



## Experts on Call

Webinar

### Current Issues in the Management of Hypogonadism



#### Activity Evaluation Summary

<b>CME Activity:</b>	Experts on Call: Current Issues in the Management of Hypogonadism, 2013-2014
<b>Dates:</b>	December 10, 2013 January 13, 2014 January 14, 2014
<b>Format:</b>	Online live webinar
<b>Course Director:</b>	Gregg Sherman, MD
<b>Faculty:</b>	Mohit Khera, MD, MPH
<b>Date of Evaluation Summary:</b>	March 7, 2014



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In December 2013 – January 2014, the National Association for Continuing Education (NACE) sponsored the CME activity, *Experts on Call: Current Issues in the Management of Hypogonadism*. This CME activity was a live online webinar and was held three times between December 2013 and January 2014.

This educational activity was designed to provide primary care physicians, nurse practitioners, physician assistants and other primary care providers the opportunity to learn about Hypogonadism.

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 the therapeutic area were consulted to determine gaps in practitioner knowledge, competence or performance.

One hundred fifty four healthcare practitioners registered to participate in the three online webinars entitled, *Experts on Call: Current Issues in the Management of Hypogonadism*. Fifty two healthcare practitioners actually participated in the three online webinars. Each participant was asked to complete and return an activity evaluation form prior upon completion of the webinar. Forty three completed forms were received. The data collected is displayed in this report.

#### CME ACCREDITATION

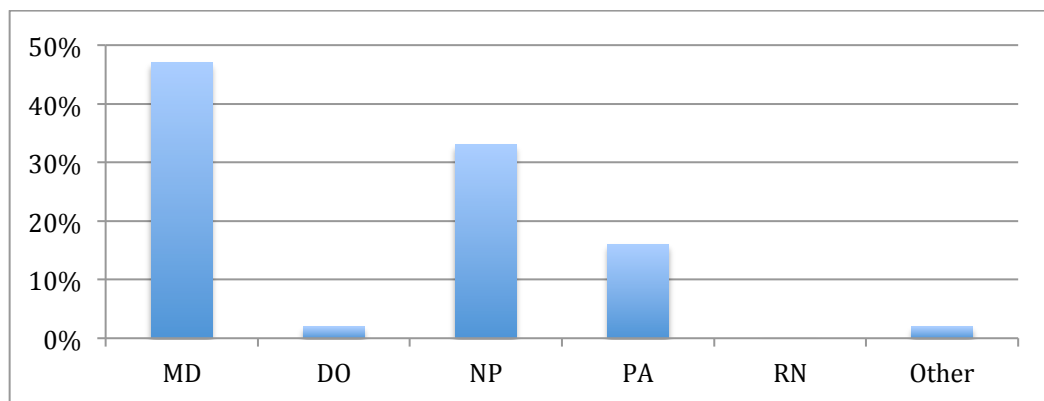
The National Association for Continuing Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The National Association for Continuing Education designates this live activity for a maximum of 1.0 <i>AMA PRA Category 1 Credit™</i>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

National Association for Continuing Education is approved as a provider of nurse practitioner continuing education by the American Association of Nurse Practitioners. AANP Provider Number 121222. This program has been approved for 1.0 contact hour of continuing education (which includes 0.50 hours of pharmacology).

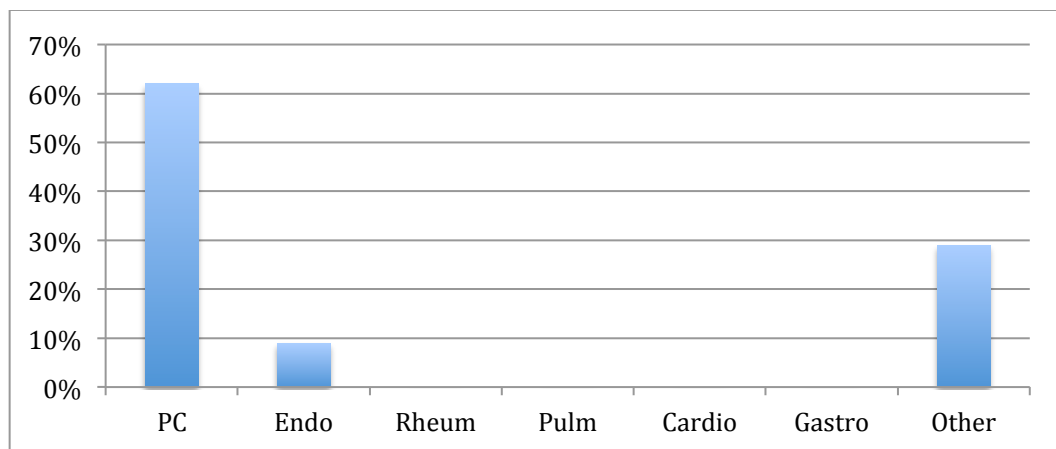
## What is your professional degree?

