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Instructions for Obtaining Journal CME Credit

ANESTHESIOLOGY's journal-based CME program is open to all readers. Members of the American Society of Anesthesiologists participate at a preferred rate, but you need not be an ASA member or a journal subscriber to take part in this CME activity. Please complete the following steps:

1. Read the article by Bagry *et al.* entitled "Metabolic syndrome and insulin resistance: Perioperative considerations" on page 506 of this issue.
2. Review the questions and other required information for CME program completion (published in both the print and online journal).
3. When ready, go to the CME Web site: http://www.asahq.org/journal-cme. Submit your answers, form of payment, and other required information by December 31 of the year following the year of publication.

The American Society of Anesthesiologists is approved by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education programs for physicians.

The American Society of Anesthesiologists designates this educational activity for a maximum of 1 *AMA PRA Category 1 Credit*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Purpose: The focus of the journal-based CME program, and the articles chosen for the program, is to educate readers on current developments in the science and clinical practice of the specialty of Anesthesiology.

Target Audience: Physicians and other medical professionals whose medical specialty is the practice of anesthesia.

Learning Objectives: After reading this article, participants should understand the cause, consequences, and management options in patients with metabolic syndrome.

Disclosure Information:

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CME *Article Questions*

Based on the article by Bagry *et al.* entitled "Metabolic syndrome and insulin resistance: Perioperative considerations" in the March issue of ANESTHESIOLOGY, choose the one correct answer for each question:

1. The International Diabetes Federation consensus group proposed new criteria for the diagnosis of metabolic syndrome. Which of the following is *not* a suggested diagnostic criterion?
   A. Waist circumference greater than 31.5 in (80 cm) in women
   B. Fasting plasma glucose greater than 150 mg/dl
   C. Diastolic blood pressure greater than 85 mmHg
   D. Treatment for serum lipid abnormality
2. Which of the following statements about metabolic syndrome is *most* likely true?
   A. Thrombogenicity, the ability to form a clot, is reduced.
   B. Cerebrovascular disease is unlikely to occur in women.
   C. Renal dysfunction rarely develops.
   D. Nonalcoholic fatty liver disease is the most common diagnosis in patients with liver dysfunction.

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3. In patients with metabolic syndrome, which of the following statements about perioperative insulin resistance (the reduced systemic effect of any given serum insulin concentration) is *most* likely true?
   A. There is a direct association between blood loss and insulin resistance.
   B. Patients have a normal fasting blood glucose.
   C. Insulin resistance is primarily caused by the liver.
   D. The inflammatory response seen after surgery is associated with a decreased need for insulin.

4. Before surgery, patients with metabolic syndrome receive medical management for the symptoms of their disease. Which of the following statements about the consequences of this treatment is *most* likely true?
   A. The thiazolidinediones class of oral hypoglycemia drugs decreases the risk of heart failure.
   B. Chronic statin therapy may lower the mortality risk related to severe sepsis.
   C. The type of antihypertensive drug prescribed is the major determinant of perioperative outcome.
   D. Metformin-treated patients have greater overall morbidity.

5. Which of the following statements about perioperative anesthesia management in patients with metabolic syndrome is *most* likely true?
   A. Preoperative intake of a carbohydrate-rich beverage maintains insulin sensitivity.
   B. Continuation of statin therapy after major noncardiac surgery increases the odds of in-hospital mortality.
   C. Epidural anesthesia causes intraoperative hyperglycemia.
   D. Effective neuraxial blockade reduces perioperative morbidity.

All tests and requests for Category 1 credit must be submitted through the ANESTHESIOLOGY CME Web site at http://www.asahq.org/journal-cme. Participants should claim credit, in 15-minute increments, for a maximum of 1 hour of CME credit per journal issue (up to 12 credits per year). Two payment options are available:

Per-year fee: ASA Members $60.00, Non-members $90.00
Per-issue fee: ASA Members $10.00, Non-members $15.00

For either option, participants may pay using VISA or MasterCard.

If you have any questions regarding the ANESTHESIOLOGY continuing medical education program, please contact Ellen M. Bateman, Ed.D., Education Specialist, at (847) 825-5586 or via e-mail at e.bateman@asahq.org.