



**POSTTEST**

In order to receive credit for this activity, please complete the posttest by recording the best answer to each question in the answer key on the evaluation. A statement of credit will be issued only upon receipt of a completed activity evaluation form and a completed posttest with a score of 70% or better. Your statement of credit will be mailed to you within three weeks.

1. According to the DHHS guidelines, what is the preferred drug for a NNRTI-based initial regimen?
  - a. delavirdine
  - b. nevirapine
  - c. efavirenz
  - d. tenofovir
  
2. Which PI does the DHHS guidelines recommend using first in an initial PI-based regimen?
  - a. atazanavir
  - b. lopinavir/ritonavir
  - c. fosamprenavir
  - d. nelfinavir
  
3. At what CD4+ cell count should treatment always be initiated in an asymptomatic patient?
  - a. 400
  - b. 300
  - c. 250
  - d. 175
  
4. Which one of the following regimens is it NOT advantageous to include AZT as a component?
  - a. boosted PI
  - b. unboosted PI
  - c. triple NRTI
  - d. NNRTI-based
  
5. Which one of the following fixed-dose combinations prevents the emergence of the K65 mutation?
  - a. ABC/3TC
  - b. AZT/3TC
  - c. FTC/TDF
  - d. LPV/RTV
  
6. Which one of the following drugs has the most potential for nephrotoxicity?
  - a. tenofovir
  - b. abacavir
  - c. lamivudine
  - d. zidovudine
  
7. Which one of the following protease inhibitors can be given either once- or twice-a-day?
  - a. nelfinavir
  - b. lopinavir/ritonavir
  - c. saquinavir
  - d. fosamprenavir
  
8. What type of patient would NOT benefit most from twice-daily dosing?
  - a. someone receiving a triple-nucleoside regimen
  - b. a woman considering pregnancy
  - c. a patient with KS
  - d. someone starting a PI-based regimen
  
9. Which one of the following protease inhibitors has a significant interaction with proton-pump inhibitors?

- a. fosamprenavir
  - b. atazanavir
  - c. indinavir
  - d. saquinavir
10. Which one of the following regimens has the significant potential to cause hyperlipidemia?
- a. AZT/3TC/ATV
  - b. FTC/TDF/EFV
  - c. AZT/3TC/ABC
  - d. AZT/FTC/LPV/r

To obtain credit, please complete the evaluation form below, putting your answers to the Post-Test in the answer key.  
Fax the entire completed Evaluation Form to 303-790-4876.

**Evaluation Form & Posttest Answers**  
**Optimal Management of HIV Therapies CD-ROM Series**  
**CD 1 – Initiating HIV/AIDS Therapy in Treatment-Naïve Patients**

Project ID: 3442-ES-31

**Evaluation**

Postgraduate Institute for Medicine respects and appreciates your opinions. To assist us in evaluating the effectiveness of this activity and to make recommendations for future educational offerings, please take a few minutes to complete this evaluation form. *You must complete this evaluation form to receive acknowledgement of participation for this activity.*

**Please answer the following questions by circling the appropriate rating:**

5 = Outstanding      4 = Good      3 = Satisfactory      2 = Fair      1 = Poor

**Extent to Which Program Activities Met the Identified Objectives**

*After completing this activity, participants should be better able to:*

- Describe the factors important in selection of an initial HAART regimen in the treatment-naïve patient with HIV infection.      5 4 3 2 1
- Discuss the role of the U.S. Department of Health and Human Services (DHHS) HIV practice guidelines in guiding treatment decisions.      5 4 3 2 1
- Explain the advantages and disadvantages of available treatment strategies for initial treatment in naïve patients.      5 4 3 2 1
- Contrast regimens using protease inhibitors with those used historically.      5 4 3 2 1

**Overall Effectiveness of the Activity**

Was timely and will influence how I practice	5 4 3 2 1
Will assist me in improving patient care	5 4 3 2 1
Fulfilled my educational needs	5 4 3 2 1
Avoided commercial bias or influence	5 4 3 2 1

**Impact of the Activity**

***The information presented:***  
*(check all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Reinforced my current practice/treatment habits.   | <input type="checkbox"/> Will improve my practice/patient outcomes. |
| <input type="checkbox"/> Provided new ideas or information I expect to use. | <input type="checkbox"/> Enhanced my current knowledge base.        |

Will the information presented cause you to make any changes in your practice?

- Yes       No

If yes, please describe any change(s) you plan to make in your practice as a result of this conference:

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How committed are you to making these changes?

5 (Very committed) 4 3 2 1 (Not at all committed)

**Future Activities**

Do you feel future activities on this subject matter are necessary and/or important to your practice?

Yes       No

Please list any other topics that would be of interest to you for future educational activities:

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**Follow-up**

As part of our continuous quality improvement effort, we conduct postactivity follow-up surveys to assess the impact of our educational interventions on professional practice. Please indicate if you would like to participate in such a survey:

Yes, I would be interested in participating in a follow-up survey.  
 No, I'm not interested in participating in a follow-up survey.

Additional comments about this activity:

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If you wish to receive acknowledgment of participation for this activity, please complete the posttest by selecting the best answer to each question, complete this evaluation verification of participation, and fax to: (303) 790-4876.

**Posttest Answer Key**

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>

**Request for Credit**

Name \_\_\_\_\_ Degree \_\_\_\_\_  
Organization \_\_\_\_\_ Specialty \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date Completed \_\_\_\_\_

**For Physicians Only**

I certify my actual time spent to complete this educational activity to be:

- I participated in the entire activity and claim 1.5 credit.
  
- I participated in only part of the activity and claim \_\_\_\_\_ credit.