Label	Frequency	Percent
MD	20	47%
DO	1	2%
NP	14	33%
PA	7	16%
RN	0	0%
Other	1	2%
Total	43	100%



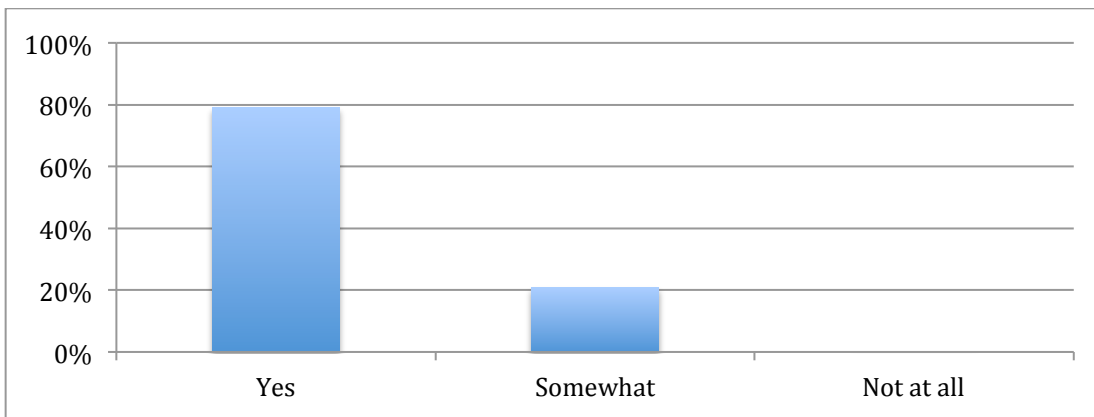
## What is your specialty?

Label	Frequency	Percent
Primary Care	28	62%
Endocrinology	4	9%
Rheumatology	0	0%
Pulmonology	0	0%
Cardiology	0	0%
Gastroenterology	0	0%
Other	13	29%
Total	45	100%



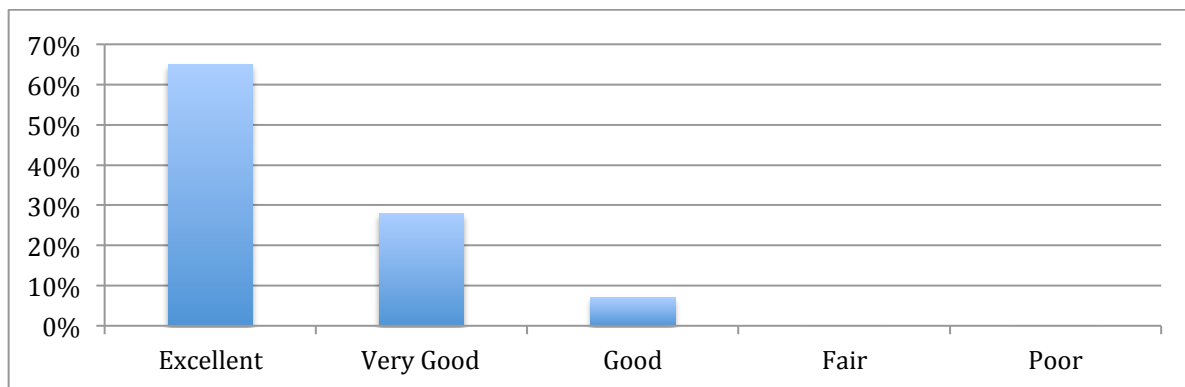
**Upon completion of this activity, Identify the prevalence, risk factors and co-morbid conditions associated with low testosterone; Recognize the importance of testing testosterone levels before prescribing PDE-5 inhibitors; Assess the safety, efficacy, benefits, and risks associated with the utilization of treatment options for low testosterone; Outline the challenges to short- and long-term management and monitoring of testosterone therapy:**

