer RA patients to rheumatologist sooner
Increase use of incretins in treating diabetic patients, proper diagnosis of hypogonadism as a syndrome, and use of FRAX for patients with T scores between -1 and -2.5
Education
Wonderful lecture on female sexual disorder
Implementing screening for sexual function disorders and diagnosis strategies for RA and hypogonadism
Early treatment of RA as a systemic disease (probably immediate referral to rheumatologist) and advise vitamin D testing and increase doses

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

Comment
Urticaria and STDs

Comment
Alzheimer's disease and depression
Thyroid D10 and e-lyte d10
HIV/AIDS-update treatment
Addressing common orthopedic problems in primary care and dermatology in primary care
SLE- immune disease and nutrition-lecture
Endocrinology and neurology
Depression, hypothyroidism, and renal disease
Peptic ulcer diagnosis, acid reflux, GERD, bowel dysfunction, and IBD
Prostate cancer, ankylosing spondylitis, and all rheumatoid conditions cardiac
Pituitary-thyroid axis and related disease i.e. microadenoma and treatment and logarithm regarding thyroid diseases
GI disorders (inflammatory bowel disease, GI dysmotility), bipolar disorder, dysfunctional uterine bleeding
Hypothyroidism
Thyroid disease and managing the gastric bypass patient
Hormone replacement therapy and pap smears (when to start and when to stop)
More GI topics i.e. GERD, colon cancer, IBD
GI medicine, cardiology, and endocrine disorders
HIV, STD, and PAP
All updates
SLE and sarcoidosis
Alzheimer's, fibromyalgia, and obesity management
Pediatrics in primary care practice, psychiatric topics in PCP, HTN, diabetes, rheumatology, psoriasis
Lipids, heart failure, and chronic kidney failure
Common chronic pain diagnosis
Sports medicine
Lupus, scleroderma, polymyalgia rheumatica, skin disorders, renal disorders, etc
Gout, BPH, perimenopausal uterine bleeding, and CKD
Vitamin D deficiency and treatment
RA, gout, OA, and fibromyalgia
Gastroenterology and hepatology
Socioeconomic issues, post MI/CVA patients, and hematology (anemia)
Hepatology, gout, and gynecology
Full day on GI topics
Psychotic disorders and treatments
CHF, radiation danger in CT and cardiology scans, danger and extent and cost and causation of HIV plague and danger of secondary infections spreading from lover
Back pain and headache
Sleep apnea
Adult ADHD and acne update
Cardiology, CV and HTN
Hyperthyroidism, depression, and fibromyalgia
HIV/AIDS and cancer
STDs
Topics offered were good
CKD
Neurology topics
Cardiology focus
Diagnosing CAD-specific tests (i.e. treadmill stress test, coronary CT, nuclear tests, caths) that are most appropriate and reliable
Treatment for dyspnea

Comment
Stress incontinence, IBS, and menopause
Obesity and management of obesity
Pain management
Primary care geriatric principles
Palliative care
Cardiovascular topics
Adult ADD
Dietary/nutritional intervention for weight control of all ages
Acne, bipolar disorder, and sports medicine
Dermatology review, orthopedic/musculoskeletal issues, GI review, and lung disease (COPD/asthma)
Dysfunctional uterine bleeding
Update on hyperlipidemia control, common office managed musculoskeletal problems, and management of irritable bowel syndrome (very common in my patients)
New treatments for MRSA, cardiac stents, and STEMI
Evaluating chest pain in the office
Opioid use in chronic pain/management of chronic pain
Dementia
Cardiovascular and pulmonary disease
Hypercalcemia, metabolic syndrome, iron deficiency, bone pain, hyperthyroidism, and ADHD
Dealing with issues of obesity in children and adults (counseling patients and families, genetic vs. endocrine, GI issues, psychology)
Basic dermatology (common dermatological disease seen in primary care)

**Additional comments:**

Comment
Well done! Thanks
Wonderful lecturers
Sexual health lectures * ^æ
Excellent faculty
Great presentations-all of it! Would expand further what lab test would you use in female sexual dysfunction
Excellent overall
Use of NOT). T@&  } -^!^} &^A æ^A ^  È [ ^* æ ã^âÈ
Great for numerous diseases that were needed by me to be more educated. Thanks
No other comments
Enjoyed this CME activity
We should be able to get CME now or soon after CME and not after we complete the additional online questions. I get numerous online CME offerings and concerned I would overlook the NACE questions needed to get these CME offerings
Excellent conference, great speakers, and lecture times good
Thank you for all your efforts. Many slides did not come through on handouts, especially psoriasis and many other slides
Great
Although sex portion was important, I really enjoyed the fast pace of the first 2 lectures and feel that this portion could have been also fast paced with less malignancy conversation
Very good CME course and I like the free parking and convenient hotel location. Speakers were great overall
Very well presented. Very useful to primary care-succinctly presented. Thank you! Much updated information with great implication to PCP. Epidemiology and statistics blended well into presentation and discussion. Female sexual disorder-very informative

Comment
Thank you
Female sexual dysfunction talk would have been more useful if included hormonal workup (like in male talk) instead of some patient scenarios
I wish more topics are covered by increasing the frequency of conferences even if it involves a modest fee
Very good! Excellent speakers who connected well with participants
V@ \ Á[ ~
A very good program
Very good-thank you
Thank you
Excellent topics and speakers
Excellent speakers! Dr. Glick covered a lot of material-ã, æ Á^! Á c^!^•ç * ÈV@ Á @ Áæ Á Á^! Áæ [ Á^!^ â {  { æá^
Excellent presentation.
Thank you
Great CME
Fabulous conference
Excellent topics and presentations
Excellent arrangements
Great review/updates! Learned a lot
Great conference
Thank you very much-nicely done
Great conference
Topics were good especially the rheumatology coverage of RA
Thanks
Dr. V@ Á æ Áæ Á c&  ^} ç   [ * ! æ ÈV@ Á [ æ Áæ áÁ ] ^æ ^! Á Á^! Á very helpful and relevant ÈV@ \ Á[ ~ Á   Á ~! á * Á ç È Ô [ { ^ Áæ Á ^ ç Á ^ æ È
Great program! Will return next year