

# Multidisciplinary Insights Into the Assessment, Diagnosis, and Management of Hypogonadism

## CME CERTIFICATE REGISTRATION AND EVALUATION FORM

To enable us to maintain the highest scientific and educational standards when planning future activities, we would appreciate your evaluation of this activity and its content. Please circle the appropriate rating numbers and add your comments for the Evaluation. In the box below, please circle the best answers to the posttest questions, which are provided on the back of this page. Please fax the completed form to 877-403-5765 or mail to TestosteroneUpdate, c/o CogniMed Inc., 70 South Orange Avenue, Suite 200, Livingston, NJ 07039.

Your certificate for continuing education credit (if applicable) will be issued from the following information.

Name \_\_\_\_\_  
Last First MI Degree(s)

Title \_\_\_\_\_

Specialty  Endocrinology  Family medicine  Internal medicine  Obstetrics and gynecology  Pediatrics  Preventive medicine  Primary care  Urology  
 Other (please specify) \_\_\_\_\_

Affiliation \_\_\_\_\_

Practice type (please check all that apply to your practice)  Hospital-based  University-based  Private practice  Clinic  Home care  Long-term care  
 Other (please specify) \_\_\_\_\_ Years in practice \_\_\_\_\_

Address  Business  Personal \_\_\_\_\_  
Street City State ZIP

Daytime phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (used for record-keeping purposes only)

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### Evaluation

As a result of this activity, I am better able to:

Agree

Disagree

Discuss the complex characteristics of hypogonadism and describe how it can manifest as a cluster of nonspecific signs and symptoms	5	4	3	2	1
Identify hypogonadism when a man presents with comorbid conditions such as erectile dysfunction, depression, or loss of energy	5	4	3	2	1
Determine treatment goals for patients based on clinical presentation and laboratory parameters	5	4	3	2	1
Review the options available to treat hypogonadism and provide clinical recommendations on how to initiate and monitor testosterone therapy including baseline assessment, medical history, and laboratory values	5	4	3	2	1
Utilize a multidisciplinary approach to treating hypogonadism and associated conditions by making appropriate referrals to specialists when necessary	5	4	3	2	1

### The Activity

Agree

Disagree

Met my expectations	5	4	3	2	1
Was relevant to my clinical practice	5	4	3	2	1
Was presented without commercial bias	5	4	3	2	1

After participating in this activity, I will change my clinical practice by: \_\_\_\_\_

Additional comments: \_\_\_\_\_

### Posttest Answer Box

1. a b c d	3. a b c d	5. a b c d	7. a b	9. a b c d
2. a b c d	4. a b c d	6. a b c d	8. a b c d	10. a b c d

I hereby certify that I have spent \_\_\_\_ hour(s) in this educational activity.

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

Thank you.

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## POSTTEST

In the CME Certificate Registration and Evaluation Form Posttest Answer Box (provided on the front of this page), please circle the letter that best answers each question. Fax the completed form to 877-403-5765, or mail to TestosteroneUpdate, c/o CogniMed Inc., 70 South Orange Avenue, Suite 200, Livingston, NJ 07039. This activity was originally released September 30, 2008 and is eligible for credit through September 30, 2009.

- In a study by Araujo and colleagues, in what age group was symptomatic testosterone deficiency most prevalent?
  - 40 to 49 years
  - 50 to 59 years
  - 60 to 69 years
  - 70 to 79 years
- The Hypogonadism in Males (HIM) Study evaluated testosterone levels in consecutive men presenting to primary care providers. What was the crude prevalence of hypogonadism as determined by the HIM study?
  - 23%
  - 28%
  - 38%
  - 42%
- As men age, by what percentage do testosterone levels decrease annually?
  - 1% to 2%
  - 2% to 3%
  - 3% to 4%
  - 4% to 5%
- Men with subnormal levels of free testosterone are how many more times likely to have diabetes?
  - ~1.5 times
  - ~2.0 times
  - ~3.0 times
  - ~3.5 times
- Kapoor and colleagues found that erectile dysfunction is a highly prevalent symptom of hypogonadism in what percentage of men with diabetes?
  - 45%
  - 50%
  - 60%
  - 70%
- What are 2 of the most common symptoms associated with hypogonadism?
  - Erectile dysfunction and irritability
  - Loss of libido and erectile dysfunction
  - Erectile dysfunction and increased levels of sex hormone-binding globulin
  - Loss of energy and increased levels of insulin
- The risk to the prostate with testosterone therapy may not be as great as once thought.
  - True
  - False
- Potential benefits of testosterone therapy in testosterone-deficient adult men include:
  - Restored libido and erectile function
  - Increased energy and improved mood
  - Stabilized or increased bone density
  - All of the above
- When choosing a testosterone formulation, which of the following factors should be considered?
  - Safety relative to the patient's medical profile
  - Tolerability of the mode of administration
  - Restoration of serum testosterone to target physiologic levels
  - All the above
- Physicians may refer patients for urologic consultation when:
  - Serum or plasma prostate-specific antigen is >4.0 ng/mL
  - A yearly increase in PSA of >0.75 to 1.0 ng/mL is reported
  - Total serum testosterone level is >320 ng/dL
  - Both a and b