Answer	Pre	Pre %
Yes	34	79%
Somewhat	9	21%
Not at all	0	0%
Total	43	100%



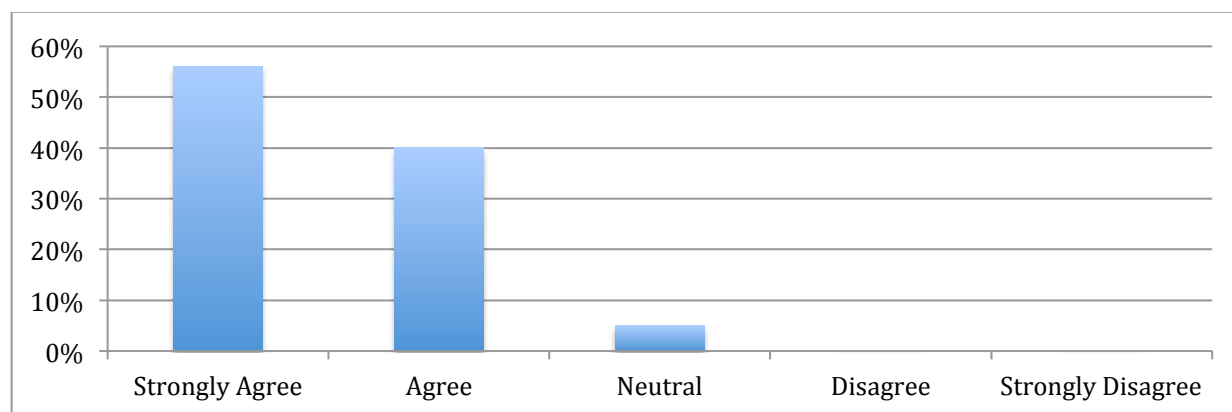
**Overall, I would rate this activity as:**

Answer	Pre	Pre %
Excellent	28	65%
Very Good	12	28%
Good	3	7%
Fair	0	0%
Poor	0	0%
Total	43	100%



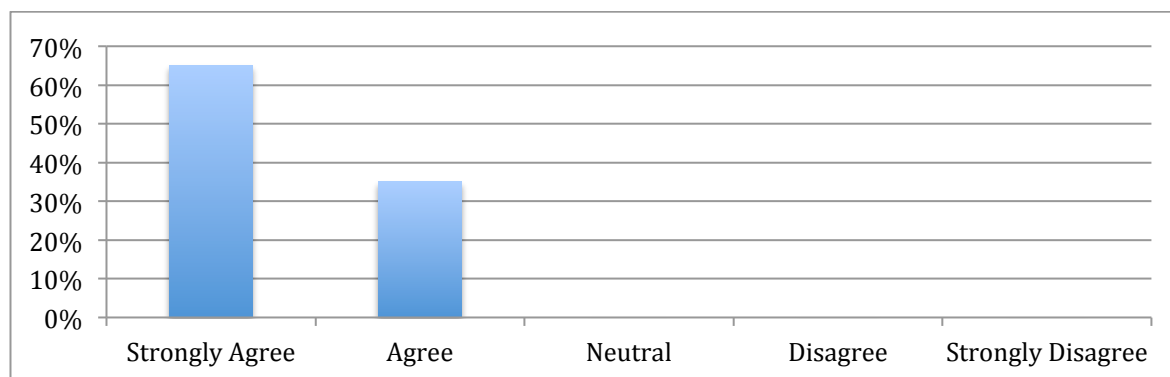
**Overall, this activity was effective in enhancing my confidence in caring for patients with the condition(s) presented?**

Answer	Pre	Pre %
Strongly Agree	24	56%
Agree	17	40%
Neutral	2	5%
Disagree	0	0%
Strongly Disagree	0	0%
Total	43	100%



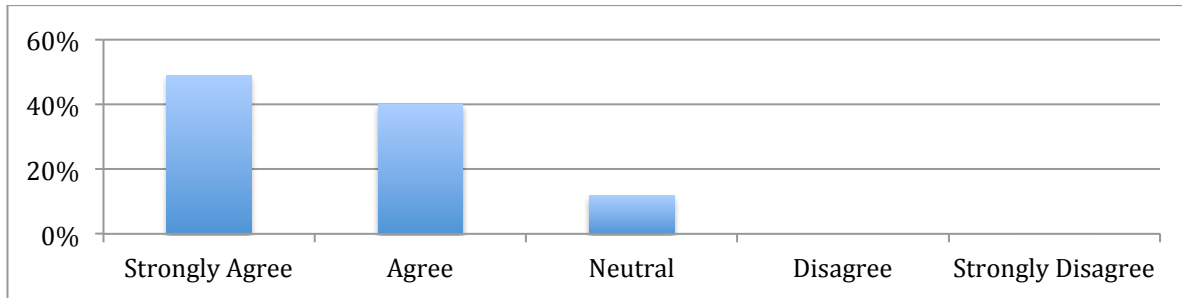
**Overall, this activity was effective in improving my knowledge in the content areas presented:**

Answer	Pre	Pre %
Strongly Agree	28	65%
Agree	15	35%
Neutral	0	0%
Disagree	0	0%
Strongly Disagree	0	0%
Total	43	100%



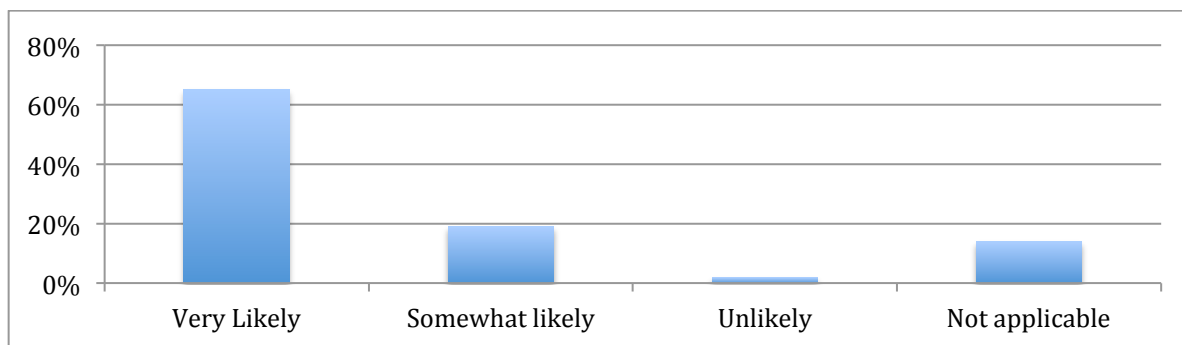
**As a result of this activity, I have learned new strategies for patient care:**

Answer	Pre	Pre %
Strongly Agree	21	49%
Agree	17	40%
Neutral	5	12%
Disagree	0	0%
Strongly Disagree	0	0%
Total	43	100%



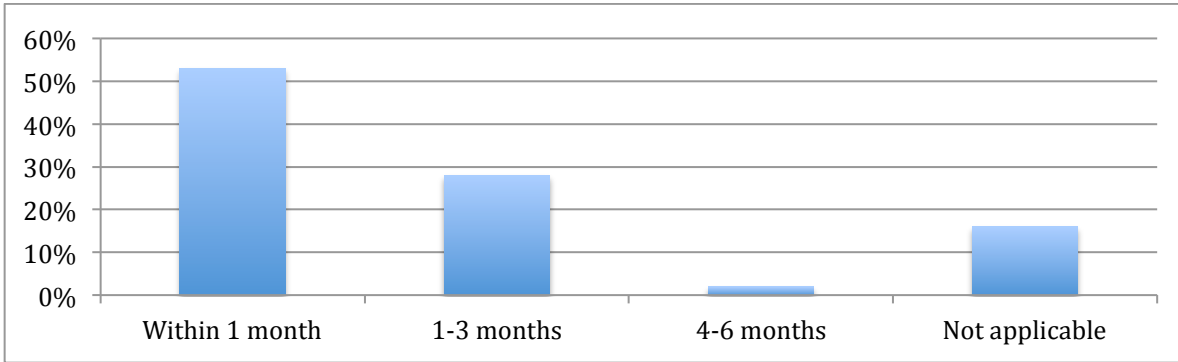
**How likely are you to implement these new strategies in your practice?**

Answer	Pre	Pre %
Very Likely	28	65%
Somewhat likely	8	19%
Unlikely	1	2%
Not applicable	6	14%
Total	43	100%



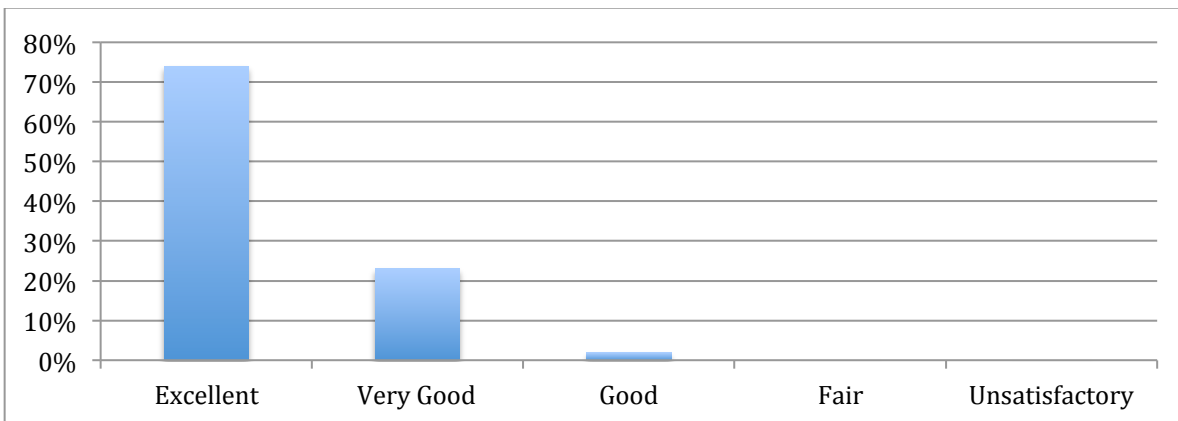
**When do you intend to implement these new strategies into your practice?**

Answer	Pre	Pre %
Within 1 month	23	53%
1-3 months	12	28%
4-6 months	1	2%
Not applicable	7	16%
Total	43	100%



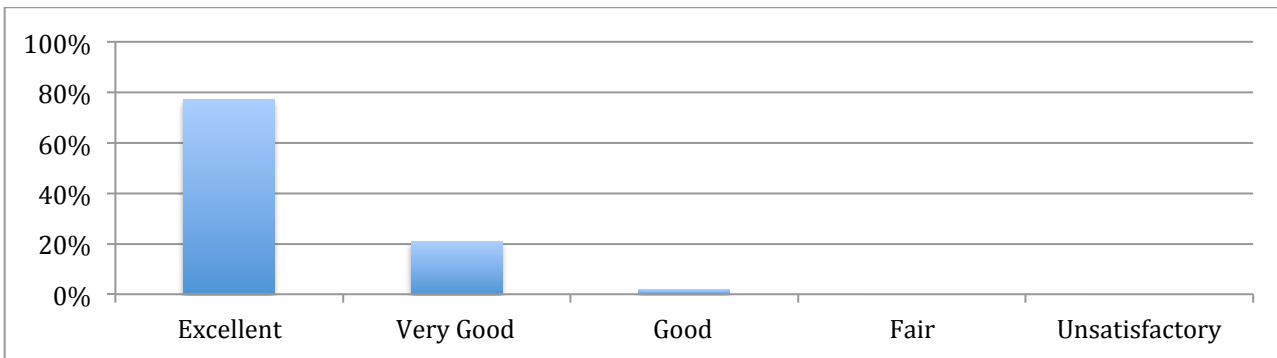
**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Mohit Khera, MD, MPH (HGD)**

Answer	Pre	Pre %
Excellent	32	74%
Very Good	10	23%
Good	1	2%
Fair	0	0%
Unsatisfactory	0	0%
Total	43	100%



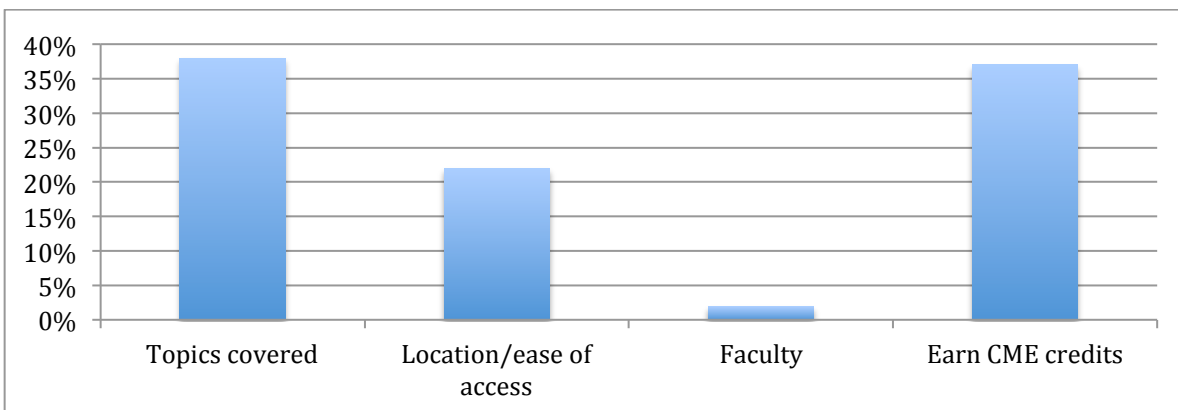
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Mohit Khera, MD, MPH (HGD)**

Answer	Pre	Pre %
Excellent	33	77%
Very Good	9	21%
Good	1	2%
Fair	0	0%
Unsatisfactory	0	0%
Total	43	100%



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

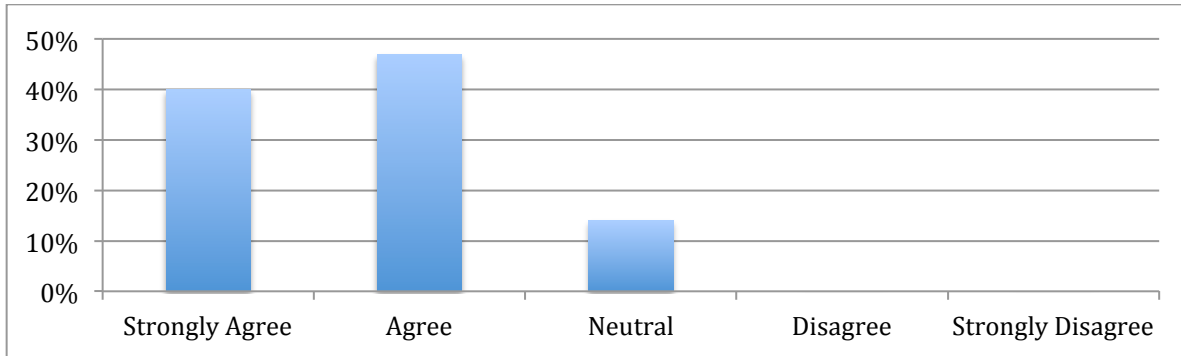
Answer	Pre	Pre %
Topics covered	34	38%
Location/ease of access	20	22%
Faculty	2	2%
Earn CME credits	33	37%
Total	89	100%





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

Answer	Pre	Pre %
Strongly agree	17	40%
Agree	20	47%
Neutral	6	14%
Disagree	0	0%
Strongly Disagree	0	0%
Total	43	100%



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

**List these strategies:**

Became clearer on hypogonadism treatment.
Check cardiovascular risk prior to prescribing PDE5
ED can be improved with testosterone replacement in addition to PDE5i.
Get testosterone levels and hormone levels prior to prescribing PDE5i.
Check every patient with Ed for Hypogonadism.
Check for TRT side effects of gynecomastia, alopecia, edema, sleep apnea, wt gain, acne.
If increased PSA (PSA velocity increase of >0.4) check in 6 months.
For metabolic syndrome, advise diet + exercise + TRT
With BPH, treat with caution - TRT may cause enlarged prostate
Clomid for younger male so as not to suppress endogenous testosterone
No TRT for prostate cancer patients
When initiating TRT, check serum levels in 4 weeks, then 3 months, then 6 months. Check Hct every 6 months.
Check bone mineral density past age 70
Apply gel on muscle with large surface area with least amount of hair.
Check T in all pts with DM, CHF, CVD
Repeat a total T a second time to confirm that it's low
Check T before 11 am.
Check testosterone levels twice prior to starting treatment
Draw level in AM
Check a follow up level at mid point if using an injectable.
Checking testosterone level twice

Checking testosterone levels in DM males.
Evaluating for sleep apnea before initiating TRT.
Confirms what I currently do
Considerations of all comorbidities
Doing and dosage forms
Dx
Encourage weight management for symptom improvement when T levels are in an acceptable range.
Check cardiac risk factors when T level is low.
Order BMD for low T. Without symptoms
Evaluate testosterone levels and repeat in patients with symptoms.
Evaluate before starting PDE-5 inhibitor
Monitor patients on TST replacement
Contraindicated with sleep apnea, prostate Ca, increasing PSA
Consider hypogonadism in patients with metabolic syndrome
Evaluate total health of patients seeking PDE-5 inhibitors. Look for problems such as Diabetes, metabolic syndrome, sleep apnea, and hypogonadism. Patients should receive Serum Testosterone (before 11:00 AM. T should be repeated and include bioavailable T and SHBG YIELDING FREE T LEVEL. Also LH, FSH prolactin, fasting blood lipid, CBC, liver function tests and PSA. Once I knew if a patient is low in testosterone. I can choose from a range of therapies as what would be the best way of treating. I could also monitor the therapy appropriately.
Evaluation and management of hypogonadism
Follow up on t shots with labs
How often to monitor and which options to try first
I do not currently treat patients
Identify men at risk for effects of low testosterone
Increased screening for low T prior to PDE5 inhibitors
Lab ordering for secondary causes
Lab work up and referral to specialist
Levels of Testosterone that indicate possible dysfunction; Low T and ED; Low T and DM (1)
More detailed histories can guide evaluation
More inquiry in Pt's with DMII
N/A
NA to my practice.
Offering different testosterone formulations
good info on bioavailable testosterone
good info on offering testosterone to the cardiac patient - a group that is often left out in regards to low testosterone treatment, discussion is often not even brought up
Ordering LDH and prolactin
Patient identification, blood work
Refer patients who present with these sexual problems to appropriate caregivers for evaluation and treatment
Screen all patients that have risk factors such as sleep apnea...
Screening for co-morbidities
Supported my current care.
Test more patients for low testosterone
Treating male hypogonadism
Treating patients with potency issues and screening for low T while still prescribing PDE-5 inhibitors. Monitoring strategy for patients with prostate risk.

UNDERSTANDING TO HAVE HIGH PREVALENCE IN MIND\ UNDERSTANDING TREATMENT BENEFITS
Will check FSh, LH and prolactin Will recheck testosterone if first one is normal

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

A broad range of topics would be useful
Any topics
Atrial Fib
Breast cancer treatment update
Cancer screening, etc.
Hypo and hyperthyroidism. Diabetes Mellitus, adrenal disorder
Management of Peyronie's dz, prostatitis
Managing vitamin d deficiency in special populations (CKD/ESRD, sarcoidosis) celiac disease sleep apnea treating subclinical hypothyroidism
New lipid guidelines
Pain control
Pain Treatments other than opioids.
Survey of new medications that came out on the market during past few years. Dermatology for primary care more lectures on male hypogonadism
Treatment of obesity
Type I diabetes management Type II diabestes management

**Additional comments:**

Generally it was a very good program. Streaming was not 100% and the speaker was often broken up and difficult to understand. I
I like the ability to pose questions that were addressed very quickly!
I enjoy the programes
Very enjoyable conference.